



CDSS

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

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EDMUND G. BROWN JR.
GOVERNOR

September 19, 2013

ALL COUNTY LETTER (ACL) NO. 13-78

REASON FOR THIS TRANSMITTAL

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

To: ALL COUNTY WELFARE DIRECTORS
ALL CalFresh COORDINATORS
ALL CaWORKs PROGRAM SPECIALISTS
ALL COUNTY WELFARE TO WORK COORDINATORS
ALL CONSORTIUM PROJECT MANAGERS

SUBJECT: **CALFRESH INTERCOUNTY TRANSFER (ICT)**

REFERENCE: ACL 11-22 and ACL 11-70; WELFARE & INSTITUTIONS CODE SECTION 11053.2; United States Department of Agriculture, Food and Nutrition Service waiver # 2120020CA

The purpose of this ACL is to provide counties with additional clarification on the ICT process for CalFresh. In addition, this letter transmits the CF 215, CalFresh ICT Form, which is to be included in all CalFresh ICTs. Finally, this letter will provide examples related to budgeting, recertification, and responsibility for benefit payment. As described in ACL 11-22, CWDs were to begin using the existing CalWORKs ICT process for those CalFresh cases with a CalWORKs component and the existing Medi-Cal ICT process for those CalFresh cases with a Medi-Cal component effective April 1, 2011. In addition, County Welfare Departments (CWDs) were to begin using the process described in ACL 11-22 for CalFresh only cases no later than July 1, 2011.

ACL 11-22 excluded households receiving Transitional CalFresh from the ICT process. Due to clarification received from the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS), Transitional CalFresh households are subject to recertification at the end of the 5-month transitional period (refer to ACL 11-70 dated October 26, 2011). This change results in certain Transitional CalFresh cases being subject to ICT procedures.

Per Welfare & Institutions Code Section 11053.2, the ICT process shall facilitate a recipient's move from one county to another without a break in benefits and without requiring a new CalFresh application or interview in the new county of residence. Households that move during either of the final two months of their certification period shall be recertified at the end of the certification period in the former county of residence to prevent a break in benefits. Following the recertification, an ICT should be initiated.

In order to ensure that household's are not subjected to a break in benefits, it is critical that counties communicate and share information to determine in which county it is more beneficial for the recertification to be completed. It is the responsibility of the sending county to confirm that the receiving county is provided with all information necessary to complete the transfer. A household cannot be terminated for being a resident of the receiving county until the receiving county has assumed responsibility for the case.

Example of a Transfer of Non Assistance CalFresh (NACF) Case

- A NACF household certified in County A (sending county) notifies the county that the household moved to County B (receiving county) on May 15, 2013.
- The household's existing certification period expires September 30, 2013.
- The receiving county would assume responsibility of the CalFresh case effective July 1, 2013 and will recertify the household in September 2013 retaining the existing certification period.
- For semi-annual reporting (SAR) cases, the SAR 7 cycle in the sending county must continue in the receiving county.
- The SAR 7 reports during the transfer period are to be issued and processed by the sending county, benefits changed to reflect reported/verified changes, and timely notices of action sent. This may include notices for changes to the payments that will be issued by the receiving county.
- For change reporting households, continue eligibility based on the most recent Statement of Facts and any subsequent reported changes.

Example of a CalFresh Case with CalWORKs Component (Public Assistance CalFresh [PACF])

- A PACF household certified in County A (sending county) notifies county B that the household moved to County B (receiving county) on May 15, 2013.

- The household's existing recertification period expires September 30, 2013.
- The receiving county would assume responsibility of the CalFresh case effective July 1, 2013 and will recertify the household in September 2013 to comply with the existing certification period.
- For SAR cases, the SAR 7 cycle in the sending county must continue in the receiving county.
- The SAR 7 reports during the transfer period are to be issued and processed by the sending county, benefits changed to reflect reported/verified changes, and timely notices of action sent. This may include notices for changes to the payments that will be issued by the receiving county.
- Per USDA, FNS waiver # 2120020CA, CWDs may shorten a household's certification period to align with the certification period for TANF or Medi-Cal.

CalFresh ICT Form (CF 215)

The CF 215 is to be transmitted with all CalFresh ICTs, including PACF cases.

CAMERA READY COPIES

For camera-ready copies in English, contact the Forms Management Unit at 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.

If you have any questions regarding this letter, please contact your CalFresh County Consultant or call the CalFresh Policy Bureau at (916) 654-1896.

Sincerely,

Original Document Signed By:

TODD BLAND, Deputy Director
Welfare to Work Division

Attachment

CALFRESH NOTIFICATION OF INTER-COUNTY TRANSFER

Instructions: Workers are to complete each relevant space.

SENDING COUNTY NAME AND ADDRESS:

RECEIVING COUNTY:

CASE NAME:	CASE NUMBER:	SSN:
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RECIPIENT HOME ADDRESS: NUMBER/STREET	RECIPIENT MAILING ADDRESS: (IF DIFFERENT) NUMBER/STREET
CITY _____ ZIP CODE _____	CITY _____ ZIP CODE _____

PAYEE'S NAME (IF DIFFERENT):	RECIPIENT HOME ADDRESS:	RECIPIENT HOME ADDRESS:
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NAME OF AUTHORIZED REPRESENTATIVE: _____

SENDING COUNTY DISCONTINUANCE DATE:	RECERT DUE (MO/YR):	QR 7 OR SAR 7 SUBMIT MONTH:	NUMBER OF HOUSEHOLD MEMBERS: FEDERAL _____ CFAP _____
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DOCUMENTATION SENT:

- | | |
|---|--|
| <input type="checkbox"/> SAWS 1 | <input type="checkbox"/> Disability Verification |
| <input type="checkbox"/> SAWS 2 | <input type="checkbox"/> Income Verification |
| <input type="checkbox"/> QR 7/SAR 7 | <input type="checkbox"/> Citizen/Noncitizen Verification |
| <input type="checkbox"/> CF 377.5 | <input type="checkbox"/> SAWS 2A or DFA 285-A3 |
| <input type="checkbox"/> OI Documentation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SAWS 2 PLUS | _____ |
| <input type="checkbox"/> CF 285 | _____ |

OVERISSUANCE CLAIMS TRANSFERRED:

Error Type	Balance	OI Period (from/to dates)	Lomeli Date
<input type="checkbox"/> IPV <input type="checkbox"/> IHE <input type="checkbox"/> Agency \$			
<input type="checkbox"/> IPV <input type="checkbox"/> IHE <input type="checkbox"/> Agency \$			
<input type="checkbox"/> IPV <input type="checkbox"/> IHE <input type="checkbox"/> Agency \$			
<input type="checkbox"/> IPV <input type="checkbox"/> IHE <input type="checkbox"/> Agency \$			

CASE INFORMATION:

Current Benefit Amount: _____

Budgeted Gross Income: _____

Budgeted Expenses: _____

Rent/Housing Cost _____

LIHEAP Benefit Paid Date: _____

WINS Benefit Paid Date: _____

SUA TUA LUA

Medical Expenses _____

Dependent Care _____

Child Support Paid _____

HOUSEHOLD TYPE:

Quarterly Reporting Change Reporting SAR

Homeless Elderly/Disabled Seasonal Farm worker

Ineligible HH member(s): _____

Reason(s): _____

ABAWD member(s): _____

36 Months Began _____ MO/YR # Months used _____

Consecutive Months Began _____ MO/YR

SENDING WORKER INFORMATION:

NAME: _____

WORKER NUMBER: _____

TELEPHONE NUMBER: _____

FAX: _____

DATE COMPLETED: _____

COMMENTS: