

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

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	REASON FOR THIS TRANSMITTAL
January 18, 2012	[] State Law Change
ALL COUNTY LETTER NO. 12-06	[] Federal Law or Regulation Change
	[X] Court Order
	[] Clarification Requested by
	One or More Counties
	[] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY CALFRESH COORDINATORS

SUBJECT: LOPEZ V. WAGNER SETTLEMENT AGREEMENT

REFERENCES: MANUAL OF POLICIES AND PROCEDURES SECTIONS

20-300.25 AND 63-508.655

The purpose of this letter is to provide clarification and additional procedures relating to Intentional Program Violations (IPVs) in the CalFresh program, as specified in the settlement for the *Lopez v. Wagner* lawsuit. The settlement requires all County Welfare Departments (CWDs) to provide additional information to the disqualified household member along with a revised CalFresh Notice of Administrative Disqualification (DFA 377.7A). Counties must begin using the revised form and the additional requirements described in this letter as soon as administratively possible, but no later than six months from issuance of this All County Letter (ACL).

ADDITIONAL FORM TO ACCOMPANY THE NOTICE OF ADMINISTRATIVE DISQUALIFICATION (DFA 377.7A)

Upon an administrative disqualification for an IPV, counties will continue to provide adequate and timely notice of the disqualification period by way of the DFA 377.7A. This notice has been amended to provide additional information on how a disqualified household member may resume his or her benefits upon expiration of the IPV disqualification penalty (MPP Sections 20-300.25 and 63-508.655). In addition, the settlement agreement requires that California Department of Social Services (CDSS) create a new form (DFA 377.7A1) for the disqualified household member to request restoration of benefits following an IPV. This form will be attached to the DFA 377.7A and counties are required to include the form with the DFA 377.7A, except in situations where the disqualification is permanent, in accordance with MPP Section 20-300.3.

MONTHLY IPV REPORTS/REINSTATEMENT PROCEDURES:

The settlement agreement also requires counties to prepare a monthly report of IPV disqualification periods that will end within the next calendar month. Based on the report, the county shall take the following actions:

- (a) If the disqualified household member is still a member of the CalFresh household in which he or she was previously receiving benefits, the county will automatically add the disqualified household member to the household the month following the expiration of the disqualification period, subject to the continuing eligibility of the household. In the case of a missing verification, the county will notify the household and allow at least ten (10) days for the verification to be returned. The individual will not be added back to the household if the requested verification is not received. The CWD shall send a notice of denial for that individual, based on failure to verify.
- (b) If the disqualified household member is now a member of a different CalFresh household, and this has been reported to the CWD, the CWD will automatically add the individual to the CalFresh household the month following the expiration of the disqualification period, subject to the continuing eligibility of the household.
 - If the disqualified household member is now a member of a different CalFresh household, and the change in household has not been reported to the CWD, then the disqualified household member shall be added to the household the month following the end of the disqualification period, if the county receives a request to add the person. This request may, but is not required to be, accomplished by the new form described above (DFA 377.7A1). The disqualified household member must also be added if they: (1) make this request verbally (over the phone or in person) or in writing; (2) indicate a change in household on the Eligibility/Status Report (QR 7); or (3) by any other methods established by the CWD.
- (c) If the disqualified household member does not reside in a CalFresh household, he or she must reapply for CalFresh and, if eligible, will be issued benefits as of the date the re-application was submitted or on the first day following the end of their disqualification period when the application is submitted prior to the end of their disqualification period. A CalFresh application may be submitted up to 30 days prior to the end of the disqualification period in order to ensure eligibility is determined before the end of the disqualification period. The disqualified household member is eligible for Expedited Service if he or she meets the criteria.

ALL COUNTY LETTER 12-06 Page Three

When the disqualified household member is added to the household, the CWD shall also send the Food Stamp Notice of Change for Quarterly Reporting Household (QR 377.4), as is standard when there is a change in benefits.

Note: All information included on the state-developed forms is required to be included on forms generated by automated systems.

CAMERA-READY COPIES AND TRANSLATIONS

For camera-ready copies of the English language version of the DFA 377.7A and DFA 377.7A1 forms, contact CDSS Forms Management Unit at: fmudss@dss.ca.gov If your office has internet access, you may obtain this form from the CDSS web page at http://www.cdss.ca.gov/cdssweb/PG19.htm.

When all translations are completed per MPP Section 21-115.2, they will be posted on an ongoing basis on our website. Copies of the translated forms and publications can be obtained at http://www.cdss.ca.gov/cdssweb/FormsandPu 274.htm

For questions on translated materials, please contact Language Services at (916) 651-8876.

If you have any questions regarding the content of this letter, please contact Dave Badal, Manager, CalFresh Policy Bureau at (916) 653-5528 or email David.Badal@dss.ca.gov.

Sincerely,

Original Document Signed By:

TODD BLAND
Deputy Director
Welfare to Work Division

Attachments

COUNTY OF

NOTICE OF ADMINISTRATIVE DISQUALIFICATION

	Notice Date Case Name	
	Number	
	Worker Name	
	Number	
	Telephone	
	Address	
DDRESSEE)		Questions? Ask your Worker.
		State Hearing: You cannot appeal the disqualification action in a state hearing. If you think the new amount of CalFresh benefits for the other members of your
<u></u>		of CalFresh benefits for the other members of your

DISQUALIFICATION ACTION

The following action disqualified you from the CalFresh Program:

A state hearing decision found you committed an intentional program violation.

A court decision found you committed an intentional program

You signed a Disqualification Consent Agreement on

You signed an Administrative Disqualification Hearing Waiver

You were disqualified from the CalFresh Program in_

A copy of the above action was sent or given to you. If a state hearing decision found you committed an intentional program violation, the state or federal government may still prosecute you in court.

DISQUALIFICATION PENALTY

The disqualification penalties are 12 months for the first violation, 24 months for the second violation, and permanent disqualification for the third violation. There are separate penalties if you break these rules:

- If you are found guilty in any court of law of having traded CalFresh benefits for firearms, ammunition, or explosives, you can be disqualified forever for the first violation.
- If you are found guilty of having traded CalFresh benefits for controlled substances, you can be disqualified for 24 months for the first violation and forever for the second violation.
- If you are found guilty of having traded or sold CalFresh benefits worth \$500 or more, you can be disqualified forever.
- If you are found to have filed more than one application at the same time and have given false identification or residence information, you can be disqualified for ten years.

This is your violation, which means:

You cannot get CalFresh benefits for months,

You have been permanently disqualified from the CalFresh Program, as of_

Rules: These rules apply. You may review them at your welfare office: MPP Sections 20-300.221(c), 20-300.3, 22-003.11, 63-804.1, 63-805.1.

END OF DISQUALIFICATION

changes it.

If you were disqualified for 12 or 24 months and still live in the same CalFresh household, you should begin to get CalFresh automatically the month after the end date listed above. If that does not happen, you should call your worker or return the attached form.

household is wrong, you can ask for a hearing. The back of this page tells how. Most often the new amount will not change unless the hearing decision

- If you live in a new CalFresh household, you must request to be added to the household after the end date listed above. You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: http/www.benefitscal.org/BenefitsPortal/landing.html.
- If you do not live in a household that gets CalFresh at the end of the disqualification period, you must reapply for CalFresh. You or your authorized representative have the right to file a CalFresh application by turning in the form to the county welfare department either in person, by mail, fax, e-mail, through an electronic transmission, or through an on-line electronic application at: http/www.benefitscal.org/BenefitsPortal/landing.html.
- You may return the form on the next page to request that your CalFresh be restored.
- If you were permanently disqualified from the CalFresh program, you cannot have your CalFresh restored.

NOTICE TO THE OTHER MEMBERS OF YOUR HOUSEHOLD

Because was disqualified from the CalFresh Program:

Your CalFresh benefits will change from \$ __as of_

But since you reported a change, your CalFresh

to

benefits will be different. The enclosed Notice of Change shows the amount you will get.

Your CalFresh benefits will stop as of As a result of this disqualification, your income is too high. You may reapply when the disqualification period ends or if circumstances change.

Your certification period has ended. You may reapply at any time. Your CalFresh benefits may be different because was disqualified.

COMMENTS:

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 <u>before</u> 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		
DINTITUATE	PHONE NUMBER		
STREET ADDRESS			
OUTD /			
CITY	STATE	ZIP CODE	
SIGNATURE	DATE		
SIGNATORIE	DAIL		
NAME OF REPORT COMPLETING THIS FORM	DUONE NUMBER		
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

COUNTY OF

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

REQUEST FOR RESTORATION OF

CALFRESH BENEFITS AFTER ADMINISTRATIVE DISQUALIFICATION	Notice Date : Case Name :	:
	Number Worker Name Number Telephone Address	:
(ADDRESSEE)		Questions? Ask your Worker.
I was disqualified from receiving CalFresh benefits from I live in the same CalFresh household where I previou	usly received b	to $_$ benefits and the county did not restart them after the
end date of my disqualification period. I live in a new household that receives CalFresh. I reinformation is as follows:		
Case Name:		
Case number: Address:_		
I live in a new household that does not receive CalFi following address:	resh. Please s	send me an application for CalFresh benefits at the
Return this form to your welfare office, at the address listed abo	ove.	