

January 19, 2024

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 24-01

The purpose of this All County Letter is to provide County Welfare Departments with updates regarding eligibility for the CalFresh Restaurant Meals Program and release of the Notice of Approval/Termination for the CalFresh Restaurant Meals Program (CF 889).



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

January 19, 2024

ALL COUNTY LETTER NO. 24-01

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

SUBJECT: CALFRESH RESTAURANT MEALS PROGRAM ELIGIBILITY
UPDATES AND NOTICE OF APPROVAL/TERMINATION FOR
THE CALFRESH RESTAURANT MEALS PROGRAM (CF 889)

REFERENCE: [ASSEMBLY BILL \(AB\) 942 \(CHAPTER 814, STATUTES OF 2019\);](#)
[MANUAL OF POLICY AND PROCEDURES \(MPP\) DIVISION 63](#)
[63-102; TITLE 7 CODE OF FEDERAL REGULATIONS \(CFR\)](#)
[278.1; ALL COUNTY INFORMATION NOTICE NO. I-71-11; ALL](#)
[COUNTY LETTER NO. 14-49; TITLE 7 CODE OF FEDERAL](#)
[REGULATIONS \(CFR\) 278.1; ALL COUNTY LETTER NO. 21-100;](#)
[FOOD AND NUTRITION ACT OF 2008, SECTION k\(3\); ALL](#)
[COUNTY LETTER NO. 23-72](#)

The purpose of this All County Letter (ACL) is to provide County Welfare Departments updates regarding eligibility for the CalFresh Restaurant Meals Program (RMP) and release of the Notice of Approval/Termination for the CalFresh Restaurant Meals Program (CF 889).

BACKGROUND

The CalFresh RMP is a statewide program that provides eligible households the option to use their CalFresh benefits to purchase hot and/or prepared meals at any participating United States Department of Agriculture – Food and Nutrition Service (USDA-FNS) approved restaurant throughout California.

Per [7 CFR 278.1\(d\)\(3\)](#), the following CalFresh participants are eligible for the RMP:

- Adults aged 60 and older (and their spouses);
- People with disabilities (and their spouses); and

- People experiencing homelessness.

As a reminder, regardless of whether CDSS or a CWD has oversight of the local level RMP, CWDs must inform and certify RMP eligibility for eligible households at application, recertification, SAR 7, or anytime there is a change in household circumstance based on the criteria above. CWDs must also provide participating RMP restaurant information to RMP eligible households.

For counties administering the RMP at the local level, CWDs are responsible for RMP application screening and ensuring all applicant restaurant vendors meet program requirements outlined at [Title 7 of the Code of Federal Regulations \(CFR\), 278.1](#). Additionally, CWDs must provide ongoing technical assistance and ongoing program monitoring to applicant restaurant vendors. CWDs also must conduct outreach to potential restaurant vendors. More information regarding CWD and CDSS responsibilities relating to the RMP can be found in [ACL 23-72](#), issued April 18, 2023.

UPDATES TO CALFRESH RMP ELIGIBILITY

DETERMINATIONS

Previously, all CalFresh households containing at least one member who was considered elderly, disabled, or homeless were eligible to participate in the RMP. This included CalFresh households with members who were not eligible to participate in the RMP based on the RMP eligibility criteria.

Per recent guidance from USDA-FNS, RMP eligibility must only be allowed for CalFresh households where all members are eligible for the program. Meaning that for the household to be eligible for the RMP, all members of the household must be adults aged 60 and older (and their spouses), people with disabilities (and their spouses), or individuals experiencing homelessness. Please note, spouses do not have to meet the age or disability criteria. Households that include at least one member who does not meet RMP eligibility criteria are ineligible for the RMP.

Note: Authorized representatives (AR), as defined at [7 CFR 273.2\(n\)](#), may be authorized to act on behalf of a household in the CalFresh application process as well as obtaining and using benefits. ARs have no impact on a household's RMP eligibility and are not considered in the determination.

Restaurant Meals Program Household Composition Examples

The following chart provides examples of various household composition scenarios and their associated eligibility for the RMP, based on RMP eligibility criteria:

Household Composition	Eligible for RMP (Yes/No)?
Household of Two <ul style="list-style-type: none">• Person 1 – age 62• Person 2 – age 58 (spouse of person 1)	Yes
Household of Two <ul style="list-style-type: none">• Person 1 –age 50• Person 2 – age 55 with a disability (spouse of person 1)	Yes
Household of Two <ul style="list-style-type: none">• Person 1 – age 67• Person 2 – age 70 Authorized Representative – age 35	Yes
Household of Three <ul style="list-style-type: none">• Person 1 – age 65• Person 2 – age 55 (spouse of person 1)• Person 3 – age 10	No
Household of Three <ul style="list-style-type: none">• Person 1 – age 50 with a disability• Person 2 – age 50 (spouse of person 1)• Person 3 – age 25	No
Household of Two <ul style="list-style-type: none">• Person 1 – age 35• Person 2 – age 15 with a disability	No

NOTICING INSTRUCTIONS

RMP Eligibility Determinations

Implementation Timeline

Implementation of the revised RMP eligibility determination policy is effective upon completion of automation in the California Statewide Automated Welfare System (CalSAWS), which is anticipated for early 2025.

Once automation is complete, new applicant households that include only members that meet the RMP eligibility criteria will be determined RMP eligible. All households newly eligible for the RMP, and existing RMP eligible households that are newly ineligible for the RMP, must be provided the Notice of Approval/Termination of the CalFresh Restaurant Meals Program (CF 889).

Existing Households

Once automation is complete, CalSAWS will identify existing households that are no longer eligible for the RMP and terminate household access to the RMP. This will be completed via a one-time batch process. Additionally, the CF 889 will be provided to impacted households. Existing CalFresh households must be provided timely and adequate notice; as such, impacted households will be notified at least 30 days prior to the effective date of the change.

Electronic Benefit Transfer Payee

Previously, CalFresh participants who were eligible for the RMP were denied access to the program when the Electronic Benefit Transfer (EBT) payee was not an adult aged 60 and older, a person with a disability, or a person experiencing homelessness. Simultaneous to the change to RMP eligibility determinations, the EBT payee logic will be updated to allow any RMP eligible household member, such as a spouse, or AR to access the program.

NEW NOTICE OF APPROVAL/TERMINATION OF THE CALFRESH RESTAURANT MEALS PROGRAM (CF 889)

The CWD is required to provide the CF 889 to all households that are approved for or terminated from the CalFresh RMP. This notice must be provided to the household whenever they become eligible for the RMP or become ineligible for the RMP.

The CF 889 will be available for use upon completion of automation in CalSAWS which is anticipated for early 2025.

Instructions for Use

Form Name	Instructions For Use
CF 889	<p><u>Notice of Approval/Termination for the CalFresh Restaurant Meals Program</u></p> <p>The CF 889 serves as both an approval and termination notice for the CalFresh RMP. The purpose of the CF 889 is to inform CalFresh households of their eligibility or ineligibility for the program.</p> <p>The CF 889 is a required form with no substitutes permitted.</p> <p>Directions for Use:</p> <p><u>Approval for the CalFresh Restaurant Meals Program:</u> This box must be checked when a household is eligible to participate in the RMP. The NA BACK 9 is required.</p>

Form Name	Instructions For Use
	<p>The termination section must not be generated when this notice is used as an approval for the RMP.</p> <p><u>Termination from the CalFresh Restaurant Meals Program:</u> This box must be checked when a household is being terminated from the RMP due to a change in household circumstances. The CF 889 must only be used in cases where a household was previously eligible for the RMP. The NA BACK 9 is required. The CF 889 is not a CalFresh denial NOA and must not be provided to all CalFresh households that become ineligible for the RMP.</p> <p><u>Here's why:</u> This section must be completed to inform households why their access to the RMP is being terminated:</p> <p><u><i>Your household is no longer homeless.</i></u> This box must be checked if the household is no longer experiencing homelessness.</p> <p><u><i>One or more members of your household is not age 60 or older or disabled (not including spouse).</i></u> This box must be checked if one or more members of the household is not age 60 or older, or a person with a disability.</p> <p><u>Other:</u> This box must be checked if there is another reason for termination from the RMP, such as a county error. A written explanation for the client must be provided.</p> <p>The approval section must not be generated when this notice is used for termination from the RMP.</p>

QUALITY CONTROL

CalFresh Quality Control (QC) will review cases based on the updates related to the eligibility criteria for the CalFresh Restaurant Meals Program. QC must apply the verification standards and procedures specified in the [Supplemental Nutrition Assistance Program \(SNAP\) Quality Control Review Handbook \(Food and Nutrition Service Handbook 310\)](#) for its review.

Counties are reminded the case record must provide sufficient documentation to support the benefit level determination. Documentation must provide enough detail to permit a reviewer without prior knowledge of the individual case to determine the

accuracy of benefit allotments. The case record should specifically address whether the household is eligible or ineligible for the RMP.

COPIES AND TRANSLATIONS

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by 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, 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.

Per [Government Code Section 7290, et seq.](#), the County Welfare Departments (CWDs) must 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 must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs 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 19-45](#).

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 questions or need additional guidance regarding the information in this letter, please contact the CalFresh Policy and Employment Bureau at CalFreshPolicy@dss.ca.gov.

Sincerely,

Original Document Signed By

ALEXIS FERNÁNDEZ GARCIA
Deputy Director
Family Engagement and Empowerment Division

Attachment

**CALFRESH NOTICE OF
APPROVAL/TERMINATION FOR
THE CALFRESH RESTAURANT
MEALS PROGRAM**

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 _____.

☐ **Approval for the CalFresh Restaurant Meals Program**

As of _____, you are approved for the CalFresh Restaurant Meals Program. You can use your CalFresh benefits to buy meals from restaurants that participate in the program.

For a list of restaurants that participate in the program, or to learn more, please visit www.cdss.ca.gov/RMP.

☐ **Termination from the CalFresh Restaurant Meals Program**

As of _____, you will no longer have access to the CalFresh Restaurant Meals Program.

Here's why:

- ☐ Your household is no longer homeless.
☐ One or more members of your household is not age 60 or older, or disabled.
☐ Other: _____

Note: There are no other changes to your CalFresh eligibility or benefits. If you have questions about this notice, contact the county at _____.

Rules: These rules apply to the above actions(s): [7 CFR 273.1\(a\)\(3\)](#) and [7 CFR 278.1\(d\)\(3\)](#).

YOUR HEARING RIGHTS

YOUR HEARING RIGHTS (See also PUB 412 at 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 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

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: