## CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## **EXECUTIVE SUMMARY**

## **ALL COUNTY LETTER NO. 23-81**

The purpose of this All County Letter (ACL) is to transmit a copy of the new NA Back 9 Hearing Rights and Request form. This new notice informs applicants and recipients about state hearings and provides a form to request a hearing.



# CALIFORNIA HEALTH & HUMAN SERVICES AGENCY DEPARTMENT OF SOCIAL SERVICES

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



September 19, 2023

ALL COUNTY LETTER NO. 23-81

TO: ALL COUNTY WELFARE DIRECTORS

ALL CALWORKS PROGRAM SPECIALISTS
ALL CALFRESH PROGRAM SPECIALISTS
ALL WELFARE-TO-WORK COORDINATOR
ALL CONSORTIA PROJECT MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES

ALL CHILD WELFARE SERVICES PROGRAM MANAGERS ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS

SUBJECT: IMPLEMENTATION OF NEW NA BACK 9 APPEALS

RIGHTS/REQUEST FOR HEARING FORM

REFERENCE: WELFARE AND INSTITUTIONS CODE 10951; 42 CFR 431.206;

7 CODE OF FEDERAL REGULATIONS (CFR) 273.15; 42 CFR

431.221; 45 CFR 205.10

This All County Letter (ACL) transmits a revised version of the NA Back 9 form. This form provides information on state hearings and a form with which to request a hearing. This notice has been revised to include, but is not limited to, the claimant's ability to indicate their preferred hearing modality, instructions regarding submitting online and emailed hearing requests, and on-line appeals accounts.

The County Welfare Departments (CWDs) must begin using the NA Back 9 as soon as automation in the Statewide Automated Welfare System (SAWS) consortia is complete. All county-generated program notices shall be programmed to include this revised NA Back 9 form. Counties may continue using current forms until automation is completed in CalSAWS. As a reminder, counties must include the local legal aid office(s) and statewide welfare rights office in the space provided for listing where to "Get Help." For other agencies utilizing a form other than the NA Back 9 as their hearing request form, such agencies must work with the State Hearings Division (SHD) to ensure that SHD reviews and approves the respective hearing request forms.

#### **COPIES AND TRANSLATIONS**

Forms referenced in this letter are available on the <a href="CDSS Forms/Brochures">CDSS Forms/Brochures</a> webpage. When CDSS completes all translations of a form, they are posted on the <a href="Translated Forms and Publications">Translated Forms and Publications</a> webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to <a href="Manual of Policies and Procedures (MPP) Section 21-115.2">Manual of Policies and Procedures (MPP) Section 21-115.2</a>. For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact number.

Per Government Code Section 7290, et seq., the County Welfare Departments (CWDs) must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in MPP Section 21-115 and ACL 19-45.

#### CONTACT INFORMATION

Additional inquiries can be directed to the State Hearing Division, Policy and Rehearing Branch at <a href="mailto:SHDPRB@dss.ca.gov">SHDPRB@dss.ca.gov</a>.

Sincerely,

## Original Document Signed By:

MARGARET BOYD
Deputy Director/Chief Administrative Law Judge
State Hearings Division

Attachment

California Health & Human Services Agency

California Department of Social Services

### YOUR HEARING RIGHTS

#### YOUR HEARING RIGHTS (See also PUB 412 at www.cdss.ca.gov/inforesources/state-hearings)

You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- Online at acms.dss.ca.gov Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account OR
- Call toll free (800) 743-8525 (or TDD (800) 952-8349) OR
- Fax fill out this page/fax to (833) 281-0905 OR

following:	e, and deliver it by one of the
o In-person:	

 Mail to: CDSS State Hearings Division, PO Box 944243, MS 21-37 Sacramento CA 94244-2430

o Email to: SHDCSU@DSS.ca.gov

#### HEARING REQUEST

1.	My hearing issue involves	(benefit program)	
	and	County/Agency.	
2.	I want a hearing because:		
3.		irthdate:	
4.	Mailing Address: Pho	ne number:	
	I want to get hearing notices from the State Hearing Division by email. Email Address:		
5.	Name/Signature:	Date Signed	
6.	Interpreter: I want a free interpreter for the	language or dialect.	
7.	Disability Accommodation for hearing? No Yes (explain):		
8.	Your Hearing will be scheduled by phone. If you want your hearing conducted by a differ	rent method, tell us how:	
	■ By Telephone ■ By Video (you see judge on your phone/computer) ■ In person at the I have no phone or internet access. I want to go and use the phone or video at hearing	, ,	
0	I need a faster scheduled hearing due to Denial of CalWORKs or CalFresh emergency	, ,	
9.		benefits	
10	Medical Emergency Eviction/homelessness Other (explain):  If you timely appeal before the action listed in the notice takes place, your aid may stay to	be same For CalWORKs	
(including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.			
	☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs		
11.	You can have a friend, relative, legal counsel or other person help with your hearing. If they have agreed:		
	NAME: Email:		
	Address:	Phone:	
12.	To Get Help: These groups below may be able to give you legal advice or represent you	at the hearing:	