

December 22, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 23-100**

The purpose of this All County Letter is to release the CalFresh Employment and Training Provider Determination Notice (CF 211).



KIM JOHNSON  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

December 22, 2023

ALL COUNTY LETTER NO. 23-100

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALFRESH SPECIALISTS  
ALL QUALITY CONTROL COORDINATORS  
ALL CALFRESH EMPLOYMENT AND TRAINING  
REPRESENTATIVES  
ALL CONSORTIA REPRESENTATIVES

SUBJECT: CALFRESH EMPLOYMENT AND TRAINING PROVIDER  
DETERMINATION NOTICE

REFERENCE: [EMPLOYMENT AND TRAINING OPPORTUNITIES IN THE  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM FINAL  
RULE](#); [ALL COUNTY LETTER \(ACL\) NO. 22-99](#); [ACL NO. 19-45](#);  
[7 CODE OF FEDERAL REGULATIONS \(CFR\) 273.7\(c\)\(18\)\(I\)](#);  
[7 CFR 273.7\(c\)\(18\)\(i\)\(A\)](#); [7 CFR 273.7\(c\)\(18\)\(ii\)](#); [7 CFR 273.24](#);  
[7 CFR 273.7\(c\)\(18\)\(a\)\(B\)](#); [CALIFORNIA DEPARTMENT OF  
SOCIAL SERVICES FORMS/BROCHURES](#); [TRANSLATED  
FORMS AND PUBLICATIONS](#); [MANUAL OF POLICIES AND  
PROCEDURES \(MPP\) SECTION 21-115.2](#); [MPP SECTION 21-  
115](#); [GEN 1365-NOTICE OF LANGUAGE SERVICES](#)

The purpose of this All County Letter (ACL) is to release the CalFresh Employment and Training (E&T) Provider Determination Notice (CF 211). The CF 211 is a requirement of the [Employment and Training Opportunities in the Supplemental Nutrition Assistance Program Final Rule](#), published by the United States Department of Agriculture, Food and Nutrition Service, on January 5, 2021.

## BACKGROUND

The County Welfare Department (CWD) must issue the CF 211 to individuals who receive an E&T provider determination. This includes CalFresh E&T participants who

are also Able-Bodied Adults Without Dependents (ABAWDs) and subject to the ABAWD time limit.

This notice applies to CWDs that offer the CalFresh E&T program and have a formal agreement with an E&T provider, such as a Memorandum of Understanding, data sharing agreement, or sub-recipient agreement, and inclusive of formal agreements with CalFresh E&T state partners.

Implementation of the CF 211 is effective upon the completion of automation in the California Statewide Automated Welfare System (CalSAWS). Automation is expected to be complete within 12 months of the issuance of this ACL. CWDs must continue to provide E&T participants with verbal notification of the E&T provider determination before the completion of automation.

## **CALFRESH EMPLOYMENT AND TRAINING PROVIDER DETERMINATION NOTICE (CF 211)**

### **Overview**

As described in [ACL No. 22-99](#), issued on December 27, 2022, a provider determination is a decision by a CalFresh E&T provider that a participant is not a good fit (i.e. ill-suited) for a component. This may occur if the assigned component or activity does not meet a participant's individual needs or skill level, or if a participant fails to benefit from the component.

An E&T provider can decide on the participant's suitability for an E&T component from the time a participant is referred to the component until completion. The E&T provider must notify the CWD of the determination and the reason for the determination within ten (10) calendar days of the decision. If the CWD cannot obtain the reason from the E&T provider, the CWD must proceed without a reason given.

Upon receipt of the provider determination, the CWD must determine whether the individual should continue to participate in CalFresh E&T. If the E&T provider offers another, more suitable component, the CWD has the option to either:

1. Require the provider to refer the individual back to the CWD before switching the individual to the other component; or
2. Allow the provider to shift the individual to another component without referral back to the CWD.

If the CWD allows the E&T provider to shift the individual to another component without referral back to the CWD, then the CF 211 does not apply.

In accordance with [7 Code of Federal Regulations \(CFR\) 273.7\(c\)\(18\)\(I\)](#), the CWD must inform CalFresh E&T providers of their authority and responsibility to determine whether an individual is not a good fit for a particular E&T component.

In accordance with [7 CFR 273.7\(c\)\(18\)\(i\)\(A\)](#), once the CWD receives a provider determination the CWD must:

- Notify the CalFresh E&T participant of the provider determination within ten (10) calendar days of receipt;
- Explain to the participant in writing or verbally what a provider determination is, how to contact the CWD, and the next steps the CWD is taking;
- Notify the participant they will not be sanctioned because of the provider's determination; and
- If the individual is an ABAWD subject to the time limit, notify the participant that they will begin to accrue countable months the next full benefit month following the month the provider determination is made, unless they satisfy the work requirement, have good cause, live in a waived area, or are otherwise exempt.

### **Instructions For Use**

The CF 211 notifies the CalFresh E&T participant that the E&T provider has decided they are not a good fit to continue in their assigned CalFresh E&T component or activity. Upon receipt of the CalFresh E&T provider determination, the CWD has ten (10) calendar days to notify the E&T participant.

If the CalFresh E&T participant is also an ABAWD subject to the time limit, they may accrue countable months toward their three-month time limit the next full benefit month after the month the CWD issues the CF 211.

Countable months will only apply to ABAWDs subject to the time limit who do not fulfill the work requirements in accordance with [7 CFR 273.24](#). Therefore, ABAWDs subject to the time limit who are taking part in the CalFresh E&T program may need to work, volunteer, or participate in another activity.

The CWD must document the E&T provider's determination and the CWD's notification to the E&T participant within the case file.

### **Addressee**

This line will populate with the name of the CalFresh E&T participant based on relevant information in CalSAWS. The CWD must enter the date the E&T provider determination was received on the CF 211.

The CF 211 informs the E&T participant that:

- The CalFresh E&T provider has told the CWD that they are not a good fit to continue in their assigned component or activity; and
- Their CalFresh benefits will not be sanctioned or discontinued due to the E&T provider's determination.

### **County Action**

This section informs the E&T participant of the CWD's next action.

In accordance with [7 CFR 273.7\(c\)\(18\)\(a\)\(B\)](#), once the provider determination has been received, the CWD must take action no later than the date of the individual's recertification. However, if an individual with a provider determination requests that the CWD act sooner than the next recertification, the CWD must take the most suitable action as soon as possible. The four actions the CWD must select from are:

1. Refer the individual to another appropriate E&T component;
2. Refer the individual to an appropriate workforce partnership;
3. Reassess the physical and mental fitness of the individual; or
4. Coordinate with other federal, state, or local workforce or assistance programs to identify other work opportunities or assistance.

### **Able-Bodied Adults Without Dependents**

This section will populate only for CalFresh E&T participants who are ABAWDs subject to the time limit.

In accordance with [7 CFR 273.7\(c\)\(18\)\(ii\)](#), an ABAWD subject to the time limit who has received a provider determination may accrue countable months toward their three-month time limit the next full benefit month after the month the CF 211 is issued. The CF 211 notifies the individual that they will accrue countable months unless they satisfy the work requirement in accordance with [7 CFR 273.24](#), have good cause, live in a waived area, or are otherwise exempt.

The CWD must enter the month and year that the ABAWD subject to the limit will begin to accrue countable months towards the three-month time limit.

Example:

- The E&T provider notified the CWD of the determination on October 25, 2023.
- The CWD issued the CF 211 to the ABAWD subject to the time limit on November 3, 2023.
- The ABAWD subject to the time limit will accrue countable months beginning December 1, 2023, unless they meet the criteria for an exemption or satisfy the work requirement through another qualifying work activity.

### **County Contact Information**

This section of the CF 211 will populate with the CWD contact number for the E&T participant to obtain more information or ask questions.

## COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [California Department of Social Services \(CDSS\) Forms/Brochures](#) webpage. When the CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by the CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not available, individuals 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.

