

December 4, 2018

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 18-141

This ACL transmits revisions made to the CalFresh Supplemental Form for Special Medical Deductions [\(CF 31\)](#). The [CF 31](#) is used to identify excess medical expenses that may qualify a household to claim the medical or standard medical deduction. This letter outlines the revisions that were made to the form and provides clarification on the term “disability” referenced on the [CF 31](#), as well as the types of verification that may be provided as proof of a medical expense. The revised [CF 31](#) will be released June 1, 2019, or the alternate implementation date, when the reversal of the CalFresh eligibility policy known as “cash-out” is effective.



STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

December 4, 2018

ALL COUNTY LETTER (ACL) NO. 18-141

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALISTS
ALL CONSORTIA REPRESENTATIVES
ALL QUALITY CONTROL COORDINATORS

SUBJECT: CALFRESH REVISED SUPPLEMENTAL FORM FOR EXCESS
MEDICAL DEDUCTIONS [\(CF 31\)](#)

REFERENCE: ALL COUNTY LETTERS (ACL) [13-75](#), [14-106](#), AND [14-106E](#); ALL
COUNTY INFORMATION NOTICE (ACIN) [1-25-04](#); MANUAL OF
POLICIES AND PROCEDURES (MPP) SECTIONS [63-102\(e\)\(1\)](#)
AND [63-300\(e\)\(9\)](#)

The purpose of this All County Letter (ACL) is to transmit revisions made to the CalFresh Supplemental Form for Excess Medical Deductions [\(CF 31\)](#). The [CF 31](#) is used to identify excess medical expenses that may qualify a household to claim the medical or standard medical deduction. Revisions were made to provide clarification on the use of the term “disabled”, as well as the types of verification that may be provided as proof of a medical expense. In addition, other non-substantive changes were made to the language on this form.

The [CF 31](#) form was also revised to include updated language regarding CalFresh eligibility for recipients of Supplemental Security Income and/or State Supplementary Payment (SSI/SSP) benefits. Assembly Bill 1811 reverses the CalFresh eligibility policy known as “cash-out”, under which SSI/SSP recipients are ineligible for CalFresh. Effective June 1, 2019, or the alternate implementation date, individuals receiving SSI/SSP are eligible for CalFresh, provided all other eligibility criteria are met.

As such, the revised version of this form should not be used until the reversal of cash-out has been implemented.

Overview of Revisions to the CalFresh Supplemental Form for Special Medical Deductions (CF 31)

The title of the form and text used throughout the form was changed to replace the term “special” with “excess.”

Original language states:

CalFresh Supplemental Form for Special Medical Deductions

Revised language:

CalFresh Supplemental Form for *Excess* Medical Deductions

The second check box on the left side of the form was changed to add “medications, including” for clarification.

Original language states:

Prescribed over the counter medications

Revised language:

Over the counter *medications*

The fourth check box on the left side of the form was changed to add the word “or” for clarification.

Original language states:

Prescribed eye glasses contact lenses

Revised language:

Prescribed eye glasses *or* contact lenses

The ninth check box on the right side of the form was changed to add the word “for” and “medical” for clarification.

Original language states:

Cost of transportation (mileage or fee) treatment or services

Revised language:

Cost of transportation (mileage or fee) *for* treatment or *medical* services

The first check box on the right side has been moved to the left side of the form as the sixth check box.

Original language states:

The number and cost of meals furnished to an attendant

The second check box on the left side was deleted due to duplication.

Original language states:

Prescribed medication

The fourth check box on the right side was changed to delete the “s” from the word animal.

Original language states:

Service animals (i.e. seeing eye or hearing dog) expenses (food and vet bills, etc.)

Revised language:

Service animal (i.e. seeing eye or hearing dog) expenses (food and vet bills, etc.)

The fifth check box on the right side was changed to delete the phrase “medical and to obtain” for clarification.

Original language states:

Cost of lodging to obtain medical and to obtain medical treatment or services

Revised language:

Cost of lodging to obtain medical treatment or services

The third sentence on page 2 was changed to make it clear that the term “disabled” refers to a federally determined disability.

Original language states:

When we say “disabled” we mean anyone who is getting:

Revised language:

When we say “disabled” we mean anyone *who has a federal determined disability and* is getting:

Item 1 was changed to include “blindness” and “under Title II Social Security Act.” Item 2 was changed to delete “federal, state or local” and to add language clarifying that the disability must be considered permanent under Section 221(i) of the Social Security Act. Items 3 and 4 were changed to clarify that the disability must be a federally determined disability.

Original language states:

- 1) Disability payments from the Social Security Administration (SSA) other than Supplementary Security Income/State Supplementary Payment (SSI/SSP) or the Veterans Administration (VA); OR
- 2) Disability retirement benefits from a federal, state, or local governmental agency or Railroad Retirement Board; OR
- 3) Medi-Cal services because of a disability; OR
- 4) Interim assistance/emergency general relief while waiting to get SSI/SSP because of disability approved by the Social Security Administration.

Revised language:

- 1) Disability *or blindness* payments *under Title II of the Social Security Act* or the Veterans Administration (VA); OR
- 2) Disability retirement benefits from a governmental agency *because of a disability considered permanent under Section 221(i) of the Social Security Act*; OR
- 3) Medi-Cal services because of a *federally determined disability under Title XIX of the Social Security Act*; OR
- 4) Interim assistance/emergency general relief while waiting to get *or receiving* Supplementary Security Income/State Supplementary *Payment* (SSI/SSP) because of a *federally determined disability or blindness* approved by the SSA, *under Title XVI*.

The last section was changed to clarify that these are examples for verifying excess medical expenses and to add the term “excess” and “hospital”. In the first two bullets, the phrase “or receipts” was deleted. The two last bullets were deleted because these examples did not apply to the verification of excess medical expenses. Lastly a new bullet was added to address over the counter medications or prescriptions.

Original language states:

Examples of Verification:

- Medical bills or receipts
- Medical transportation bills or receipts
- Health or dental insurance policies or premiums
- Medicare card (for Medi-Cal only)
- Doctor statement or disability finding by an agency (SSA/SDI/VA, etc.)
- Medical verification form (CW61)

Revised language:

Examples of proof *for excess medical deductions*:

- Medical/hospital bills
- Medical transportation bills
- Health or dental insurance policies or premiums
- *Receipts for over the counter medications, prescriptions, or other equipment*

CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access, you may obtain these forms from the CDSS webpage at:

<http://www.cdss.ca.gov/inforesources/Forms-Brochures>.

When all translations are completed per Manual of Policies and Procedures (MPP) Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at:

<http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials

in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient. In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation

if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

This ACL and other CDSS letters and notices are available on the internet at:

<http://www.cdss.ca.gov/inforesources/Letters-and-Notices>.

If you have any questions regarding this ACL, please contact the CalFresh Policy Bureau at (916) 651-8047.

Sincerely,

“Original Document Signed By”

KIM JOHNSON

Deputy Director

Family Engagement and Empowerment Division