CalWORKs and FOOD STAMP DATA SYSTEMS DESIGN TASKFORCE
Systems Maintenance Unit (SMU)

TRANSMITTAL NUMBER: 02-05 (FS) **November 20, 2002**

TO: **All Field Operations Bureau Staff and Performance Measurement Counties**

SUBJECT/PURPOSE: **QC Regulation Interpretation Request Form**

RELATED REFERENCE: **ACIN I-20-02**

SUPERSEDES: **None**

EFFECTIVE DATE: **Upon Receipt**

BACKGROUND:

California and its counties are now coping with the problems associated with the collection of past and imposition of future federal sanctions in the Food Stamps program. As a result, counties (either through such entities as Error Review Panels/Teams or through program and/or administrative staff) are focusing much more attention upon QC error findings. During the examination of these findings, Team/Panel members may in some cases differ as to how Food Stamp program regulations and policies should be applied. In order to assist all parties in resolving these differences, the Food Stamp Bureau's Policy Implementation Unit has developed the "QC Regulations Interpretation Request Form" as a mechanism for both sides to use to present the issue for resolution. See Attachment. This process does not affect the normal county prorgram inquiry procedures already in place.

INSTRUCTIONS:

This form is to be used by both parties so that each side can present its views to the Food Stamp Bureau's policy analyst ONLY AFTER the error has been cited so that he/she can make a decision as to how the policy issue(s) in the case should have been resolved. Therefore, it is not appropriate for the QC Supervisor or the Error Review Panel or County Program specialist to independently send the form to the Food Stamp Bureau. The form will not be considered complete (and therefore will not be acted upon) if only one party is represented and/or if ALL portions of the form have not been completed.

Note: When only one scenario (for example) is provided, the form will still be considered complete if both names (see below) are listed on the "Requestor Name" portion.

Complete and submit the attached form AFTER the error determination has been made and the finding is disputed by the Error Review Panel, county Food Stamp Program policy analyst, or county management staff. E-mail the COMPLETED form to the policy analyst for that program area as listed in ACIN I-20-02, along with a copy to Ms. Varaniece Hall. The instructions for completing each item on the form are as follows:

REQUESTOR NAME: Enter the names of the persons submitting the inquiry (This will be the county food stamp program staff person AND the name of the county's QC Supervisor). If the form is from an Error Review Panel, enter the name of the individual who is the contact person for the panel.

COUNTY: Enter the name of your county.

PHONE NUMBER: Enter the telephone numbers for those listed in the **REQUESTOR NAME** section above in the same order that the names are listed so that the first telephone number is for the first name listed.

SUBJECT: State the program area being disputed, i.e., household composition, SUA, etc.

REGULATION CITE(s): Enter ALL Manual of Policies and Procedures (MPP) sections related to your scenario and question. Indicate which are being cited by QC and which are being cited by the disagreeing party. For example, "Program: 63-402.211; QC: 63-402.3" for a roomer/boarder disagreement.

REFERENCES: List ALL ACLs, ACINs, FSQUADS, court cases, or other references related to your scenario and question. As with the regulations citations, separate those listed by each party.

DATE OF REQUEST: Enter the date on which the request is E-mailed to the Food Stamp Bureau analyst and Ms. Hall.

DATE RESPONSE NEEDED: Enter the date on which you wish to receive your response. Allow a minimum of three days, and remember to leave enough time for the QC reviewer to make changes to the case before it is transmitted, if necessary.

CASE SCENARIO: Write a description of the circumstances around which the disagreement revolves. This is the section for providing all of the background information that the Food Stamp Bureau analyst will need so that he/she can answer your question(s) and resolve the issue(s). If both parties cannot agree upon the specific circumstances of the scenario, each party may submit its own clearly identified description, (i.e., "QC Scenario", "Error Review Panel Scenario"). When more than one scenario is submitted, each proposed county response must support the corresponding description, particularly in those areas where the scenarios conflict.

REASON FOR ERROR OR POTENTIAL ERROR: This part of the form is to be completed by the QC Supervisor, as he/she can best explain why the error was cited. Explain the basis for the error determination, and include FNS Handbook 310 and transmittal references if appropriate.

QUESTION: State the issue(s) that needs clarification/resolution. For example, using the regulation citations listed above, "Is Mr. Smith considered a roomer or a boarder?" When there is more than one scenario and a proposed response, there can only be one question or set of questions, as this is based on the reason for error stated above.

PROPOSED COUNTY RESPONSE: State your proposed answer to the question(s), based upon the regulations citations and references listed above. When more than one response is provided, clearly identify each response.

Once submitted, the Food Stamp Bureau analyst will try and complete the form within three days. If a response has not been received after three days, contact Ms. Hall by phone or E-mail.

Note: The three-day response time does not apply when the form has to be returned because it is incomplete. Additionally, it may take additional time to develop the response if additional information or clarification is needed.

In all instances, the decision of the Food Stamp Bureau shall be reflected on the Q5i worksheet and a copy of the completed form (which will include the response) shall be included in the case review file.

ATTACHMENT

INQUIRIES: Michael Bowman-Jones
                              Program Analyst

Original Signed by Joeana Carpenter
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JOEANA CARPENTER, CHIEF
CalWORKs and FOOD STAMP DATA SYSTEMS
DESIGN TASKFORCE

QC REGULATION INTERPRETATION REQUEST
(County Completes)

Note: The response to this interpretation request is case specific based on the information provided. It is not intended to establish policy.

Requestor Name:	County:
Phone No:	Subject:
Regulation Cite(s): (MPP Sections)	References: (ACL/ACIN, FSQADS, court cases, etc.)
Date of Request:	Date Response Needed:

CASE SCENARIO:

REASON FOR ERROR OR POTENTIAL ERROR:

QUESTION:

PROPOSED COUNTY RESPONSE:

_____

CDSS FSP POLICY RESPONSE:
(State FSP Analyst Completes)