

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



March 6, 2003

ALL COUNTY INFORMATION NOTICE NO. I-12-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS

REASON FOR THIS TRANSMITTAL

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

SUBJECT: ADDITIONAL AND REVISED NOTICES OF ACTION (NOAs) FOR CASH AID ELECTRONIC BENEFIT TRANSFER (EBT)

This All County Information Notice (ACIN) is to transmit two additional Notices of Action (NOAs) to be used with cash aid Electronic Benefit Transfer (EBT). Also included is language that the system will use to create NOAs for benefit adjustments and credit request denials for EBT accounts. Additionally, this ACIN makes the TEMP 2205 (EBT Client Claim) obsolete. The TEMP 2205 was designed for clients to use to claim that their EBT account was debited the wrong amount. Clients will actually use the toll-free number to make these claims; therefore a form is not necessary.

Notices and Instructions

New Messages:

The M16-325D (11/01/02)

When a client has been exempt from EBT due to a temporary disability or condition and that condition ends, the county will use the M16-325D to inform the client that their exemption has ended and they will receive benefits through EBT. If the client chooses, they can receive their cash aid through direct deposit.

The M16-325E (11/01/02)

When a client has been receiving cash aid through direct deposit and the client requests that the direct deposit be stopped or the bank account has been closed, the county will use the M16-325E to inform the client that they will now receive their cash aid through EBT.

Revised Messages:

The M16-701 (11/26/02)

This message was designed to inform clients that their EBT account will be debited due to a system error. The M16-701 has been revised to include information informing the client that they must apply for a hearing within 15 days of the notification of an EBT debit adjustment to their account if they do not want the funds removed until after the hearing.

EBT System Generated Messages

With EBT, NOAs for credit request denials and debit adjustments will be generated by the EBT system. The County will then send the NOA to the client. The attached reason code description provides the language that will be used for those NOAs.

Client Initiated Claims:

When a client submits a claim asking for a credit to their EBT account claiming that they did not receive the right amount of cash, they were charged too much or that they did not use their EBT card to make the purchase or obtain the cash, Citicorp will determine if the transaction was correct. In cases where it is found that the transaction was correct, the client will be sent a NOA denying the request for credit adjustment. Citicorp will enter the reason code into the system and the NOA will be generated. The County will then send the NOA to the client. For cataloging purposes, this message will be numbered M16-705 and will be printed on the NA 290 with the NA Back 9.

Merchant or Vendor Initiated Claims and EBT System Error Adjustment:

M16-701 was created for use when there has been a system error and a transaction was never debited from the client's EBT account. In these cases, Citicorp will enter the information and the reason code into the system. The reason code description will print in the section of the NOA labeled "other" and will explain to the client that either the system made an error or that the merchant/vendor is requesting a debit because they never received payment. The system will generate the NOA and the County will then send the NOA to the client. The NOA will be printed on the NA 1233 with the NA Back 9.

Camera-Ready Copies and Translations

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at: www.dss.cahwnet.gov. For Counties with access to the CDSS restricted website for NOAs, you can access NOAs at www.cdsscounties.ca.gov. If your county does not have a login and password, you can obtain them by calling Dan Bode at (916) 654-1396. If the name, mailing address or e-mail address of your CalWORKs or Food Stamp Forms Coordinator changes, please contact FMU by telephone at (916) 657-2098 or by e-mail to fmu@dss.ca.gov

For new or revised forms, after you receive a copy of an English CalWORKs form, please allow six to eight weeks for the forms to be translated and mailed to your Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms from LTS. To order additional camera-ready forms in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 445-6711 or e-mail it to LTS@dss.ca.gov.

Your Forms Coordinator is to distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Stock

State produced stock of forms may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

Contacts

If you have any questions or need further information regarding this letter, CalWORKs forms and attachments, please contact Shawn Bradley at shawn.bradley@dss.ca.gov, or by calling (916) 653-8675/CALNET 453-8675.

Sincerely,
***Original document signed by
Charr Lee Metsker on 3/6/03***
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CSAC
CWDA

State of California
Department of Social Services

Noa Msg Doc No.: M16-325D Page 1 of 1
Action : Activate EBT Cash Aid
Issue: Exemption period ended
Title: EBT Exemption ended

Auto ID No.:
Source :
Issued by :
Reg Cite : 16-325.322

Use Form No. : NA 290
Original Date : 11/01/02 New
Revision Date :

MESSAGE:

On _____, your cash aid
will be available through Electronic
Benefit Transfer (EBT).

Your cash aid is available on the
_____ of each month.

Here's Why:

Your temporary disability or
condition has ended and no longer
keeps you from using your EBT card
to access your cash aid.

If you do not have an EBT card, call
the county right away.

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.
- does not change your Food Stamp
or Medi-Cal benefits. If these
benefits change, you will get a
separate notice.

Instructions: Use this NOA when the client was exempt from EBT and their temporary
disability or condition has ended and no longer prevents them from using EBT to
access their cash aid.

State of California
Department of Social Services

Noa Msg Doc No.: M16-325E Page 1 of 1
Action : Activate EBT Cash Aid
Issue: Direct Deposit canceled
Title: Direct Deposit cancellation

Auto ID No.:
Source :
Issued by :
Reg Cite : 16-325.1

Use Form No. : NA 290
Original Date : 11/01/02 New
Revision Date :

MESSAGE:

On _____, your cash aid
will be available through Electronic
Benefit Transfer (EBT).

Your cash aid is available on the
_____ of each month.

- You or your bank has closed
your account. Your direct
deposit is no longer available.
- You have asked the county to
stop your direct deposit.

If you do not have an EBT card, call
the County right away.

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.
- does not change your Food Stamp
or Medi-Cal benefits. If these
benefits change, you will get a
separate notice.

Instructions: Use this NOA when the client was on direct deposit and will now be on
EBT for their cash aid because either the client requested the direct deposit be
canceled or their bank account has been closed.

State of California
Department of Social Services

Noa Msg Doc No.: M16-701 Page 1 of 1
Action : EBT Adjustment
Issue: EBT System Error Resolution
Title: EBT Adjustment Advice

Auto ID No.:
Source
Issued by
Reg Cite 16.705.6,

Use Form No. NA 1233
Original Date 07/01/02
Revision Date 11/26/02

MESSAGE:

On _____, your cash aid
Electronic Benefit Transfer -EBT
will have \$ _____ removed
from your balance.

HERE'S WHY:

A system error happened when using
your cash aid EBT:

Date:
Time:
Location:
Amount:

Other: [ENTER REASON CODE
DESCRIPTION)

If you do not have enough money in
your EBT cash account to repay the
amount of the error, we will take it
out of your next month's benefit.

If you disagree with this action,
you can request a hearing. The back
of this notice tells you how. If
you ask for the hearing within 15
days of this notice, the cash amount
will not be taken from your EBT cash
aid balance until after the hearing
(if it is found that the action was
right).

This notice does not change your
Food Stamp or Medi-Cal Benefits. If
these benefits change, you will get
a separate notice.

INSTRUCTIONS: To be sent to client 10 days before amount is removed from a client's
EBT account because of a system error. The system will generate the NOA and the
County will mail it to the client.

This message replaces M16-701 dated 07/01/02.

State of California
Department of Social Services

Noa Msg Doc No.: M16-705 Page 1 of 1
Action : EBT Cash Aid Adjustment
Issue: EBT System Error Resolution
Title: EBT Adjustment Denial

Auto ID No. :
Source :
Issued by :
Reg Cite : 16.705.42,

Use Form No. : NA 290
Original Date : 10/01/02 (new)
Revision Date :

MESSAGE:

The county has denied your request to have \$_____ credited to your EBT Cash Aid.

Here's why:

[Enter Reason Code]

If you disagree with this action you may apply for a hearing. The back of this notice tells you how. If you do apply for a hearing you will not be able to get "aid paid pending."

This notice does not change your Food Stamp or Medi-Cal Benefits. If these benefits change, you will get a separate notice.

INSTRUCTIONS: To be sent to client when denying their claim that they did not receive the correct amount, was charged too much when they accessed their cash benefit or claims that they did not use their EBT card to make a cash purchase on that day. The system will generate the NOA and the County will mail it to the client.