August 12, 2013

ALL COUNTY LETTER (ACL) NO. 13-65

TO: ALL COUNTY WELFARE DIRECTORS
                      ALL CALFRESH COORDINATORS
                      ALL CALWORKS PROGRAM COORDINATORS
                      ALL CONSORTIA PROJECT MANAGERS

SUBJECT: REVISED CALFRESH EXPEDITED SERVICE
                      QUARTERLY STATISTICAL REPORT DFA 296X (7/13)

REFERENCE: ACL NO. 10-55 IMPLEMENTATION OF THE RENAMING
                      OF THE FOOD STAMP PROGRAM TO CALFRESH,
                      DATED NOVEMBER 23, 2010 AND ACL 12-74
                      IMPLEMENTATION OF POLICY CHANGES
                      REGARDING CALFRESH EXPEDITED SERVICE,
                      DATED DECEMBER 24, 2012

This letter is to inform counties of the revised CalFresh Expedited Service Quarterly Statistical Report DFA 296X (7/13). The DFA 296X report form has been revised to incorporate the following:

- Program name change from Food Stamps to CalFresh.
- Change from expedited service requests to expedited service applications in compliance with Assembly Bill 1359 (Chapter 468, Statutes of 2012).
- Formatting changes to standardize the DFA 296X.

Counties are required to use the revised DFA 296X report form beginning with the July – September 2013 quarter. The report continues to be due on or before the 20th calendar date of the month following the report quarter. However, due to the timing of this notification and in order to allow adequate time for counties and consortia to make accommodate these changes, both the July – September 2013 and October – December 2013 quarterly reports are due January 20, 2014. To complete the electronic

form, counties are to download a copy of the DFA 296X form (which includes instructions and validations) using the link: http://www.cdss.ca.gov/dssdb/. Please submit the report via e-mail to CDSS, Data Systems and Survey Design Bureau (DSSDB) at admdfa296x@dss.ca.gov. The DFA 296X form, instructions, Validation Rules and Edits are attached for you reference.

If you have any questions regarding the completion of this report, please contact Data Systems Survey and Design Bureau at (916) 651-8269. Policy related questions should be directed to your CalFresh county consultant or call the CalFresh Branch at (916) 654-1896.

Sincerely,

Original Document Signed By:

M. AKHTAR KHAN, Chief
Research Services Branch
Administration Division

Attachments

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DATA SYSTEMS AND SURVEY DESIGN BUREAU

CalFresh Expedited Service Quarterly Statistical Report DFA 296X

DOWNLOAD REPORT FORM FROM:
http://www.cdss.ca.gov/dssdb/
E-MAIL COMPLETED REPORT FORM TO:

COUNTY NAME	VERSION ☐ INITIAL ☐ REVISED	REPORT QUARTER	REPORT YEAR

PART A. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICE (ES)

	TOTAL (C)
1. Applications processed under ES carried forward from the last report quarter……………………………	1
a. *Item 5 from last report quarter as reported to CDSS*…………………………………………	2
b. *Adjustment (Item 1 minus Item 1a, positive or negative number, explain in Item 1b Explanation box if not 0)*………	3
2. Applications processed under ES received during the report quarter……………………………………	4
3. Total applications processed under ES on hand during the report quarter (Item 1 plus Item 2)……………………	5

	PACF (A)	NACF (B)	TOTAL (C)
4. Applications processed under ES disposed of during the report quarter (Item 4a plus Item 4b)………………	6	7	8
a. Found entitled to ES (Sum of Items 4a1, 4a2, and 4a3)….……………………	9	10	11
1) Benefits issued in 1-3 days………………………	12	13	14
2) Benefits issued in 4-7 days (Item 4a2a plus Item 4a2b)……………	15	16	17
a) Benefits issued in 4-7 days client caused delay…………………	18	19	20
b) Benefits issued in 4-7 days county caused delay…………………	21	22	23
3) Benefits issued in over 7 days (Item 4a3a plus Item 4a3b)………………	24	25	26
a) Benefits issued in over 7 days client caused delay………………	27	28	29
b) Benefits issued in over 7 days county caused delay………………	30	31	32
b. Found not entitled to ES………………………………………	33	34	35
5. Applications processed under ES pending at the end of the report quarter (Item 3 minus Item 4 TOTAL)……………………			36

PART B. APPLICATION COMPLIANCE INFORMATION

	PACF (A)	NACF (B)	TOTAL (C)
6. Households discontinued due to recipient failure to complete application process for ongoing benefits during the report quarter………………	37	38	39

COMMENTS

ITEM 1b EXPLANATION *(If Item 1b is not 0)*

REVISED REPORT EXPLANATION *(If Revised is selected)*

CONTACT PERSON	TELEPHONE	EXTENSION	FAX
TITLE/CLASSIFICATION	E-MAIL		DATE SUBMITTED

CALFRESH EXPEDITED SERVICE
QUARTERLY STATISTICAL REPORT
DFA 296X (7/13)

INSTRUCTIONS

CONTENT

The quarterly DFA 296X report includes data on the number of CalFresh applications processed under expedited service (ES), approvals and disapprovals, processing timeframes, and discontinuances due to recipients' failure to complete the application process for ongoing CalFresh benefits.

PURPOSE

The DFA 296X provides data for the federally mandated annual Program Activity Statement (FNS-366-B). It also allows measurement of program performance in meeting State and Federal ES issuance standards. In addition, this report provides county, state, and federal entities with information needed for budgeting, staffing and program planning.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and /or outside agencies, the contact person responsible for submitting the report to the state is required to review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 20th calendar day of the month following the report quarter.

If the CWD determines that a revision is needed to its previously submitted report, the CWD will submit a revised report for the applicable quarter(s) and provide an explanation for the revision in the Revised Report Explanation box. The California Department of Social Services' (CDSS) policy requires CWDs to revise current State Fiscal Year (FY) reports, and two prior FYs, if needed. Revisions involving additional fiscal years will be evaluated by CDSS and the county to determine the corrections needed.

Download an Excel version of the report form from **http://www.cdss.ca.gov/dssdb/**, complete the downloaded form, and e-mail to CDSS, Data Systems and Survey Design Bureau (DSSDB) at **admdfa296X@dss.ca.gov**. **T**he e-mail submission process contains automatic computations of some cells and easy e-mail transmission of completed forms to DSSDB. The website contains specific instructions and guidance.

If you have questions regarding the completion or submission of this report, contact DSSDB at (916) 651-8269. The statewide and county specific DFA 296X data is available on the CDSS, Research and Data Reports (RADR) website at **http://www.cdss.ca.gov/research/**. CWDs are encouraged to review their data on the website each quarter to confirm the county's data matches the data on file at CDSS.

GENERAL INSTRUCTIONS

Enter in the boxes provided at the top of the form the county's name and version (Initial or Revised), and enter the report quarter and year.

GENERAL INSTRUCTIONS (Continued)

Enter the data required for each item. If there is nothing to report for an item, enter "0". **Do not leave any items blank** unless otherwise noted**.** If your county does not provide a particular service/activity or the service/activity is provided but the county is unable to collect or track the data, enter "0" and explain in the **Comments box**.

Enter in the boxes provided at the bottom of the form the contact name, job title or classification, telephone number, fax number, and e-mail address of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report is submitted. This is the date when the report is e-mailed to DSSDB.

DEFINITIONS

Expedited Service: CWD approval of applicant access to CalFresh benefits within an expedited timeframe, for households which meet certain criteria contained in regulations. California's standard for ES is three calendar days due to provision of the Welfare Rights League v. McMahon settlement; federal standard for ES is seven days, per 7 CFR 273.2(i)(3)(i).

Public Assistance CalFresh (PACF) Household: A CalFresh household in which all members receive or are authorized to receive a cash benefit from a Temporary Assistance to Needy Families (TANF) or state-funded program.

Nonassistance CalFresh (NACF) Household: A CalFresh household in which none or less than all members receive a cash benefit from a TANF or state-funded program.

ITEM INSTRUCTIONS

PART A. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICE (ES)

Part A summarizes activity for CalFresh applications processed under ES during the report quarter.

1. Applications processed under ES carried forward from the last report quarter: Enter the number of applications being processed under ES pending a determination as of the last day of the prior report quarter. This item should usually be the same number as Item 5 of the last quarter. If this item is not the same as Item 5 of the last report quarter as reported to CDSS, the electronic form will calculate the difference in Item 1b. *[Cell 1]*

    a. *Item 5 from last report quarter as reported to CDSS:* Enter Item 5, Applications processed under ES pending at the end of the report quarter, **from last quarter's report as reported to CDSS**. *[Cell 2]*

    b. Adjustment (Item 1 minus Item 1a, positive or negative number, explain in Item 1b Explanation box if not 0): ***This item is automatically calculated.*** If Item 1 above is the same as Item 5 from last quarter as reported to CDSS, the electronic form will calculate zero (0) to indicate no adjustment was needed. If an adjustment was calculated, indicate the reason in the Item 1b Explanation box. *[Cell 3]*

2. Applications processed under ES received during the report quarter: Enter the number of applications being processed under ES received during the report quarter. *[Cell 4]*

ITEM INSTRUCTIONS (Continued)

3. <u>Total applications processed under ES on hand during the report quarter (Item 1 plus Item 2)</u>: ***This item is automatically calculated.*** This is the total number of applications being processed under ES available for processing during the report quarter. It is the sum of Item 1 and Item 2. *[Cell 5]*

4. <u>Applications processed under ES disposed of during the report quarter (Item 4a plus Item 4b)</u>: ***This item is automatically calculated.*** This is the total number of applications being processed under ES for which a determination was made during the report quarter. The data is by CalFresh household type: PACF, NACF and TOTAL. It is the sum of Item 4a and Item 4b. *[Cells 6-8]*

   a. <u>Found entitled to ES (Sum of Items 4a1, 4a2, and 4a3)</u>: ***This item is automatically calculated.*** This is the total number of applications for which it was determined, during the report quarter; the household was entitled to ES. It includes households that were entitled to ES, but, due to proration of benefits, received zero benefits in the initial month. The data is by CalFresh household type: PACF, NACF and TOTAL. It is the sum of Item 4a1 plus Item 4a2 plus Item 4a3. *[Cells 9-11]*

      1) <u>Benefits issued in 1-3 days</u>: Enter the number of applications which were approved for ES and benefits were issued within three days following the date of application. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 14) is automatically calculated.*** *[Cells 12-14]*

      2) <u>Benefits issued in 4-7 days (Item 4a2a plus Item 4a2b)</u>: ***This item is automatically calculated.*** This is the number of applications which were approved for ES and benefits were issued on the fourth through seventh day following the date of application. The data is by CalFresh household type: PACF, NACF and TOTAL. It is the sum of Item 4a2a and Item 4a2b. *[Cells 15-17]*

         a) <u>Benefits issued in 4-7 days client caused delay</u>: Enter the number of applications which were approved for ES and benefits were issued on the fourth through seventh day following the date of application when the delay beyond the third day was client caused. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 20) is automatically calculated.*** *[Cell 18-20]*

         b) <u>Benefits issued in 4-7 days county caused delay</u>: Enter the number of applications which were approved for ES and benefits were issued on the fourth through seventh day following the date of application when the delay beyond the third day was county caused. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 23) is automatically calculated.*** *[Cell 21-23]*

      3) <u>Benefits issued in over 7 days (Item 4a3a plus Item 4a3b)</u>: ***This item is automatically calculated.*** This is the number of applications which were approved for ES and benefits were issued more than seven days following the date of application. The data is by CalFresh household type: PACF, NACF and TOTAL**.** It is the sum of Item 4a3a and Item 4a3b. *[Cells 24-26]*

         a) <u>Benefits issued in over 7 days client caused delay</u>: Enter the number of applications which were approved for ES and benefits were issued more than seven days following the date of application when the delay beyond the seventh day was client caused. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 29) is automatically calculated.*** *[Cell 27-29]*

ITEM INSTRUCTIONS (Continued)

      b) <u>Benefits issued in over 7 days county caused delay</u>: Enter the number of applications which were approved for ES and benefits were issued more than seven days following the date of application when the delay beyond the seventh day was county caused. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 32) is automatically calculated.*** *[Cells 30-32]*

    b. <u>Found not entitled to ES</u>: Enter the number of applications for which it was determined, during the report quarter that the public assistance CalFresh (PACF) and the nonassistance CalFresh (NACF) household was **not entitled** to ES . This would occur when the household's circumstances at the time of the interview, or any time prior to being certified under ES, are different from the information provided on the application used at screening to determine the household met one of the entitlement criteria for ES. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 35) is automatically calculated.*** *[Cells 33-35]*

5. <u>Applications processed under ES pending at the end of the report quarter (Item 3 minus Item 4 TOTAL)</u>: ***This item is automatically calculated.*** **This is** the number of applications being processed under ES for which a finding has not been made at the end of the report quarter. It is Item 3 minus Item 4. *[Cells 36]*

PART B. APPLICATION COMPLIANCE INFORMATION

Part B provides information regarding the number of CalFresh cases discontinued after issuance of CalFresh benefits under ES due to the recipients' failure to complete the application process for ongoing CalFresh benefits.

6. <u>Households discontinued due to recipients' failure to complete the application process for ongoing benefits during the report quarter</u>: Enter the number of cases discontinued because the recipient failed to complete the application process for ongoing benefits. For example: applicant failed to provide requested information and/or postponed verification. Provide the data by CalFresh household type: PACF and NACF. ***TOTAL (Cell 39) is automatically calculated.*** *[Cells 37-39]*

COMMENTS

Use the Comments section to:

- Explain any major fluctuations in data in the Comments box.
- Provide any comments the county determines necessary, including major changes in procedures, programming or staffing that have affected the data, in the Comments box.
- Explain Item 1b adjustments in the Item 1b Explanation box.
- Explain the reason for a revised report in the Revised Report Explanation box.

CalFresh Expedited Service
Quarterly Statistical Report
DFA 296X

VALIDATION RULES AND EDITS

CELLS
1 - 39
Each data cell in this report must be a whole number greater than or equal to zero (0), except Item 1b (Cell 3) may be a positive or negative number.
Except as noted for Item 1b, do not enter negatives.
Do not enter decimals.
No data cells should be left blank, unless otherwise noted.

Initial reports: If "Initial" is selected, the "Revised Report Explanation" box must be left blank.

Revised reports: If "Revised" is selected, enter the reasons for the revision in the "Revised Report Explanation" box.

PART A. APPLICATIONS PROCESSED UNDER EXPEDITED SERVICE (ES)

CELL 2	**Cell 2** must be equal to Cell 36 from last quarter's report, <u>as reported to CDSS</u>
CELL 3	**Cell 3** must be equal to (Cell 1 minus Cell 2) (positive or negative number)
	If **Cell 3** is not zero, enter an explanation for the adjustment in the Item 1b Explanation box.
CELL 5	**Cell 5** must be equal to (Cell 1 plus Cell 4)
CELL 6	**Cell 6** must be equal to (Cell 9 plus Cell 33)
CELL 7	**Cell 7** must be equal to (Cell 10 plus Cell 34)
CELL 8	**Cell 8** must be equal to (Cell 6 plus Cell 7)
	Cell 8 must be equal to (Cell 11 plus Cell 35)
CELL 9	**Cell 9** must be equal to (Cell 12 plus Cell 15 plus Cell 24)
CELL 10	**Cell 10** must be equal to (Cell 13 plus Cell 16 plus Cell 25)
CELL 11	**Cell 11** must be equal to (Cell 9 plus Cell 10)
	Cell 11 must be equal to (Cell 14 plus Cell 17 plus Cell 26)
CELL 14	**Cell 14** must be equal to (Cell 12 plus Cell 13)
CELL 15	**Cell 15** must be equal to (Cell 18 plus Cell 21)
CELL 16	**Cell 16** must be equal to (Cell 19 plus Cell 22)
CELL 17	**Cell 17** must be equal to (Cell 15 plus Cell 16)
	Cell 17 must be equal to (Cell 20 plus Cell 23)
CELL 20	**Cell 20** must be equal to (Cell 18 plus Cell 19)
CELL 23	**Cell 23** must be equal to (Cell 21 plus Cell 22)
CELL 24	**Cell 24** must be equal to (Cell 27 plus Cell 30)
CELL 25	**Cell 25** must be equal to (Cell 28 plus Cell 31)
CELL 26	**Cell 26** must be equal to (Cell 24 plus Cell 25)
	Cell 26 must be equal to (Cell 29 plus Cell 32)
CELL 29	**Cell 29** must be equal to (Cell 27 plus Cell 28)
CELL 32	**Cell 32** must be equal to (Cell 30 plus Cell 31)
CELL 35	**Cell 35** must be equal to (Cell 33 plus Cell 34)

PART B. APPLICATION COMPLIANCE INFORMATION

CELL 39	**Cell 39** must be equal to (Cell 37 plus Cell 38)