



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.  
GOVERNOR

September 24, 2013

ALL COUNTY LETTER 13-79

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CONSORIUM PROJECT MANAGERS  
ALL COUNTY CALFRESH PROGRAM SPECIALISTS  
ALL COUNTY FRAUD COORDINATORS  
ALL QUALITY CONTROL COORDINATORS

SUBJECT: CALFRESH ADMINISTRATIVE OVERISSUANCES

REFERENCE: SENATE BILL 1391, CHAPTER 491, STATUTES OF 2012, CODE OF FEDERAL REGULATIONS SECTION 273.18, UNITED STATES DEPARTMENT OF AGRICULTURE, FOOD AND NUTRITION SERVICE ADMINISTRATIVE NOTICE 12-24, MANUAL OF POLICY AND PROCEDURES SECTIONS 63-801.222, 63-801.3, 63-801.411, 63-801.431, 63-801.736(a), 63-801.736(b), ALL COUNTY LETTER 11-26, ALL COUNTY INFORMATION NOTICE I-24-13

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

The purpose of this letter is to provide County Welfare Departments (CWDs) with instructions regarding changes to CalFresh administrative error (AE) overissuances mandated by Senate Bill (SB) 1391, Chapter 491, Statutes of 2012. SB 1391 does the following: (1) establishes a single percentage allotment recoupment rate for AE overissuances for all active CalFresh households; (2) raises the AE overissuance claim establishment threshold for inactive CalFresh households from \$35 to \$125, and; (3) requires CalFresh overissuance Notices of Action (NOAs) to include a statement of the overissuance threshold. SB 1391 requires that implementation be completed by January 1, 2014.

CWDs are still required to provide CalFresh households that incur any type of overissuance both the NOA outlined in Manual of Policy and Procedures (MPP) 63- 801.431 and the Overissuance Budget Worksheet NOA (NA 1263) as prescribed by the Heathcock v Allenby lawsuit outlined in All County Letter (ACL) 11-26.

SB 1391 does not change CalFresh overissuances in regards to (1) types of claims, (2) calculating the amount of claims, (3) initiating collection on claims, or (4) the method in which claims are collected.

### IMPLEMENTATION

The provisions of SB 1391 may be implemented on a county-by-county basis at such time that county's consortia automation system has been updated. The provisions must be implemented county-wide and all counties must have completed implementation no later than January 1, 2014.

Federal rules require that collection of any AE claim that has been established or is currently being collected will continue unless the circumstances of the claim warrants a compromise per 7 Code of Federal Regulations (CFR) 273.18(e)(7) or termination, per 7 CFR 273.18(e)(8). AE overissuances are currently compromised in California as mandated by the Lomeli v Saenz court case settlement as outlined in MPP 63-801.222. Furthermore, as stipulated in 7 CFR 273.18(e)(2)(i), all AE claims that have been previously established or were discovered in a quality control review prior to implementation of SB 1391 shall continue to be pursued for collection consistent with the rules and regulations in place at the time the AE claim was established. In other words, AE overissuance claims established before SB 1391 implementation will continue to be collected under the rules and regulations applicable at the time, even if the AE overissuance balance is below the \$125 threshold.

### AE OVERISSUANCE COLLECTION RATE FOR ACTIVE CALFRESH HOUSEHOLDS

SB 1391 permanently establishes a single benefit allotment reduction rate for AE overissuance claims for active CalFresh households. Benefit allotment reduction of all AE overissuance claims for active CalFresh households will be the greater of 5 percent of the household's monthly CalFresh allotment or \$10. All County Information Notice I-24-13 issued May 10, 2013 also transmitted information regarding the 5 percent collection rate. If not already assimilated into the AE collection process for active CalFresh households, the 5 percent collection rate will be applicable for all AE benefit recoupments (current and future) on the date the consortia system is updated to implement the provisions of SB 1391. CWDs may only exceed this benefit allotment reduction amount if requested by the household.

### AE OVERISSUANCE THRESHOLD

SB 1391 raises the threshold for the establishment of an AE overissuance to \$125. This threshold is only applicable to AE overissuances for CalFresh households that are no longer receiving benefits. Therefore, CalFresh households that have incurred an AE overissuance **and** are no longer receiving CalFresh benefits, CWDs will not establish an AE overissuance claim if the AE overissuance is less than \$125. If an inactive CalFresh household has more than one of AE overissuance due to different county inactions, each is to be treated as separate and apart from the other(s). For example, the CWD determines that an inactive CalFresh household has two separate \$75 AE overissuance for different county inactions. These two separate AE overissuances are not to be combined into a single \$150 overissuance claim to meet the \$125 threshold. Since each of the separate AE overissuances are less than the \$125 threshold, no AE overissuance claims would be established.

There is no threshold for the establishment of an AE overissuance claim for households receiving CalFresh benefits. Irrespective of the AE overissuance claim establishment threshold, federal rules require the collection of the full amount of any established claim for active CalFresh households unless the claim is compromised or terminated. As previously stated, AE overissuances are only compromised per the rules of the Lomeli v Saenz court case settlement. Consequently, CWDs will continue to establish and pursue collection of AE overissuances for active CalFresh households.

### INADVERTENT HOUSEHOLD ERROR (IHE) CLAIMS

SB 1391 does not change the amount that can be collected through benefit reduction for IHE claims. IHE claims that are being recovered through CalFresh benefit reduction will continue to be at the greater of 10 percent or \$10 as specified in MPP Section 63-801.736(a). IHE claims will continue to be collected in accordance with MPP Section 63-801.411.

### INTENTIONAL PROGRAM VIOLATION (IPV) CLAIMS

SB 1391 does not change the amount that can be collected through benefit reduction for IPV claims. IPV claims that are being recovered through CalFresh benefit reduction will continue to be the greater of 20 percent or \$20 as specified in MPP Section 63-801.736(b).

### QUALITY CONTROL (QC) REVIEW

This ACL does not change how CalFresh overissuances are processed during a QC review. CWDs will establish a claim for overissuances discovered in a Quality Control review per United States Department of Agriculture, Food and Nutrition Service Administrative Notice 12-24.

### CALFRESH OVERISSUANCE NOAs

As mentioned, CWDs will continue to send CalFresh households overissuance NOAs as outlined in MPP Section 63-801.431 and will continue to include the Overissuance Budget Worksheet NOA (NA 1263) that includes a statement of reason for the action that allows the household to understand the basis for the action per ACL 11-26. SB 1391 requires that all CalFresh overissuance NOAs include a statement of the monetary overissuance threshold. The CalFresh updated A/E NOAs (CF 377.7D, CF 377.7D1, and CF 377.7D3) are attached.

### CAMERA READY COPIES AND TRANSLATIONS

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain these forms from the CDSS webpage at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

When all translations are completed per MPP Section 21-115.2, including Spanish forms, they are posted on an on-going basis on the CDSS webpage. Copies of the translated forms can be obtained at [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm).

If you have any questions regarding the content of this letter, please contact your policy consultant or the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

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

TODD R. BLAND  
Deputy Director  
Welfare to Work Division

Attachments

**CALFRESH OVERISSUANCE NOTICE  
FOR ADMINISTRATIVE  
ERRORS (AE) ONLY**

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

**SAMPLE**

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

AUG 12 2013

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

(ADDRESSEE)

[ ]

**State Hearing: If you think this action is wrong, you can ask for a state hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

Too many CalFresh benefits were issued to:

- your household.
- the household, whom you sponsored.

Here's why:

The unreported earned income does not qualify for the 20% deduction.

\$ \_\_\_\_\_ in extra CalFresh benefits were issued for the period \_\_\_\_\_.

The household received \$ \_\_\_\_\_ in CalFresh benefits.

The household should have received \$ \_\_\_\_\_ in CalFresh benefits. \$ \_\_\_\_\_ (extra CalFresh benefits) is what you received minus what you should have received.

This amount was reduced by \$ \_\_\_\_\_ because we received repayment of part of the amount owed. You now owe \$ \_\_\_\_\_.

**See how we figured the extra amount you got on the worksheet that came with this notice.**

**REPAYMENT**

**You must repay the extra CalFresh benefits.**

1. You may pay for the extra CalFresh benefits in full, or
2. Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E1) form and pay as agreed, or
3. If you do not sign and return the agreement within 30 days after the date of this notice the amount of CalFresh benefits you get will be reduced by \_\_\_\_\_% beginning \_\_\_\_\_
  - You do not have to use any SSI benefits you get to repay this overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - If you are not receiving CalFresh benefits, your AE overissuance must be repaid if the overissuance is more than \$125.

**POSSIBLE COLLECTION ACTIONS:**

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this error is later reviewed by the court or hearing and determined to be your fault, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply: MPP 63-801.22, 63-801.4, 63-801.43, 63-801.7. You may review them at your county office.

**Questions? Ask your Worker.**

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on CalFresh, the county can collect the overissuance by lowering your monthly benefits. If you go off CalFresh before the overissuance is paid back and do not make repayment arrangements, the county may take what you owe out of your state/federal income tax refund as allowed by law.

## 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

BIRTH DATE

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

# CALFRESH OVERISSUANCE NOTICE FOR ADMINISTRATIVE ERRORS (AE) ONLY

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

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**SAMPLE**  
AUG 12 2013

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

(ADDRESSEE)

[ ]

**State Hearing: If you think this action is wrong, you can ask for a state hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

Too many CalFresh benefits were issued to:

- your household.
- the household, whom you sponsored.

