



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

REASON FOR THIS TRANSMITTAL

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

June 22, 2011

ALL COUNTY INFORMATION NOTICE NO. I-38-11

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL COUNTY EBT COORDINATORS  
 ALL CALWORKS PROGRAM SPECIALISTS  
 ALL CALFRESH PROGRAM SPECIALISTS

SUBJECT: NOTICE OF ACTION (NOA) REQUIREMENTS FOR AGED  
 ELECTRONIC BENEFIT TRANSFER (EBT) ACCOUNTS

REFERENCE: MANUAL OF POLICIES AND PROCEDURES (MPP) SECTION  
 16-120

The purpose of this notice is to provide clarification on requirements for sending NOAs for EBT accounts that have reached an aged status (i.e. inactive, dormant or expunged) Specifically, counties have inquired whether they need to send a NOA for an aged account with a zero balance or a balance of less than a dollar.

Per MPP Section 16-120, an EBT account:

- becomes “inactive” when there has been no debit activity by the cardholder for 135 days,
- becomes “dormant” when there has been no debit activity by the cardholder for 180 days, and,
- is “expunged” after benefits have been available for 365 days with no debit activity.

A county shall maintain an accounting of expunged cash benefits and reissue those benefits upon a recipient’s request. CalFresh benefits that have been expunged cannot be restored to a recipient.

EBT noticing requirements are as follows:

1. When an EBT balance exists (i.e., one cent or more) for either CalFresh or cash benefits, a timely 10-day NOA (TEMP NA 1232 [CalFresh] or the M16-120A [cash]), must be sent to an EBT cardholder in the month prior to the account benefits becoming dormant (see attached notices).
2. A NOA is not required to be sent for an aged CalFresh or cash account with a zero balance.
3. A NOA is not required to be sent prior to account benefits reaching an inactive status, or when account benefits have been expunged.
4. After an account has become dormant, counties have the option of sending the M16-120B or TEMP NA 1232 informing the cardholder that benefits will be removed if they have not been used for 365 days.

If you have any questions regarding this notice, please contact Tonya Zuniga, EBT Unit Analyst, at (916) 654-1421.

Sincerely,

***Original Document Signed By:***

YVONNE L. LEE, Chief  
Program Integrity Branch

Attachments

# CALFRESH NOTICE OF ACTION EBT ACCOUNT

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

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

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

ADDRESSEE

┌

└

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a 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.

## 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 365 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 (Food Stamps), 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 (Food Stamps) 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 (Food Stamps) 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 (Food Stamps)  
 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 (Food Stamps)  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 \_\_\_\_\_

State of California  
Department of Social Services

Noa Msg Doc No.: M16.120A Page 1 of 1  
Action : Inform  
Issue: EBT Account Aging  
Title: EBT Dormant Account

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 16.120

Use Form No. : NA 290  
Original Date : 07/01/02  
Revision Date : 6/9/11

MESSAGE:

Our records tell us that you have not used your cash aid Electronic Benefit Transfer - EBT card for over 135 days.

If you do not use your cash aid EBT card by \_\_\_\_\_, the County will stop access to your EBT cash aid.

You can stop this action by using your cash aid EBT card.

If you have lost your card, call the toll free number (1-877-328-9677). If you need help using your EBT card, call your County Worker.

This notice:

- does not change your eligibility to get cash aid;
- does not change your responsibility to report changes that affect your eligibility;
- does not change the unused cash aid benefit in your EBT account;
- does not change your CalFresh or Medi-Cal benefits. If these benefits change, you will get a separate notice.

State of California  
Department of Social Services

Noa Msg Doc No.: M16.120B Page 1 of 1  
Action : Suspend  
Issue: EBT Account Aging  
Title: EBT Dormant Account: Suspend

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 16.120

Use Form No. : NA 290  
Original Date : 07/01/02  
Revision Date : 6/9/11

MESSAGE:

On \_\_\_\_\_, the County  
stopped access to your cash aid  
Electronic Benefit Transfer - EBT.

HERE'S WHY:

You have not used your cash aid EBT  
card for 180 days.

Call your County Worker to access  
your cash aid EBT.

If you have lost your card, call the  
toll free number (1-877-328-9677).  
If you need help using EBT, call  
your County Worker.

This notice:

- does not change your eligibility  
to get cash aid;
- does not change your  
responsibility to report changes  
that affect your eligibility;
- does not change the unused cash  
aid benefit in your EBT account;
- does not change your CalFresh  
or Medi-Cal benefits. If these  
benefits change, you will get a  
separate notice.