



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

January 19, 2018

ALL-COUNTY LETTER (ACL) NO. 18-07

TO: ALL COUNTY WELFARE DIRECTORS
ALL INTERIM ASSISTANCE REIMBURSEMENT (IAR) PROGRAM MANAGERS
ALL CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) MANAGERS

SUBJECT: **SUSPENSION, REINSTATEMENT AND TERMINATION OF AND REAPPLICATION FOR CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) BENEFITS; TRANSMISSION OF UPDATED CAPI NOTICE OF CHANGE (NA 692)**

REFERENCES: [WELFARE AND INSTITUTIONS CODE §18939\(a\)](#);
[CALIFORNIA DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES \(MPP\)](#) §§49-005, 49-010.13, 49-030.1, 49-045, 49-060, 49-070.1;
[ALL-COUNTY LETTER NO. 17-31 \(MAY 18, 2017\)](#);
[ALL-COUNTY LETTER NO. 00-73 \(OCTOBER 17, 2000\)](#);
[ALL-COUNTY LETTER NO. 98-82 \(OCTOBER 16, 1998\)](#).

The purpose of this All County Letter (ACL) is to transmit updates to the Cash Assistance Program for Immigrants (CAPI) Notice of Change (NA 692) and to clarify procedures that counties and CAPI consortia must follow in regard to:

- suspension of CAPI benefits;
- reinstatement of suspended CAPI benefits;
- termination of suspended CAPI cases;
- reapplication for CAPI following termination.

REASON FOR THIS TRANSMITTAL

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

SUSPENSION OF CAPI BENEFITS — POLICY

A county or consortium must suspend a CAPI recipient's benefits upon determination that the CAPI recipient is no longer eligible.

Definitions

Suspension – The term “suspension” means an interruption of CAPI benefits due to a recipient's failure to satisfy one or more CAPI eligibility requirements. Suspended recipients may have their CAPI benefits reinstated without filing a new application if they re-qualify within 12 months of the date of suspension. Suspensions are always effective the first day of the month in which the recipient no longer meets all CAPI eligibility requirements. (MPP §49-005(s)(6)).

Examples:

The following is a representative list of the types of events that may cause suspension of benefits:

- Recipient's income in the budget month exceeds the appropriate payment standard in the payment month.
- Recipient's resources exceed allowable limits.
- Recipient fails to provide proof of application for Supplemental Security Income (SSI) benefits within 30 days of county referral or fails to take all necessary steps to obtain SSI.
- Recipient becomes eligible for SSI/SSP benefits.
- Recipient is outside the United States for 30 consecutive days.
- Recipient is a resident of a public institution for an entire calendar month.
- The recipient fails to cooperate or provide requested information within 30 days of the county's written request for information or documentation.

This is not an exhaustive list but provides examples of common incidents that will cause benefits to be suspended. A more inclusive list may be found in the CAPI regulations at MPP §49-060.1.

Termination – The term “termination” means that a former CAPI recipient's benefits have ended and may not be reinstated (following a 12-month suspension). Terminated recipients who wish to receive CAPI again must file a new application. (MPP §49-005(t)(1)).

Notice of Action (NOA)

When a county suspends a recipient's CAPI benefits, the county shall promptly notify the recipient by issuing a Notice of Change (NA 692). ([ACL 98-82](#)). Please note that an updated CAPI Notice of Change (NA 692) effective 12/17.

Overpayments and Underpayments

Suspending CAPI benefits may result in an overpayment or underpayment. In such cases, the county must take action to recover the overpayment or repay the underpayment. ([ACL 00-73](#)).

REINSTATEMENT OF SUSPENDED CAPI BENEFITS

CAPI recipients who request reinstatement within 12 months of suspension of CAPI benefits must submit such evidence as required by the county to re-establish eligibility. A recipient does not need to file a new CAPI application to request reinstatement within this 12-month period.

State regulations require CAPI payments to be reinstated effective on the first day that the recipient meets all eligibility requirements. (MPP §49-060.2). Accordingly, do not wait until the following month. In some cases, this means that the county must make a partial-month CAPI payment to the recipient. For the convenience of the counties, a daily proration chart is appended to this ACL. Please note that the SAWS consortia will integrate the daily proration chart into their automation. However, until this is completed, counties and CAPI consortia must use the chart to manually calculate proration.

In cases where the county is unable to issue payments until the first of the following month, the CAPI recipient must have the partial-month (prorated) benefits added to his or her reinstated CAPI payment. Additionally, the county may owe retroactive benefits to the recipient.

Example 1

A recipient exceeds his resource limit for the month of September 2017; accordingly, CAPI benefits are suspended. In February 2018, the recipient provides evidence that, since December 2017, the amount of his resources has remained under the applicable resource limit. When the county finds that a suspended recipient has regained eligibility, CAPI payments must begin immediately. In this case, benefits should be reinstated retroactively to December 2017. (MPP §49-060.2)

Example 2

The county sent the recipient redetermination paperwork on March 3. The recipient was required to complete the paperwork and return it to the county by April 3. On April 7, the county, which issues CAPI payments on the first of each month, found the recipient to be ineligible for benefits due to noncooperation with the county's redetermination process. As a result of the recipient's failure to return the redetermination paperwork on April 3, the county issued a suspension notice effective May 1. On July 15, the recipient provided the county with all of the information it had requested. On July 25, the county finds the recipient

qualified to begin receiving benefits again. The recipient's CAPI benefits will be retroactively reinstated as of May 1. (MPP §49-060.2).

TERMINATION OF SUSPENDED CAPI CASES; REAPPLICATION FOR CAPI FOLLOWING TERMINATION

A county or consortium must terminate a CAPI case when:

- CAPI benefits have remained suspended for a period of 12 consecutive months;
- the recipient becomes a citizen (except when receiving conditional CAPI); or
- the recipient dies.

When a CAPI case remains in suspended status for 12 months after the effective date of suspension, the county must terminate the case. (MPP §§49-005(t)(1), 49-060.31). The county shall send a *second* NA 692 as a notice of termination. This serves to place the former recipient on notice that the time limit has passed for re-establishing eligibility. A terminated CAPI recipient may reapply for CAPI at any time. Reapplication following termination requires filing of a new CAPI application and assignment of a new application number. This is treated as an initial application, and a new protected application date applies. Accordingly, the county may not continue to use the old application number or date.

Example 3

At annual redetermination, the county reviews Mrs. Stewart's immigration status and determines that she is a "qualified alien." Accordingly, the county refers her to the local Social Security Administration (SSA) field office with instructions to apply for SSI/SSP within 30 days. ([WIC §18939\(a\)](#); MPP §§49-010.13, 49-030.1, 49-045; [ACL 17-31](#)). Mrs. Stewart fails to visit SSA and, after 30 days, the county sends a Notice of Change (NA 692) to inform her that CAPI benefits have been suspended. Mrs. Stewart does not file for a state hearing and does not contact the county. Twelve months after the suspension took effect, the county sends Mrs. Stewart a *second* Notice of Change (NA 692), this time indicating that her CAPI eligibility has been terminated under MPP §49-060.31.

Two months after the county issues the notice of termination, Mrs. Stewart appears at the county offices with an informal notice from SSA indicating that she has been denied SSI/SSP solely due to her immigration status. Although she has now cooperated with the county's request, it is too late to cure the deficiency. The county should inform Mrs. Stewart that her case has been closed because too much time has passed and that she may reapply by completing a new SOC 814 and starting the CAPI application process over. She is not entitled to retroactive benefits covering her period of ineligibility due to noncooperation with the county. If Mrs. Stewart completes a new SOC 814, this is a new application with a new application number and a new protected application date.

NOTICE OF CHANGE (NA 692)

Effective December 2017, the CAPI Notice of Change (NA 692) has been revised to cover situations involving suspension, reinstatement or termination of CAPI benefits. For the county's convenience, please find the revised form attached to this ACL.

Suspension:

On form NA 692, check the "Suspension" box, list the date of suspension and check the appropriate reason. If the reason for the suspension is not listed, the county shall check the "Other" box and fill in the reason.

Please note that "you have failed to cooperate with the county" has been added to the list of reasons. In cases of noncooperation, the county must list the specifics in the comments field.

A notice regarding reinstatement/termination following suspension has been added to the form, as follows:

If, within 12 months of suspension, you provide the county with evidence that you re-qualify for CAPI, your CAPI benefits will be reinstated. If you don't, your CAPI case will be terminated. If you later decide to reapply for CAPI, you will be required to complete a new application form and start over.

Reinstatement:

When suspended CAPI benefits are reinstated, please check the "Reinstatement of Suspended Benefits" box near the top of the form and fill in the date of reinstatement. If the recipient is entitled to a different CAPI payment (increased or decreased) than was formerly received, check both the "Change in Benefits" *and* "Reinstatement of Suspended Benefits" boxes. Fill in the effective date of the change (whether going forward only or retroactive) as well as the old and new payment amounts. Select the applicable reason from the list.

In the case of reinstatement of benefits, the county shall provide the recipient with the NOA no later than the date on which the first reinstated CAPI payment is made.

Termination:

On form NA 692, please check the "Termination" box. Fill in the date of termination and check the appropriate box from the list of reasons.

All-County Letter No. 18-07
Page Six

Should you have questions regarding the information contained in this letter, please contact Aron Smith, Cash Programs Manager, Adult Programs Policy and Quality Assurance Branch, Cash Assistance, Special Services and Program Integrity Bureau at (916) 651-1174.