Here's why:

- The unreported earned income does not qualify for the 20% deduction.

\$ \_\_\_\_\_ in extra CalFresh benefits were issued for the period \_\_\_\_\_.

The household received \$ \_\_\_\_\_ in CalFresh benefits.

The household should have received \$ \_\_\_\_\_ in CalFresh benefits. \$ \_\_\_\_\_ (extra CalFresh benefits) is what you received minus what you should have received.

This amount was reduced by \$ \_\_\_\_\_ because we received repayment of part of the amount owed. You now owe \$ \_\_\_\_\_.

**See how we figured the extra amount you got on the worksheet that came with this notice.**

### REPAYMENT

**You must repay the extra CalFresh benefits.**

1. You may pay for the extra CalFresh benefits in full, or
2. Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E1) form and pay as agreed, or
3. If you do not sign and return the agreement within 30 days after the date of this notice and you are receiving CalFresh benefits, we will collect from your benefits.
  - You do not have to use any SSI benefits you get to repay this overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - If you are not receiving CalFresh benefits, your AE overissuance must be repaid if the overissuance is above \$125.

### POSSIBLE COLLECTION ACTIONS:

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this error is later reviewed by the court or hearing and determined to be your fault, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

**Rules:** These rules apply: MPP 63-801.22, 63-801.4, 63-801.43, 63-801.7. You may review them at your county office.

**Questions? Ask your Worker.**

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on CalFresh, the county can collect the overissuance by lowering your monthly benefits. If you go off CalFresh before the overissuance is paid back and do not make repayment arrangements, the county may take what you owe out of your state/federal income tax refund as allowed by law.

## 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

BIRTH DATE

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



# CALFRESH OVERISSUANCE NOTICE FOR ADMINISTRATIVE ERRORS (AE) ONLY

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

**SAMPLE**

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

AUG 12 2013

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

(ADDRESSEE)

[ ]

**State Hearing: If you think this action is wrong, you can ask for a state hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.**

Too many CalFresh benefits were issued to:

- your household.
- the household, whom you sponsored.

Here's why:

The unreported earned income does not qualify for the 20% deduction.

\$ \_\_\_\_\_ in extra CalFresh benefits were issued for the period \_\_\_\_\_.

The household received \$ \_\_\_\_\_ in CalFresh benefits.

The household should have received \$ \_\_\_\_\_ in CalFresh benefits. \$ \_\_\_\_\_ (extra CalFresh benefits) is what you received minus what you should have received.

This amount was reduced by \$ \_\_\_\_\_ because we received repayment of part of the amount owed. You now owe \$ \_\_\_\_\_.

See how we figured the extra amount you got on the worksheet that came with this notice.

**REPAYMENT**

**You must repay the extra CalFresh benefits.**

1. You may pay for the extra CalFresh benefits in full, or
2. Complete, sign and return the enclosed Repayment Agreement (DFA 377.7E1) form and pay as agreed, or
3. If you do not sign and return the agreement within 30 days after the date of this notice the amount of CalFresh benefits you get will be reduced by \_\_\_\_\_% beginning \_\_\_\_\_.
  - You do not have to use any SSI benefits you get to repay this overissuance.
  - Collection will be from all adults in the household when the overissuance occurred.
  - If you are not receiving CalFresh benefits, your AE overissuance must be repaid if the overissuance is more than \$125.

**Rules:** These rules apply: MPP 63-801.22, 63-801.43, 63-801.7, 63-801.7, Lomeli v. Saenz and Duarte v. Saenz. You may review them at your county office.

- Lomeli v. Saenz: Federal regulations require us to have a rule to forgive any part of your claim if we believe you are unable to repay the claim. We only forgive a part of a claim where the county has made a mistake. Because the county made a mistake, we will collect the above amount by reducing your monthly allotment by 5% or \$10.00, whichever is greater, for up to a total of 36 months. At the end of that period, any balance remaining on the overissuance will be forgiven and will not be collected.

**POSSIBLE COLLECTION ACTIONS:**

- Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- If you do not repay, the county may use other ways of collecting the amount owed, such as through the courts, other collection agency methods and by a federal government collection action.
- If this error is later reviewed by the court or hearing and determined to be your fault, penalties will apply even if you agree to repay what you owe.
- If the claim becomes delinquent or the household is sued, you may be subject to additional processing charges or court costs.
- If you do not repay the amount owed, the county may take your state/federal income tax refund and/or ask the court to attach your wages or any property you own.

**Questions? Ask your Worker.**

**Warning:** If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on CalFresh, the county can collect the overissuance by lowering your monthly benefits. If you go off CalFresh before the overissuance is paid back and do not make repayment arrangements, the county may take what you owe out of your state/federal income tax refund as allowed by law.

## 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

BIRTH DATE 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