

July 12, 2018

ALL COUNTY WELFARE DIRECTORS LETTER

TO: ALL COUNTY WELFARE DIRECTORS

FROM: TODD R. BLAND, Deputy Director
Family Engagement and Empowerment Division

SUBJECT: INTRODUCTION OF THE NEW INTENTIONAL PROGRAM
VIOLATION (IPV) ONLINE SYSTEM AND REQUEST FOR
COUNTY PARTICIPATION IN USER TRAINING

The California Department of Social Services (CDSS) would like to announce the implementation of the newly rebuilt IPV Online system and upcoming user training. The implementation of the new IPV Online system is scheduled for July 30, 2018.

Project Background

State and federal mandates require the CDSS Fraud Bureau to maintain a database of individuals who have been previously or are currently ineligible to receive California Work Opportunity and Responsibility to Kids (CalWORKs) cash aid and/or CalFresh benefits due to IPV. CDSS' IPV Online system then uploads CalFresh program IPV information to the national Supplemental Nutrition Assistance Program (SNAP) database, known as the electronic Disqualified Recipient System (eDRS). In 2015, the Food and Nutrition Services (FNS) changed its IPV data-sharing process from a monthly batch to a real-time process for all states and territories. This change required CDSS to make the necessary updates to the existing IPV Online system to maintain its connectivity with the federal eDRS.

New IPV Online System and System Access Form

The new IPV Online system will boast a new user interface design using the most current technology, capable of real-time access to eDRS, future system enhancements, and the capacity to meet the demands of any number of IPV users across the State.

The CDSS has revised its DPA 489 system access form (Attached). All users of the new IPV Online system will be required to submit the new DPA 489 form prior to being granted access to the new IPV Online system. The DPA 489 form can be submitted by fax at (916) 651-5009 or email at FraudSystemAccess@dss.ca.gov.

Once the DPA 489 is submitted to CDSS, county users will be sent a registration email that includes a link and instructions for users to register their account. This is a security requirement for validating the user's identity. The registration must be completed within seven calendar days of receipt of the email or access to the link will expire. If the county user is unable to complete this registration within seven days, the county user must notify the CDSS IPV Coordinator at IPVCoordinator@dss.ca.gov to restart the registration process.

County User Training Schedule

The CDSS has scheduled four county user Go-to-Meeting webinar training sessions in the month of July. Each county participant will only need to attend one of the four training sessions. Participants are advised to consult with their local IT support staff for compatibility with Go-to-Meeting. The IPV Online system user manual will be provided during the training.

County users who wish to participate in the training should email the completed DPA 489 form and their preferred training date to FraudSystemAccess@dss.ca.gov by July 16, 2018.

New IPV Online Training Schedule

Session	Date	Time
1	Tuesday, July 17, 2018	9:30 – 11:00 a.m.
2	Wednesday, July 18, 2018	9:30 – 11:00 a.m.
3	Thursday, July 19, 2018	9:30 – 11:00 a.m.
4	Tuesday, July 24, 2018	9:30 – 11:00 a.m.

If you have any questions or need additional information please contact Nancy Cronin, CDSS IPV Coordinator, at Nancy.Cronin@dss.ca.gov or (916) 651-5007, or Analyn Deloso, Fraud Detection Unit Manager at Analyn.Deloso@dss.ca.gov or (916) 651-5008.

Attachment

INTENTIONAL PROGRAM VIOLATION (IPV) ONLINE SYSTEM REQUEST FOR ADDING/DELETING/MODIFYING A USER

SECTION 1 - ACCESS REQUEST INFORMATION

Check only one: ☐ ADD USER ☐ DELETE USER ☐ MODIFY USER

Check only one: ☐ STATE ADMIN ☐ COUNTY ADMIN ☐ READ/EDIT ☐ READ ONLY

SECTION 2 - USER INFORMATION

User Name:	User Title:	
Email Address:	Phone Number:	
Agency/Dept.:	County Name (County Users):	
Mailing Address:	City:	Zip:

SECTION 3 - USER ACKNOWLEDGMENT AND SIGNATURE

I acknowledge that the permissions to access the confidential and personal information in the system is based on a need to know to perform my job duties and that the data will be used strictly for appropriate business purposes. I acknowledge my responsibility for taking precautions to protect the confidential and personal information in the system.

User's Name (<i>Print</i>):	User's Signature:	Date:
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SECTION 4 - SUPERVISOR ACKNOWLEDGMENT AND SIGNATURE

Supervisor Name:	Supervisor Title:
Email Address:	Phone Number:

I confirm:

- ☐ The proposed permission and/or privileges for the IPV Online System have been authorized on a need-to-know basis. (Add/Modify)
- ☐ The user no longer requires access to the IPV Online System. (Delete)

Supervisor's Name (<i>Print</i>):	Supervisor's Signature:	Date:
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SECTION 5 - FORM PROCESSING

Date Received:	Date Processed:
Processed By (Name):	Signature: