

# CalSAWS

California Statewide Automated Welfare System

## **Design Document**

CA-52597 | CIV-12446

CA 812 Collections Enhancement Report

CalSAWS	DOCUMENT APPROVAL HISTORY	
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DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/19/2019	1.0	Initial Draft	Esequiel Herrera-Ortiz
10/15/2019	2.0	Incorporated recommended changes from CIT 0007-19.	Esequiel Herrera-Ortiz
10/16/2019	2.1	Adding reason why the state form was not updated to comply with ACL 19-05	Esequiel Herrera-Ortiz
02/14/2020	2.2	Included requirement to update the transaction summary by month section of the detail sheets of Lines 3a, 3b, 4a, 4b.	Esequiel Herrera-Ortiz
03/12/2020	2.3	Made some verbiage updates and fixed some errors which were discovered during committee review.	Esequiel Herrera-Ortiz
03/17/2020	2.4	Reverted the Line 2b Detail sheet requirement to repurpose the Account Status and Status Date columns. The Account Approval Date will be added as a new column.	Esequiel Herrera-Ortiz

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# 1 OVERVIEW

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The CA 812 is a quarterly state report that contains statistical information on Collections and Overpayments for the California Work Opportunity and Responsibility to Kids (CalWORKs) program. This includes dollar amount of overpayments identified, grant reductions, cash collections, overpayments that will not be pursued, and overpayments that have been fully recovered during the quarter. This data is comprised of both client-caused and agency caused overpayments.

## 1.1 Current Design

The CA 812 and the CA 812 Detailed Backup Reports are generated as two separate reports. This causes users the need to open both reports and go back and forth between them when validating information. The CA 812 Detail Sheets are also limited in the number of data fields it provides to help county workers validate information reported on the CA 812. Recovery Accounts that are in pending status and have no transactions posted to them at the beginning of the reporting quarter and become 'Void' at the end of the reporting quarter are known as same quarter void Recovery Accounts. Same quarter void Recovery Accounts should not be reported on the CA 812 state report. The Line 8c – New Void Overpayments backup detail sheet lists transactions that are posted to same quarter void Recovery Accounts. This sheet is only there for informational purposes. Cash and Tax intercept transactions are being reported as adjustments due to the transactions not being mapped to Line 4a and Line 4b. The transaction amount/claim by month totals on the detail sheets of lines 3a, 3b, 4a and 4b are not calculating based on how transactions are captured on the report.

For Los Angeles county, Recovery Accounts in the LRS specific status of 'Pending Approval' will be treated similarly as the 'Pending' status. These accounts will be considered established if a transaction has been posted to them and the transaction is effective before the end of the reporting quarter.

## 1.2 Requests

Update the CA 812 to help counties verify the data reported on the report. Some transaction types that are currently being reported on Line 8c will be mapped to Lines 4a and 4b. Update the CA 812 to consider the LRS specific Recovery Account status of 'Pending Approval' like the 'Pending' status. This means a Recovery Account in 'Pending Approval' status is considered established if it has a transaction posted to it.

The CA 812 will not be revised to the version in ACL 19-05. The committee voted to leave the existing version as it facilitates reconciliation of the data from quarter to quarter. The counties will submit the new state form by mapping the line items from the current report to the appropriate lines on the revised report. See CA-206566 CIV-103305 for more information

### 1.3 Overview of Recommendations

1. Combine the CA 812 State report and the CA 812 Detailed Backup report to a single CA 812 report.
2. Create a detailed backup sheet for Line 1b - Adjustments to Item 1a.
3. Add new fields to existing detail sheets.
4. Map cash and tax intercept transactions, currently being reported on Line 8c, to Lines 4a and 4b.
5. Update the logic for transaction amount/claim by month totals on the detail sheets of lines 3a, 3b, 4a and 4b. The 'Other' transaction amount/claim totals will be removed.
6. Remove the entire Line 8c – New Void Overpayments detail sheet.
7. Update the CA 812 logic to treat Recovery Accounts in 'Pending Approval' status the same as if the account was in 'Pending' status.
8. Update the report layout to adhere to reporting cosmetic standards.

### 1.4 Assumptions

1. It is no longer possible in the C-IV or CalSAWS system to post transactions to a Recovery Account in any pending status.

## 2 RECOMMENDATIONS

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The CA 812 report will be updated to improve the data validation process. Some transactions currently reported as other adjustments will be mapped to transaction lines. Recovery Accounts in the LRS specific status of 'Pending Approval' will be treated similarly as the 'Pending' status.

### 2.1 CA 812

#### 2.1.1 Overview

The CA 812 report and CA 812 Detailed Backup Report will be combined into a single report. A Line 1b detailed backup sheet will be created. See the attachment CA 812 Mockup in the Supporting Documents section for the new CA 812 layout. Several detailed backup sheets will be updated to include additional fields. See Appendix 7.1 for column definitions of the new columns. Several specific transaction types will be moved from Line 8c – Miscellaneous to Lines 4a and 4b. The Line 8c - New Void Overpayments detail sheet will be removed. The logic for the transaction amount/claim by month totals found on the detail sheets of line 3a, 3b, 4a and 4b will be updated and the 'Other' totals for transaction amount/claim will be removed. Recovery Accounts in 'Pending Approval' status will be reported on the CA 812 if a transaction has been posted to it and the transaction is effective before the end of the reporting quarter. Aside from adding transaction types to line 4 and adding the LA specific Recovery Account status of 'Pending Approval' the CA 812 state report logic will remain the same in the way it processes claims and amounts.

## 2.1.2 CA 812 Mockup

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES DATA SYSTEMS AND SURVEY DESIGN BUREAU	
<b>Quarterly Report of Overpayments and Collections - CalWORKs</b>		<small>SEND ONE COPY OF THIS REPORT TO: California Department of Social Services Data Systems and Survey Design Bureau, M.S. 9-081 P.O. Box 944243 Sacramento, CA 94244-2430 FAX: (916) 657-2074</small>	
COUNTY NAME Stanislaus		REPORT QUARTER AND YEAR 07/2018	
Items	Claims (A)	Amounts (B)	
1. Overpayments carried forward from end of last quarter (Items a plus or minus b).....	1 0	2 \$0.00	
a. Item 9 from last quarter.....	3 0	4 \$0.00	
b. Adjustment to Item 1a (positive or negative number).....	5 0	6 \$0.00	
2. Overpayments identified during quarter	7 0	8 \$0.00	
3. Total reduction of assistance payments (Items a plus b).....	9 0	10 \$0.00	
a. Overpayment claims and amounts of grant reductions.....	11 0	12 \$0.00	
b. Overpayments versus underpayments.....	13 0	14 \$0.00	
4. Total cash collections (Items a plus b).....	15 0	16 \$0.00	
a. Cash collections.....	17 0	18 \$0.00	
b. Tax intercept collections.....	19 0	20 \$0.00	
5. Overpayments for which collection will not be pursued.....	21 0	22 \$0.00	
6. Overpayments fully recovered.....	23 0		
7. Overpayments at the end of the quarter (CLAIMS (A) = Items 1 plus 2, minus 5, minus 6) (AMOUNTS (B) = Items 1 plus 2, minus 3, minus 4, minus 5).....	24 0	25 \$0.00	
8. Overpayment adjustments (Items a minus b plus or minus c).....	26 0	27 \$0.00	
a. Claims/dollars transferred from other counties.....	28 0	29 \$0.00	
b. Claims/dollars transferred to other counties (negative number).....	30 0	31 \$0.00	
c. Other adjustments (positive or negative number).....	32 0	33 \$0.00	
9. Net overpayments at the end of the quarter (Item 7 plus or minus 8).....	34 0	35 \$0.00	
10. Total collections during the quarter (Item 3 plus 4).....		36 \$0.00	
COMMENTS			
CONTACT PERSON (Print)		TELEPHONE	DATE COMPLETED
TITLE/CLASSIFICATION		FAX	

Figure 2.1.1 – CA 812

## 2.1.3 Description of Changes

1. Combine the CA 812 State report and the CA 812 Detailed Backup report to a single CA 812 report.
  - a. The new merged CA 812 and CA 812 Detailed Backup report will be generated under the existing 'CA 812' report name and existing CA 812 navigation. All historical CA 812 reports will remain available.
  - b. Deactivate the CA 812 Detailed Backup Report. All generated historical reports will remain available.
  - c. The Summary sheet of the consolidated CA 812 report will be the layout of the CA 812 state report.
  - d. The Table of Contents sheet found on the CA 812 Detailed Backup report will be removed entirely.
  - e. Updated the CA 812 to comply with report cosmetic standards; excessive column widths will be adjusted; column alignment will

be updated; the summary hyperlinks will be relocated to the top-right of each detail sheet. Please see the attached mockup for reference.

2. Update the header of the CA 812 detail sheets.
  - a. Rename the Date header on all the detail sheets to Month.
  - b. Rename the 'Table of Contents' link on every detail sheet to 'Summary'.
  - c. Rename the report title in the header of all backup sheets to read CA 812 instead of CA 812 Detailed Backup Report.
3. Update each line item under the Summary Sheet's Amounts (B) column to display the amount without rounding the cents. The format will be \$X.XX.
4. CalSAWS Only: Update all columns on the detail sheet that display dates to 'MM/DD/YYYY' format. Currently the detail sheets on the report displays dates as 'YYYY/MM/DD'.
5. Update the CA 812 logic to treat Recovery Accounts in 'Pending Approval' status the same as Recovery Accounts that are in 'Pending' status. This means the CA 812 will consider a Recovery Account established if the Recovery Account is in 'Pending Approval' status and a transaction has been posted to the Recovery Account.

Code (120)	Short Description
AP	Pending Approval

6. Create a Line 1b Detailed Backup Sheet.
  - a. Create a new detailed backup sheet titled 'Line 1b – Adjustments to Line 1a'. It will be located between the Summary sheet and the Line 2 detailed backup sheet.
  - b. The Line 1b detailed sheet will include the following columns:
    - Case Number
    - Case Name
    - Account Number
    - Discovery Date
    - Overpayment Total
    - Prior Quarter – Line 9 - Account Status
    - Prior Quarter - Line 9 - Transaction Total
    - Prior Quarter - Line 9 - Ending Balance
    - Current Quarter – Account Status
    - Current Quarter – Transaction Total
    - Current Quarter – Beginning Balance
    - Current Quarter – Ending Balance
    - Line Count
    - Line Amount
  - c. The Line 1b – Adjustments to Line 1a detailed backup sheet will capture any Recovery Account that caused a discrepancy in the number of claims or amount between Line 9 of the prior

quarter CA 812 and Line 1 of the current quarter CA 812. The data in the backup sheet will match what is reported on Line 1b of the Summary sheet.

\*Note Recovery Account that have been deleted can be identified when Prior Quarter – Line 9 information is available but the Current Quarter information is blank.

- d. Add the following Static totals to the top left of the detail sheet:
- Current Quarter Claims – Presents the number of Recovery Accounts reported on Line 1 that caused a discrepancy with the prior quarter's Line 9 Claim or Amount total. The static total is calculated as the count of every row presented in the sheet in which the Current Quarter – Account Status information is populated.
  - Current Quarter Amounts - Presents the dollar amount collected on Recovery Accounts reported on Line 1 that caused a discrepancy from the prior quarter's Line 9 Claim or Amount total. The static total is calculated as a summation over the entire Current Quarter – Beginning Balance column. The format shall be \$X.XX.
  - Prior Quarter – Line 9 - Claims – Presents the number of Recovery Accounts reported in the prior quarter's Line 9 that caused a discrepancy with the Line 1 Claim or Amount total. The static total is a count of every row presented in the sheet in which the Prior Quarter – Account Status information is populated.
  - Prior Quarter – Line 9 - Amounts – Presents the amount collected on Recovery Accounts reported on the prior quarter's Line 9 that caused a discrepancy with the Line 1 Claim or Amount total. The static total is calculated as the summation over the entire Prior Quarter – Line 9 – Ending Balance column. The format shall be \$X.XX.
- e. Add the following dynamic total to the top right of the detail sheet:
- Number of Claims – Presents the adjusted number of Recovery Accounts captured on the Line 1b detail sheet. The dynamic total is calculated as a count over the Current Quarter – Account Status column minus the count over the Prior Quarter – Line 9 - Account status column. The count shall change dependent on filters applied to the data set.
  - Total Amount - Presents the adjusted dollar amount collected on Recovery Accounts captured on the Line 1b detail sheet. The dynamic total is calculated as a sum over the Current Quarter – Beginning Balance column minus the sum over the Prior Quarter – Line 9 – Ending Balance. The Total Amount shall change dependent on the filters applied to the data set. The format shall be \$X.XX.

