

October 19, 2020

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 20-110

The purpose of this All County Letter is to transmit a new Applicant Denial Notice of Action (NA 213A) and associated message (M44-207M) for the California Work Opportunity and Responsibility to Kids (CalWORKs) program.



KIM JOHNSON
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

October 19, 2020

ALL COUNTY LETTER NO. 20-110

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALWORKS PROGRAM SPECIALISTS
ALL COUNTY REFUGEE COORDINATORS
ALL WELFARE-TO-WORK COORDINATORS
ALL CONSORTIA REPRESENTATIVES

SUBJECT: CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CALWORKS) NEW APPLICANT DENIAL NOTICE OF ACTION (NOA)
FORM (NA 213A) AND MESSAGE (M44-207M)

REFERENCE: [MANUAL OF POLICIES AND PROCEDURES \(MPP\)](#)
[SECTIONS 44-207.1 AND 44-207.2; ALL COUNTY LETTERS \(ACL\)](#)
[NOS. 19-76, 19-76E AND 19-76EII](#)

The purpose of this All County Letter (ACL) is to transmit a new required Notice of Action (NOA) and associated NOA message related to California Work Opportunity and Responsibility to Kids (CalWORKs) denials due to income. County Welfare Departments (CWDs) must begin using the new NOA NA 213A and NOA message M44-207M as soon as administratively possible.

Prior to a policy change introduced in [ACL No. 19-76EII](#), applicants and recipients utilized the same financial eligibility/recipient test and used the same NOA for both denials and discontinuances related to Assistance Units (AUs) failing this test. An updated recipient notice and NOA message (NA 210, M44-207K) were introduced in ACL 19-76EII to reflect the policy change for recipients.

The new policies introduced in ACL Nos. [19-76](#), [19-76E](#) and [19-76EII](#) only impacted recipients and there was no change in the applicant eligibility determination. All applicants must pass an applicant test based on the Minimum Basic Standards of Adequate Care (MBSAC) and pass a financial eligibility test based on the AU's net non-exempt income being less than the Maximum Aid Payment (MAP).

NEW NOTICES

The new NOA and NOA message for applicant denials based on net non-exempt income and MAP are:

- NA 213A - "Deny - Financial Eligibility" is used to calculate the net non-exempt income used as part of the financial eligibility test and compare it to the MAP.
- M44-207M – "Financial Eligibility, Deny" notifies applicants that because their income exceeds the MAP limit, they are ineligible for CalWORKs and their application is denied.

CAMERA-READY COPIES AND TRANSLATIONS:

For a camera-ready copy in English, contact the California Department of Social Services (CDSS) Forms Management Unit at <mailto:fmudss@dss.ca.gov>. You may obtain these forms from the CDSS webpage at: [CDSS Forms and Brochures Website](#).

For questions on translated materials, please contact the CDSS Language Services at (916) 651-8876. CWDs are required to provide CDSS translation to applicants and recipients in their primary languages when they are or become available. Until translations are available, recipients who have elected to receive materials in languages other than English must be sent the English version of the form or notice along with the [GEN 1365 - Notice of Language Services](#) and a local contact number.

The CWDs shall ensure that effective bilingual services are provided. When the percentage of non-English cases in a program and/or office location is less than five percent, this requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. When the percentage of non-English cases in a program and/or office location is equal to or more than five percent, the CWD must assign a sufficient number of qualified bilingual employees to public contact positions in that program or location, as calculated pursuant to [MPP Section 21-115.1](#). Language services shall be provided free of charge to the applicant/recipient.

More information regarding languages services, which includes both interpretation and translations, can be found in [MPP Section 21-115](#).

If you have any questions concerning this letter, please contact the Early Engagement & Eligibility Bureau at (916) 654-1322.

Sincerely,

Original Document Signed By:

JENNIFER HERNANDEZ
Deputy Director
Family Engagement and Empowerment Division

Attachments

NOTICE OF ACTION
DENY -
FINANCIAL ELIGIBILITY

COUNTY OF _____

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

(ADDRESSEE)

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. Page 3 tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Medi-Cal: This notice does NOT change or stop Medi-Cal Benefits. If there is a change in your Medi-Cal benefits, you will receive another notice.
Keep your plastic Benefits Identification Card(s).

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

Net Countable Income

1. Total Self-Employment Income \$ _____
2. Self-Employment Expenses:
- a. 40% Standard - _____
- OR
- b. Actual - _____
3. Net Earnings from Self-Employment = _____
4. Total Disability-Based Unearned Income (DBI) (Assistance Unit + Non-Assistance Unit Members) \$ _____
5. \$500 DBI Disregard (if #4 is greater than \$500) - _____
6. Nonexempt Unearned Disability-Based Income = _____
- OR
7. Unused Amount of \$500 DBI Disregard = _____
8. Total Earned Income \$ _____
9. Net Earnings from Self-Employment (from above) + _____
- 10.Subtotal** = _____
- 11.Unused Amount of \$500 (from #7) - _____
- 12.Subtotal** = _____
- 13.Earned Income Disregard 50% - _____
- 14.Subtotal** = _____
- 15.Nonexempt Unearned Disability-Based Income (from #6) + _____
- 16.Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
- 17.Child Support collected by County + _____
- 18.Total Net Countable Income** = _____

19.Maximum Aid Payment

Maximum Aid for _____
Persons (Assistance Unit +
Non-Assistance Unit Members) \$ _____
Special Needs (Assistance
Unit + Non-Assistance Unit
Members) + _____

20.Maximum Aid Payment

= _____

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

State of California
Department of Social Services

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2

Noa Msg Doc No.: M44-207M Page 1 of 2
Action : Deny
Issue: Income
Title: Financial Eligibility

Use Form No. : NA 213A
Original Date : 08-01-20
Revision Date :

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

You cannot get cash aid if your family's net countable income is equal to or more than the need standard set by the state. The need standard for your family size of _____ is \$_____.

Your family's needs and income are figured on this page.

When you get paid every week or every other week, here is how we figure your monthly income:

First, we add all the income you got in the month and divide by the total number of payments you got. Then, we multiply that amount by the average number of payments in a month.

- If you get paid every week, you may get paid 4 or 5 times in a month. 4.33 is the average number of payments in a month.
- If you get paid every other week, you may get paid 2 or 3 times in a month. 2.167 is the average number of payments in a month.

Here's your information:

Income Reported for the month of _____

Self-Employment Income = _____

Earned Income + _____

Unearned Income + _____

Total Income for the month = _____

Medi-Cal: This notice DOES NOT stop or change your Medi-Cal benefits. **Keep using your plastic Benefits Identification Card (s).** You will get another notice telling you about any changes to your health benefits.

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to deny cash aid when the family's income (AU + Non-AU members) is less than MBSAC and the net non-exempt income is equal to or more than Maximum Aid Payment (MAP). Use on NA 213A.

Complete the following:

- Date of application
- AU size
- MAP for AU size
- MM/YYYY of application
- Total Self-Employment Income
- Total Other Earned Income
- Total Unearned Income
- Sum of Self-Employment, Other Earned and Unearned Income