

Distribution Date	May 15, 2025
To	PPOC.ALL, Committee.CalWORKs_CalFresh.All
CC	Consortium.RegionalManagers.All;
CIT Name	<b>CA-289103 RCA and TCVAP Cash Assistance Time on Aid Updated to 4 months From 12 Months</b>

PPOCs, please forward to the appropriate impact staff in your county:

- |   |   |
|---|---|
| <input type="checkbox"/> General                                    | <input type="checkbox"/> Reports              |
| <input checked="" type="checkbox"/> Policy                          | <input type="checkbox"/> Fiscal               |
| <input type="checkbox"/> CW   | <input type="checkbox"/> Caseload Movement    |
| <input checked="" type="checkbox"/> CF                              | <input type="checkbox"/> Management           |
| <input checked="" type="checkbox"/> MC                              | <input type="checkbox"/> Batch and Interfaces |
| <input type="checkbox"/> CMSP                                       | <input type="checkbox"/> Fiscal               |
| <input type="checkbox"/> FC/KG/AAP                                  | <input type="checkbox"/> GA/GR                |
| <input type="checkbox"/> Child Care                                 | <input checked="" type="checkbox"/> Help Desk |
| <input type="checkbox"/> WtW  | <input type="checkbox"/> Imaging              |
| <input checked="" type="checkbox"/> Other Program(s): RCA and TCVAP | <input type="checkbox"/> Security             |
| <input type="checkbox"/> BenefitsCal                                | <input type="checkbox"/> Task Management      |
| <input type="checkbox"/> Customer Correspondence                    | <input type="checkbox"/> Technical            |
| <input type="checkbox"/> OCAT                                       | <input checked="" type="checkbox"/> Training  |
| <input type="checkbox"/> Other_____                                 |   |

Description	<p><b>Purpose</b> The purpose of this CIT is to provide Counties instructions to discontinue Refugee Cash Assistance (RCA) and Trafficking and Crime Victims Assistance Program (TCVAP) Cash Assistance programs after their four months of eligibility has ended.</p> <p><b>Background</b> ACWDL May 02, 2025, has updated the RCA and TCVAP Cash Assistance programs eligible period from twelve months to four months. State instructions state that any RCA or TCVAP Cash Assistance applicants that have an eligibility start date on or after May 5<sup>th</sup>, 2025 will receive four months of eligibility. Individuals eligible to RCA or TCVAP Cash Assistance prior to 5/5/2025 will continue to be eligible for up to 12 months.</p> <p><b>Additional Information</b> SCR CA-289103 'RCA, and TCVAP Cash Assistance time on aid updated to 4 months from 12 months' was created to update the system and is tentatively scheduled for the <b>26.01</b> release. Until the system is updated with the new policy, workers will need to manually track RCA, and TCVAP Cash Assistance cases that have an eligibility start</p>
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date on or after 5/5/2025 and manually discontinue those cases at the end of four months of eligibility.

Individuals eligible to RCA and TCVAP Cash Assistance prior to 5/5/2025 will continue to be eligible for up to 12 months. Current CalSAWS batch processes will continue to discontinue this population at the end of the 12<sup>th</sup> month of eligibility.

### County Actions

Follow the steps below to track and discontinue RCA and TCVAP Cash Assistance programs after their period of eligibility has ended.

1. When an RCA or TCVAP Cash Assistance program has an eligibility period begin date on or after May 5<sup>th</sup>, 2025, manually generate the CSF 166 Free Format NOA. See **State provided** Approval verbiage below.
2. Set a task to reevaluate program eligibility 30 days prior to the end of the eligibility period. See reminder below
3. At Task Due Date, review the RCA or TCVAP Cash Assistance program for potential eligibility to other programs.
4. Run EDBC to discontinue the RCA or TCVAP Cash Assistance program. Override the Program Configuration to discontinue the program. See **Override Program Configuration Job Aid** if needed.
5. Manually generate the CSF 166 Free Form NOA from the Template Repository. See **State provided** Discontinuance verbiage below.
6. If this customer receives CalFresh, run EDBC for CF as well, so the change is picked up in the CF budget.
7. Re-evaluate for Medi-Cal only programs.
8. Journal all actions taken.

Reminder: The 4-month period of eligibility to cash assistance starts the date the individual obtains their eligible status, not from the Beginning Date of Aid (BDA) in CalSAWS. For example, if the individual applies for benefits **one** month after their eligibility date, they will lose one month of cash assistance and will only receive the remaining 3 months from their eligibility start date.

### **State provided** Approval verbiage:

The County has approved your application for (insert RCA or TCVAP Cash Assistance) as of XX/XX/XXXX.

The eligibility period for (insert RCA or TCVAP Cash Assistance) applicants whose eligibility date is on or after May 5, 2025, is 4 months of aid. The first month you are eligible for aid is either the month you entered the United States, the month you were granted a qualifying status such as asylum, the month you received your Certification or Eligibility Letter as a Victim of a Severe Form of Human Trafficking, or the month you applied and were found eligible for TCVAP Cash Assistance. Your benefits will discontinue at the end of your 4<sup>th</sup> month on aid or when it is determined you no longer meet the eligibility requirements, whichever comes first. **This is in accordance with Manual of Policies and Procedures Section 69-202.4 regarding RCA time eligibility as determined by the Office of Refugee Resettlement in Dear Colleague Letter 25-13, published on March 28, 2025.**

### **Additional verbiage provided by the Consortium:**

**EBT: Keep your plastic Golden State Advantage card if you use Electronic Benefit Transfer (EBT), even if your aid is terminated. Please do not throw it away.**

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. Keep using your plastic Benefits Identification Card(s).

CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.

Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.

Rules: These rules apply; you may review them at your welfare office:  
MPP: 69-202.41, 69-205.24(D), 69-210.1, 69-210.2, 70-105.122

**State provided Discontinuance verbiage:**

The County will terminate your (insert RCA or TCVAP Cash Assistance) as of XX/XX/XXXX. Here's why:

Federal and state law limits the number of months of (insert RCA or TCVAP Cash Assistance) you can receive. You cannot receive (insert RCA or TCVAP Cash Assistance) for more than 4 months from the date you are eligible, which is either the month you entered the United States, the month you were granted a qualifying status such as asylum, the month you received your Certification or Eligibility Letter as a Victim of a Severe Form of Human Trafficking, or the month you applied and were found eligible for TCVAP Cash Assistance. This is in accordance with Manual of Policies and Procedures Section 69-202.4 regarding RCA time eligibility as determined by the Office of Refugee Resettlement in Dear Colleague Letter 25-13, published on March 28, 2025.

You may be eligible to receive cash aid in another program, although you will need to apply.

If you have questions, please call your assigned eligibility worker.

**Additional verbiage provided by the Consortium:**

EBT: Keep your plastic Golden State Advantage card if you use Electronic Benefit Transfer (EBT), even if your aid is terminated. Please do not throw it away.

Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. Keep using your plastic Benefits Identification Card(s).

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Rules: These rules apply; you may review them at your welfare office:  
MPP: 69-202.41, 69-205.24(D), 69-210.1, 69-210.2, 70-105.122

If you have questions on this CIT, please reach out to the Primary or Backup Project Contact listed below and cc your Regional Manager(s).

Primary Project  
Contact

For CalWORKs/CalFresh:

	<p>Cathy Vaisau <a href="mailto:Vaisauc@CalSAWS.org">Vaisauc@CalSAWS.org</a></p> <p>For Medi-Cal: Maggie Orozco-Vega <a href="mailto:Orozco-VegaM@CalSAWS.org">Orozco-VegaM@CalSAWS.org</a></p>
Backup Project Contact	<p>For CalWORKs/CalFresh: Committee.CalWORKs_CalFresh.Facilitator <a href="mailto:Committee.CalWORKs_CalFresh.Facilitator@CalSAWS.org">Committee.CalWORKs_CalFresh.Facilitator@CalSAWS.org</a></p> <p>For Medi-Cal: Nina Butler <a href="mailto:ButlerN@CalSAWS.org">ButlerN@CalSAWS.org</a></p>
Attachments	
Web Portal Link	<p></p> <p>OR</p> <p>You may also retrieve the CIT document and attachments by following these steps:</p> <ol style="list-style-type: none"><li>1. Click on the CRFs &amp; CITs link at the top of the page.</li><li>2. Click on the "CalSAWS Information Transmittal (CIT)" folder.</li><li>3. Click on the "2025" folder.</li><li>4. Click on the appropriate CIT # folder.</li></ol>