Sincerely,

Original Document Signed By:

DEBBI THOMSON
Deputy Director
Adult Programs Division

c: CWDA

CAPI Proration Chart

Date Benefits Restored	28-Day Month	29-Day Month	30-Day Month	31-Day Month	Date Benefits Restored
1 st	1.0000	1.0000	1.0000	1.0000	1 st
2 nd	.96	.97	.97	.97	2 nd
3 rd	.93	.93	.93	.94	3 rd
4 th	.89	.90	.90	.90	4 th
5 th	.86	.86	.87	.87	5 th
6 th	.82	.83	.83	.84	6 th
7 th	.79	.79	.80	.81	7 th
8 th	.75	.76	.77	.77	8 th
9 th	.71	.72	.73	.74	9 th
10 th	.68	.69	.70	.71	10 th
11 th	.64	.66	.67	.68	11 th
12 th	.61	.62	.63	.65	12 th
13 th	.57	.59	.60	.61	13 th
14 th	.54	.55	.57	.58	14 th
15 th	.50	.52	.53	.55	15 th
16 th	.46	.48	.50	.52	16 th
17 th	.43	.45	.47	.48	17 th
18 th	.39	.41	.43	.45	18 th
19 th	.36	.38	.40	.42	19 th
20 th	.32	.34	.37	.39	20 th
21 st	.29	.31	.33	.36	21 st
22 nd	.25	.28	.30	.32	22 nd
23 rd	.21	.24	.27	.29	23 rd
24 th	.18	.21	.23	.26	24 th
25 th	.14	.17	.20	.23	25 th
26 th	.11	.14	.17	.19	26 th
27 th	.07	.10	.13	.16	27 th
28 th	.04	.07	.10	.13	28 th
29 th		.03	.07	.10	29 th
30 th			.03	.06	30 th
31 st				.03	31 st

**NOTICE OF CHANGE
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)**

(ADDRESSEE) <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	County of: <input type="text"/>
	Notice Date: <input type="text"/>
	Case Name: <input type="text"/>
	Case Number: <input type="text"/>
	Worker Name: <input type="text"/>
	Worker Number: <input type="text"/>
	Telephone Number: <input type="text"/>
	Address: <input type="text"/>

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The pages that follow tell you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

The changes that apply to you are checked off below.

REINSTATEMENT OF SUSPENDED BENEFITS

Effective , your suspended CAPI payments have been reinstated. Your monthly CAPI payment is \$.

CHANGE IN BENEFITS

Effective , your monthly CAPI payments are changed from \$ to \$ because:

- Your income changed or the income of your spouse, parent or sponsor changed.
- Your marital status changed. (MPP Sections 49-035, 49-050)
- Your living arrangements changed. (MPP Section 49-050)
- You were overpaid (see comments). (20 CFR 416.537)
- Other

SUSPENSION OR TERMINATION

Effective , your CAPI payments are **suspended** **terminated** because:

- Your CAPI benefits have been suspended for 12 months.
- Your citizenship/immigration status does not meet CAPI requirements. (MPP Section 49-020)
- Your income of \$, which may include income deemed from your sponsor, is more than the allowable limit. (MPP Section 49-035)
- Your resources, which may include resources deemed from your sponsor, exceeded the allowable limit of \$2,000 for an individual or \$3,000 for a couple. (MPP Section 49-040)
- You failed to provide proof that you applied for all possible benefits (including SSI) or you failed to take all necessary steps to obtain those benefits. (MPP Sections 49-030, 49-060.1(j))

- Your SSI benefits have been approved; you may not receive both SSI benefits and payments under CAPI. (MPP Section 49-030)
- You have failed to cooperate with the county (see note below and comments section). (MPP Section 49-060.1(d))
- You are a resident of a public institution. (MPP Section 49-010.21)
- You are not a California resident. (MPP Section 49-010.14)
- The county has information that the recipient is now deceased. (MPP Section 49-060.33)
- You are no longer blind or disabled. (MPP Section 49-025)
- You asked us to stop your CAPI payments. (MPP Section 49-060.35)
- You are outside the United States for an entire month. (MPP Section 49-010.24)
- You have violated a condition of probation or parole, or you are a fleeing felon. (MPP Section 49-060.1(i))
- Other _____

Comments:

Rules: These rules apply; you may review them (MPP Sections 49-001 through 49-070) at your welfare office.

Note: If, within 12 months of suspension, you provide the county with evidence that you re-qualify for CAPI, your CAPI benefits will be reinstated. If you don't, your CAPI case will be terminated. If you later decide to reapply for CAPI, you will be required to complete a new application form and start over.

REPORTING RESPONSIBILITIES

The amount of your CAPI payment is based on all the information we received. You must tell the county every time there is any change, including changes in income, resources or living arrangements for yourself, or your spouse, parent or child who lives with you, or your sponsor and his or her spouse regardless of where they live.

You must tell us about any change **within 10 days** of the change. Remember, a change may make your CAPI monthly payment bigger or smaller. **You may need to pay back any overpayments you receive.**

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 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 service 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: _____