The CWD must provide effective bilingual services per [Government Code Section 7290, et seq.](#). This requirement may be met through the utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided to the applicant/recipient, free of charge. If the CDSS does not provide translations of a form, it is the CWD's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWD must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL No. 19-45](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the CalFresh Policy and Employment Bureau at [CalFreshPolicy@dss.ca.gov](mailto:CalFreshPolicy@dss.ca.gov).

Sincerely,

### ***Original Document Signed By***

ALEXIS FERNÁNDEZ GARCIA  
Deputy Director  
Family Engagement and Empowerment Division

Attachment

**CALFRESH NOTICE OF  
PROVIDER DETERMINATION**

COUNTY OF \_\_\_\_\_

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Case Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Worker Number : \_\_\_\_\_  
Telephone Number : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Addressee)


Questions? Ask your Worker.

**State Hearing: If you disagree with us, you can ask for a hearing. The last page tells you how. If you ask for a hearing before \_\_\_\_\_ your benefits may not be changed until a decision is made.**

This notice is to tell you that on \_\_\_\_\_ the CalFresh Employment and Training (E&T) provider has told the county that you are not able to continue participating in your assigned E&T activity. **Your CalFresh benefits will not stop because of this determination.**

**COUNTY ACTION**

The county will:

- ☐ Refer you to a different activity.
- ☐ Refer you to the local workforce partnership.
- ☐ Complete a new assessment for you.
- ☐ Coordinate with a workforce program on your behalf.

**ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWD)**

If you are an Able-Bodied Adult Without Dependents (ABAWD) and you were meeting the ABAWD work requirement by participating in the CalFresh E&T program, you may need to work, volunteer, or participate in another activity to keep your CalFresh benefits. Starting \_\_\_\_\_, you may continue to get CalFresh if you: Month/Year

- Work or participate in a qualifying work activity for at least 20 hours per week or 80 hours per month;
- Have good reason for not working;
- Live in a waived county; or
- Are excused from the ABAWD work requirement.

If you do not meet one of the requirements listed above, your benefits may stop. You can ask the county to explain how you can meet the work requirement or how you may be excused.

**DO YOU NEED HELP OR HAVE QUESTIONS?**

Please contact the county at \_\_\_\_\_ if you need help understanding this notice.

## YOUR HEARING RIGHTS

### YOUR HEARING RIGHTS (See also PUB 412 at [www.cdss.ca.gov/inforesources/state-hearings](http://www.cdss.ca.gov/inforesources/state-hearings))

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at [acms.dss.ca.gov](http://acms.dss.ca.gov) Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account **OR**
- **Call** toll free (800) 743-8525 (or TDD (800) 952-8349) **OR**
- **Fax** fill out this page/fax to (833) 281-0905 **OR**
- Fill out this page, and deliver it by one of the following:
  - o **In-person:** \_\_\_\_\_
  - o **Mail to:** CDSS State Hearings Division,  
PO Box 944243, MS 21-37  
Sacramento CA 94244-2430
  - o **Email to:** [SHDCSU@DSS.ca.gov](mailto:SHDCSU@DSS.ca.gov)

### HEARING REQUEST

1. My hearing issue involves \_\_\_\_\_ (benefit program) and \_\_\_\_\_ County/Agency.
2. I want a hearing because: \_\_\_\_\_
3. Print name of person who needs a hearing: \_\_\_\_\_ Birthdate: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
I want to get hearing notices from the State Hearing Division by email. **Email Address:** \_\_\_\_\_
5. **Name/Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_
6. Interpreter: I want a **free** interpreter for the \_\_\_\_\_ language or dialect.
7. Disability Accommodation for hearing? No Yes (explain): \_\_\_\_\_
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:  
By Telephone By Video (*you see judge on your phone/computer*) In person at the county hearing site  
I have no phone or Internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to Denial of CalWORKs or CalFresh emergency benefits  
Medical Emergency Eviction/homelessness Other (explain): \_\_\_\_\_
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKs (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.  
Check to have your aid lowered or stopped pending the hearing for: CalWORKs Childcare CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing: