

## 44-270.H. Voluntary Mid-Period Reports

---

### Table of Contents

Section	Topic
<a href="#">44-270.H.1</a>	Voluntary Reporting
<a href="#">44-270.H.2</a>	Taking Action on Voluntary Reports
<a href="#">44-270.H.3</a>	Requesting and Evaluating Verification
<a href="#">44-270.H.4</a>	Establishing Effective Date of Benefit Increase
<a href="#">44-270.H.5</a>	Reports of Decreased Income
<a href="#">44-270.H.6</a>	Requests for Special Need Payments
<a href="#">44-270.H.7</a>	Changes in Exempt and Non-Exempt MAP Status
<a href="#">44-270.H.8</a>	Household Composition Changes
<a href="#">44-270.H.9</a>	Evaluating New Household Members
<a href="#">44-270.H.10</a>	New Household Member results in Increased Benefits
<a href="#">44-270.H.11</a>	New Household Member results in Decreased Benefits or Ineligibility
<a href="#">44-270.H.12</a>	Adding a Newborn to the AU
<a href="#">44-270.H.13</a>	Adding a Newborn and Father to a Pregnant Woman Only (PWO) AU
<a href="#">44-270.H.14</a>	Combining Assistance Units (AUs)
<a href="#">44-270.H.15</a>	Requests for Discontinuance of Benefits
<a href="#">44-270.H.16</a>	When a Household Member has died
<a href="#">44-270.H.17</a>	When a Household Member Leaves the Home

CPG Letter 308 (1/14)

---

### 44-270.H.1 Voluntary Reporting

Recipients may voluntarily report changes at any time. Unlike the mandatory reports described in [CPG 44-270.G.1](#), a voluntary report can **never** be late and there is **no** requirement for an Assistance Unit (AU) to report a voluntary change within 10 days.

#### [Top](#)

Unless the recipient voluntarily reports **and** verifies the information mid-period, the change is required to be reported on the next SAR 7 or annual redetermination, whichever comes first, in order to be considered a timely report. If the change is verified mid-period, the recipient is not required to report the change again; however, gross income received in the Data Month must still be reported and verified. See [CPG 44-270.D.5](#).

Mid-Period reports may be made in writing (including fax), online via email, by phone, or in-person to designated staff or at a Family

Resource Center (FRC). Recipients may also provide a **Mid-Period Status Report (SAR 3)** to report a change.

ACL 12-25

---

**44-270.H.2  
Taking Action  
on Voluntary  
Reports**

The Human Services Specialist (HSS) will take mid-period action for a voluntary report **only** when:

- Verification has been provided that results in an increase in CalWORKs benefits; or
- There is a request for discontinuance.

[Top](#)

When mid-period action is **not** required **or** verification for a potential increase in benefits has not been received, the HSS will:

- Make note of the reported information as a Held Change for follow-up at the next SAR 7 or annual redetermination, whichever comes first; and
- Issue a “No Change” Notice of Action (NOA) to the AU.

**NOTE:** For changes in income and household composition, the budget calculation must be included on the CalWORKs “No Change” NOA in order for the AU to see how the County determined that the reported change did not result in a mid-period increase in benefits.

ACLs 12-25; 12-25 Errata

---

**44-270.H.3  
Requesting  
and  
Evaluating  
Verification**

When a voluntarily reported change results in an increase in benefits, the HSS will immediately request verification, in writing, and allow **10 days** for the AU to provide the necessary verification.

The recipient must provide adequate verification of the change **before** the HSS can take action to increase benefits.

[Top](#)

If the verification is ...	Then the HSS will ...
Provided timely within the 10-day timeframe	Use the verified information to calculate a supplement for the month of the report or the month in which the change occurred, whichever is <b>later</b> ;  Use the verified information to recalculate benefits for the remainder of the SAR Payment Period; and  Notify the AU of any changes in the Income Reporting Threshold (IRT) via issuance of the SAR 2.
Not provided within the	Make note of the information as a Held

10-day timeframe	Change for follow-up at the next SAR 7 or annual redetermination, whichever comes first; and Issue a “No Change” NOA to the AU.
Provided <b>after</b> the 10-day timeframe	Consider the date the verification is provided as the <b>new</b> report date; Use the verified information to recalculate benefits for the remainder of the SAR Payment Period; and Notify the AU of any changes in the IRT via issuance of the SAR 2.

The HSS will accept the verification unless there is reason to doubt its validity. The reason for the doubt must be documented in case comments.

If the recipient is having difficulty in obtaining the verification, the HSS must offer assistance. The HSS may contact an employer or other third party if the recipient has provided a signed authorization for release of information.

An affidavit or sworn statement may be accepted **only if** other verification is not available or does not exist, per [CPG 44-270.C.5](#). The HSS will inform the recipient, in writing, what information must be included on the affidavit or sworn statement and allow 10 days for the recipient to provide the necessary information.

ACLs 12-25; 12-25 Errata

**44-270.H.4  
Establishing  
Effective Date  
of Benefit  
Increase**

[Top](#)

The effective date of the increase in CalWORKs is based on when the change is reported and **not** on when the change actually occurred. This is determined based on the type of change reported:

<b>If the voluntary report is a ...</b>	<b>Then CalWORKs will increase effective the first of the month...</b>
Decrease in income	In which the change occurred or is reported, whichever is <b>later</b> .
New household member	Following the report of the change. See <a href="#">CPG 44-270.H.9</a> for establishing Medi-Cal eligibility for new household members.

The following actions must be taken by the HSS **within 10 days** of the date that adequate verification of the change is **received**:

Step	Action
1	Use the verified information to recalculate benefits for the current and remaining months of the SAR Payment Period.
2	Issue any supplemental payments, if eligible, based on whether the verification was provided timely per <a href="#">CPG 44-270.H.3</a> .
3	Provide adequate notice to the AU of the increase in benefits.
4	Notify the AU of any changes in IRT via issuance of the SAR 2 as required per <a href="#">CPG 44-270.G.4</a> .

ACL 12-25

**44-270.H.5  
Reports of  
Decreased  
Income**

[Top](#)

When a recipient voluntarily reports a decrease in income, adequate verification must be provided, per [CPG 44-270.H.3](#), before the HSS can take action to increase CalWORKs.

A recalculation of benefits must be made **within 10 days** of receiving adequate verification, as explained in [CPG 44-270.H.4](#). Adequate notice of the benefit increase must be issued to the AU.

<b>Example 1: Verification received within 10-day Timeframe</b>	
Scenario	An AU is in the January - June Payment Period (SAR Cycle 1). Mom voluntarily reports a decrease in income on March 25 <sup>th</sup> . The HSS issues a request for verification on March 28 <sup>th</sup> with a 10-day due date of April 7 <sup>th</sup> . The verification is provided timely on April 3 <sup>rd</sup> .
Outcome	The HSS will recalculate the grant amount for March – June and issue a supplemental payment for March no later than April 13 <sup>th</sup> . The AU will also be notified of any changes in IRT.

<b>Example 2: Verification received after 10-day Timeframe</b>	
Scenario	Same scenario as Example 1 above; however, the requested verification is not received until April 10 <sup>th</sup> <b>after</b> the 10-day due date.

Outcome	<p>Since the verification was provided after the 10-day timeframe, the HSS will consider <b>April 10<sup>th</sup></b> as the new report date and no supplemental payment will be issued for March. Benefits will be recalculated for April – June and a supplemental payment will be issued for April no later than April 20<sup>th</sup>.</p> <p>The AU will also be notified of any changes in IRT.</p>
---------	---

<b>Example 3: Submit Month Change reported on SAR 7</b>	
Scenario	<p>An AU is in the January - June Payment Period (SAR Cycle 1).</p> <p>Mom submits a timely May SAR 7 on June 4<sup>th</sup>, reporting that her June income will be lower than previously anticipated and that her income will continue at that lower level.</p> <p>On June 7<sup>th</sup> she provides acceptable verification of her decreased income.</p>
Outcome	<p>The HSS will recalculate benefits for the month of June and issue a supplemental payment if eligible. Benefits for the new SAR Payment Period, July-December, will be reevaluated and timely notification of any changes in IRT will be provided.</p>

<b>Example 4A: Change reported in Submit Month after SAR 7</b>	
Scenario	<p>Same scenario as Example 3 above; however, the decreased income reported on the May SAR 7 was reported for the upcoming SAR Payment Period and <b>not</b> for the current June Submit Month.</p> <p>On June 25<sup>th</sup>, Mom reports her June income will also be at the lower amount. The HSS issues a request for verification with a 10-day due date of July 5<sup>th</sup>.</p> <p>Verification is provided timely on July 2<sup>nd</sup>.</p>
Outcome	<p>The HSS will use the new information to calculate benefits for the next SAR Payment Period beginning in July. Benefits for June will also be recalculated and a supplemental payment will be issued.</p> <p>Notification of any change in IRT will also be issued.</p>

<b>Example 4B: Verification provided after 10-day Timeframe</b>	
Scenario	<p>Same scenario as Example 4A above, except that the verification is received on July 8<sup>th</sup> <b>after</b> the due date.</p>

Outcome	<p>Since the verification was provided after the 10-day due date, July 8<sup>th</sup> will be considered the <b>new</b> date of the report.</p> <p>The HSS will <b>not</b> recalculate benefits for June and no supplemental payment will be issued.</p>
---------	--

**Example 5: Data Month Change reported on SAR 7**

Scenario	<p>Same scenario as Example 3 above; however, on the May SAR 7 received on June 4<sup>th</sup>, Mom reports that her income decreased beginning in May.</p> <p>Verification was provided timely in June.</p>
Outcome	<p>The decreased income will be used to calculate benefits for the upcoming SAR Payment Period and to recalculate June benefits.</p> <p>A supplement will be issued for June; however, no supplement will be issued for May because the decreased income was not reported until the June Submit Month.</p> <p>Notification of any IRT changes will also be issued.</p>

**Example 6: Decreased Income reported for One Month Only**

Scenario	<p>An AU is in the January-June Payment Period (SAR Cycle 1).</p> <p>The current grant amount is based on the AU's current earned income of \$1,000/month.</p> <p>On March 25<sup>th</sup>, Mom reports that she missed two weeks of work due to illness and anticipates only receiving \$500 for March. Her regular monthly income of \$1,000 will resume in April.</p>
Outcome	<p>Upon receiving timely verification of the decreased income, the HSS will recalculate benefits for March only and issue a supplement.</p> <p>Benefits for April, May, and June will remain at the previous level.</p> <p>Since the decrease in income for March was only temporary, the AU's IRT will <b>not</b> be recalculated.</p>

