March 17, 2017

ALL COUNTY LETTER (ACL) NO.: 17-25

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: MODIFICATIONS TO IN-HOME SUPPORTIVE SERVICES AND WAIVER PERSONAL CARE SERVICES IN CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM, IHSS STANDARD TIMESHEET, AND LIVE-IN SELF-CERTIFICATION FORM

REFERENCES: SENATE BILL 855 (CHAPTER 29, STATUTES OF 2014) AND SENATE BILL 873 (CHAPTER 685, STATUTES OF 2014); ACL No. 16-07 (JANUARY 21, 2016), ACL No. 16-22 (APRIL 1, 2015), ACL No. 16-44 (MAY 10, 2016)

This All County Letter (ACL) provides counties with information and changes to the Case Management, Information and Payrolling System (CMIPS) functionality due to implementation of Senate Bill (SB) 855 and SB 873 in the In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) programs. Additional information and modifications to CMIPS regarding Internal Revenue Service (IRS) Notice 2014-7 is also included in this ACL. This ACL will discuss new and modified functionality in CMIPS relating to:

- Overtime Violation Enforcement
- Overtime Exemptions
- The IHSS Standard Timesheet
- Unannounced Home Visits
- Targeted Mailings
- The New Live-In Self-Certification Form
BACKGROUND

Overtime Violation Enforcement

Modifications will be made to CMIPS to allow CDSS to override an overtime violation after the final review has been completed on a violation. For the First and Second Violations, this means that a CDSS override cannot occur until after the County Dispute process has been completed. For the Third and Fourth Violations, this means that a CDSS override cannot occur until after the State Administrative Review (SAR) has been completed. This functionality is only available for CDSS use; further direction regarding this functionality will be provided in a forthcoming ACL.

Overtime Exemptions

Additional functionality has been added to CMIPS regarding Overtime Violation Exemptions. For those providers that qualify for an exemption, CMIPS will allow them to exceed the 66-hour weekly cap and work up to 360 hours per month.

Two new screens have been added to aid county users in tracking hours claimed by the exempt provider. The first screen is the Monthly Provider Paid Hours screen. This screen is accessed by selecting the ‘Monthly Provider Paid Hours’ link from the Payroll folder. The screen will not display data for service months prior to 1/1/2017 or prior to the implementation of the exemption functionality on 12/16/2016.

The second screen is the View Monthly Provider Paid Hours screen. This screen has been implemented to aid users in viewing the hours a provider is paid on a monthly basis. When a user selects the ‘View’ link for a record on the Monthly Provider Paid Hours screen, the View Monthly Provider Paid Hours screen appears. For more detailed information, relating to the fields displayed on this screen, please refer to the CMIPS User’s Manual.

Please note: At this time, Advance Pay providers cannot be marked as Exempt in the system until additional functionality is implemented. This new functionality is scheduled to be implemented at the end of March, until then an error message will display when a user attempts to mark an Advance Pay provider exempt.
EXCEPTIONED TIMESHEETS

The CMIPS has been modified to have a new status displayed when a payment correction has been made for an exceptioned timesheet. This new status can be seen in the Timesheet Search screen as ‘Exception-Paid’ (see Figure 1). Please note that the county business process for payment of an exceptioned timesheet has not changed.

The CMIPS has also been modified to display a new status when an exceptioned timesheet has been replaced with a new timesheet. This modified status is called ‘Exception - Replaced’ and can also be viewed in the Timesheet Search screen (Figure 1).

These new timesheet statuses will also be included on the timesheet data download file.

In addition to the status changes, screens have been modified with a number of new links related to and dependent on the timesheet exception process.

**View Timesheet**

Two new links have been added to the View Timesheet screen, that will display depending on which part of the Timesheet Exception business process is active. When the status of the timesheet is ‘Exception-Replaced’, the ‘View Replaced Timesheet’ link is available on the View Timesheet screen. When this link is selected, a View Timesheet pop up screen for the replaced timesheet will display (see Figure 2).
When the status of the timesheet is 'Exception-Paid', the 'View Payment Correction List' link is available on the View Timesheet screen. When this link is selected, all of the payment corrections associated will be displayed (see Figure 3).

**Figure 2: View Timesheet screen**

**Figure 3: View Timesheet screen**

**Timesheet History**

A new link has been added to the Timesheet History screen. When the user selects the 'View' link on the Timesheet History screen, the View Timesheet screen will display for that particular timesheet (see Figure 4).
Figure 4: *Timesheet History* screen

**View Payment Corrections List**

When the ‘Payment Correction Number’ link from a created payment correction is selected from the *View Payment Correction List* screen, the *View Payment Correction* screen will display (see Figure 5).

Figure 5: *View Payment Corrections List*

**View Payment Correction**

On the *View Payment Correction* screen, a new link, ‘View Timesheet Details’, has been added to allow the user to view the associated timesheet (see Figure 6).
Once the user selects this link, the pop up View Timesheet screen will display.

**View Timesheet History**

A new cluster has been added to the View Timesheet History screen; this new cluster is the ‘Exceptions’ cluster. The reason for the timesheet exception will display in this new cluster (see Figure 7).
Unannounced Home Visits

CMIPS has been updated to appropriately track and record data pertinent to Unannounced Home Visits (UHV) and Targeted mailings, as well as generate the correct Notice of Action (NOA) within CMIPS.

Modified Screens

The series of screens related to the unannounced home visit process has been modified in order to better represent the business process related to UHV.

Unannounced Home Visit

Two new fields have been added to a record displayed in the Unannounced Home Visit screen, the ‘UHV Status’ field and the ‘Status Date’ field (see Figure 8).
In the Create Unannounced Home Visit screen, modifications have been made to the selections in the ‘Outcome’ drop down field, including four new selections.

The new selections are:

- Entry Denied
- Uncooperative
- No Contact Made
- Not Available

Additional modifications have been made to the selections in the ‘Outcome’ drop down menu. The modifications include changing the ‘No Further Action’ selection to ‘Completed’ and removing the selection of ‘Verbal Warning’.

Additionally, once a record has been made in the Unannounced Home Visit screen, a new link ‘View’ will appear. This new link replaces the ‘Edit’ link (see Figure 9).

If the Initial UHV is considered successful, the user will enter and save the information regarding the visit and the process is completed. However, if the initial UHV is unsuccessful, the user will record the information in CMIPS and attempt follow up visits at a later date. Modifications have been made to the Unannounced Home Visit Details screen that allows a user to record information regarding follow-up visits.
Modify Unannounced Home Visit Details

The Modify Unannounced Home Visit Details screen has been extensively modified to include a new cluster that allows the user to record information pertinent to follow-up visits if the initial unannounced home visit is unsuccessful. This cluster is called ‘Follow-up UHV Attempt’ and contains the following links (see Figure 10):

- Create Follow-up Letter
- Create Follow-up Phone Call
- Create Follow-up Visit

![Figure 10: View Unannounced Home Visit Details screen](image)

When a user selects a link in the Follow-up UHV Attempt Cluster, a new pop up window will be displayed. Please note that each business process must be followed in sequential order for the next link to be accessible. When the user saves information in the Follow-up UHV Attempt cluster, the Unannounced Home Visit Details screen and status date will be updated accordingly with the new information, so that the user may see at-a-glance where they are in the Unannounced Home Visit process. The information a user needs to fill out will be different depending on where the user is in the UHV process.

Create Follow-up Letter Entry

When a user selects the ‘Create Follow-up Letter’ link the Create Follow-up Letter Entry screen will pop up (see Figure 11) and display two fields. The ‘Letter Mailed Date’ field is the date the follow-up letter was mailed by the user to the recipient or provider and is
a required field. The second field is a Comments box where the user may record any supporting information regarding this step in the UHV process. This field, like other Comment areas in CMIPS, is limited to 1,000 characters. Please Note: There is no history associated with the Comments fields for UHV. If a second user needs to add comments at a later date, they must add to the existing comments already recorded. Once an entry is saved for the ‘Create Follow-up Letter’ link in the Follow-up UHV Attempt Cluster, the link ‘Create Follow-up Letter’ changes to a ‘Modify Follow-up Letter’ link.

Figure 11: Create Follow-up Letter Entry

Create Follow-up Phone Call Entry

When a user selects the ‘Create Follow-up Phone Call’ link, the Create Phone Call Entry screen will pop up (see Figure 12) and display two fields. The ‘Phone Call Date and Time’ field is a required field for the user to enter the date and time of the follow-up phone call. The second field is a Comments box where the user may record any supporting information regarding this step in the UHV process. Note: Once an entry is saved for the ‘Create Follow-up Phone Call’ link in the Follow-up UHV Attempt Cluster, the link ‘Create Follow-up Phone Call’ changes to a ‘Modify Follow-up Phone Call’ link.

Figure 12: Create Phone Call Entry
Create Follow-up Unannounced Home Visit

When a user selects the ‘Create Follow-up Visit’ link, the Create Unannounced Home Visit screen will pop up (see Figure 13) and display three fields. The ‘Home Visit Date and Time’ and the ‘Outcome’ fields are required fields for the user to enter the date and time as well as the outcome of the follow-up visit. The last field is a Comments box where the user may record any supporting information regarding this step in the UHV process.

Note: Once an entry is saved for the ‘Create Follow-up Visit’ link in the Follow-up UHV Attempt Cluster, the link ‘Create Follow-up Visit’ changes to a ‘Modify Follow-up Visit’ link.

![Create Unannounced Home Visit screen]

Figure 13: Create Unannounced Home Visit screen

When viewing the Unannounced Home Visit Details screen, a new cluster has been added in order to aid users that have been unsuccessful with follow-up contact attempts regarding an UHV. This cluster is called ‘Final UHV Attempt’ and contains the following links (see Figure 14).

- Create Final Phone Call
- Create Final Visit
Figure 14: *Unannounced Home Visit Details* screen and Clusters

**Create Final Phone Call Entry**

When a user selects the 'Create Final Phone Call' link, the *Create Phone Call Entry* screen will pop up (see Figure 15) and display two fields. The 'Phone Call Date and Time' field is a required field for the user to enter the date and time of the follow-up phone call. The second field is a Comments box where the user may record any supporting information regarding this step in the UHV process.

Note: Once an entry is saved for the 'Create Final Phone Call' link in the Final UHV Attempt Cluster, the link 'Create Final Phone Call' changes to a 'Modify Final Phone Call' link.
Create Final Unannounced Home Visit

When a user selects the 'Create Final Visit' link, the Create Unannounced Home Visit screen will pop up (see Figure 16) and three fields are displayed. The ‘Home Visit Date and Time’ and the ‘Outcome’ fields are required for the user to enter the date and time of the follow up visit and the outcome. The last field is a Comments box where the user may record any supporting information regarding this step in the UHV process.

Note: Once an entry is saved for the 'Create Final Visit' link in the Final UHV Attempt Cluster, the link ‘Create Final Visit’ changes to a ‘Modify Final Visit’ link.
Inactivate/Delete Entries

A new ‘Inactivate’ link will display only on the same day an entry was recorded for the following entry options:

- Follow-up Letter
- Follow-up Phone Call
- Final Phone Call

The link will provide the ability to inactivate/delete entries (see Figure 17). If multiple entries are made on the same day and are deleted on that day, entries can be deleted. The last entry is deleted first, then the next entry, and so on.

![Figure 17: View Unannounced Home Visit Details screen](image)

When the ‘Inactivate’ link is selected for all entry options, the ‘Inactivate Details’ pop-up window opens (see Figure 18). The available links for the ‘Inactivate Entry’ action are:

- Yes – When “Yes” is selected the entry is deleted/inactivated and the UHV status is moved to the previous status in the series.
- No – When “No” is selected, no changes are made to the View Unannounced Home Visit Details screen.
Termination and Task Generation

A new task will be generated when the 'Create Final Visit' entry is saved with one of the following unsuccessful outcomes:

- Entry Denied
- Uncooperative
- No Contact Made
- Not Available

The task action will redirect the user to the Case Home page and the action required to close the task without comment is to terminate the case. The task will be generated for the Case Owner and will read as follows:

'[case name] [case number]: Recipient is at risk for termination due to non-compliance with Unannounced Home Visit. Contact county QA staff.'

The required action for task closure is to terminate the case for the reason 'Non-Compliance - UHV'. The case owner will have five business days to close the task before the task is escalated to a supervisor. There is no expiration attached to the task once it reaches the supervisor. The task will close only when the Case Owner manually closes the task or the Recipient is terminated.

When a Recipient is terminated for UHV non-compliance, an NOA message (TR23) will be system generated in one of the four threshold languages based on the recipient’s written language or the conservator and guardian’s language. The four threshold languages are English, Spanish, Armenian and Chinese. When the TR23 NOA message is selected for a Blind or Visually Impaired (BVI) designated recipient, the NOA will be generated and sent in the recipient’s designated BVI format.
Targeted Mailings

When selecting the ‘Targeted Mailing’ from the Case Home left navigation, the Targeted Mailing screen will display. Users will be able to see a list of the targeted mailings.

Tasks and Data Downloads

In addition to the changes noted above, a new task will notify users that an Overtime Violation Exemption type of “Extraordinary Circumstances” will expire in 30 days. Data regarding Overtime Exemptions will be added to existing Provider Management and Timesheet data downloads with the associated data fields:

- Exemption Begin Date
- Created On Date
- Last Updated Date
- Hours Claimed
- Hours Cutback

Additional Data Download modifications include the following:

- A Special Transaction code will be added to the Special Transaction Type table in the Data Download file.
- The CLAIMED-HOURS, PAID_HOURS and HOURS_OVER_AUTH formats will be modified to display as minutes.
- The new field OT_EXC_CUTBACK will be added.

IHSS Standard Arrears Timesheet Changes

Modifications have been made to Instruction #5 on the IHSS Arrears Timesheet (SOC 2261) and the IHSS Large Font Timesheet (SOC 2261L).

Previously, instruction #5 stated:

You will not be paid for hours claimed more than the recipient’s IHSS Program authorized hours (as shown in the “hours” field below) or the weekly allowed hours. Claiming extra hours can delay your paycheck.

The new instruction #5 states:

You will not be paid for hours claimed more than the recipient’s case authorized hours, your assigned hours or the remaining hours (as shown in the “hours” field below). Claiming extra hours can delay your paycheck.
The changed instruction is available in English, Spanish, Armenian and Chinese. 'Remaining hours' in the instruction refers to the hours a provider may claim based on the Authorized Hours the recipient has available or hours assigned to the provider.

Figure 19: IHSS Arrears Timesheet

**Internal Revenue Service (IRS) Notice 2014-7**

On January 3, 2014, the IRS issued Notice 2014-7, stating qualified Medicaid waiver payments to individual care providers for the care of eligible individuals, described in section 1915(c) of the Social Security Act, would be treated as difficulty of care payments excludable from Federal Income Tax (FIT). On March 1, 2016, the CDSS received a ruling from the IRS that IHSS wages received by IHSS providers who live in the same home with the recipient of those services are also excluded from gross income for purposes of FIT.
California Franchise Tax Board (FTB)

The CDSS recently received confirmation from the California FTB that wages received by IHSS and/or WPCS providers who live with the recipient of those services are not considered part of gross income for purposes of California State personal income tax (PIT).

Live-In Self-Certification Forms

The CDSS has adopted the IRS instruction for agencies to rely on a written statement by the provider, under penalty of perjury, affirming the provider and their recipient reside in the same home.

A Live-In Self-Certification Form for IRS Federal and State Tax Wage Exclusion (SOC 2298) has been developed to allow IHSS and WPCS providers to self-certify they reside with their recipient. The form must be filled out, signed, and dated by the provider and mailed to CDSS’ Vendor at the designated post office box.

In addition, a Live-In Self-Certification Cancellation Form (SOC 2299) has been developed for providers to notify the State they no longer reside with their recipient where the provider continues to provide IHSS/WPCS services to the recipient.

Please note that these forms have been updated as of December 2016 to include the state tax wage exclusion (see section below on CDSS Mailings to Providers for more detail).

Any questions from providers needing assistance in determining if they qualify for the exclusion should be referred to the IRS. Questions regarding how to obtain the SOC 2298 and SOC 2299 forms may be referred to the IHSS Provider Help Desk Line at (866) 376-7066. The county should also be providing a copy of the form to new providers during the provider orientation.

Camera Ready Copies and Translations

For camera-ready copies in English, contact the Forms Management Unit at fmudss@dss.ca.gov. If your office has internet access you may obtain this form from the CDSS webpage at: http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program.

When translations are completed per MPP Section 21-115.2, including Spanish form, they are posted on our website. Copies of the translated forms can be obtained at: http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program.
For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the GEN 1365-Notice of Language Services and a local contact.

The CWDs shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county’s responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in MPP Section 21-115.

**Live-In Self-Certification Form Processing**

The system vendor has been contracted by CDSS to process SOC 2298 and SOC 2299 forms. The vendor shall receive the form at the processing facility, verify all of the required information is complete and correct, and process the form in CMIPS within 30 days of receipt. If the form is unreadable or incomplete, it will be returned to the provider by the vendor.

**CMIPS Screen Updates**

Modifications have been made to CMIPS screens to accommodate the Live-In Self-Certification process.

**View Case Provider Screen**

The ‘IRS Live-In Self-Certification Status’ field was added to the View Case Provider Screen (see Figure 20) to indicate a Provider’s Live-In Self-Certification status. A ‘Yes’ displaying in this field indicates a Live-In Self-Certification Form has been received from the provider and processed in CMIPS. The new field ‘IRS Live-In Self-Certification Date’ field was also added to this screen to indicate the date the IHSS wages exclusion from federal taxation will commence. Counties should access the View Case Provider screen and provide the information to providers who contact the county to find out the status of an SOC 2298 or SOC 2299 that was mailed to the vendor.

Note: Updates to the ‘IRS Live-In Self-Certification Status’ and the ‘IRS Live-In Self-Certification Date’ fields are performed only by the system vendor through a new data entry screen in CMIPS that is not editable by county staff.
Figure 20: View Case Provider screen

Assign Case Provider Screen

The ‘Provider and Recipient Reside Together’ field has been removed from the Assign Case Provider screen.

CDSS Mailings to Providers

The CDSS initiated a mass mailing letter to those providers identified in CMIPS as having the same address as their recipient. Beginning October 22, 2016, the CDSS’ system vendor processed and mailed approximately 240,000 letters. The providers receiving this packet were identified by matching their address to their recipient. Each letter in the mass mailing listed the county and district office for the case as the return address.

The CDSS provided counties with a listing of the providers receiving the mass mailing. The listing was provided on the County SFT server and contained the provider and their associated recipient’s names, addresses and provider and case numbers.

The mailing included: 1) an information letter (see attached Live-In Provider Self-Certification Information Notice), 2) translation assistance form SOC 1365, and 3) SOC 2298 form. The information letter informs the provider of the IRS Exclusion and provides instructions on how to claim the exclusion.
In addition to the mailing, CDSS created a one-page notification that accompanied all timesheets generated and printed by the Print Vendor beginning November 1, 2016, and continuing through November 15, 2016. The notification supplied providers with an overview of the IRS Exclusion and information for obtaining the SOC 2298 and SOC 2299 forms (see attached letter dated November 1, 2016).

As previously stated, CDSS received directions from the California Franchise Tax Board that wages received by IHSS and WPCS providers who live with the recipient of those services are not considered part of gross income for purposes of California State Personal Income Tax (PIT).

As a result of this update, a new mailing, dated December 15, 2016, accompanied each provider timesheet created and mailed beginning December 22, 2016, through January 9, 2017, informing providers of this update (see attached letter dated December 15, 2016).

The SOC 2298 and SOC 2299 have been updated to include language referencing the state tax wage exclusion. If a provider has turned in the previous versions of the forms, they do not need to do so again.

**New Report**

The ‘Live-In Provider Residence Mismatch Report’ has been developed as a quality assurance tool the counties may use to address potential inaccuracies in the provider and recipient addresses in CMIPS. This new report can be found under the Provider Management folder in the Reporting application. The Live-in Provider Residence Address Mismatch report will list those providers that have self-certified they resided with and provide care to their recipient, but whose residence or mailing address does not match the residence address of the recipient.

The following criteria will determine the reporting of a mismatch:

- The provider’s self-certification status is YES.
- The recipient case is in eligible or leave status.
- The provider’s status is active or on leave for the case.
- The provider residence or mailing address does not match the current recipient residence address.

Consistent and accurate data entry of addresses for both recipients and provider records is always important. CMIPS utilizes the address verification system from the US Postal Service to recommend postal approved addresses on the Address Verification screen. When updating address data, counties should rely on the address verification system to choose the address which also produces the full nine-digit zip
code whenever possible. This practice improves the accuracy in the address matches for the Live-In Provider Residence Mismatch Report as well as Timesheet and other Program document delivery. County workers should review the report to determine if the most current address has been entered into CMIPS or reach out to providers to submit a change of address (SOC 840) form.

**Data Download**

The CMIPS monthly data download will provide the IRS exclusion information:

```
DATADWLDPROV DDL
LIVE_IN_STATUS and
LIVE_IN_STATUS_EFFECTIVE DT columns
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**IHSS/WPCS Warrants/Statements of Earnings**

The provider Statement of Earnings produced for each warrant does not differentiate between Federal Wages, FICA Wages or State wages and therefore will always display the total gross wages regardless of the IRS Exclusion. Because there is only one gross wage on the statement of earnings, providers will not be able to use the gross wages to determine if an IRS/FTB exclusion has been applied to their payment. All CMIPS users will have access to the new field indicating IRS Live-In Self-Certification Status for a provider and may aid providers that inquire if the exclusion has been applied.

**W-4 Information in CMIPS**

Once the Live-In Self-Certification Form is entered in CMIPS and a provider’s timesheet is processed, the provider’s wages will be excluded from gross income for FIT and PIT purposes and therefore FIT and PIT will not be withheld from the payment. A provider may have a W-4 on file for the case however the W-4 will be ignored as long as the exclusion is active.

Please Note: Only FIT and PIT are impacted with the IRS Exclusion. Taxation related to the relationship between a recipient and their provider is not impacted with this change (i.e., FICA, Medicare and SDI).

**W-2 Amendment Requests**

Amended W-2 requests relating to the IRS and FTB Exclusions shall not be accepted by the counties. Within CMIPS, the Live-In Self-Certification Form is a point in time document and cannot retroactively affect past payments. Federal and State wages cannot be exempted in CMIPS prior to receipt and processing of a properly completed
Live-In Self-Certification Form from the provider. This applies to years 2014 – 2016 as well as future years. As a result of no amended W-2s, providers should contact the IRS regarding how to exclude their income on their tax forms in relation to this ruling.

**Example:**

The Provider submits a January 1 – 15, 2017 *Part A* timesheet on January 16, 2017, and the provider has not submitted an SOC 2298. The provider submits a SOC 2298 on January 17, 2017. The SOC 2298 is entered into CMIPS on January 27, 2017. The *Part A* timesheet was paid on January 19, 2017 and FIT and PIT will be withheld from these wages because the SOC 2298 was not in CMIPS at the time of payment. Therefore, gross wages for January’s *Part A* timesheet will be included in Box 01 (Wages, Tips and Other Compensation) on the 2017 W-2.

In addition, FIT and PIT withheld on payments for periods prior to the receipt and processing of a SOC 2298 will not be refunded through CMIPS. Providers with questions about FIT and/or PIT refunds should contact the IRS or FTB directly.

**New Case Providers or Changed Living Conditions**

New providers or providers with changed living conditions can obtain the Live-In Self-Certification Form (SOC 2298) or the Live-In Self-Certification Cancellation Form (SOC 2299) as needed from the resources listed above.

If you have questions or comments regarding the WPCS mentioned in this ACL, please contact the WPCS Hotline at (916) 552-9214 or Sonya Basinger, WPCS Analyst, via email at sonya.basinger@dhcs.ca.gov.

If you have questions or comments regarding this ACL, please contact the Adult Programs Division, CMIPS II Systems and Operations Unit at (916) 551-1003 or via email at: CMIPSII-Requests@dss.ca.gov.

Sincerely,

**Original Document Signed By:**

DEBBI THOMSON  
Deputy Director  
Adult Programs Division

Attachments

c: CWDA