

November 17, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-126

The purpose of this All County Letter is to inform counties that the *CalFresh Notice of Expiration of Certification for Households with Only Elderly and/or Disabled Members* will be revised to include appropriate information to terminate cases that fail to submit an application for recertification of CalFresh benefits.



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

November 17, 2020

ALL COUNTY LETTER NO. 20-126

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

SUBJECT: CALFRESH REVISED NOTICE OF EXPIRATION OF
CERTIFICATION FOR HOUSEHOLDS WITH ONLY ELDERLY
AND/OR DISABLED MEMBERS (CF 377.2B) FORM

REFERENCE: [7 Code of Federal Regulations \(CFR\) 273.14\(b\)\(1\)](#); [All County Letter \(ACL\) 17-34](#); [ACL 17-53](#)

The purpose of this All County Letter (ACL) is to inform counties that the California Department of Social Services (CDSS) will be updating the *CalFresh Notice of Expiration of Certification for Households with Only Elderly and/or Disabled Members* (CF 377.2B) to include appropriate information to terminate cases that fail to submit a Recertification for CalFresh Benefits application (CF 37).

Background

On April 25, 2017, the CDSS released [ACL 17-34](#), which issued policy guidance regarding the implementation of the Elderly Simplified Application Project (ESAP). Part of the implementation of the project includes an approved United States Department of Agriculture, Food and Nutrition Service (FNS) waiver allowing County Welfare Departments (CWDs) to forgo the recertification interview for ESAP households, unless the case is denied, the household requests an interview, or the information supplied by the household is questionable. The FNS waiver provides that no case will be denied at recertification without an attempt to schedule an interview.

On June 14, 2017, the CDSS released [ACL 17-53](#), creating new CalFresh notices for households with only elderly and/or disabled members and no earned income. One of these notices, the CF 377.2B, is designed to be sent to ESAP eligible households at the

end of the 36-month certification period. The purpose of the CF 377.2B is to inform ESAP households that the certification period will expire, and the household must complete the recertification process in order to receive uninterrupted CalFresh benefits.

This guidance augments [ACL 17-34](#) by addressing situations in which the ESAP eligible household is terminated for a failure to submit an application for recertification and issues a revised CF 377.2B that informs households of the consequences of failing to recertify. The new language on the CF 377.2B also clarifies other recertification information for ESAP households.

New Language Added to the CF 377.2B

The original language and the added new language for the impacted section of the CF 377.2B are added below. Deletions are marked with a ~~striketrough~~ and additions are in **bold**.

The original language on page one of the CF 377.2B, item 2 reads:

Please fill out the application completely and return it to the county by the first day of the last month of the certification period:

Late applications may cause a delay in benefits.

The revised language reads:

Please fill out the application completely and return it to the county by ~~the first day of the last month of the certification period~~:

Late applications may cause a delay in benefits. **If you do not complete an application, your case may be discontinued. If your case is discontinued, you will still have up to 30 days after the end of the certification period to complete the required steps. Depending on the cause of the delay, you may get only partial benefits for the first month of your new certification period.**

The original language on page one of the CF 377.2B, item 3 reads:

An interview is not required. You may call the county to ask for an interview if you want one. Interviews are done by phone unless you want an in-person interview. If you need help due to a disability; please tell the county right away.

The revised language reads:

An interview may not be required. Based on the information you provide, the county may need to interview you. ~~An interview is not required. You may call the county to ask for an interview if you want one.~~ Interviews are done by phone unless you want an in-person interview. If you need help due to a disability; please tell the county right away.

The original language on page one of the CF 377.2B, item 4 reads:

If you ask for an interview, you will get a separate letter with interview appointment date and time.

The revised language reads:

You may call the county to ask for an interview if you want one. If the county needs to interview you, or you ask for an interview, you will get a separate letter with interview appointment date and time.

The original language on page one of the CF 377.2B, item 6 reads:

If you are reporting changes such as income and expenses, please include proof with your application. Proof of any changes must be turned in no later than the end of your certification period. Please tell the county if you need help getting this information.

The revised language reads:

If you are reporting changes such as income and expenses, please include proof with your application. Proof of any changes must be turned in no later than the end of your certification period. Please tell the county if you need help getting this information. **The county can help you get it.**

The original language on page one of the CF 377.2B, item 7 reads:

Based on the information you turn in, the county may need to interview you.

The revised language reads:

~~Based on the information you turn in, the county may need to interview you.~~

The original language on the right-hand column on page one of the CF 377.2B is no longer contained in a separate column. The first bullet point reads:

You will report again in 12 and 24 months by completing a form you will get from the county.

The revised language reads:

The county will tell you when you need to report again. ~~You will report again in 12 and 24 months by completing a form you will get from the county.~~

The original language on the second bullet point reads:

If any of the following things happen, you may have to wait up to 30 days before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period.

The revised language reads:

If any of the following things happen, you may have to wait up to 30 days **to get a decision about your benefits continuing.** ~~before final action is taken on your recertification application. In addition, you may get only partial benefits for the first month of your new certification period.~~

The original language on the fourth bullet point reads:

You ask for an interview and do not complete an interview within 10 days before the end of the certification period.

The revised language reads:

~~You ask for an interview and do not complete an interview within 10 days before the end of the certification period.~~

The original language on the fifth bullet point reads:

You are told an interview is required and do not complete an interview within 10 days of the end of of the certification period.

The revised language reads:

You are told an interview is required and do not complete an interview ~~within 10 days of the end of of the certification period.~~

The original language on the sixth bullet point reads:

You have the right to get an application from the county and to have the county accept your application. The application must be signed and contain at least your name, address, and signature.

The revised language reads:

You have the right to get an application from the county. ~~and to have the~~ **The** county **must** accept your application. ~~The application must be~~ if it is signed and **has** ~~contain~~ at least your name, address, and signature.

The revised language also adds a new bullet point to page two of the CF 377.2B that reads:

If your household consists only of Supplemental Security Income (SSI) members, you, or your authorized representative, have the right to apply for CalFresh at any Social Security Administration office.

ESAP Program Recertification Reminders

- If an ESAP household submits an application for recertification, the household cannot be denied without an interview.
- If an ESAP household fails to submit an application for recertification, the household's case can be terminated.

If you have any questions or need additional guidance regarding the information in this letter, contact the CalFresh Policy Section at CalFreshPolicy@dss.ca.gov.

Sincerely,

Original Document Signed By

Jennifer Hernandez
Deputy Director
Family Engagement and Empowerment Division

Attachment

**CALFRESH NOTICE OF
EXPIRATION OF CERTIFICATION
FOR HOUSEHOLDS WITH ONLY
ELDERLY AND/OR DISABLED
MEMBERS**

COUNTY OF _____

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number : _____
Address : _____

(Addressee)

Questions? Ask your Worker.

State Hearing: You are no longer eligible to appeal the disqualification action in a State Hearing. If you disagree with the amount you owe, and the amount you owe was not part of the hearing decision, you may ask for a State Hearing by filling out the back of this form and returning it by _____.

1. Your CalFresh Certification period will end on _____.
(MM/DD/CCYY)
2. Please fill out the application completely and return it to the county by: _____.
(MM/DD/CCYY)

Late applications may cause a delay in benefits. If you do not complete an application, your case may be discontinued. If your case is discontinued, you will still have up to 30 days after the end of the certification period to complete the required steps. Depending on the cause of the delay, you may get only partial benefits for the first month of your new certification period.

3. An interview may not be required. Based on the information you provide, the county may need to interview you. Interviews are done by phone unless you want an in-person interview. If you need help due to a disability; please tell the county right away.
4. You may call the county to ask for an interview if you want one. If the county needs to interview you, or you ask for an interview, you will get a separate letter with interview appointment date and time.
5. If you do not keep the scheduled appointment, it is your responsibility to reschedule it.
6. If you are reporting changes such as income and expenses, **please include proof** with your application. Proof of any changes must be turned in no later than the end of your certification period. Please tell the county if you need help getting this information. The county can help you get it.

IMPORTANT RULES

- The county will tell you when you need to report again.
- If any of the following things happen, you may have to wait up to 30 days to get a decision about your benefits continuing.

- You do not turn in proof of any changes reported on the recertification application before the end of your certification period.
- You are told an interview is required and do not complete an interview.
- You have the right to get an application from the county. The county must accept your application if it is signed and has at least your name, address, and signature.
- You, or your authorized representative, have the right to file a CalFresh application by turning in the form to the county in person, by mail, by fax or by other transmission available in your county (e-mail or on-line electronic application at: <http://www.benefitscal.org>). The length of time to deliver benefits is calculated from the date the application is filed with the county.
- If your household consists only of Supplemental Security Income (SSI) members, you, or your authorized representative, have the right to apply for CalFresh at any Social Security Administration office.

Rules: These rules apply: CalFresh MPP Sections: 63-300.3, 63-504.25, 63-504.251, 63-504.6, 63-504.61. You may review them online at cdss.ca.gov or at your local county 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 before 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
	Child Care	

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 of _____ County
about my: Cash Aid CalFresh Medi-Cal Other (list) _____

Here's Why: _____

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		Date of Birth	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 can be a friend or relative but cannot interpret for you.)

Name		Phone Number	
Street Address	City	State	Zip Code