**Example 7: Decreased Income reported Mid-Period**

Scenario	<p>An AU of 3 is in the April - September Payment Period (SAR Cycle 4).</p> <p>The AU receives \$1,200/month earned income.</p> <p>On June 5<sup>th</sup>, Mom reports that she lost her job and expects to receive one last paycheck in June for \$600. No income is anticipated for the rest of the Payment Period.</p>
Outcome	<p>If verification of the decreased June income is received timely, the HSS will recalculate benefits for June and issue a supplemental payment.</p> <p>Benefits for July - September will be recalculated using zero income.</p>

ACL 12-25

**44-270.H.6  
Requests for  
Special Need  
Payments**

[Top](#)

When a recipient voluntarily reports having a special need, as outlined in [CPG 44-200.A](#), the HSS will send a written request for verification as required per [CPG 44-270.H.3](#).

Once adequate verification has been provided and the HSS determines the recipient is eligible to receive a special need payment, the special need payments will:

- Begin effective the month that the request was made (if verification is received timely); and
- Terminate at the end of the SAR Payment Period in which the special need is expected to end based on the verification.

**NOTE:** Pregnancy Special Need (PSN) may discontinue **mid-period** if adding the newborn will result in an increase to the CalWORKs grant. See [Pregnancy Special Need \(PSN\)](#) below.

If the duration of the special need is ...	Then the HSS will ...
Permanent	Request verification once per year, at annual redetermination or when the current verification expires.
Temporary	Issue the special need payment through the end of the SAR Payment Period in which the special need is expected to end, based on the verification provided.
Unknown	Request verification to be provided once per semi-annual period.

<b>Example 1: Therapeutic Diet</b>	
Scenario	<p>An AU is in the April - September Payment Period (SAR Cycle 4).</p> <p>The recipient provides medical verification of an approved therapeutic diet for February – May.</p>
Outcome	<p>The special need payment will continue through the end of the current Payment Period (September 30<sup>th</sup>) and a timely termination NOA for the special need payment will be issued.</p> <p>The HSS will issue a request for verification and allow 10 days for the recipient to provide a current verification of the special need.</p> <p>If verification of continuing need is provided, the special need payment will be authorized for the next SAR Payment Period, October - March.</p>

### **PREGNANCY SPECIAL NEED (PSN)**

In accordance with PSN rules described in [CPG 44-200.D](#), the PSN payment will continue through the end of the SAR Payment Period of the verified expected due date. If the pregnancy is verified beyond the expected due date, PSN will continue through the end of the SAR Payment Period of the new due date.

<b>Example 2: Pregnancy Beyond Expected Due Date</b>	
Scenario	<p>An AU is in the June - November Payment Period (SAR Cycle 6). Mom is pregnant and has an expected due date of November 25<sup>th</sup>.</p> <p>The HSS approves PSN through the end of the SAR Payment Period in which the baby is due (November 30<sup>th</sup>).</p> <p>On December 2<sup>nd</sup>, Mom verifies that she is still pregnant.</p>
Outcome	<p>The HSS will approve PSN through the end of the <b>next</b> SAR Payment Period in which the birth is now expected (May 31<sup>st</sup>).</p>

See [CPG 44-270.H.12](#) for adding a newborn to the AU.

ACL 12-25

Eligibility to exempt Maximum Aid Payment (MAP) will be reviewed:

- At initial application;

## Non-Exempt MAP Status

- When a parent or caretaker relative is added to the AU;
- When the SAR 7 or annual redetermination is processed; and
- Upon recipient request.

[Top](#)

Mid-period action to change an AU's exemption status will **only** be taken **if** the change will result in an increase to the CalWORKs grant. A "No Change" NOA must be issued, per [CPG 44-270.H.2](#), if benefits will not increase and the HSS does not take action mid-period.

When the exempt MAP status is due to the receipt of certain disability-based income, per [CPG 44-300.E](#), the HSS must determine if CalWORKs will increase when using the new disability-based income together **with** the higher exempt MAP amount.

**NOTE:** If the change results in an overall **decrease** in CalWORKs, the MAP exemption status will remain **unchanged** and the lower MAP will be used until the next SAR Payment Period.

ACL 12-25

---

## 44-270.H.8 Household Composition Changes

As explained in [CPG 44-270.H.2](#), if a change in household composition is voluntarily reported during the SAR Payment Period, mid-period action will **only** be taken if the change results in an increase in benefits or if there is a request for discontinuance.

[Top](#)

Verification must first be requested and evaluated, per [CPG 44-270.H.3](#) and [44-240.H.9](#) before benefits can be increased mid-period.

**REMINDER:** When a change is voluntarily reported mid-period and verified, the information does not need to be re-reported on the SAR 7, as explained in [CPG 44-270.D.5](#) and [44-270.H.1](#).

<b>Example A: New Household Member reported Mid-Period</b>	
Scenario	An AU of 3, Mom and her two children, is in the January - June Payment Period (SAR Cycle 1). The AU has no income.  In February, Mom voluntarily reports that Dad has moved into the home and he has income.
Outcome	The HSS determines that adding Dad to the AU will result in a decrease in benefits.  A "No Change" NOA is sent to the AU and the information is noted as a Held Change for follow-up at the next SAR 7 or annual redetermination, whichever comes first.
<b>Example B: Follow-up at SAR 7</b>	

Scenario	Mom submits the May SAR 7 in June but does not report Dad or his income on the SAR 7. The HSS calls Mom regarding these omissions and she explains that Dad left the home in April.
Outcome	Unless there is conflicting information, benefits for the upcoming SAR Payment Period (July - December) will continue to be calculated based on the AU of 3 with no income. Dad's three months in the home (February - April) will have no effect on the benefit level for this AU.

ACLs 12-25; 12-25 Errata

**44-270.H.9  
Evaluating  
New  
Household  
Members**

[Top](#)

When a recipient voluntarily reports a new household member, the HSS will request all information, including the CW 8 and/or CW 8A, if required, in accordance with [CPG 44-270.H.2](#). In certain situations, as outlined in [CPG 40-100.H](#), the report of a new household member on the SAR 7 or at annual redetermination may be used to add a person to the AU without requiring a CW 8 or CW 8A.

The following table describes the actions the HSS will take to evaluate eligibility when a new household member is reported mid-period:

Step	Action
1	Determine if the new household member is required to be included in the AU (See <a href="#">CPG 41-500.A</a> for mandatory inclusion rules).
2	For mandatorily included individuals, evaluate if deprivation will continue as a result of adding the new member. <ul style="list-style-type: none"> <li>• If deprivation will continue, then go to Step 3.</li> <li>• If adding the new member will result in a loss of deprivation, mid-period action will <b>not</b> be taken.</li> </ul> The HSS will send a "No Change" NOA and note the information as a Held Change, per <a href="#">CPG 44-270.H.2</a> .
3	For mandatorily included individuals, determine if the AU meets all non-financial eligibility criteria for CalWORKs per <a href="#">CPG 44-270.E</a> . <ul style="list-style-type: none"> <li>• If all eligibility criteria factors are met, then go to Step 4.</li> <li>• If adding the new member will result in ineligibility to aid, mid-period action will <b>not</b> be taken.</li> </ul> The HSS will send a "No Change" NOA and note the

	information as a Held Change, per <a href="#">CPG 44-270.H.2</a> .						
4	<p>Recalculate benefits for the AU, including the new member <b>and</b> his/her countable income, for the current and remaining months of the SAR Payment Period.</p> <p><b>NOTE:</b> A scratch budget or manual budget may be used to determine how adding the new member will affect the grant amount.</p> <table border="1"> <thead> <tr> <th>When adding the new member results in a(n) ...</th> <th>Then the new member and his/her income will be added to the AU effective the ...</th> </tr> </thead> <tbody> <tr> <td>Increase in CalWORKs</td> <td>First of the month following the report of the change.</td> </tr> <tr> <td>Decrease in CalWORKs</td> <td>           First of the month of the next SAR Payment Period.             The HSS will send a “No Change” NOA and note the information as a Held Change, per <a href="#">CPG 44-270.H.2</a>.         </td> </tr> </tbody> </table> <p>Additional information may be found in:</p> <ul style="list-style-type: none"> <li>• <a href="#">CPG 44-270.H.10</a> – New Household Member results in Increased Benefits; and</li> <li>• <a href="#">CPG 44-270.H.11</a> – New Household Member results in Decreased Benefits or Ineligibility.</li> </ul>	When adding the new member results in a(n) ...	Then the new member and his/her income will be added to the AU effective the ...	Increase in CalWORKs	First of the month following the report of the change.	Decrease in CalWORKs	First of the month of the next SAR Payment Period.  The HSS will send a “No Change” NOA and note the information as a Held Change, per <a href="#">CPG 44-270.H.2</a> .
When adding the new member results in a(n) ...	Then the new member and his/her income will be added to the AU effective the ...						
Increase in CalWORKs	First of the month following the report of the change.						
Decrease in CalWORKs	First of the month of the next SAR Payment Period.  The HSS will send a “No Change” NOA and note the information as a Held Change, per <a href="#">CPG 44-270.H.2</a> .						

The following **exceptions** require the HSS to take different actions:

- See [CPG 44-270.E.5](#) when a new household member is reported at the SAR 7 or annual redetermination but is later found to be ineligible **prior to the granting of aid**.
- See [CPG 44-270.H.16](#) when it becomes known that a household member has died.
- See [CPG 44-270.H.14](#) when an application or request to add a new household member includes a child who is already aided in another AU.

### **ESTABLISHING MEDI-CAL ELIGIBILITY**

The date that the new member is reported in the home is considered the date of application for Medi-Cal. Eligibility to Medi-Cal benefits will be established for the **entire month** once eligibility has been determined and verified. The **3D** aid code will be used for Medi-Cal eligible individuals who are being added to a CalWORKs AU and pending approval of aid.

When a newborn is added to the AU, the newborn is considered **deemed eligible** to receive Medi-Cal benefits beginning the month of birth as long as the mother has Medi-Cal eligibility in that month. See [CPG 44-270.H.12](#).

**NOTE:** A new household member may be eligible to **retroactive** Medi-Cal benefits up to three months prior to the date of application. See [MPG 13.01.05](#) for additional information.

ACLs 12-25; 12-25 Errata

**44-270.H.10  
New  
Household  
Member  
results in  
Increased  
Benefits**

[Top](#)

When adding a new household member will result in a mid-period increase in benefits, the individual will be added to the AU effective the first of the month following the report of the new member.

Additionally, the following rules apply:

- Medi-Cal benefits will be approved effective the first of the month in which the new member was reported if the individual has met all CalWORKs eligibility conditions.  
See [MPG 13.01.05](#) for eligibility to retroactive Medi-Cal.
- The HSS will ensure the aid code correctly reflects their program eligibility status when the new member is added to the AU.
- Welfare-to-Work (WTW) requirements will not apply to the new member until he/she is added to the AU.
- TANF and CalWORKs time clocks for the new member will not begin until he/she is added to the AU.

<b>Example 1: New Household Member reported in Same Month</b>	
Scenario	An AU of 2, Mom and her child, is in the January - June Payment Period (SAR Cycle 1).  In February, Mom voluntarily reports that Dad moved into the home in February and that he has no income.
Outcome	After receiving all necessary verifications, the HSS determines that Dad meets CalWORKs eligibility criteria and is added to the AU effective March 1 <sup>st</sup> .  Medi-Cal eligibility for Dad is established effective February 1 <sup>st</sup> , the month he moved into the home and was reported in the home.

<b>Example 2: New Household Member reported Following Month</b>	
Scenario	Same scenario as Example 1 above, except that Mom makes her voluntary report on March 10 <sup>th</sup> that Dad

	moved into the home in February.
Outcome	<p>After receiving all necessary verifications, the HSS determines Dad is eligible to receive CalWORKs and adds Dad to the AU effective April 1<sup>st</sup>.</p> <p>Medi-Cal eligibility for Dad is established effective March 1<sup>st</sup>, the month he was reported in the home.</p>

**Example 3: New Household Member reported on SAR 7**

Scenario	Same scenario in Example 1 above, except that Mom waits until she submits her May SAR 7 in June to report that Dad moved into the home in February.
Outcome	<p>This is considered a timely report; therefore, no OP exists.</p> <p>Once all necessary verifications have been received and he is determined eligible to receive CalWORKs, Dad will be added to the AU effective July 1<sup>st</sup> for the next SAR Payment Period.</p> <p>Medi-Cal eligibility for Dad will begin effective June 1<sup>st</sup>, the month he was reported in the home.</p>

**Example 4A: New Household Member reported but not Verified**

Scenario	<p>Same scenario as Example 1 above, except that Mom voluntarily reports on February 15<sup>th</sup> that Dad moved into the home.</p> <p>The HSS issues a request for verification of Dad's income and assets with a 10-day due date of February 25<sup>th</sup>, but the AU does not provide the requested verification.</p>
Outcome	<p>Since no verification is received, the HSS is unable to determine if Dad is eligible to CalWORKs. No action is taken mid-period.</p> <p>The HSS sends a "No Change" NOA to the AU with the required budget and makes note of the information as a Held Change for follow-up with the next SAR 7 or redetermination, whichever comes first, per <a href="#">CPG 44-270.H.2</a>.</p> <p>CalWORKs will remain unchanged for the current SAR Payment Period.</p>

**Example 4B: Verification is later received**

Scenario	Same scenario as Example 4A above, except that on March 15 <sup>th</sup> all necessary verification is received to evaluate eligibility for Dad.
Outcome	Once the HSS determines that Dad is eligible to receive CalWORKs, Dad will be added to the AU effective April 1 <sup>st</sup> and benefits are increased for the remaining months of the SAR Payment Period.  Medi-Cal eligibility for Dad will begin effective February 1 <sup>st</sup> , the month reported, if he is otherwise eligible.

ACL 12-25

**44-270.H.11  
New  
Household  
Member  
results in  
Decreased  
Benefits or  
Ineligibility**

[Top](#)

When adding a new household member will result in a decrease or discontinuance of CalWORKs for the AU, the HSS will **not** take mid-period action to add the individual or his/her income. The AU will continue to receive CalWORKs at their current level for the remaining months of the SAR Payment Period, unless there is a change in eligibility due to other reasons.

- For decreases in benefits, the new member and his/her income will be added to the AU effective the beginning of the next SAR Payment Period.
- For ineligibility, CalWORKs benefits for the AU will be discontinued at the end of the current SAR Payment Period.

Continuing eligibility to Medi-Cal will be reevaluated as required per [MPG 4.16.03](#), [5.07.03](#), and [5.15.08.A](#).

Additionally, the following rules apply:

- The HSS will send a “No Change” NOA to the AU with the required budget and make note of the information as a Held Change for future follow-up, as outlined in [CPG 44-270.H.2](#).
- If the necessary verification to add the new household member has been provided, the information will not be requested again, per [CPG 44-270.D.5](#); **however**, the new member’s income from the Data Month must be reported and verified at the next SAR 7 or annual redetermination, whichever comes first.
- The report of a new member will be accepted as a request for Medi-Cal and Medi-Cal benefits will be approved effective the first of the month in which the new member was reported as long as the individual has met all CalWORKs eligibility conditions. A separate NOA regarding his/her eligibility to Medi-Cal will be issued to the AU.

See [MPG 13.01.05](#) for eligibility to retroactive Medi-Cal.

- The HSS will ensure the aid code correctly reflects their program eligibility status when the new member is added to the

AU or when eligibility to CalWORKs ends.

- WTW requirements will only be prospectively applied to the new member when he/she is added to the AU.
- TANF and CalWORKs time clocks for the new household will not begin until he/she is added to the AU.
- The HSS will notify the Department of Child Support (DCSS), as required per [CPG 43-200.B](#), if the non-custodial parent returns to the home regardless of when he/she is added to the AU.

<b>Example 1: New Household Member results in Decrease in Aid</b>	
Scenario	<p>An AU of 2, Mom and her child, are in the January-June Payment Period (SAR Cycle 1).</p> <p>In February, Mom voluntarily reports that Dad moved into the home in February. He has income.</p> <p>The HSS determines that adding Dad to the AU will result in a decrease in benefits.</p>
Outcome	<p>No mid-period action will be taken and a CalWORKs “No Change” NOA, including the required budget, will be issued. The HSS will make note of the information as a Held Change for follow-up at the next SAR 7 or at annual redetermination, whichever comes first.</p> <p>Dad (and his income) will be added to the AU effective the beginning of the next SAR Payment Period on July 1<sup>st</sup> with timely and adequate notice.</p> <p>Medi-Cal eligibility for Dad will be established effective February 1<sup>st</sup>, the month he was reported in the home.</p>

<b>Example 2: New Household Member results in Ineligibility</b>	
Scenario	<p>An AU of 2, Mom and her child, are in the January-June Payment Period (SAR Cycle 1).</p> <p>In February, Mom voluntarily reports that Dad moved into the home in February. He has income.</p> <p>The HSS determines that adding Dad to the AU will result in ineligibility to CalWORKs.</p>
Outcome	<p>No mid-period action will be taken and a CalWORKs “No Change” NOA, including the required budget, will be issued. The HSS will make note of the information as a Held Change for follow-up at the next SAR 7 or at annual redetermination, whichever comes first.</p> <p>The HSS will evaluate Dad for eligibility to Medi-Cal.</p> <p>CalWORKs will be discontinued effective June 30<sup>th</sup> at</p>

	<p>the end of the SAR Payment Period after Dad's income is reported on the SAR 7 or redetermination.</p> <p>All household members will be evaluated for continuing eligibility to Medi-Cal.</p>
--	---

ACLs 12-25; 12-25 Errata

**44-270.H.12  
Adding a  
Newborn to  
the AU**

[Top](#)

When the birth of a baby is voluntarily reported mid-period and required verification has been provided, the following rules apply:

If adding the newborn will result in a(n) ...	Then the PSN payments, if any, will ...	And the newborn will be added to the AU effective the ...
Increase in Aid	Discontinue at the end of the month (10-day notice is <b>not</b> required)	First of the month following the report of the birth <b>after</b> PSN is discontinued.
Decrease or No Change in Aid	Continue through the end of the SAR Payment Period	First month of the next SAR Payment Period after PSN ends.

See [CPG 44-300.C](#) for information regarding children who are ineligible to CalWORKs due to the Maximum Family Grant (MFG) rule. SAR does **not** change the MFG rule or the treatment of income for MFG children.

**REMINDER:** If the mother is under age 19, the HSS will evaluate the teen for enrollment in the Cal-Learn Program as outlined in [CPG 15-000.C](#).

**DEEMED ELIGIBLE NEWBORNS**

A newborn is considered to be **deemed eligible** to receive Medi-Cal benefits effective the month of birth until age one without verification, if the mother had Medi-Cal eligibility in the month of the birth.

**Medi-Cal** benefits will be approved for the newborn **without** requiring the following:

- Birth certificate
- Social Security Number
- Verification of Income
- Medi-Cal Statement of Citizenship (MC 13)
- Medical Support Questionnaires (CW 2.1 and CW 2.1Q)

If a deemed eligible newborn loses his/her California residency, deemed eligibility stops and is not transferable to another state. See

[MPG 05.15.02](#) for additional information.

<b>Example 1: Deemed Eligible Newborn reported Mid-Period</b>	
Scenario	<p>An AU of 2, pregnant Mom and her child, is in the January - June Payment Period (SAR Cycle 1).</p> <p>In February, Mom voluntarily reports that she gave birth in January. The newborn is not MFG.</p>
Outcome	<p>The newborn will be added to the CalWORKs AU effective March 1<sup>st</sup>, pending required verification.</p> <p>The newborn is deemed eligible to receive Medi-Cal effective January 1<sup>st</sup>, regardless of when verification is provided to add the newborn to the AU.</p>

<b>Example 2: MFG Newborn reported Mid-Period</b>	
Scenario	<p>An AU of 3 is in the January - June Payment Period (SAR Cycle 1). Mom is pregnant with an MFG child.</p> <p>The AU is receiving CalWORKs and CalFresh.</p> <p>On March 20<sup>th</sup>, Mom voluntarily reports that her baby was born on March 3<sup>rd</sup>.</p>
Outcome	<p>The deemed eligible newborn is eligible to receive Medi-Cal effective March 1<sup>st</sup>, the first day of the month of birth, without requiring any verification.</p> <p>The newborn is added to the CalFresh household effective April 1<sup>st</sup>.</p> <p>Since adding the newborn will result in a decrease to CalWORKs due to the discontinuance of PSN, the newborn will not be added to the AU until July 1<sup>st</sup>, the beginning of the next SAR Payment Period.</p> <p>PSN payments will continue through June 30<sup>th</sup>, the end of the current SAR Payment Period.</p>

<b>Example 3: MFG Newborn Reported on the SAR 7</b>	
Scenario	<p>Same scenario as Example 2 above, except that Mom doesn't report the baby's birth until she submits her May SAR 7 on June 10<sup>th</sup>.</p>
Outcome	<p>The deemed eligible newborn is eligible to receive Medi-Cal effective March 1<sup>st</sup>, the first date of the month of birth, without requiring any verification.</p> <p>The newborn will be added to the CalWORKs AU and</p>

	to the CalFresh household effective July 1 <sup>st</sup> , the beginning of the next SAR Payment Period.
--	--

ACL 12-25

**44-270.H.13  
Adding a  
Newborn and  
Father to a  
Pregnant  
Woman Only  
(PWO) AU**

For a Pregnant Woman Only (PWO) AU, if the father of the unborn child is living in the home, he will be excluded from the AU until the child is born. If the father was not previously living in the home or was not included on the Statement of Facts at initial application, he will need to complete the CW 8, attend a face-to-face interview, and comply with Statewide Fingerprint Imaging System (SFIS) requirements, per [CPG 40-100.H](#).

[Top](#)

When the child is born, after all necessary verifications have been provided, the following rules apply:

- The father and newborn will be added to the AU effective the first of the month following the report of the birth if the result will be an **increase** in CalWORKs. PSN will be discontinued at the end of the month in which the birth was reported (10-day notice is not required).
- The father and newborn will be added to the AU effective the beginning of the next SAR Payment Period if the result will be a **decrease** in CalWORKs. PSN will continue through the end of the current SAR Payment Period.
- The deemed eligible newborn is eligible to receive Medi-Cal benefits effective the month of birth, regardless of when the birth was reported during the infant's first year.
- The father in a PWO AU is eligible to receive Medi-Cal benefits effective the month of birth if the birth was reported in that month and eligibility for CalWORKs is established and verified.

If the birth is reported **after** the birth month, Medi-Cal benefits for the father will begin effective the first of the month in which the birth was reported, if otherwise eligible.

See [MPG 13.01.05](#) for additional information regarding Medi-Cal effective dates and eligibility to retroactive benefits.

<b>Example 1A: Newborn reported in the Birth Month</b>	
Scenario	A PWO AU is in the January - June Payment Period (SAR Cycle 1). The father of the unborn is living in the home and is excluded from the AU.  On March 15 <sup>th</sup> , Mom voluntarily reports that her baby was born on March 3 <sup>rd</sup> .
Outcome	The HSS determines that adding the newborn and father will result in an increase in CalWORKs; therefore, the newborn and father are added to the AU

	<p>mid-period effective April 1<sup>st</sup>. PSN is discontinued effective March 31<sup>st</sup>.</p> <p>Medi-Cal eligibility is established for the father and newborn effective <b>March 1<sup>st</sup></b>, the month of the birth and the month in which the birth was reported.</p>
<b>Example 1B: Newborn reported after the Birth Month</b>	
Scenario	Same Scenario as Example 1A above, except that Mom does not report her baby's birth until April 2 <sup>nd</sup> .
Outcome	<p>The newborn and father are added to the AU effective May 1<sup>st</sup>, following the report of the birth.</p> <p>Medi-Cal eligibility is established for the deemed eligible newborn effective March 1<sup>st</sup>, the birth month.</p> <p>Medi-Cal benefits for the father will begin effective April 1<sup>st</sup>, the month that the birth was reported.</p>

If the household does not report a new household member on the SAR 7 or at annual redetermination as required per [CPG 44-270.H.1](#), and the addition of the individual would have resulted in a decrease in benefits, an overpayment (OP) will be established per [CPG 44-350.H](#).

See [CFPG 63-451](#) for establishing a CalFresh overissuance (OI).

<b>Example 2: New Household Member not reported on the SAR 7</b>	
Scenario	<p>An AU is in the January - June Payment Period (SAR Cycle 1).</p> <p>On January 15<sup>th</sup>, Dad moved back into the home.</p> <p>The AU did not report Dad in the home on the May SAR 7 that was submitted in June.</p> <p>A year later, an anonymous report was received via the Fraud Hotline and Public Assistance Fraud Investigations (PAFI) confirmed that Dad has been in the home since mid-January and that he has income.</p>
Outcome	<p>The HSS determines that the AU had been required to report Dad and his income on the May SAR 7 and CalWORKs should have been decreased effective July 1<sup>st</sup> if the information had been reported timely on the May SAR 7.</p> <p>An OP is established effective July 1<sup>st</sup> due to Client Error.</p>

44-270.H.14  
**Combining  
 Assistance  
 Units (AUs)**

When a change in household composition results in combining separate AUs mid-period, the HSS must first determine if the report results in an overall increase or decrease in aid for the separate AUs before taking action.

[Top](#)

The HSS will compare the monthly CalWORKs grant of the combined AU to the total of the monthly grants of the separate AUs:

If the monthly grant of the combined AU is ...	Then the AUs will be combined effective the ...
<b>Higher</b> than the total monthly grants of the separate AUs	First of the month following the voluntary report.
<b>Lower</b> than the total monthly grants of the separate AUs	First month of the next SAR Payment Period, after the change is reported on the SAR 7 or at annual redetermination.

<b>Example: Combining AUs for the next SAR Payment Period</b>	
Scenario	<p>Mom receives CalWORKs for herself and her child, AU = 2. She has no income and receives the non-exempt MAP amount of \$516.</p> <p>She voluntarily reports mid-period that Dad has moved into the home with his own child.</p> <p>He is receiving CalWORKs in a separate AU with his child, AU = 2. He also receives the non-exempt MAP amount of \$516.</p>
Outcome	<p>The HSS determines that the combined AU is eligible to receive <b>\$762</b>, the MAP for an AU = 4.</p> <p>\$762 is <b>lower</b> than the total monthly grants from the separate AUs (\$516 + \$516 = <b>\$1,032</b>).</p> <p>The HSS will <b>not</b> take action to combine the AUs mid-period. A “No Change” NOA will be issued and the information will be noted as a Held Change.</p> <p>The AUs will be combined effective the first month of the next SAR Payment Period</p>

If the two AUs have **different** SAR cycles, the AUs will be combined at the beginning of whichever SAR Payment Period comes **first**.

**Example:** If the voluntary report is made in July and Mom’s AU is in the March - August Payment Period (SAR Cycle 3) and Dad’s AU is in the May - October Payment Period (SAR Cycle 5), the two AUs will be combined beginning in September.

**44-270.H.15  
Requests for  
Discontinuan  
ce of Benefits**

[Top](#)

A recipient may **request** a discontinuance of benefits at any time for:

1. The entire AU; or
2. Any individual member of the AU who is no longer in the home **or** who is in the home as an optional member of the AU.

**NOTE:** The HSS must **not** assume that a voluntary report of someone leaving the home is also a voluntary request to discontinue CalWORKs mid-period for that individual. See [CPG 44-270.H.17](#).

When a recipient voluntarily requests discontinuance, the HSS **will** take mid-period action to decrease or discontinue benefits as follows:

If the request is made ...	Then ...
Verbally	Timely and adequate notice must be given to the AU before benefits may be decreased or discontinued.
In writing	Adequate notice will be given to the AU to decrease or discontinue benefits at the end of the month.

**NOTE:** If a recipient verbally requests discontinuance of benefits in-person at an FRC, a signed **written** request is needed in order to decrease or discontinue CalWORKs **without** timely notice.

A recipient who has left the home may request his/her own discontinuance from the AU even if the AU did not make a voluntary report of the change. Timely notice must be given to the AU when there is a **verbal** request for discontinuance.

If the request is received in writing, the HSS will take mid-period action to discontinue the individual from the AU at the end of the month with **adequate** notice to the AU. See [CPG 44-270.H.17](#).

ACLs 12-25; 12-25 Errata

**44-270.H.16  
When a  
Household  
Member has  
died**

[Top](#)

If the HSS receives notification that a recipient has died, the HSS will treat this information as a voluntary recipient request for discontinuance of benefits, as outlined above in [CPG 44-270.H.15](#).

- If the information is received **verbally**, the deceased individual will be discontinued from the AU with timely and adequate notice.
- If the information is received **in writing**, timely notice is **not**

required to discontinue benefits for the deceased individual. Adequate notice, as described in [CPG 44-270.D.2](#), is required.

**REMINDER:** There is no requirement for the AU to report that the household member has died until the next SAR 7 or annual redetermination, whichever comes first. No OP will be established or a fraud referral made if the AU does not voluntarily report the death of an AU member.

When a death of a child is voluntarily reported, the child will continue to be included as a member of the AU in which his or her death occurred, and the following month. CPG 41-500.A.3

ACL 12-25, ACIN I-13-16

---

**44-270.H.17  
When a  
Household  
Member  
Leaves the  
Home**

[Top](#)

A voluntary report of a household member leaving the home does **not** necessarily mean the AU is requesting mid-period discontinuance for that individual, per [CPG 44-270.H.15](#).

When an AU voluntarily reports that a member has left the home, the HSS must first **clarify** with the AU if they are requesting discontinuance for that individual **before** any action is taken. The HSS must inform the AU whether their benefits will decrease as a result of the discontinuance.

An individual who has left the home may request his/her own discontinuance from the AU. An optional AU member who no longer wants to receive CalWORKs may also request to be discontinued from the AU in order for his/her CalWORKs time clock to stop. Mid-period action **will** be taken to adjust benefits for the remaining AU members, per recipient request, regardless of whether the AU had reported the change.

**NOTE:** If the individual provides a written request for discontinuance, a 10-day notice is **not** required to decrease benefits for the remaining AU members.

ACLs 12-25; 12-25 Errata

---