

CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input checked="" type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 01/28/2016	NEED RESPONSE BY: ASAP
2. REQUESTOR NAME: Martha Esparza	6. COUNTY/ORGANIZATION: Kern County - Dept Human Services	
3. PHONE NO.: 661-633-7337	7. SUBJECT: Verified Upon Receipt and Establishment of OI	
4. REGULATION CITE(S): ACL 12-25E, 12-25, 13-17, ACIN I-58-13	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL 12-25E, 12-25, 13-17, ACIN I-58-13	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):
 NA CalFresh Household. Mom, Dad and child. Dad reports on 8/10 and provides verification of income increase. The report is considered a mid-period voluntary report and due to verification provided is considered VUR and must be acted upon to decrease benefits. The worker takes action on the report on 8/28 but due to not being able to provide a 10-day NOA to decrease benefits for September allows the same allotment to be issued for September and reduces benefits for October with 10-day NOA.

Would the worker establish an administrative over issuance for the month of September due to the household reporting the change timely within the month to be able to reduce benefits but the CWD failed to take action timely to issue correct benefits? OR Would OI not be established due to a timely voluntary report that was not required to be reported and CWD failed to take action timely?

10. REQUESTOR'S PROPOSED ANSWER:
 Per SAR regulations, ACL 12-25 pg 78 - Income related Failure to Report and County Error OIs, Income related failure to report and CWD errors will only be determined based on the Mandatory client reporting requirements under SAR rules. Mandatory client reports include, SAR 7, RE/RC forms and income over IRT.

Since CalFresh OIs are determined based on timely reporting by the client, if a 10-day NOA cannot be given to the client and the client reported the change in a timely manner, no OI would be established. (ACL 12-25 pg 47) and since CF OI regulations (ACL 12-25pg 76) state that voluntary reports do not have a mandated time frame to be reported they cannot be considered timely or untimely for processing purposes and establishment of an OI.

Based on SAR and OI regulations this voluntary report would not have an OI established for September.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

The state concurs with the proposed response.

FOR CDSS USE

DATE RECEIVED: January 29, 2016	DATE RESPONDED TO COUNTY/ALJ: February 1, 2016 JN
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**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

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