

July 22, 2022

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 22-62

The purpose of this All County Letter is to transmit implementing instructions and information to County Welfare Departments regarding changes to the Electronic Benefit Transfer System expungement rules, resulting from the enactment of the Agricultural Act of 2018, Public Law 115-334, also known as the Farm Bill, on December 20, 2018.



KIM JOHNSON
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

July 22, 2022

ALL COUNTY LETTER NO. 22-62

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CALWORKS PROGRAM SPECIALISTS
ALL COUNTY DISTRICT ATTORNEYS
ALL COUNTY SPECIAL INVESTIGATIONS UNITS
ALL CONSORTIA PROJECT MANAGERS
ALL EBT COORDINATORS

SUBJECT: AGRICULTURAL IMPROVEMENT ACT OF 2018 (2018 FARM BILL): ELECTRONIC BENEFIT TRANSFER SYSTEM CHANGES

REFERENCE: [AGRICULTURAL ACT OF 2018 \(P.L. 115-334\) SECTION 4006\(C\) TITLE 7 CODE OF FEDERAL REGULATIONS \(CFR\) PARTS 274.2\(i\)\(2\), 272.14, 273.13\(b\)\(2\), AND 273.1\(d\)\(1\), MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTION 16-120.131](#)

The purpose of this All County Letter (ACL) is to transmit implementing instructions and information to County Welfare Departments (CWDs) regarding changes to the Electronic Benefit Transfer (EBT) system, resulting from the enactment of the [Agricultural Act of 2018 \(P.L. 115-334\)](#), also known as the Farm Bill, on December 20, 2018. The federal deadline to implement these changes was extended from September 24, 2021 to September 24, 2022.

Background

ELECTRONIC BENEFIT TRANSFER SYSTEM ROUTINE FOOD BENEFIT EXPUNGEMENT

Expungement of Supplemental Nutrition Assistance Program (SNAP) food benefits, known as CalFresh in California, currently occurs after the benefits have been made available for a total of 365 days or more with no debit activity and are subsequently removed from the EBT host. The CWD receives reports indicating food benefits

expunged and the benefit balance remaining at the time of expungement.

FOOD BENEFIT EXPUNGEMENT TIMEFRAME REDUCTION

The food benefit expungement timeframe is amended from 12 months (365 days) to 9 months (274 days). This will apply to all benefits subject to expungement rules, both opened and closed cases. Per [7 CFR 274.2\(h\)\(2\)](#), an expungement notification is required to be provided at a minimum 30 days prior to expungement of the first benefit allotment. All subsequent expungements will not require advance notification. The California Department of Social Services (CDSS) is not required to provide monthly expungement notices prior to expunging each food benefit allotment unless the expungement process stops for a household for any reason.

Households are currently notified of the expungement timeframe in a Notice of Action (NOA) EBT 1232, previously known as the TEMP NA 1232 (attached), which is sent out when the account goes into dormant status, meeting the required 30-day minimum expungement notification timeframe. Accounts will continue to be rendered dormant after 180 days. Expungement timeframe changes will be implemented in the EBT system in September 2022. Households that have been notified of account expungement prior to the implementation date of this new policy will not be affected.

Per [MPP Section 16-120.131](#), expunged food benefits must not be reinstated. A CalFresh household having an expunged EBT account does not affect the household's eligibility.

DECEASED HOUSEHOLD BENEFIT EXPUNGEMENT

Under [7 CFR 272.14](#), the CDSS is required to independently verify death matches and provide the household notice prior to terminating benefits. This ensures surviving household members have an opportunity to respond prior to expungement. When all members of the household are deceased, the CDSS is now required to expunge associated benefits. If benefits of deceased individuals are not expunged those funds are susceptible to fraud, such as activation by unauthorized individuals. The CDSS shall expunge the remaining SNAP balance in the deceased household's EBT account at that time. In accordance with [7 CFR 273.13\(b\)\(2\)](#), expungement notices are not required for these households.

If the Adult/EBT cardholder dies and there are children in the home, the benefits remain on the account and the case remains active because the household still has members. The household is required to choose a new head of household or have the county choose one for them, per [7 CFR 273.1\(d\)\(1\)](#). A new card will then be issued to the new head of household to access the benefits.

Camera-Ready Copies and Translations

For camera-ready copies of the EBT 1232 in English and Spanish, contact the Forms Management Unit at fmudss@dss.ca.gov. For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, counties shall send the English version of the form or NOA, along with the GEN 1365 - Notice of Language Services and a local contact number, to recipients who have elected to receive the materials in languages other than English.

The 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: <https://cdss.ca.gov/inforesources/letters-and-notices>.

English and Spanish versions of the form can be found on the CDSS web page at: <https://www.cdss.ca.gov/cdssweb/entres/forms/English/EBT2260.pdf>. For questions on English or Spanish forms, please call CDSS Forms Management Unit at (916) 657-1907. For copies of this form in other languages, you may go to the CDSS web page at: <https://cdss.ca.gov/inforesources/translated-forms-and-publications>. Translated materials are posted on a flow basis as soon as they are completed. For questions on translated materials, please contact CDSS Language Services at (916) 445-6778.

Attached is a copy of the [EBT 1232](#) form for your convenience.

If you have any questions or need additional guidance regarding the information in this ACL, please contact the EBT Unit by email at CDSSEBT@dss.ca.gov.

Sincerely,

Original Document Signed By

RYAN GILLETTE
Chief Data Strategist
Research, Automation, and Data Division

**CALFRESH
NOTICE OF ACTION
EBT ACCOUNT**

(Addressee)

COUNTY OF

Notice Date	:	<div></div>
Case Name	:	<div></div>
Case Number	:	<div></div>
Worker Name	:	<div></div>
Worker Number	:	<div></div>
Telephone Number	:	<div></div>
Address	:	<div></div>
	:	<div></div>
	:	<div></div>

Questions? Ask your Worker.

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

ACCOUNT DEACTIVATED

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR CALFRESH ELECTRONIC BENEFIT ACCOUNT FOR OVER 135 DAYS.

- ☐ If you do not use your CalFresh benefit card by , the county will stop access to your electronic CalFresh benefits. You can stop this action by using your CalFresh benefit card.

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR CALFRESH ELECTRONIC BENEFIT ACCOUNT FOR OVER 180 DAYS.

- ☐ On , the county stopped access to your CalFresh benefits. Call your County Worker to activate your electronic CalFresh benefit account again.

IF YOU HAVE ANY CALFRESH ELECTRONIC BENEFIT THAT HAS NOT BEEN USED FOR 9 MONTHS (274 DAYS), THAT UNUSED BENEFIT WILL BE REMOVED FROM YOUR EBT ACCOUNT AND CANNOT BE RESTORED.

ACCOUNT REACTIVATED

- ☐ On , the county started access to your CalFresh electronic benefit account.

If you have lost your card call 1 - 877 - 328-9677. If you need help using your EBT card, call your county worker.

This Notice:

- Does not change your eligibility to benefits;
- Does not change your responsibility to report changes that affect your eligibility; and
- Does not change your cash aid or Medi-Cal benefits. If these benefits change, you will get a separate notice.

Rules: These rules apply: You may review them at your welfare office. MPP 16-120.

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
_____	_____	_____	_____