

# CALFRESH (CF) PROGRAM

## REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO:		5. DATE OF REQUEST:	NEED RESPONSE BY:
<input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input checked="" type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:		5/4/2015	5/10/2015
2. REQUESTOR NAME: Tameca Dodd		6. COUNTY/ORGANIZATION: Placer County	
3. PHONE NO.: 530-889-7619		7. SUBJECT: Over-Issuance IHE (UIB)	
4. REGULATION CITE(S):		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). 63-801.22, ACL 12-25	

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

Scenario: Customer applied for CW/CF 09/15/09 (QR/PB cycle 3) 09/16/09 county approved benefits , 11/2009 customer was approved for UIB and had also started working P/T. The combination of the two incomes put her over IRT in 12/2009. If the customer had reported timely, we would have discontinued effective 01/31/2010. 12/14/09 customer received first UIB check, 12/28/09 county received PVS showing UIB received and did not process until 01/2013. At that time it was processed as non-discrepant without adding the income to CalWIN. 01/27/10 county received PVS showing UIB received and processed in 01/2013 as non-discrepant without adding the income to CalWIN. 12/07/10 an applicant IEVS was requested. Applicant IEVS shows UIB received. County signed off as non-discrepant. Throughout this entire time the customer never reported UIB only earned income.

Question: Since neither party fulfilled their responsibility, is this a client caused error or an administrative error?

10. REQUESTOR'S PROPOSED ANSWER:

Expected results: This is an administrative error because the county failed to use the tools available to manage the case. Had the county taken action on the PVS info, the income would have been entered to affect 01/2010, the customer would have received a disc NOA, and there would have been no OP/OI at all.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

CDSS is issuing a correction to the response to this CF 24. CDSS' new response is:  
This overissuance was initially triggered by the client not meeting their mandatory reporting requirements to report income. Additionally, the client continued to fail to report this income over a course of several QR 7 reporting period. Therefore, this case should be classified as an IHE per MPP 63-801.21. The error was caused by the client not reporting the UIB income, not by the county failing to process the information from the PVS.

### FOR CDSS USE

DATE RECEIVED:

May 4, 2015

DATE RESPONDED TO COUNTY/ALJ:

May 20, 2015 (WEB)

**CALFRESH (CF) PROGRAM  
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST:	NEED RESPONSE BY:
	6. COUNTY/ORGANIZATION:	
2. REQUESTOR NAME:	7. SUBJECT:	
3. PHONE NO.:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> <b>NOTE: All requests must have a regulation cite(s) and/or a reference(s).</b>	
4. REGULATION CITE(S):		