





EDMUND G. BROWN JR. GOVERNOR

March 25, 2011

All COUNTY LETTER No. 11-22

REASON FOR THIS TRANSMITTAL

[X] State Law Change [] Federal Law or Regulation Change [] Court Order

[] Clarification Requested by One or More Counties

[] Initiated by CDSS

To: ALL COUNTY WELFARE DIRECTORS ALL CalFresh COORDINATORS ALL CalWORKs PROGRAM SPECIALISTS ALL COUNTY WELFARE TO WORK COORDINATORS

ALL CONSORTIUM PROJECT MANAGERS

# SUBJECT: IMPLEMENTATION OF THE NEW INTER-COUNTY TRANSFER PROCESS FOR CALFRESH PROGRAM BENEFITS; WELFARE & INSTITUTIONS CODE § 11053.2 ADDED BY STATUTES OF 2010, CHAPTER 725, ASSEMBLY BILL 1612

The purpose of this All County Letter (ACL) is to inform counties of the new process for the Inter-County Transfer (ICT) of CalFresh (formerly the Food Stamp Program) cases. The new ICT process (at Welfare & Institutions Code § 11053.2) requires county welfare departments (CWDs) to implement the provisions of the law as described below.

# Background

In circumstances in which a CalFresh recipient household moves from one program area (in California, each county is designated as a separate program area) to another. federal regulations allow states to exercise one of two options {7 Code of Federal Regulations § 273.3(b)}. The first option is to discontinue the case in the former county and require the recipient to file a new application in the new county of residence. The second option is to transfer the case from the former county to the new county without having the recipient reapply for benefits in the new county. Previously, California law required that the California Department of Social Services (CDSS) implement the first option, discontinuing the case and requiring the recipient to reapply in the new county, per Manual of Policies and Procedures (MPP) section 63-503.9(QR) and (QR) (b).

Currently, both the California Work Opportunity and Responsibility to Kids (CalWORKs) and Medi-Cal programs provide a process for ICT. However, as stated above, CalFresh cases are currently terminated by the former county at the end of the month in which the change of address is reported and an application must be filed in the new county. The

All County Letter 11-22 Page Two

only exception is for those CalFresh cases subject to Quarterly Reporting/Prospective Budgeting that also have a CalWORKs component. In such cases, the former county continues to provide benefits until the end of the month in which the CalWORKs case is transferred to the new county.

The implementation of the ICT process for CalFresh recipients will ensure that eligible households do not experience an interruption in benefits and will reduce the administrative burden on CWDs. As further explained below, the ICT process for CalFresh households receiving CalWORKs or Medi-Cal is to implemented no later than April 1, 2011 and the ICT process for CalFresh-only households is to be implemented no later than July 1, 2011.

# NOTE: CWDs implementing the ICT process for CalFresh-only cases prior to July 1, 2011 must ensure that the receiving county has also implemented before initiating the ICT.

# **Definitions**

The following definitions pertain to ICT procedures:

• Inter-County Transfer

A transfer of responsibility for determination of eligibility and provision of social services (including CalFresh) from one county to another.

Transfer Period

The period of time in which the sending county remains responsible for payment of benefits.

• <u>30-Day Transfer Period</u>

The 30-day transfer period begins the date the sending county informs the receiving county of the transfer, either via the postmarked date if mailed or the date of the electronic transfer of the notification of the ICT. When the 30<sup>th</sup> day falls on a Saturday, Sunday, or legal holiday, the first business day following the weekend or holiday is considered to be the last day of the 30-day transfer period.

• Expiration of the Transfer Period

The expiration of the transfer period occurs at the end of the month following the 30-day transfer period after the sending county either mails or electronically transfers the notification of the ICT to the receiving county or the end of the month in which benefits are discontinued for cause, whichever is earlier. By mutual agreement of the counties involved, the transfer of responsibility may occur at an earlier date.

All County Letter 11-22 Page Three

- <u>Sending County</u> The county from which the household has moved.
- <u>Receiving County</u> The county to which the household has moved.

# ICT Procedures

It is critical that CWDs communicate with each other throughout the ICT process to ensure that no case is terminated until the receiving county has indicated that the transfer has been completed to ensure that the household is not subject to an interruption in benefits.

# Transfer of CalFresh Cases Receiving CalWORKs and/or Medi-Cal

The new law requires that no later than April 1, 2011, CWDs must begin using the existing CalWORKs ICT process for those CalFresh cases with a CalWORKs component and the existing Medi-Cal ICT process for those CalFresh cases with a Medi-Cal component. When at least one member of the CalFresh household also receives CalWORKs, the CalWORKs ICT process shall be followed. When at least one member of the CalFresh household receives Medi-Cal, but no household member receives CalWORKs, the Medi-Cal ICT process shall be followed.

 Refer to California Department of Health Services {now California Department of Health Care Services (DHCS)} All County Welfare Directors Letters 03-12, dated February 21, 2003, and 04-14, dated April 30, 2004 for the Medi-Cal ICT process.

http://www.e-parc.ca.gov/Letters/Pages/03-12.aspx

http://www.e-parc.ca.gov/Letters/Pages/04-14.aspx

• Refer to CDSS MPP § 40-187 through 40-197 for the CalWORKs ICT process.

http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/2EAS.pdf

# Notifications of Transfer

• The sending county is responsible for informing the recipient of the transfer using the CalFresh Informing Notice of Sending Inter-County Transfer (NA 1268 2/11).

All County Letter 11-22 Page Four

- The receiving county is responsible for informing the recipient of the transfer using the CalFresh Informing Notice of Receiving Inter-County Transfer (NA 1267 2/11).
- The NA 1267 and NA 1268 are new forms. A link to each is provided under Forms and Translations on page eight of this letter.

# Transfer of Non-Assistance CalFresh Cases (without Medi-Cal)

The new law requires that no later than July 1, 2011, CWDs will begin using, an ICT process for CalFresh recipients who are not receiving CalWORKs or Medi-Cal {Welfare & Institutions Code § 11053.2(c)}. The specifics of that process follow below:

When no member of the CalFresh household receives CalWORKs or Medi-Cal, **the sending county shall:** 

- notify the receiving county of the initiation of a case transfer via either a written or electronic data transfer process;
- inform the recipient of the transfer using the CalFresh Informing Notice of Sending Inter-County Transfer (NA 1268 2/11);
- within seven working days from the date that the sending county notifies the receiving county of a case transfer, provide the receiving county with copies of the most recent:
  - ✓ CA 1/SAWS 1/DFA 285-A1/Electronic Application (Application for Cash Aid, Food Stamps and/or Medical Assistance)
  - ✓ SAWS 2/DFA 285-A2 (Statement of Facts)
  - QR 7 (Eligibility/Status Report Quarterly For Cash Aid and Food Stamps)
  - ✓ DFA 377.5 (Food Stamp Household Change Report)
  - Over-issuance claims and repayment records (adjustment/repayment records, Notices of Action, etc.) for any over-issuance that will not be repaid before the end of the transfer period and will continue to be recouped by the receiving county
  - Copies of any other documents supporting the eligibility determination made by the sending county
- for quarterly reporting households, determine continuing eligibility and amount of CalFresh benefits from the most recent Quarterly Eligibility/ Status Report due during the transfer period. Once eligibility is determined, CalFresh benefits shall

continue to be issued by the sending county until the expiration of the transfer period; or

- for change reporting households, determine continuing eligibility and amount of CalFresh benefits from the most recent DFA 377.5 (or other reported information) submitted. Once eligibility is determined, CalFresh benefits shall continue to be issued by the sending county until the expiration of the transfer period; and
- discontinue responsibility for the provision of CalFresh benefits at the expiration of the transfer period.

# The receiving county shall:

- contact the former county of residence to initiate an ICT if a recipient requests benefits while still active in the former county and the recipient has not yet notified the former county of the move to the current county of residence;
- provide the sending county with notification of the disposition of the initiated ICT;
- provide the sending county with any information which might affect eligibility or the amount of CalFresh benefits during the transfer period;
- determine eligibility and benefit amount based on current circumstances using continuing recipient criteria (including the current QR cycle);
- utilize existing CalFresh requirements for requesting residency verification when the head of household (HH) moves; and
- provide the recipient with CalFresh Informing Notice of Receiving Inter-County Transfer (NA 1267 2/11) acknowledging receipt of the transfer from the sending county, the amount of benefits, the effective date, and for the number of persons.

# Able-Bodied Adults Without Dependents (ABAWD)

When the household consists of an ABAWD person who moves to another county, the county of residence is responsible to check if the participant is meeting the ABAWD work rule. California is currently under a statewide waiver for the ABAWD work rule for FFY 2011.

# Statewide Finger Imaging System (SFIS)

The ICT process assumes no interruption in benefits; therefore, a new SFIS screening

All County Letter 11-22 Page Six

is not required during the transfer period. Per MPP Section 63-300.451, a household that has not met SFIS requirements during the initial certification period must satisfy those requirements by the end of the initial certification period or prior to being recertified. Therefore, if the household member(s) have not complied with SFIS requirements in the sending county, those requirements must be satisfied in the receiving county by the end of the certification period or prior to being recertified. As a reminder, the CWD shall not require the household member to make a special trip into the office solely for the purpose of the SFIS compliance.

# **Restoration of Aid Waiver**

The restoration of aid waiver (ACL 10-32, dated September 1, 2010) provides that any household whose benefits have been terminated for any reason other than failure to complete a recertification or have been disqualified from the program is eligible to request a restoration of CalFresh benefits by curing the reason for the termination within the month following the discontinuance. If, in the month following the discontinuance, the household either appears in the CWD in a new county of residence, it is incumbent on that CWD (in communication with the previous county of residence) to determine if the household would benefit from having the case restored or by completing a new application (in the event the household is eligible for expedited service). If it is determined that it is more advantageous to the household to have the case restored, the receiving county must provide any information needed by the first county to complete the restoration and the first county is responsible for restoring the case per ACL 10-32. If it is determined that the household is better served by completing a new application, the second county will notify the household and assist in the completion of the application.

# Households Excluded from ICT

- Households receiving Transitional CalFresh (TC) benefits that move from one county to another will continue to receive TC benefits from the original issuing county and no transfer will be made. However, if the household applies for and is approved for regular CalFresh benefits in a different county than the county maintaining the TC case, it is critical that the county maintaining the TC case be notified.
- Households that move during the last month of their certification period. Households who are due for recertification shall be required to file a new CalFresh application in their new county of residence.
- A CalFresh ICT should only be initiated when the entire household moves out of county. When only individuals in the household move, those individuals should

All County Letter 11-22 Page Seven

> be added to existing households, if applicable, under existing Quarterly Reporting or Change Reporting rules. If the individuals do not join an existing CalFresh household, they are to be removed from the existing household according to existing rules and appropriate notices of action must be issued. These individuals would need to apply on their own in their new county of residence.

## **Homeless Households**

CalFresh households that are homeless or become homeless shall continue to receive benefits from the county of application as defined by MPP 63-401. If a household reports residency in another county, the CWD may transfer the household to the new county, if appropriate, using the ICT procedures outlined in this ACL.

### **Domestic Violence (DV Issues)**

Please refer to the CDSS All County Information Notice I-60-09 for domestic abuse issues with regard to ICTs.

http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin/2009/I-60\_09.pdf

## **Claims Against Households**

Refer to MPP 63-801.782 regarding the process for transferring information regarding overissuances and claims against household:

http://www.dss.cahwnet.gov/foodstamps/entres/getinfo/pdf/fsman10.pdf

## Medi-Cal Eligibility Data System (MEDS) Transaction Codes

The order in which MEDS transactions are sent is critical to automatically change the responsible county for a CalFresh ICT in MEDS. When the transactions are not sent in order, county MEDS operators will need to manually update the record in MEDS to ensure that the receiving county has gained control of the MEDS record. When the sending county initiates a CalFresh ICT and subsequently terminates the CalFresh benefits, an FX40 MEDS transaction will need to be sent to terminate responsibility as the CalFresh responsible county. The receiving county can send either an FX20 or FX05 MEDS transaction when assuming responsibility for the CalFresh case.

DHCS has clarified that the CalFresh ICT MEDS transaction FX05 was added to MEDS as part of a change in 1999. Use of the FX05 is not required for an ICT. Once the two

All County Letter 11-22 Page Eight

counties have agreed on the effective date of the transfer, the sending county will terminate eligibility with a termination date the day prior to the agreed-upon effective date of the transfer (which will generate an FX40 to MEDS) and the receiving county would report eligibility with the effective date of the transfer (using either an FX20 or FX05 transaction). Use of an FX05 merely simplifies the ICT process for the receiving county since the FX05 transaction will work whether or not MEDS has received the termination update from the sending county prior to receipt of the receiving county update. With FX20 transactions, in order to prevent rejected updates, the receiving county would need to confirm that MEDS eligibility has been terminated by the sending county prior to sending an update.

## Electronic Inter-County Transfer (eICT) Network

Counties are encouraged to use the automated file transfer process, eICT, which will greatly ease the administrative burden of transferring cases from one county to another and from one consortium to another.

# **Reporting**

For reporting purposes, the DFA 296 (Food Stamp Program Monthly Caseload Movement Statistical Report) will be revised to reflect the ICT process for CalFresh cases. This revision will be transmitted via ACIN in the near future.

## Forms and Translations

For camera-ready copies of the English language version of the NA 1267 and NA 1268, contact the CDSS Forms Management Unit at (916) 657-2586 or <u>fmudss@dss.ca.gov</u>.

If your office has internet access, you may obtain this form from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NA1267.pdf

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NA1268.pdf

When all translations are completed per MPP 21-115.2, they will be posted on an ongoing basis on our web site. The NA 1267 and NA 1268 are currently being translated and will be available in Spanish. Copies of translated forms and publications can be obtained at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_274.htm.

All County Letter 11-22 Page Nine

For questions on translated materials, please contact Language Services at (916) 651-8876.

This process will require a great deal of communication between the sending and receiving counties. CDSS encourages counties to work cooperatively with one another to help make this process as seamless as possible.

If you have any questions regarding this letter, please contact Jaeda Rios of the CalFresh Policy Bureau at (916) 654-5709 or by email at <u>Jaeda.Rios@dss.ca.gov</u>.

Sincerely,

# **Original Document Signed By:**

CHARR LEE METSKER, Deputy Director Welfare to Work Division

Attachments

# CALFRESH INFORMING NOTICE OF RECEIVING INTERCOUNTY TRANSFER

Case		
Number Worker	:	
Telephone	:	
Address	:	

(ADDF	RESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

County has transferred your CalFresh (formerly known as Food Stamps) case to our county.

This letter has your new case number, worker's name and telephone number. Please refer to this letter when you contact us.

You will get the CalFresh (Food Stamp) benefits listed below:

\$ \_ effective \_ \_ for \_\_ person(s).

You will receive a new electronic benefits transfer card (EBT) for the benefits listed above. If you don't receive a new EBT card, please contact our office.

If you still have benefits on your EBT card from your old county, you can use that card until those benefits are gone. You will not be able to use your old EBT card for the benefits listed above.

You must report changes that could affect your eligibility on your periodic report and to the worker listed in this notice.

You must complete the forms required for your CalFresh (Food Stamp) annual recertification when sent to you.

**Rules:** These rules apply; you may review them at your welfare office:

# YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

#### If you ask for a hearing <u>before</u> an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh

#### While You Wait for a Hearing Decision for:

#### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

#### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

#### **OTHER INFORMATION**

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10950.)

# TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

• Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

#### HEARING REQUEST

I want a hearing due to an action by the Welfare Department

U _		
	Cash Aid	CalFresh

Other (list)

County about my:
Medi-Cal

Here's Why:

of

#### $\hfill\square$ If you need more space, check here and add a page.

□ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE
SIGNATURE	DATE	
NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER	

# □ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person <u>can be</u> a friend or relative but cannot interpret for you.)

NAME	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE

# CALFRESH INFORMING NOTICE OF SENDING INTERCOUNTY TRANSFER

Number		
Name	1	
Number	:	
relephone	9:	
Address	:	

(ADDRESSEE)

You told us you were moving to \_ County. Your CalFresh (formerly known as Food Stamps) case will be transferred to \_ \_ County.

You do not have to fill out a new application and your CalFresh (Food Stamp) benefits will not stop during your transfer to your new county of residence. If you have any questions regarding your CalFresh (Food Stamp) benefits during the transfer to the new county or your decide not to move, please call the worker at the telephone number listed in this notice.

You will get another notice from the new county telling you about your new case number and telephone number.

You must continue to report changes that could affect your eligibility on your periodic report and to the worker listed in this notice until you get your notice from the new county.

**Rules:** These rules apply; you may review them at your welfare office:

NA 1268 (2/11)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

# YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

#### If you ask for a hearing <u>before</u> an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: Cash Aid CalFresh

#### While You Wait for a Hearing Decision for:

#### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

#### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

#### **OTHER INFORMATION**

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)** 

# TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:

OR

• Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

#### **HEARING REQUEST**

I want a hearing due to an action by the Welfare Department

U _		
	Cash Aid	CalFresh

Other (list)

County about my:
Medi-Cal

Here's Why:

of

#### $\hfill\square$ If you need more space, check here and add a page.

□ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE
SIGNATURE	DATE	
NAME OF PERSON COMPLETING THIS FORM	PHONE NUMBER	

# □ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person <u>can be</u> a friend or relative but cannot interpret for you.)

NAME	PHONE NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE