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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

September 3, 2021

Ethan Dye, Acting Director
Department of Human Assistance
Sacramento County
1825 Bell Street, Suite 210B
Sacramento, CA 95814

Dear Director Dye:

Thank you for your cooperation and assistance in the completion of the Federal Fiscal Year (FFY) 2021 CalFresh Management Evaluation (ME) Review, which was conducted from July 12, 2021 through July 16, 2021 in Sacramento County. We would like to extend a special thank you and our appreciation to Linda Hoang for facilitating the review process.

As mandated by the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS), the California Department of Social Services (CDSS) is required to conduct MEs every year in large counties to identify areas of non-compliance to assist in improving CalFresh (CF) program operations. The ME review consisted of several areas including Payment Accuracy, Assessment of Corrective Action, Program Access, and Timeliness of Application Processing.

An overview of the findings, recommendations, and required corrective actions were discussed with your county management staff at the exit conference held on July 16, 2021. The exit conference provided the county with information necessary to develop and initiate corrective action changes while waiting for the final findings letter.

With the delivery of the final findings via this letter, the CDSS requests that a Program Improvement Response (PIR) plan be submitted by October 18, 2021 to address the findings and recommendations included in this report. Please include a description of activities designed to address each finding, the contact person responsible for the activity, and the expected implementation and completion dates for each activity. In addition, please provide verification such as policy memos or written procedures for those recommendations in which the county is making changes.

As of the April 2021 to June 2021 quarter, the county's timeliness for application processing for three-day was 78.92 percent, seven-day was 95.54 percent, and thirty-day was 99.33 percent. The county is not currently meeting the performance goal of 90 percent for three-day processing timeframes and is on a timeliness Corrective Action Plan (CAP).

The ME review for Sacramento County resulted in a total of 23 Program Access findings. A summary of findings are as follows:

- Households were not authenticated with at least two items of Personally Identifiable Information (PII) prior to the start of their interviews.
- Coverage of Substantial Gambling and Lottery Winnings reporting responsibilities was inconsistent.
- Households were not consistently provided a telephone number to obtain assistance in completing the *Eligibility Status Report (SAR 7)*.
- *Request for Verification (CW 2200)* limited the type of verifications by requesting specific items when multiple sources are acceptable.
- CW 2200 over verified by requesting items already on file or not questionable.
- CW 2200 were completed incorrectly by listing incorrect due dates and by not marking the CF program box for mandatory verifications.
- Applications eligible to Expedited Service (ES) were processed untimely.
- The interview waiver was not applied or inappropriately applied.
- Purchase and preparing was not adequately explored.
- Case documentation was insufficient.
- Households were not informed of their appointments at intake and recertification.
- County emails were provided to households as a viable document submission method.
- Households were incorrectly informed of the mandatory mid-period reporting responsibilities for CF.
- An application was incorrectly denied before the 30th day from the date of the application.
- Verification of shelter expenses were requested when not deemed questionable.
- The *Stop Aid; Not Received (NA 960X SAR)* Notice of Action (NOA) contained inaccurate information.
- Verification of income was incorrectly requested at recertification.
- *Notice of Missed Interview (NOMI)* were inappropriately issued.
- Mystery callers were not consistently informed of the minimum requirements to file a CF application, all of the methods to apply for CF, and ES information.
- Mystery calls were unsuccessful when calling the main service center line.

Additionally, the ME team reviewed 30 CF cases (8 denials, 7 terminations, 7 recertifications, and 8 initial approvals). Of the cases reviewed, 26 cases were found to have errors, resulting in 19 findings pertaining to the Case Review component of the ME. The detailed results of the case reviews were shared and discussed with members of your team during the week of the ME review and are enclosed within this report. Some of the primary error trends that were found in the case reviews are listed below:

- Errors related to intake appointment letters containing incorrect language regarding ES processing.

- Errors related to incorrect NOA; such as, incorrect reasons listed, and incorrect county telephone numbers listed.
- Errors related to ES; such as, no documentation or screening.
- Errors related to the CW 2200 limiting the type of verifications.

Your county's ME Consultant is David Hernandez. Should you have any questions or require additional information or assistance, please contact him at (916) 616-4491 or via email at David.Hernandez@dss.ca.gov. You can also contact your county's designated Technical Assistance Manager, Lisa Chang at (559) 445-6084 or via email at Lisa.Chang@dss.ca.gov. Once again, we thank you and the members of your staff for your full cooperation and participation in this review.

Sincerely,

A handwritten signature in cursive script that reads "Tami Gutierrez".

TAMI GUTIERREZ, Chief
CalFresh Operations Bureau

Enclosure

cc: Linda Hoang, Administrative Services Officer II

CALFRESH MANAGEMENT EVALUATION REPORT FOR SACRAMENTO COUNTY

INTRODUCTION

During the week of July 12, 2021, David Hernandez, Gen Saevang, Yia Moua and Amber Johnson from the California Department of Social Services (CDSS), Operations Bureau conducted a CalFresh Management Evaluation (ME) in Sacramento County. The major areas examined during this review were Payment Accuracy/Corrective Action Assessment, Program Access, and Timeliness of Application Processing.

The review was conducted at the following locations:



Research Bureau
3960 Research Drive
Sacramento, CA 95838



East Commerce Call Center
4450 East Commerce Way
Sacramento, CA 95814

Susie-Gaines Mitchell Bureau
2450 Florin Road
Sacramento, CA 95822

The CDSS requests that a Program Improvement Response (PIR) plan be submitted by October 18, 2021. The PIR plan should address the findings, recommendations, and corrective actions included in this report. Please include a description of the activities designed to address each finding, a contact person responsible for the activity, and the expected implementation and completion dates.

Please email the PIR to CWDCalFreshEvaluations@dss.ca.gov or mail it to:
California Department of Social Services
CalFresh Operations Bureau
888 South Figueroa Street, Suite 360
Los Angeles, CA 90017

SACRAMENTO COUNTY CALFRESH DATA AND STATISTICS

<u>Measurement:</u>	<u>Percentage:</u>	<u>Period:</u>
County 3-Day ES Issuance	78.92	April 2021 – June 2021
County 7-Day ES Issuance	95.54	April 2021 – June 2021
County CF Apps Approved within 30 days	99.33	April 2021 – June 2021

PAYMENT ACCURACY AND CORRECTIVE ACTION ASSESSMENT

The purpose of the Payment Accuracy and Corrective Action Assessment section is to assess the county’s performance data and confirm that adequate corrective action measures are in place. It focuses on Active and Case and Procedural Error Rates (CAPER). The reviewed components have significant potential to improve county error rates.

The scope of the review includes the following:

- Case Action Reviews – review of randomly selected denial, termination, recertification and initial approval cases.
- Second Party Reviews – evaluation of case review systems, processes for capturing and arraying statistically generated data and identifying trends for corrective action purposes.
- Quality Control (QC) – review of QC cases and factors contributing to discovered errors.
- Training – assessment of induction training, training content, ongoing training and training to ensure State and federal policy changes are implemented.

Case Action Reviews

The purpose of the Case Action Reviews section is to determine whether the county is in compliance with CalFresh (CF) policies and procedures for approving, denying, and terminating cases. The reviews are conducted to ensure the action taken, notification to the household, and case processing procedures were correct. A correct case review is one that is based on a correct reason as documented in the case record, is accurately communicated to the household, and is procedurally correct.

Observations:

<u>Type</u>	<u>Reviewed</u>	<u>Errors</u>
Denials	8	8
Terminations	7	6
Recertifications	7	5
Initial Approvals	8	7
Total	30	26

The review team examined 30 CF cases (8 denials, 7 terminations, 7 recertifications, and 8 initial approvals). Of the cases reviewed, 26 were in error (8 denials, 6 terminations, 5 recertifications, and 7 initial approvals). Please note that this review will not be included in the county’s yearly sample of QC reviews. It serves only as an independent review for the purposes of this evaluation.

Denial Case #1

This case was in error because the *Request for Verification* (CW 2200) limited the type of verification by requesting “paystubs” versus proof of income. Additionally, the CW 2200 requested income from a specific month versus the 30 days from the date of application. Further, the household was not screened timely or given a timely appointment for Expedited Service (ES) processing. In addition, there was no documentation of how the household was informed of their initial scheduled interview. Also, the appointment letter for the subsequent appointment contained incorrect language regarding ES. Lastly, the household received an untimely denial Notice of Action (NOA) after the 30th day from the date of application.

Denial Case #2

This case was in error because there was insufficient documentation regarding ES ineligibility determination. Lastly, the appointment letter contained incorrect language regarding ES.

Denial Case #3

This case was in error because there was no screening or documentation regarding the ES determination. Additionally, the appointment letter contained incorrect language regarding ES. Further, the household was denied for ineligible student status, however, there is no record of the student status explored to support the action. Therefore, the denial NOA was inappropriate. In addition, the case was denied before the 30th day from the date of the application. Lastly, the CW 2200 was not on file when the narration indicated one was sent to the household.

Denial Case #4

This case was in error because there was no screening or documentation regarding the ES determination. Additionally, the appointment letter contained incorrect language regarding ES. Further, the CW 2200 limited the types of verification by requesting specific items (e.g., “CA I.D.,” “EDD letter”). Also, the *Notice of Missed Interview* (NOMI) was inappropriately sent despite the household completing their interview. Lastly, there was no denial NOA in the case file.

Denial Case #5

This case was in error because the NOMI was incorrectly sent despite the household completing their interview. Additionally, the appointment letter contained incorrect language regarding ES.

Denial Case #6

This case was in error because there was insufficient documentation regarding ES. Additionally, the appointment letter contained incorrect language regarding ES. Further, the CW 2200 limited the types of verifications by requesting specific items (e.g., “photo I.D.,” “paystubs”), and over verified by requesting a birth certificate and marriage certificate. Lastly, the case documentation was insufficient to support the reason citizenship was questionable to support the request.

Denial Case #7

This case was in error because the application was not processed timely after the household provided sufficient verification within 30 days from the date of application.

Denial Case #8

This case was in error because there was no screening or documentation regarding the ES determination. Additionally, there was no documentation of how the household was informed of their initial scheduled interview. Also, the appointment letter for the subsequent appointment contained incorrect language regarding ES. Further, the budget was inaccurate due to incorrect income used. Lastly, there was no record of a signature on file to validate the application.

Termination Case #9

This case was in error because the *Stop Aid; Not Received* (NA 960X SAR) NOA instructed the household to contact (916) 000-0000 for help in completing the *Eligibility Status Report* (SAR 7).

Termination Case #10

This case was in error because the CW 2200 limited the type of verification by requesting specific items (e.g. "CA I.D," "CA Driver's License," "Social Security Card," and "payslips"). Further, the case documentation was insufficient documentation to support the request for income.

Termination Cases #11, #13 and #15

These cases were in error because the NA 960X SAR NOA instructed households to contact (916) 000-0000 for help in completing the SAR 7.

Termination Case #14

This case was in error because NA 960X SAR NOA instructed the household to contact (916) 000-0000 for help in completing the SAR 7. Further, the household was incorrectly terminated for "no residency," however, the case should have remained discontinued for non-compliance of the SAR 7.

Recertification Case #18

This case was in error because two incorrect NOMI were sent to the household containing an incorrect compliance date and the other with no compliance date listed.

Recertification Case #19

This case was in error because the budget was inaccurate due to incorrect income used. In addition, there was insufficient documentation regarding medical expenses despite the medical expense deduction allowed on the budget.

Recertification Cases #20 and 21

These cases were in error because the NOMI was incorrectly sent despite the household completing their interview.

Recertification Case #22

This case was in error because there was no record of an appointment letter informing the household of their scheduled appointment. In addition, there was no record of a recertification informational packet provided to the household.

Approval Case #24

This case was in error because there was no screening or documentation regarding the ES determination. Additionally, the appointment letter contained incorrect language regarding ES.

Approval Case #25

This case was in error because there was no screening or documentation regarding the ES determination. Additionally, the appointment letter contained incorrect language regarding ES. Further, there was insufficient documentation to support why the income was calculated using only one paystub to determine eligibility when the household was paid bi-weekly. In addition, there was no request for proof of income from the last 30 days from the date of application.

Approval Case #26

This case was in error because the household was not scheduled a timely ES appointment.

Approval Case #27

This case was in error because the appointment letter contained incorrect language regarding ES. In addition, the CW 2200 over verified by requesting verification of resources that were not required for CF participation. Further, the budget was inaccurate due to the incorrect income amount used.

Approval Case #28

This case was in error because there was no screening or documentation regarding the ES determination. Additionally, there was no documentation of how the household was informed of their initial scheduled interview. Also, the appointment letter for the subsequent appointment contained incorrect language regarding ES.

Approval Case #29

This case was in error because there was no documentation regarding the ES determination. Additionally, the appointment letter contained incorrect language regarding ES. Further, the household was not informed of their interview waived after an appointment letter was sent to the household.

Approval Case #30

This case was in error because there was insufficient documentation to clarify if the household purchased and prepared with the family members they lived with.

Assessment:

County procedures need improvement as described below.

Recommendations:

1. Remind staff to check all available electronic sources before verifications are requested.
2. Remind staff to suppress the NOMI when the household completes their interview.

Corrective Actions Required:

1. Ensure that all CF applications are screened for ES and the case record is documented. If a household is entitled to ES, ensure they are scheduled a timely appointment and benefits are issued within the three-day timeframe from the date of application or discovery. (MPP 63-301.5 and 63-301.531; ACL 16-14; ACIN I-14-11)
2. Ensure that applicants are notified of their scheduled intake interview appointment and it is documented in the case file when applicable. (MPP 63-300.4; ACL 14-20)
3. Ensure that when verifications are requested, an accurate and clear CW 2200 is provided that allows at least ten days to submit, and the household is not limited to one form of verification when multiple sources exist. (MPP 63-300.5(a)(1); ACIN I-45-11; ACL 14-26)
4. Ensure that the last 30 days of income is requested and not from a particular month or date, at application and recertification. If a specific period of income is requested after exploring the household's circumstances, ensure case documentation supports such a request. (7 CFR 273.10(c)(1)(ii); ACL 19-10, 20-48 and 21-24)
5. Ensure that all notices sent to the household are correct, timely, and accurately inform of the reason(s) the action was taken by the county. (MPP 63-301.1, 63-301.3 and 63-504.211; FNS Handbook 310, Section 1350.2)
6. Ensure that appointment letters sent to the household are clear and correct, do not request verifications with a due date, and do not have contradicting information. (FNS Handbook 310, Section 1350.2; MPP 63-300.46)
7. Ensure that negative actions taken by the county are accurate and consistent with the case record. In addition, the reason(s) listed on the NOA must be correct and should accurately inform households of the reason(s) the negative action was taken, and duplicate notices are not sent on the same day with different reasons. (FNS Handbook 310, Section 1310 and 1350.2)

ENCLOSURE

8. Ensure that applications determined to be ineligible are denied within 30 days from the date of application. In addition, ensure that applications that do not qualify for the early denial waiver are not denied early. (MPP 63-301.3; ACL 19-57)
9. Ensure that applications determined to be eligible are processed within 30 days from the date of application after the household has provided all necessary documentation for participation. (MPP 63-301.1)
10. Ensure that households are provided a denial NOA when an application is denied. (MPP 63-504.23)
11. Ensure that an accurate NOMI is sent to the household only after the scheduled appointment is missed. The household has until the 30th day from the date of application at intake and until the end of the certification period at recertification. (MPP 63-300.46; ACL 19-10)
12. Ensure that verifications are not requested when non-mandatory information is not questionable, when already available, prior to an interview, or when not required for the CF program. (MPP 63-300.5(a); ACIN I-45-11; ACL 20-48 and 20-135)
13. Ensure that sufficient and accurate case documentation is available in the case record to support eligibility determinations in a timely manner. (MPP 63-300.5(j); 7 CFR 273.2(f)(6); FNS Handbook 310, Section 1310)
14. Ensure that all applications contain a written, telephonic or electronic signature from a responsible household member. (7 CFR 273.2(c)(7); ACIN I-60-13)
15. Ensure that income, shelter costs and deductions are calculated correctly to determine the household's budget, and data collection entries accurately support eligibility determinations. (MPP 63-502.13; ACL 03-18 and 12-25)
16. Ensure that recertification informational packets are provided to all households due for recertification that include a written explanation of the SAR 7, a sample SAR 7, a Voter Preference Form, and a Voter Registration Card (VRC). (MPP 63-300.411-.412 and 63-504.61(b); ACL 18-39)
17. Ensure that recertification interviews are scheduled so that households have at least ten days after the interview to provide verifications before the certification period expires. (MPP 63-300.464(c); 7 CFR 273.14(b)(1)(iii))
18. Ensure that all requirements and procedures related to the interview waiver are applied correctly. (ACWDL dated April 2, 2020 and October 21, 2020)
19. Ensure that whether a household purchases and prepares with others in the home is adequately explored to determine if they qualify for a separate household. (MPP 63-300.5(j) and 63-402.1)

Second Party Reviews

Observations:

- Supervisors are required to review post-approval and negative actions (approvals, denials, terminations, and recertifications) for their assigned staff. Supervisors utilize a standardized review form.
- Supervisors are required to review one case per week for new workers and two cases per month for established intake and continuing workers. In addition to these reviews, Service Center Supervisors also conduct two case reviews and one call review for Service Center staff. Lastly, all case review results are shared with staff during their monthly one-on-one meetings.
- Case Review and Training (CRT) Supervisors and the Quality Assurance (QA) teams utilized the Rushmore system to conduct case reviews until June 2021. The county is looking to implement a new case review system and is currently using Excel workbooks to track case reviews.
- Case reviews are targeted based on identified error trends or random selection samples.
- The error trends and results from the case reviews are discussed during the monthly Accuracy Review Meetings (ARM), which consist of Bureau Program Managers, Staff Development and CRT Supervisors. This is to collaborate and develop corrective actions for error trends. Additionally, trainings are developed based on error trends and the county's policy team also send reminders to staff via email.

Assessment:

The county has the necessary processes in place to ensure accuracy for both Active and negative case actions.

Recommendations:

1. Continue analyzing the data gathered through the review process to identify common error trends and ensure that cases are processed correctly.

Corrective Actions Required:

None.

Quality Control

Observations:

- Sacramento County is currently responsible for reviewing the federally sampled Active and CAPER cases. The county has a formal QC process and corrective action team that is responsible for reviewing potential Active and negative case errors. If an error is cited, the county has ten days to provide state QC with a corrective action that will be implemented to prevent future errors.
- As of the most recent data for Federal Fiscal Year (FFY) 2020 (October 2019 through February 2020), the county's Active error rate is 5.22 percent and CAPER is 21.10 percent. Due to the waiver on QC reviews since March 2020, there is no complete data for FFY 2020.
- Interviews with staff indicate that they are aware of the Active error rate and CAPER.

Sacramento County FFY 2020	County Error Rate	State Average	Difference
Active Cases	5.22 percent	8.15 percent	2.93 below
CAPER Cases	21.10 percent	31.65 percent	10.55 below

Assessment:

For FFY 2020, the county's Active error rate and CAPER was below the State average.

Recommendations:

1. Continue meeting with CDSS staff regarding any QC error findings or pertinent information.
2. Continue to regularly inform staff of the Active error rate and CAPER. Awareness of the error rates helps staff understand their role in reducing case action errors, ensure that households receive the correct benefit allotment and avoid wrongful termination or denial.
3. Continue to maintain the Active error rate and CAPER below the state average.

Corrective Actions Required:

None.

Training

Observations:

- Sacramento County has 12 training supervisors and three eligibility trainers who train universal programs (CalWORKs, CF, and Medi-Cal) and two eligibility trainers that focus on developing media trainings.
- The county incorporates formal induction training for the CalWORKs, CF, and Medi-Cal programs. The CF/Medi-Cal induction training consists of 14 weeks; ten weeks are focused on policy training and four weeks are focused on case processing.
- At the time of this review, a CF/Medi-Cal class of 27 new eligibility staff began induction training on July 5, 2021.
- Prior to the COVID-19 pandemic, all trainings were done via a classroom setting. However, due to the COVID-19 pandemic, general trainings have been done virtually.
- To prepare for the CalSAWS migration, Sacramento County has steadily developed more How-To videos that provide step-by-step instructions to follow instead of having an in-person training to walk them through the process.
- Policy updates are released via mass e-mails, which are reviewed at unit and bureau meetings, training videos, or department-wide refresher trainings.
- A post-training survey is provided to trainees each week via Survey Monkey for them to provide constructive feedback and improvements for future trainings to Staff Development.

Assessment:

The county continuously explores ways to improve its training classes.

Recommendations:

1. Continue using error trends to customize and develop training courses.
2. Continue sharing error trends and policy changes with staff.

Corrective Actions Required:

None.

PROGRAM ACCESS

The purpose of the Program Access section is to identify barriers to CF participation in the county's application and recertification processes. This includes identifying areas of non-compliance and evaluating the delivery of service to applicants and participants. Online application filing, screening and document imaging are also reviewed.

The scope of the review included the following:

- Customer Service – hours of operation, availability of applications, intake and continuing operations, application filing procedures, ES screening, applicant intake interviews, participant recertification interviews, lobby procedures, applicant/participant interviews and outreach activities.
- Online Applications – county efforts at accepting and processing online applications.
- Outreach – county efforts at increasing CF participation.
- Document Imaging – county operations for the conversion of paper documents to electronic format.
- Call/Service Center – hours of operation, effectiveness of operations and customer surveys.

Customer Service

Observations:

- County certification sites are open to the public in a limited occupancy capacity Monday through Friday from 8:00 a.m. to 4:00 p.m. The office hours are displayed on the exterior doors and match the hours listed on the county's website. (ACL 04-55)
- Offices have exterior drop boxes for documents to be dropped off. (MPP 11-601.311(b)).
- Applications and documents can be dropped off at reception during business hours. A receipt is given to all who submit documents. (MPP 63.300.61)
- The lobbies have brochures of information and resources available. They are accessible during business hours. (MPP 63-201.42)
- Interpreters and bilingual staff are available in-house for Spanish, Russian, Cantonese, and Hmong. Language Line services continue to be utilized for all other non-English languages. (MPP 63-201.21)
- The methods to apply (in-person, online, by mail, via fax) are posted in the lobbies and building exterior. (MPP 63-300.3)

ENCLOSURE

- The minimum requirements (name, address and signature) to apply for CF are posted in the lobbies and the building exterior. (MPP 63-300.32)
- Applications are available in the lobbies in English and Spanish with clear signage. (MPP 63-300.34)
- Informing of ES is posted on the building exterior. (MPP 63-301.521)
- All applications are screened for ES by clerical and the assigned workers.
- Same day services are provided when possible.

Assessment:

The county's response to the COVID-19 pandemic has ensured that households have equitable and efficient access to CF services.

Recommendations:

None.

Corrective Actions Required:

None.

Intake and Recertification Interviews

Observations:

- Staff were courteous and made households feel at ease during interviews. (MPP 63-300.4)
- Confidentiality was consistent at the Research Bureau Office but was not properly maintained at the Susie-Gaines Mitchell Bureau Office. Households were not authenticated with at least two items of personally identifiable information (PII) prior to conducting their interviews. (MPP 19-002.1 and 63-201.34)
- Coverage of the Rights & Responsibilities (R&R) were consistent. (MPP 63-300.4)
- Coverage of the Substantial Lottery and Gambling Winnings reporting responsibilities was not consistent. (ACL 20-132)
- Coverage of the Voter Registration was consistent. (ACIN I-01-12; ACL 18-39)
- Three out of the four SAR 7 components were consistently covered at both offices.
 - A verbal explanation of the SAR 7 was provided. (MPP 63-300.411)
 - A written explanation for the SAR 7 was provided. (MPP 63-300.411)
 - A sample copy of the SAR 7 was provided. (MPP 63-300.412)
 - A telephone number which the household can call to ask questions or obtain help in completing the SAR 7 was not provided. (MPP 63-300.414)

Research Bureau Office

- A CW 2200 was issued with due dates that exceeded the processing timeframes.
- A CW 2200 was completed incorrectly as the CF program box was not marked for mandatory verifications requested.
- A household was discontinued for non-compliance of the recertification process; however, the household was not issued an appointment letter for a scheduled interview appointment.
- A county email was provided to households as a viable document submission method.
- A household was scheduled an interview appointment despite qualifying for the interview waiver. Further, the household was not informed their appointment was canceled.

Susie-Gaines Mitchell Bureau Office

- Potentially ES eligible applications were not screened timely for ES.
- Interviews were not waived despite all mandatory verifications on file.
- There was no documentation of how a household was informed of their scheduled intake interview appointment.
- It was not adequately explored with an applicant if other family members purchased and prepared with the applicant. In addition, the case documentation was incorrectly narrated that it was explored.
- A household was incorrectly informed that student status changes were mandatory mid-period reports.
- An applicant was denied 15 days from the date of application for missing the intake interview and was provided an inappropriate denial NOA.
- A household was issued a *Shelter Cost Statement* (CSF 47) form with a due date after new shelter expenses were reported despite it was not questionable.

Both Offices

- CW 2200 were issued limiting the type of verifications by requesting specific items (e.g., “paystubs,” “CA Driver’s Licenses,” “bank statements,” “tax documents,” “Photo Identification”) when multiple sources are acceptable for CF.
- CW 2200 were issued over verified by requesting items already on file (e.g., identification and citizenship) or were not questionable (e.g., shelter costs).

Assessment:

County procedures need improvement as described below.

Recommendations:

1. Consider including coverage of the Substantial Gambling and Lottery Winnings reporting responsibilities within the R&R script and/or recording.
2. Encourage staff to cover the R&Rs towards the beginning of each interview to ensure that households are adequately informed of their rights and responsibilities before proceeding with a full interview.

Corrective Actions Required:

1. Ensure that all applicants and recertifying households are provided a telephone number which the household can call to ask questions or obtain help in completing the SAR 7. (MPP 63-300.414)
2. Ensure that all requirements and procedures related to the interview waiver are applied correctly. (ACWDL dated April 2, 2020 and October 21, 2020)
3. Ensure that when verifications are requested, an accurate and clear CW 2200 is provided that allows at least ten days to submit, and the household is not limited to one form of verification when multiple sources exist. (MPP 63-300.5(a)(1); ACIN I-45-11; ACL 14-26)
4. Ensure that verifications are not requested when non-mandatory information is not questionable, when already available, prior to an interview, or when not required for the CF program. (MPP 63-300.5(a); ACIN I-45-11; ACL 20-48 and 20-135)
5. Ensure that recertification interviews are scheduled so that households have at least ten days after the interview to provide verifications before the certification period expires. (MPP 63-300.464(c); 7 CFR 273.14(b)(1)(iii))
6. Ensure that email is not utilized as a viable document submission method for CF as it does not safeguard the household's PII. (ACL 19-39)
7. Ensure that all applicants are screened for ES within three days. (ACL 16-14)
8. Ensure that case documentation is accurate, sufficient, and available in the case record to support the case actions. (MPP 63-300.5(j); 7 CFR 273.2(f)(6); FNS Handbook 310, Section 1310)
9. Ensure that appointment letters are accurate, correct and clear, and a telephone number is listed for telephone interviews which the household will be contacted. (FNS Handbook 310, Section 1350.2)
10. Ensure that whether a household purchases and prepares with others in the home is adequately explored to determine if they qualify for a separate household. (MPP 63-300.5(j) and 63-402.1)
11. Ensure that households are accurately informed of the mandatory reporting responsibilities for CF. (ACL 12-25)
12. Ensure that applications are not denied before the 30th day from the date of application unless the scenario qualifies under the early denial waiver. (MPP 63-301 and 63-300.46; ACL 19-57)

13. Ensure that verification of shelter costs is not requested unless the expense is deemed questionable. If it is found questionable it must be clearly documented in the case file to support the request. (ACL 19-86 and 20-135; MPP 63-300.5(g))

Recertification Process

Observations:

- Recertification cases are processed by the assigned eligibility staff.
- The Notice of Expiration of Certification (NEC) is mailed to the household the month before the recertification is due. (MPP 63-504.25)
- A recertification appointment letter is mailed along with the recertification packet informing participants of the date and time of the recertification interview the month before the recertification is due. (ACL 08-29)
- A NOMI is sent to the household after the initial scheduled appointment is missed. (MPP 63-300.46; ACL 08-29)
- Recertification packets are scanned and logged in by the clerical staff.
- Face-to-face interviews are conducted for households, when needed.

Assessment:

Sacramento County has the necessary procedures in place for the timely and accurate processing of CF Recertifications.

Recommendations:

1. Remind staff to ensure that the NOMI contains accurate information, including an accurate compliance date.

Corrective Actions Required:

None.

Website

Observations:

- The county website was reviewed for access to CF benefits. The website, <https://ha.saccounty.net/benefits/Pages/default.aspx>, was found with a simple web search, using keywords: "Sacramento County CalFresh."
- The county website lists all office locations along with their days and hours of operation.
- The methods to apply for in-person, telephone, and online are posted. However, the options to apply via mail and fax are not posted. (7 CFR 273.2(c)(1))
- The minimum requirements (name, address and signature) to file an application are not posted. (MPP 63-300.32)
- ES information and criteria was located via a linked brochure.
- The county website contains information related to the Restaurant Meals Program (RMP), including a list of approved restaurants within the county area.
- The county website contains links to MyBenefitsCalWIN (MyBCW).

Assessment:

The county website was easy to locate and informative, however, needs improvement as described below.

Recommendations:

1. Consider updating the webpage to include all the methods to apply for CF.
2. Consider updating the webpage to list the minimum requirements needed to file a CF application.
3. Consider posting information regarding ES on the main CF section.

Corrective Actions Required:

None.

Online Applications

Observations:

- The county continues to use MyBCW as an online portal that allows potential applicants to inquire about program eligibility and apply for CF benefits.
- The county continues to promote online applications through various methods, including the county's website and information posted in the office lobbies.
- Online applications are centralized at the 28th Street (Downtown) office. Applications are pulled and registered by clerical staff throughout the day. All applications received after 5:00 p.m. are considered received for the next business day. The date of aid is correctly maintained.
- If applicants answer yes to any ES question, the application is flagged and it is prioritized. Households that are entitled to ES are scheduled a three-day appointment and non-ES households are scheduled an appointment within seven to ten days from the date of application.
- Clerical staff are tasked with scheduling and sending the appointment letter to the household, along with the intake packet and verification checklist.
- A generic reminder email may be sent directly to applicants' email address if an email is provided on the application.
- Telephone interviews are offered to all online applicants, but an in-person interview may be requested.
- A copy of the Statement of Facts (SOF) is mailed after the intake interview.

Assessment:

The county has the necessary processes in place to process online applications and provide potential applicants another avenue in which to apply.

Recommendations:

1. Continue promoting the online application process as the primary method to apply for CF, recertify for benefits, and submit a SAR 7. It provides 24/7 access and it is a helpful tool in reducing office traffic and wait times.

Corrective Actions Required:

None.

Outreach

Observations:

- Due to the COVID-19 pandemic, all outreach efforts were put on hold until recent months.
- County staff were on-site at Sacramento's overnight warming shelters from February 2021 through March 2021. Staff answered CF questions and were available for application assistance.
- On May 8, 2021, county staff were in attendance at Homeless Outreach Partnership Event (HOPE) to educate and assist participants with CF. The event targeted hard to reach members of the unhoused community.
- Currently, there is one Human Services Specialist at the probation office to collect CF applications, conduct intake interviews, and collect recertification applications and SAR 7.
- Sacramento County will continue to search for more outreach activities as the community opens back up.

Assessment:

The county continues to identify opportunities to offer CF and improve its services.

Recommendations:

None.

Corrective Actions Required:

None.

Document Imaging

Observations:

- The county continues to utilize FileNet to electronically store case documents.
- All documents are scanned into Kofax, validated, and indexed into the correct case by an Office Assistant (OA) before they are transferred to FileNet.
- U.S. mail is received once per day at the Downtown and Susie-Gaines Mitchell Offices. Documents received via U.S. mail are sorted, date stamped and imaged the same day.
- Documents received at the Research Bureau and East Commerce Call Center Offices are immediately placed in the shred bin after imaging. Documents received at the Downtown Office are stored for two months before they are shredded. At the Susie-Gaines Mitchell Office, all documents are mailed back after imaging.
- Drop box contents are picked up two to four times a day with the last pick up time at 4:00 p.m. The date of aid is preserved correctly.
- Faxed documents are checked once per day at the Research Bureau Office and checked throughout the day at the East Commerce Call Center and Susie-Gaines Mitchell Offices.
- Mail for households without a permanent address are date stamped and imaged into the Customer Information Portal (CIP) before shredding.
- Retuned mail is opened, date stamped, imaged, and documented in the case file. At the Research Bureau and Susie-Gaines Mitchell Offices, returned mail is immediately placed in confidential shred bins after it is imaged. The Downtown Office stores returned mail for two months before shredding.
- Applications are date stamped and screened for ES by an OA. Applications found to be potentially eligible to ES are scheduled an appointment within the ES timeframe.
- The county is up-to-date with its imaging, which enables staff to meet application processing timeframes.

Assessment:

The county continues efforts to image all documents in a timely and efficient manner in order to assist workers in meeting processing timeframes.

Recommendations:

None.

Corrective Actions Required:

None.

East Commerce Call Center

Observations:

- The call center accepts incoming calls Monday through Friday from 8:00 a.m. to 4:00 p.m. All calls remaining in the call queue after 4:00 p.m. continue to be assisted.
- Bilingual staff are available in Spanish, Russian and Vietnamese. Interpreter services continue to be used for all other languages as needed.
- Call center staff accept and process telephone applications. In addition, they also process recertifications, SAR 7, and mid-period reports from inbound calls.
- The call center employs a first call resolution model in which staff fully attempt to assist the caller to the furthest extent before disconnecting or transferring the call.
- Supervisors possess the ability to do live-call monitoring.
- Staff were courteous and made households feel at ease during calls and interviews. (MPP 63-300.4)
- Confidentiality was properly maintained. (MPP 63-201.34)
- Coverage of the R&Rs were consistent. (MPP 63-300.4)
- Coverage of the Substantial Gambling and Lottery Winnings reporting responsibilities was not consistent. (ACL 20-132)
- Coverage of the Voter Registration was consistent. (ACIN I-01-12; ACL 18-39)
- All four of the SAR 7 components were consistently covered.
 - A verbal explanation of the SAR 7. (MPP 63-300.411)
 - A written explanation for the SAR 7. (MPP 63-300.411)
 - A sample copy of the SAR 7. (MPP 63-300.412)
 - A telephone number which the household can call to ask questions or obtain help in completing the SAR 7. (MPP 63-300.414)
- A NA 960X SAR NOA was issued instructing households to call (916) 000-0000 for assistance in completing the SAR 7.
- Verification of shelter expenses was requested when the newly reported expense was not questionable.

- For a recertification, a CW 2200 was issued requesting income from a specific month rather than the 30 days of income prior to the due date listed.
- A NOMI was incorrectly issued despite the household completing their interview.

Assessment:

County procedures need improvement as described below.

Recommendations:

1. Remind staff to check the correspondence print queue to delete or suppress unnecessary notices or forms sent to households.

Corrective Actions Required:

1. Ensure that the NA 960X SAR NOA is updated with an appropriate telephone number that households may call for assistance regarding their SAR 7. (MPP 63-300.414; FNS Handbook 310, Section 1350.2)
2. Ensure that verification of shelter costs is not requested unless the expense is deemed questionable. If it is found questionable it must be clearly documented in the case file to support the request. (ACL 19-86 and 20-135; MPP 63-300.5(g))
3. Ensure that verification of income for recertifications is requested for the 30 days from the due date listed on the CW 2200. (ACL 21-24)
4. Ensure that an accurate NOMI is sent to the household only after the scheduled appointment is missed. The household has until the 30th day from the date of application at intake and until the end of the certification period at recertification. (MPP 63-300.46; ACL 19-10)

Mystery Calls

Observations:

- CDSS made several calls to (916) 874-3100 and (209) 744-0499 to inquire about applying for CF benefits.
- County staff were courteous and professional.
- ES criteria and timeframes were not consistently explained to callers when requested. (MPP 63-301.521)
- Callers were not consistently informed of the minimum requirements (name, address and signature) to file a CF application. Some callers were informed the entire application would need to be filled out in order to apply for CF. (MPP 63-301.32)
- The methods to apply for CF by mail and online were consistently provided to callers; the options to apply in-person and via fax were not consistently provided. (MPP 63-300.3)
- When calling the main service line, multiple calls were dropped when the option to apply for CF was selected. Callers were informed to call back due to a high call volume before the call disconnected.
- Callers were able to get through the operator when attempting to connect to the general information line.

Assessment:

County procedures need improvement as described below.

Recommendations:

1. Consider implementing the use of a script for staff to be able to answer frequently asked questions from potential applicants.

Corrective Actions Required:

1. Ensure that callers are made aware of their right to file an incomplete CF application containing only the name, address and signature of a responsible member of the household. (MPP 63-300.32)
2. Ensure that callers are consistently informed of the right to ES, the timeframes for ES, and how to initiate the process. (MPP 63.301.521)

ENCLOSURE

3. Ensure that callers are consistently informed of all the methods to apply for CF benefits (in-person, online, mail, and fax). (MPP 63-300.3)
4. Ensure that callers can contact the County Welfare Department (CWD) by telephone for assistance in obtaining CF benefits. (MPP 63-300.34; 7 CFR 273.2(c)(2))

TIMELINESS OF APPLICATION

The purpose of the Timeliness of Application section is to assess whether eligibility determinations were made within mandated timeframes.

The scope of the review included the following:

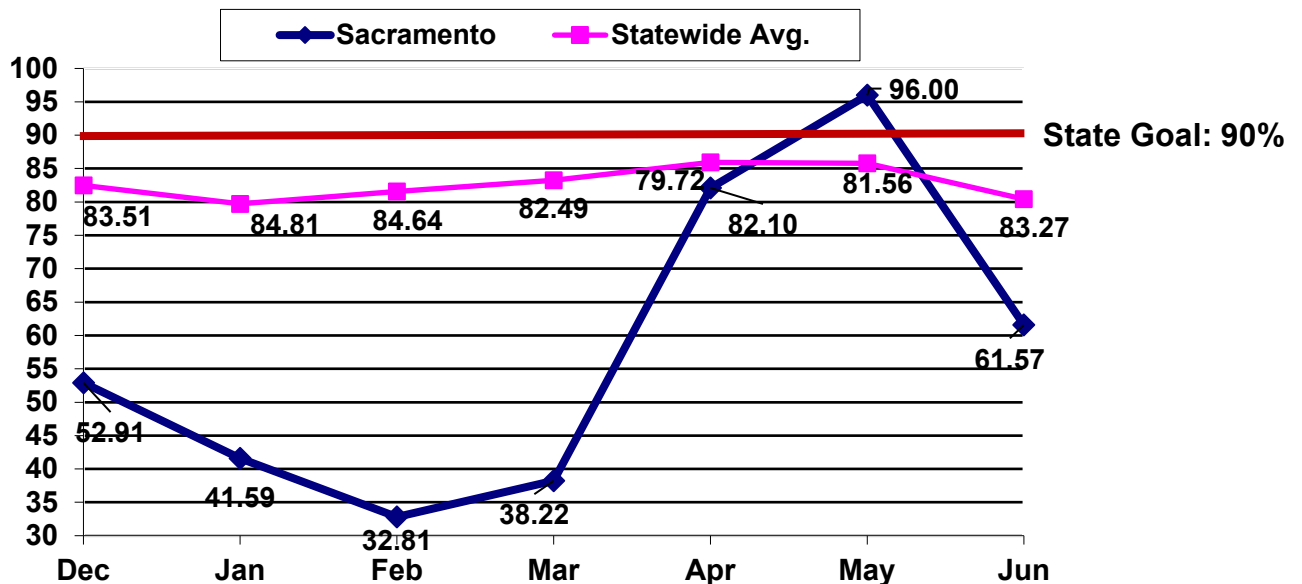
- Three-Day ES – screening procedures and processing for ES.
- Thirty-Day Processing Time – online applications, mail applications, worker controls for timely processing, and processing rate for regular applications.

Three-Day Processing

Observations:

- The county-reported CalFresh Monthly Statistical Reports (CF 296) indicate that for three-day processing, the county is below the State performance goal of 90 percent. In the most recent quarter (April 2021 to June 2021), 78.92 percent of applications were processed within the three-day ES timeframe. The graph below provides a monthly comparison between county and State three-day processing rates for the period of December 2020 to June 2021.

Percent of ES Benefits Issued within Three-days



Assessment:

The county is not meeting the performance goal of 90 percent for three-day ES processing.

Recommendations:

1. Continue to work with CDSS to implement strategies and address the County's struggles with ES timeframes. Sacramento County is currently on a Corrective Action Plan (CAP) working with CDSS Technical Assistance (TA) Managers to identify and address the challenges related to not meeting the three-day ES processing timeframes.

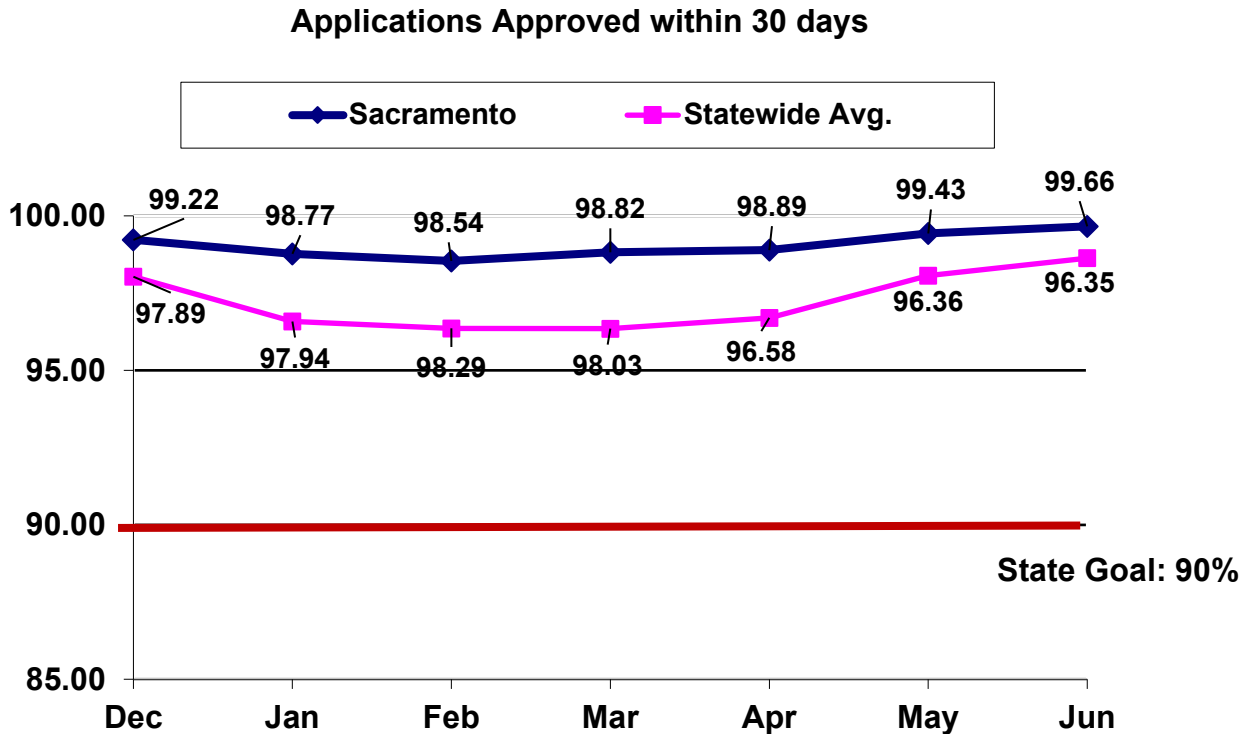
Corrective Actions Required:

None.

Thirty-Day Processing

Observations:

- The county-reported CF 296 indicate that for thirty-day processing, the county is meeting the State performance goal of 90 percent. In the most recent quarter (April 2021 to June 2021), 99.33 percent of applications were processed within thirty-days. The graph below provides a monthly comparison between county and State thirty-day processing rates for the period of December 2020 to June 2021.



Assessment:

The county is meeting the State’s performance goal of 90 percent for thirty-day processing.

Recommendations:

1. Continue monitoring the timely processing of thirty-day applications to ensure the county maintains the performance goal of 90 percent or above.

Corrective Actions Required:

None.

SUMMARY OF REQUIRED CORRECTIVE ACTIONS

PAYMENT ACCURACY/ASSESSMENT OF CORRECTIVE ACTIONS

Case Action Reviews

1. Ensure that all CF applications are screened for ES and the case record is documented. If a household is entitled to ES, ensure they are scheduled a timely appointment and benefits are issued within the three-day timeframe from the date of application or discovery. (MPP 63-301.5 and 63-301.531; ACL 16-14; ACIN I-14-11)
2. Ensure that applicants are notified of their scheduled intake interview appointment and it is documented in the case file when applicable. (MPP 63-300.4; ACL 14-20)
3. Ensure that when verifications are requested, an accurate and clear CW 2200 is provided that allows at least ten days to submit, and the household is not limited to one form of verification when multiple sources exist. (MPP 63-300.5(a)(1); ACIN I-45-11; ACL 14-26)
4. Ensure that the last 30 days of income is requested and not from a particular month or date, at application and recertification. If a specific period of income is requested after exploring the household's circumstances, ensure case documentation supports such a request. (7 CFR 273.10(c)(1)(ii); ACL 19-10, 20-48 and 21-24)
5. Ensure that all notices sent to the household are correct, timely, and accurately inform of the reason(s) the action was taken by the county. (MPP 63-301.1, 63-301.3 and 63-504.211; FNS Handbook 310, Section 1350.2)
6. Ensure that appointment letters sent to the household are clear and correct, do not request verifications with a due date, and do not have contradicting information. (FNS Handbook 310, Section 1350.2; MPP 63-300.46)
7. Ensure that negative actions taken by the county are accurate and consistent with the case record. In addition, the reason(s) listed on the NOA must be correct and should accurately inform households of the reason(s) the negative action was taken, and duplicate notices are not sent on the same day with different reasons. (FNS Handbook 310, Section 1310 and 1350.2)
8. Ensure that applications determined to be ineligible are denied within 30 days from the date the application. In addition, ensure that applications that do not qualify for the early denial waiver are not denied early. (MPP 63-301.3; ACL 19-57)
9. Ensure that all applications determined to be eligible are processed within 30 days from the date of application after the household has provided all necessary documentation for participation. (MPP 63-301.1)

ENCLOSURE

10. Ensure that households are provided a denial NOA when an application is denied.
(MPP 63-504.23)
11. Ensure that an accurate NOMI is sent to the household only after the scheduled appointment is missed. The household has until the 30th day from the date of application at intake and until the end of the certification period at recertification.
(MPP 63-300.46; ACL 19-10)
12. Ensure that verifications are not requested when non-mandatory information is not questionable, when already available, prior to an interview, or when not required for the CF program. (MPP 63-300.5(a); ACIN I-45-11; ACL 20-48 and 20-135)
13. Ensure that sufficient and accurate case documentation is available in the case record to support eligibility determinations in a timely manner.
(MPP 63-300.5(j); 7 CFR 273.2(f)(6); FNS Handbook 310, Section 1310)
14. Ensure that all applications contain a written, telephonic or electronic signature from a responsible household member. (7 CFR 273.2(c)(7); ACIN I-60-13)
15. Ensure that income, shelter costs and deductions are calculated correctly to determine the household's budget, and data collection entries accurately support eligibility determinations. (MPP 63-502.13; ACL 03-18 and 12-25)
16. Ensure that recertification informational packets are provided to all households due for recertification that include a written explanation of the SAR 7, a sample SAR 7, a Voter Preference Form, and a VRC.
(MPP 63-300.411-.412 and 63-504.61(b); ACL 18-39)
17. Ensure that recertification interviews are scheduled so that households have at least ten days after the interview to provide verifications before the certification period expires. (MPP 63-300.464(c); 7 CFR 273.14(b)(1)(iii))
18. Ensure that all requirements and procedures related to the interview waiver are applied correctly. (ACWDL dated April 2, 2020 and October 21, 2020)
19. Ensure that whether a household purchases and prepares with others in the home is adequately explored to determine if they qualify for a separate household.
(MPP 63-300.5(j) and 63-402.1)

Second Party Reviews

None.

Quality Control

None.

Training

None.

PROGRAM ACCESS

Customer Service

None.

Interview Observations

1. Ensure that all applicants and recertifying households are provided a telephone number which the household can call to ask questions or obtain help in completing the SAR 7. (MPP 63-300.414)
2. Ensure that all requirements and procedures related to the interview waiver are applied correctly. (ACWDL dated April 2, 2020 and October 21, 2020)
3. Ensure that when verifications are requested, an accurate and clear CW 2200 is provided that allows at least ten days to submit, and the household is not limited to one form of verification when multiple sources exist. (MPP 63-300.5(a)(1); ACIN I-45-11; ACL 14-26)
4. Ensure that verifications are not requested when non-mandatory information is not questionable, when already available, prior to an interview, or when not required for the CF program. (MPP 63-300.5(a); ACIN I-45-11; ACL 20-48 and 20-135)
5. Ensure that recertification interviews are scheduled so that households have at least ten days after the interview to provide verifications before the certification period expires. (MPP 63-300.464(c); 7 CFR 273.14(b)(1)(iii))
6. Ensure that email is not utilized as a viable document submission method for CF as it does not safeguard the household's PII. (ACL 19-39)
7. Ensure that all applicants are screened for ES within three days. (ACL 16-14)
8. Ensure that case documentation is accurate, sufficient, and available in the case record to support the case actions. (MPP 63-300.5(j); 7 CFR 273.2(f)(6); FNS Handbook 310, Section 1310)
9. Ensure that appointment letters are accurate, correct and clear, and a telephone number is listed for telephone interviews which the household will be contacted. (FNS Handbook 310, Section 1350.2)

10. Ensure that whether a household purchases and prepares with others in the home is adequately explored to determine if they qualify for a separate household. (MPP 63-300.5(j) and 63-402.1)
11. Ensure households are accurately informed of the mandatory reporting responsibilities for CF. (ACL 12-25)
12. Ensure that applications are not denied before the 30th date from the date of application unless the scenario qualifies under the early denial waiver. (MPP 63-301 and 63-300.46; ACL 19-57)
13. Ensure that verification of shelter costs is not requested unless the expense is deemed questionable. If it is found questionable it must be clearly document in the case file to support the request. (ACL 19-86 and 20-135; MPP 63-300.5(g))

Recertification Process

None.

Online Applications

None.

Outreach

None.

Document Imaging

None.

East Commerce Call Center

1. Ensure that the NA 960X SAR NOA is updated with an appropriate telephone number that households may call for assistance regarding their SAR 7. (MPP 63-300.414; FNS Handbook 310, Section 1350.2)
2. Ensure that verification of shelter costs is not requested unless the expense is deemed questionable. If it is found questionable it must be clearly documented in the case file to support the request. (ACL 19-86 and 20-135; MPP 63-300.5(g))
3. Ensure that verification of income for recertifications is requested for the 30 days from the due date listed on the CW 2200. (ACL 21-24)
4. Ensure that an accurate NOMI is sent to the household only after the scheduled appointment is missed. The household has until the 30th day from the date of

application at intake and until the end of the certification period at recertification.
(MPP 63-300.46; ACL 19-10)

Mystery Calls

1. Ensure that callers are made aware of their right to file an incomplete CF application containing only the name, address and signature of a responsible member of the household. (MPP 63-300.32)
2. Ensure that callers are consistently informed of the right to ES, the timeframes for ES, and how to initiate the process. (MPP 63.301.521)
3. Ensure that callers are consistently informed of all the methods to apply for CF benefits (in-person, online, mail, and fax). (MPP 63-300.3)
4. Ensure that callers can contact the CWD by telephone for assistance in obtaining CF benefits. (MPP 63-300.34; 7 CFR 273.2(c)(2))

TIMELINESS OF APPLICATION

Three-Day Processing

None.

Thirty-Day Processing

None.

Able-Bodied Adults Without Dependents – Limited Scope Module for Waived Counties

The CDSS conducted a Limited Scope ME of the Able-Bodied Adults Without Dependents (ABAWD) time limit for Sacramento County. This review of ABAWD time limit policy was conducted as a sub-review of the Sacramento County ME.

The intent of the Limited Scope ABAWD ME is to assess compliance with ABAWD time limit policy for waived counties and to prepare counties for the long-term impact of ABAWD time limit implementation. The Limited Scope ME will ensure that counties are complying with ABAWD related responsibilities, even while under a time limit waiver, and will help counties prepare for the transition into implementing the ABAWD time limit immediately upon expiration of their time limit waiver.

The FFY 2021 review was conducted virtually using a limited scope module. The limited scope module consists of a limited case review and follow-up discussion with the county. To complete the Limited Scope ABAWD ME, CDSS sampled five random cases from the case sample pulled for the Program Access review. These cases were assessed for compliance with ABAWD policy while under waiver. For FFY 2021, results of the case reviews for the Limited Scope ABAWD ME will be presented as recommendations rather than findings and no corrective action related to ABAWD policy will be required.

The CDSS met with representatives for Sacramento County to discuss the results of the case review. A summary of the results and corresponding recommendations is described in the sections below.

Summary of Case Reviews

The CDSS reviewed a total of five case files selected at random to determine compliance with ABAWD time limit policy. The CDSS review team used a case file review protocol to ensure each case was reviewed in a consistent manner and that all federal requirements were reviewed. The purpose of the case file review was to determine if the Sacramento County is processing cases in compliance with federal program requirements. Of the five cases reviewed, one was found to be an error.

Number of Cases Reviewed	Number of Cases with Errors
5	1

Number	Comments
1	No ABAWD exemption screening

Findings:

No findings will be cited for the FFY 2021 Limited Scope ABAWD review.

Corrective Actions Required:

No corrective actions will be required for the FFY 2021 Limited Scope ABAWD review.

Observations:

Due to the ME being conducted virtually, the CDSS is unable to provide observations for the FFY 2021 Limited Scope ABAWD review.

Recommendations:

- 1) Consider offering ABAWD time limit training annually to educate staff on ABAWD policy and policy updates. This training should include policy requirements and expectations for ABAWD time limit policy compliance while under waiver.
- 2) Remind staff to use the ABAWD three-step process as a best practice in implementing the ABAWD time limit and building the steps into the county's business process. The three-step process includes (1) Identifying ABAWDs: identify your target ABAWD population; (2) Screening for Exemptions: screen existing caseload and new applicants for ABAWD status; and (3) Engaging in Work: for non-exempt ABAWDs, begin early engagement in county workforce opportunities if available.
- 3) Review the attached ABAWD Readiness Assessment to begin planning for ABAWD implementation to ensure the county is ready to transition off of a waiver at any time.

CalFresh ABAWD Time Limit Implementation County Readiness Plan Template

Instructions: Counties are required to develop a *CalFresh Able-Bodied Adults Without Dependents (ABAWD) Time Limit Readiness Plan* prior to transitioning off a waiver of the ABAWD time limit. CDSS strongly recommends that counties reference both [All County Letter 19-93 - CalFresh ABAWD Handbook Version 2.0](#) and the federal [Guide to Serving ABAWDs Subject to Time-Limited Participation](#) which contain extensive policy guidance and useful planning tools before completing the plan.

Counties must provide a response to each question within each section and may provide additional information as necessary. Please keep in mind that county-specific acronyms must first be spelled out prior to their use when completing the plan.

Upon submission, CDSS will review, provide any necessary technical assistance, and approve the plan accordingly. Please submit completed plans to:

Amber Bonilla, CalFresh ABAWD Unit Manager
Phone: 916-657-3434
Email: Amber.Bonilla@DSS.ca.gov

**CalFresh ABAWD Time Limit Implementation
County Readiness Plan**

SECTION 1: COUNTY INFORMATION

County:

Primary ABAWD Policy and Operations Contact:

- Name –
- Telephone –
- Email Address –

Alternate ABAWD Policy and Operations Contact:

- Name –
- Address –
- Telephone –

CalFresh Population Overview:

Provide an estimate for the categories below. Provide a short description of the methodology used to arrive at the population estimates. Counties should provide estimates based on the best available data at the time the plan is submitted.

Anticipated CalFresh Caseload at Implementation:	
Anticipated Number of Work Registrants at Implementation:	
Anticipated Number of Non-Exempt ABAWDs at Implementation:	
Anticipated Number of Exempt ABAWDs at Implementation:	
Anticipated Number of ABAWDs Satisfying the work requirement:	
Anticipated Number of Discretionary Exemptions Needed:	
Anticipated Number of ABAWDs Discontinued in Year One:	

SECTION 2: FRAMEWORK OF SOLUTIONS FOR SUCCESSFUL IMPLEMENTATION

Part I: Assess

Identifying ABAWDs and Screening for Exemptions

- A. Describe how the county will broadly inform CalFresh households of the ABAWD Time Limit and related eligibility rules ahead of implementation, including exemptions from the time limit and options to meet the work requirement?
- B. Describe the county's process for identifying whether a current CalFresh recipient is a potential ABAWD ahead of transitioning off of the time limit waiver.
- C. Describe the county's process for identifying whether a new CalFresh applicant is a potential ABAWD.
- D. It is critical that the county proactively screen potential ABAWDs for an exemption from the time limit. How and when will the county screen potential ABAWDs for an exemption from the time limit ahead of transitioning off of the time limit waiver? After transitioning off of the time limit waiver?
- E. How will the county monitor that potential ABAWDs are being effectively screened for exemptions?
- F. Once it has been determined that an ABAWD is subject to the time limit, describe the county's process for ensuring that the household understands the specific eligibility rules that apply to them, including the requirement to report a drop in ABAWD work hours during the certification period.

Part II: Engage

ABAWD Engagement Opportunities

- A. What options are available in the county for an ABAWD to engage in a work opportunity and meet the work requirement, including but not limited to CalFresh Employment and Training (E&T)?
- B. How will the county educate eligibility staff about available ABAWD work engagement opportunities?
- C. How will the county inform ABAWDs about available work engagement opportunities?
- D. How will the county work with partners, including your local workforce development board, American Job Center of California (AJCC) and community-based organizations providing workforce development services,

to expand work engagement opportunities?

- E. If applicable, provide a short summary of your county's CalFresh E&T program. In addition to a general overview, please include the following information.
1. What components, other than supervised job search, does your CalFresh E&T program offer that will allow ABAWDs to meet the work requirement?
 2. How will the county or its providers track/monitor CalFresh E&T program participation with regard to ABAWD work hours?
 3. Does the program have the capacity to serve all ABAWDs subject to the time limit in your county?
 4. Is the county actively working to expand CalFresh E&T services offered in your county? If not, are there plans to do so in the future?
- F. If your county does not have a CalFresh E&T program, are there any plans to start one in the future?
- G. How and when will the county send the county-specific Work Reminder Letter to ABAWDs subject to the time limit who have used a countable month of benefits?
5. What information, specific to your county, will be included on the Work Reminder Letter?

Part III: Support

Noticing, Regaining Eligibility, Providing Discretionary Exemptions, and Other Resources

- A. Describe how the county will use federal discretionary exemptions. The description should include information on allocation criteria and tracking methodology.
- B. Describe how the county intends to use state-funded discretionary exemptions for California Food Assistance Program recipients who are also ABAWDs subject to the time limit. The description should include information on allocation criteria and tracking methodology.
- C. Describe how the county will determine when and how many discretionary exemptions are allocated to each individual ABAWD? Who specifically at the county level will have the ability to provide an individual ABAWD with a discretionary exemption?

- D. Describe how the county will ensure that ABAWDs subject to the time limit are assessed for good cause or provided a discretionary exemption prior to discontinuance?
- E. Describe how the county will ensure noticing requirements are met prior to discontinuance?
- F. Describe how the county will plan to inform ABAWD individuals of ways in which they may regain eligibility after discontinuance?

Part V: Staff Development, Training, and County Support

- A. How does the county effectively train eligibility staff on ABAWD policy ahead of implementation? Will the county provide staff with training and reference materials specific to ABAWD policy? If yes, please provide copies of any training or reference materials.
- B. What information or support do you need from CDSS, peer counties, USDA FNS, or other partners to implement the ABAWD time limit?



County of Sacramento

November 5, 2021

Tami Gutierrez, Chief
CalFresh Operations Bureau
California Department of Social Services
744 P Street, MS 8-9-12
Sacramento, CA 95814

SUBJECT: Sacramento County FFY 2021 PIR

Dear Ms. Gutierrez:

We are writing to provide Program Improvement Responses (PIR) for the CalFresh Management Evaluation (ME) for Federal Fiscal Year 2021, which was conducted from July 12, 2021, through July 16, 2021. The PIR address the findings noted in the letter from the California Department of Social Service (CDSS), dated September 3, 2021.

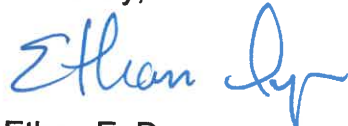
In response to the findings from the ME, DHA has set forth the following action plan:

1. DHA will continue to adhere to the Corrective Action Plan already in place in order to address the timeliness for application processing for three-day timeframes. This includes monitoring the Expedited Services (ES) pending report daily for staff to disposition and continuing to offer overtime for ES processing with scheduled super Saturdays as needed.
2. CalFresh ME findings have been reviewed with managers and are in the process of being shared with supervisors. Supervisors will be directed to review the findings with line staff during unit meetings. DHA has also taken immediate action on some findings, such as the NA 960X SAR NOA and appointment letters with contradicting information.
3. The CalFresh Program Specialist will continue to communicate policy reminders throughout the year. Additionally, our Case Review Training Supervisors will administer CalFresh Refresher Training, beginning January of 2022, to specifically address the CalFresh ME error trends.

4. DHA is exploring a webinar series for possible implementation as an ongoing communication tool to continuously improve and resolve error trends.

DHA is committed to partnering with CDSS to improve our case actions and program access. If you have additional questions related to the enclosed responses, please contact Angelica Atkinson, Program Planner, by telephone at (916) 875-3617 or via email at AtkinsonA@SacCounty.gov.

Sincerely,



Ethan E. Dye
Director

- c: Cherlyn Davis, Deputy Director
Eduardo Amenyro, Deputy Director
Deborah Burch, Deputy Director
Roselee Ramirez, Division Manager
Linh Do, Program Specialist

PAYMENT ACCURACY/ASSESSMENT OF CORRECTIVE ACTIONS

Case Action Reviews:

1. Ensure that all CF applications are screened for ES and the case record is documented. If a household is entitled to ES, ensure they are scheduled a timely appointment and benefits are issued within the three-day timeframe from the date of application or discovery. (MPP 63-301.5 and 63-301.531; ACL 16-14; ACIN I-14-11)

Response: DHA accepts this finding. DHA will continue to adhere to the Corrective Action Plan already in place with CDSS in order to address the timeliness for application processing for three-day timeframes. This includes monitoring the ES pending report daily for staff to disposition and continuing to offer overtime, dedicated to processing applications. DHA is currently exploring and evaluating staff needs to support ES. In addition, the CalFresh Program Specialist will continue to send an All User semi-annual email to staff as a reminder to review the CalFresh Expedited Services Program Document.

2. Ensure that applicants are notified of their scheduled intake interview appointment, and it is documented in the case file when applicable. (MPP 63-300.4; ACL 14-20)

Response: DHA accepts this finding. It will be addressed during a Clerical Supervisor meeting scheduled for November 18, 2021. Clerical supervisors will be directed to email a reminder to staff to ensure documentation is made in the case file when notifying an applicant of their scheduled appointment.

3. Ensure that when verifications are requested, an accurate and clear CW 2200 is provided that allows at least ten days to submit, and the household is not limited to one form of verification when multiple sources exist. (MPP 63-300.5(a)(1); ACIN I-45-11; ACL 14-26)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

4. Ensure that the last 30 days of income is requested and not from a particular month or date, at application and recertification. If a specific period of income is requested after exploring the household's circumstances, ensure case documentation supports such a request. (7 CFR 273.10(c)(1)(ii); ACL 19-10, 20-48 and 21-24)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The

expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

5. Ensure that all notices sent to the household are correct, timely, and accurately inform of the reason(s) the action was taken by the county. (MPP 63-301.1, 63-301.3 and 63-504.211; FNS Handbook 310, Section 1350.2)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

6. Ensure that appointment letters sent to the household are clear and correct, do not request verifications with a due date, and do not have contradicting information. (FNS Handbook 310, Section 1350.2; MPP 63-300.46)

Response: DHA accepts partial of this finding. On November 5, 2021, CDSS confirmed that this finding will be revised to remove "do not request verifications with a due date." DHA has addressed this finding and removed the contradicting language on July 16, 2021.

7. Ensure that negative actions taken by the county are accurate and consistent with the case record. In addition, the reason(s) listed on the NOA must be correct and should accurately inform households of the reason(s) the negative action was taken, and duplicate notices are not sent on the same day with different reasons. (FNS Handbook 310, Section 1310 and 1350.2)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

DHA implemented third party case reviews in January 2021. The QA/QC Program Specialist reviews cases that previously had supervisor level case reviews

completed. This process supports accurate CalFresh case reviews are being completed on a regular basis at the supervisor level.

8. Ensure that applications determined to be ineligible are denied within 30 days from the date of application. In addition, ensure that applications that do not qualify for the early denial waiver are not denied early. (MPP 63-301.3; ACL 19-57)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

9. Ensure that applications determined to be eligible are processed within 30 days from the date of application after the household has provided all necessary documentation for participation. (MPP 63-301.1)

Response: DHA accepts this finding. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022, addressing QA causal factors and best practices.

10. Ensure that households are provided a denial NOA when an application is denied. (MPP 63-504.23)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

11. Ensure that an accurate NOMI is sent to the household only after the scheduled appointment is missed. The household has until the 30th day from the date of application at intake and until the end of the certification period at recertification. (MPP 63-300.46; ACL 19-10)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed.

This finding will also be addressed in a CalFresh Refresher Training, with multiple sessions scheduled beginning January 18, through January 30, 2022.

12. Ensure that verifications are not requested when non-mandatory information is not questionable, when already available, prior to an interview, or when not required for the CF program. (MPP 63-300.5(a); ACIN I-45-11; ACL 20-48 and 20-135)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

13. Ensure that sufficient and accurate case documentation is available in the case record to support eligibility determinations in a timely manner. (MPP 63-300.5(j); 7 CFR 273.2(f)(6); FNS Handbook 310, Section 1310)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

Supervisory case reviews will include a thorough review of Case Comments in CalWIN to support case actions taken, including income and budget details.

14. Ensure that all applications contain a written, telephonic or electronic signature from a responsible household member. (7 CFR 273.2(c)(7); ACIN I-60-13)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

15. Ensure that income, shelter costs and deductions are calculated correctly to determine the household's budget, and data collection entries accurately support eligibility determinations. (MPP 63-502.13; ACL 03-18 and 12-25)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

Supervisory case reviews will include thorough review of a case to support case actions taken, including income and budget details in CalWIN.

16. Ensure that recertification informational packets are provided to all households due for recertification that include a written explanation of the SAR 7, a sample SAR 7, a Voter Preference Form, and a Voter Registration Card (VRC). (MPP 63-300.411-.412 and 63-504.61(b); ACL 18-39)

Response: DHA's standard practice is to include a written explanation of the SAR 7, a sample SAR 7, a Voter Preference form, and a Voter Registration Card in all Intake and Recertification packets mailed to customers. Clerical supervisors will monitor recertification packets to ensure packets include the above mentioned forms.

17. Ensure that recertification interviews are scheduled so that households have at least ten days after the interview to provide verifications before the certification period expires. (MPP 63-300.464(c); 7 CFR 273.14(b)(1)(iii))

Response: All CalFresh recertification appointments in the Service Centers are being scheduled at least 10 days prior to the end of the month to allow a minimum of 10 days after the interview period to provide verifications before the certification period expires.

When a customer misses the appointment and calls the Service Center to reschedule, customers have the option to complete the recertification at that time. If the customer is unable to complete the recertification at that time, customers are advised of the option to call the Service Center where any worker is able to complete the CalFresh recertification appointment with them at a time that is best fit for the customer between the hours of 8:00 – 4:00, Monday through Friday.

18. Ensure that all requirements and procedures related to the interview waiver are applied correctly. (ACWDL dated April 2, 2020 and October 21, 2020)

Response: DHA accepts this finding. An email was sent to all staff to remind them of the interview waiver on July 28, 2021. This finding will be addressed in a

CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

19. Ensure that whether a household purchases and prepares with others in the home is adequately explored to determine if they qualify for a separate household. (MPP 63-300.5(j) and 63-402.1)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022, addressing QA causal factors and best practices.

PROGRAM ACCESS

Interview Observations

1. Ensure that all applicants and recertifying households are provided a telephone number which the household can call to ask questions or obtain help in completing the SAR 7. (MPP 63-300.414)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022, and will address how to direct customers appropriately for questions and concerns regarding application processes, SAR 7 completions, RRR updates, and appointment changes, etc.

2. Ensure that all requirements and procedures related to the interview waiver are applied correctly. (ACWDL dated April 2, 2020 and October 21, 2020)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022. The training will

thoroughly review verifications and data collection elements to make an accurate determination in applying the CF waiver.

3. Ensure that when verifications are requested, an accurate and clear CW 2200 is provided that allows at least ten days to submit, and the household is not limited to one form of verification when multiple sources exist. (MPP 63-300.5(a)(1); ACIN I-45-11; ACL 14-26)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022, addressing QA causal factors and best practices.

4. Ensure that verifications are not requested when non-mandatory information is not questionable, when already available, prior to an interview, or when not required for the CF program. (MPP 63-300.5(a); ACIN I-45-11; ACL 20-48 and 20-135)

Response: DHA accepts this finding. Program Specialist will send an All-User email on November 12, 2021, reminding staff to not limit the type of verification allowed when requesting information from households on the CW 2200. Supervisors will also be reminded to look for this in their case reviews.

5. Ensure that recertification interviews are scheduled so that households have at least ten days after the interview to provide verifications before the certification period expires. (MPP 63-300.464(c); 7 CFR 273.14(b)(1)(iii))

Response: All CalFresh recertification appointments in the Service Centers are being scheduled at least 10 days prior to the end of the month to allow a minimum of 10 days after the interview period to provide verifications before the certification period expires.

When a customer misses the appointment and calls the Service Center to reschedule, customers have the option to complete the recertification at that time. If the customer is unable to complete the recertification at that time, customers are advised of the option to call the Service Center where any worker is able to complete the CalFresh recertification appointment with them at a time that is best fit for the customer between the hours of 8:00 – 4:00, Monday through Friday.

6. Ensure that email is not utilized as a viable document submission method for CF as it does not safeguard the household's PII. (ACL 19-39)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022. Staff will be reminded on the proper usage of County email and how to refer customers to utilize secured resources to submit verifications.

This will also be reviewed during the department's Annual Security Training that will be conducted beginning November 2021.

7. Ensure that all applicants are screened for ES within three days. (ACL 16-14)

Response: DHA reviews all applications for ES. DHA is booking appointments outside the three days due to limited staff and high level of applications received from MyBCW. DHA has implemented several changes and effective on 10/26/21, our 28th Street Service Center location has 10 new staff that are dedicated to processing applications. DHA will continue to offer overtime to address the backlog. Additionally, DHA is looking at ways to concentrate resources to prioritize the MyBCW applications to set CalFresh appointments timely.

8. Ensure that case documentation is accurate, sufficient, and available in the case record to support the case actions. (MPP 63-300.5(j); 7 CFR 273.2(f)(6); FNS Handbook 310, Section 1310)

Response: DHA accepts this finding. DHA has re-implemented third party case reviews previously completed at the supervisor level. A QA/QC Program Specialist reviews cases previously reviewed and completed at the supervisor level to ensure a thorough review of case comments and that the proper documentation to support the actions taken on a case are available in the case file.

9. Ensure that appointment letters are accurate, correct and clear, and a telephone number is listed for telephone interviews which the household will be contacted. (FNS Handbook 310, Section 1350.2)

Response: DHA accepts this finding. This finding will be addressed during a Clerical Supervisor meeting scheduled for November 18, 2021. Clerical supervisors will review this finding with their staff that process application appointments.

10. Ensure that whether a household purchases and prepares with others in the home is adequately explored to determine if they qualify for a separate household. (MPP 63-300.5(j) and 63-402.1)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022, addressing QA causal factors and best practices.

11. Ensure households are accurately informed of the mandatory reporting responsibilities for CF. (ACL 12-25)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy webinar scheduled for January 25, 2022 addressing QA causal factors and best practices.

12. Ensure that applications are not denied before the 30th date from the date of application unless the scenario qualifies under the early denial waiver. (MPP 63-301 and 63-300.46; ACL 19-57)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

13. Ensure that verification of shelter costs is not requested unless the expense is deemed questionable. If it is found questionable it must be clearly document in the case file to support the request. (ACL 19-86 and 20-135; MPP 63-300.5(g))

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This item will also be covered in a QA/QC Performance Measures and Accuracy

webinar scheduled for January 25, 2022, addressing QA causal factors and best practices.

East Commerce Call Center

1. Ensure that the NA 960X SAR NOA is updated with an appropriate telephone number that households may call for assistance regarding their SAR 7. (MPP 63-300.414; FNS Handbook 310, Section 1350.2)

Response: DHA accepts this finding and updated the NA 960X SAR NOA on August 16, 2021, with an appropriate telephone number that households may call for assistance regarding their SAR 7.

2. Ensure that verification of shelter costs is not requested unless the expense is deemed questionable. If it is found questionable it must be clearly documented in the case file to support the request. (ACL 19-86 and 20-135; MPP 63-300.5(g))

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. Supervisory case reviews will include a thorough review of income, shelter costs, expenses, deductions and CalFresh budgets. DHA has made changes and implemented third party reviews in January 2021. The QA/QC Program Specialist reviews cases that were reviewed by a supervisor, this assists in ensuring accurate CalFresh case reviews are being completed on a regular basis by Service Center supervisors. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

3. Ensure that verification of income for recertification's is requested for the 30 days from the due date listed on the CW 2200. (ACL 21-24)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

4. Ensure that an accurate NOMI is sent to the household only after the scheduled appointment is missed. The household has until the 30th day from the date of

application at intake and until the end of the certification period at recertification. (MPP 63-300.46; ACL 19-10)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

Mystery Calls

1. Ensure that callers are made aware of their right to file an incomplete CF application containing only the name, address and signature of a responsible member of the household. (MPP 63-300.32)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

2. Ensure that callers are consistently informed of the right to ES, the timeframes for ES, and how to initiate the process. (MPP 63.301.521)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed. This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

3. Ensure that callers are consistently informed of all the methods to apply for CF benefits (in-person, online, mail, and fax). (MPP 63-300.3)

Response: DHA accepts this finding. On October 8, 2021, a document listing all findings was provided to Program Managers to share with supervisors. The expectation is that supervisors will review this document with their staff during a unit meeting. Beginning December 7, 2021, weekly check-ins with Program Managers will take place to ensure that the review of this document is completed.

This finding will be addressed in a CalFresh Refresher Training, with multiple sessions scheduled between January 18 through January 31, 2022.

4. Ensure that callers can contact the CWD by telephone for assistance in obtaining CF benefits. (MPP 63-300.34; 7 CFR 273.2(c)(2))

Response: DHA experienced an increased number of calls due to the COVID-19 pandemic. This resulted in the phone system reaching its maximum capacity and callers receiving a busy signal. We have made adjustments to Service Center processes to ensure shortened wait times and to lessen the impact to the phone lines.