



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

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



EDMUND G. BROWN JR.
GOVERNOR

October 7, 2016

ALL COUNTY INFORMATION NOTICE I-72-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY IEVS COORDINATORS
ALL COUNTY SPECIAL INVESTIGATIVE UNIT CHIEFS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CALWORKS PROGRAM SPECIALISTS
ALL TRIBAL TANF ADMINISTRATORS

SUBJECT: WELFARE FRAUD BUREAU - POLICY UNIT: POLICY
INTERPRETATION (PI) REQUEST FORM AND
PROCEDURES

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

This letter is being issued to provide a form and instructions when requesting a Policy Interpretation (PI) from the California Department of Social Services (CDSS) Welfare Fraud Bureau - Policy Unit.

Effective immediately, County Welfare Departments (CWDs) should use the attached "Program Integrity Request for Regulation Interpretation" form (WTW50) to request a PI from the Welfare Fraud Bureau - Policy Unit. The completed PI form should be emailed to the Policy Unit mailbox at: PIBPolicy@dss.ca.gov. You will receive an email acknowledgment of your request within 72 hours of receipt, which will include the PI request number, and the name of the analyst assigned to answer your question.

Request Format

To assist us in responding to your request, the following guidelines must be used in completing the PI request:

- Complete the form by providing: requestor's name, county/organization, phone number, email address, and a subject title of the request. Include any pertinent regulation(s) and reference citations (All County Letter (ACL), All County Information Notice (ACIN), etc. that you are aware of). Include both the date of the request and the date by which you must have a response.

- State the question clearly and completely. For clarity, include a scenario and relevant details. The assigned analyst may contact you for additional information.
- Provide your proposed answer and information supporting your conclusion, including pertinent regulation(s) or other reference materials, such as prior questions and answers and ACLs/ACINs. Please indicate if you have previously consulted with other CDSS staff regarding this issue.
- Please refrain from using “county-use” acronyms or other abbreviations (e.g., EOM, or 01 or 02 to denote family members) in the question.

Some examples of PI requests that could be sent to the Fraud Bureau would include clarification on: the Income and Eligibility Verification System (IEVS), Intentional Program Violations (IPV), or Special Investigative Unit (SIU) issues. The goal of the Policy Unit is to provide an answer within 15 working days. The analyst will contact you if it has been determined that the request is complex and will require more time to complete a response.

As a reminder, PI responses are based on the unique set of facts presented and should only be used for the particular case in question. Policies expressed in the response should not be applied to any other set of circumstances. To receive an electronic version of the PI form, please contact the Policy Unit at PIBPolicy@dss.ca.gov.

For a camera ready copy of English, contact the Forms Management Unit fmudss@dss.ca.gov. If your office has internet access, you may obtain these forms from the CDSS web page at: http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Sincerely,

Original Document Signed By:

JESSICA LOPEZ, Acting Chief
Program Integrity Branch

Attachment

PROGRAM INTEGRITY REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the Word Document for your records, and submit via email to: PIBPolicy@dss.ca.gov.

1. REQUESTOR NAME:	5. COUNTY:
2. PHONE NO: EMAIL:	6. SUBJECT:
3. REGULATION CITE(S):	7. REFERENCES: (ACLs/ACINs, COURT CASES Etc.)
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

10. REQUESTOR'S PROPOSED ANSWER:

11. CDSS RESPONSE:

PROGRAM INTEGRITY ANALYST:	APPROVING MANAGER:
DATE:	DATE:

DATE RESPONSE RECEIVED/LOG # (CDSS Use Only):

Please note: The policies expressed in this response are based on the unique set of facts presented and should not be presumed to apply in other situations.