7. Update Line 2 – Overpayments Identified During Quarter
  - a. Add the following data fields to the detail sheet:
    - Account Program Type
    - Account Creation Date
    - First Transaction Date
    - Transaction Total
    - Line Count
    - Line Amount
    - Account Approval Date
  - b. Reformat the existing static and dynamic totals. The static totals will be aligned to the left. The dynamic totals will be aligned to the right. See the attached mockup for reference. The logic to calculate the totals will remain the same.
8. Update Line 3a - Overpayment Claims and Amounts of Grant Reductions
  - a. Add the following data field to the detail sheet:
    - Account Program Type
    - Related Transaction Type
    - Line Count
    - Line Amount
  - b. Rename the Effective Date column in the detail sheet to Effective Month and present the data in 'MM/YYYY' format. This is to match the Transaction Summary Online page.
  - c. In the detail sheet, update the existing 'Distinct Total' row label in the totals table to 'Total' and update the 'Claims' column label to 'Distinct Claims'.
  - d. Add the following dynamic totals to the top right of the detail sheet:
    - Distinct Claims – The total is calculated as a count of distinct rows over the Account Number column. The count shall change dependent on filters applied to the data set.
    - Total Amount – Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be \$X.XX.
  - e. Remove the Other – Distinct Claims and Other – Transaction Amount totals located at the top left side of the detail sheet.
  - f. Update the logic for the following static totals located on the top left of the detail sheet:
    - Month 1 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
    - Month 1 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective

Month is equal to the first month of the reporting quarter.

- Month 2 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
- Month 2 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
- Month 3 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.
- Month 3 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.

9. Update the Line 3b – Overpayments Versus Underpayments

a. Add the following data fields to the detail sheet:

- Account Program Type
- Related Transaction Type
- Line Count
- Line Amount

b. Rename the Effective Date column in the detail sheet to Effective Month and present the data in 'MM/YYYY' format. This is to match the Transaction Summary Online page.

c. In the detail sheet, update the existing 'Distinct Total' row label in the totals table to 'Total' and update the 'Claims' column label to 'Distinct Claims'.

d. Add the following dynamic totals to the top right of the detail sheet:

- Distinct Claims – Calculated as a count of distinct rows over the Account Number column. The count shall change dependent on filters applied to the data set.
- Total Amount - Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be \$X.XX.

e. Remove the Other – Distinct Claims and Other – Transaction Amount totals located at the top left side of the detail sheet.

f. Update the logic for the following static totals located on the top left of the detail sheet:

- Month 1 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
- Month 1 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
- Month 2 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
- Month 2 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
- Month 3 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.
- Month 3 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.

10. Update Line 4a – Cash Collections

- a. Add the following data field to the detail sheet:
  - Account Program Type
  - Related Transaction Type
  - Line Count
  - Line Amount
- b. Rename the Effective Date column in the detail sheet to Effective Month and present the data in 'MM/YYYY' format. This is to match the Transaction Summary Online page.
- c. Update the line logic to include the following LRS specific transaction types to Line 4a if the transaction is posted on or before the last day of the reporting quarter and is effective during the reporting quarter or if effective month occurred in a prior quarter but the transaction was posted during the reporting quarter.

Code (412)	Short Description
CT	Collection Fee - TTC
OT	Other Agency Collection - TTC
OD	Other Agency Collection - DPSS
US	AP- USCB OCA
LB	AP-Linebarger OCA

- d. Any of the below listed related transactions that are placed on the LRS specific transactions listed in 2.1.3.10(c) should be reported on Line 4a if the related transaction is posted during the same reporting quarter as the original cash transaction.

Code (412)	Short Description
AR	External Refund
BC	Bad Check
BO	Back Out
RF	Refund
RR	R & R Refund
RS	Refund Reversal
TN	Transfer

- e. In the detail sheet, update the existing 'Distinct Total' row label in the totals table to 'Total' and update the 'Claims' column label to 'Distinct Claims'.
- f. Add the following dynamic totals to the top right of the detail sheet:
- Distinct Claims – Calculated as a count of distinct rows over the Account Number column. The count shall change dependent on filters applied to the data set.

- Total Amount - Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be \$X.XX.

g. Remove the Other – Distinct Claims and Other – Transaction Amount totals located at the top left side of the detail sheet.

h. Update the logic for the following static totals located on the top left of the detail sheet:

- Month 1 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
- Month 1 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
- Month 2 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
- Month 2 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
- Month 3 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.
- Month 3 - Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.

11. Update Line 4b – Tax Intercept Collections

a. Add the following data field to the detail sheet:

- Account Program Type
- Related Transaction Type
- State Cycle Number
- Line Count
- Line Amount

- b. Rename the Effective Date column in the detail sheet to Effective Month and present the data in 'MM/YYYY' format. This is to match the Transaction Summary Online page.
- c. Update the line logic to include the following transaction types to Line 4b if the transaction is posted on or before the last day of the reporting quarter and is effective during the reporting quarter or if effective month occurred in a prior quarter but the transaction was posted during the reporting quarter.

Code (412)	Short Description
FT	TI-FTB (65%)
T17	TTC 545 - IRS (17.5%)
T82	TTC 547 - IRS (82.5%)
TX	TI - IRS (17.5% State)
TY	TI - IRS (17.5% County)

- d. Include the LRS specific tax intercept related transaction type to line 4b if the tax intercept related transaction is posted during the same reporting quarter as the original tax intercept transaction.

Code (412)	Short Description
AV	Advance Refund

- e. Any of the below existing tax intercept related transactions types that are placed on the transactions listed in section 2.1.3.11(c), should be reported on Line 4b if the related transaction is posted during the same reporting quarter as the original tax intercept transaction.

Code (412)	Short Description
AR	External Refund

BO	Back Out
RF	Refund
RR	R & R Refund
RS	Refund Reversal
TN	Transfer

- f. In the detail sheet, update the existing 'Distinct Total' row label in the totals table in the detail sheet to 'Total' and update the 'Claims' column label to 'Distinct Claims'.
- g. Add the following dynamic totals to the top right of the detail sheet:
- Distinct Claims – Calculated as a count of distinct rows over the Account Numbers column. The count shall change dependent on filters applied to the data set.
  - Total Amount - Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be \$X.XX.
- h. Remove the Other – Distinct Claims and Other – Transaction Amount totals located at the top left side of the detail sheet.
- i. Update the logic for the following static totals located on the top left of the detail sheet:
- Month 1 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
  - Month 1 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the first month of the reporting quarter.
  - Month 2 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the second month of the reporting quarter.
  - Month 2 – Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective

Month is equal to the second month of the reporting quarter.

- Month 3 – Distinct Claims: The distinct Account Number count of all transactions on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.
- Month 3 - Transaction Amounts: The summation of all transaction amounts on the detail sheet where the greater of the transaction's Posted Date or Effective Month is equal to the third month of the reporting quarter.

12. Update Line 5 – Overpayments for Which Collection Will Not Be Pursued – Terminated Claims

- a. Add the following data field to the detail sheet:
  - Account Program Type
  - Account Creation Date
  - Line Count
  - Line Amount
- b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 5 – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the claim or amount, the cell will be grayed out. The last row in the table will be labeled as 'Total' and will be the summation of all the sub line item's claims and amounts.
- c. Add the following dynamic total to the top right of the detail sheet.
  - Number of Claims – Calculated as a count over the Account Numbers column. The count shall change dependent on filters applied to the data set.

13. Update Line 5 – Overpayments for Which Collection Will Not Be Pursued – Terminated Transactions

- a. Add the following data field to the detail sheet:
  - Account Program Type
  - Account Creation Date
  - Termination Date
  - Ending Balance
  - Line Count
  - Line Amount
- b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 5 – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line

item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.

- c. Add the following dynamic total to the top right of the detail sheet.
  - Total Amount – Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be \$X.XX.

14. Update Line 6 – Overpayments Fully Recovered

- a. Add the following data field to the detail sheet:
  - Line Count
  - Line Amount
- b. Reformat the existing static and dynamic totals. The static totals will be aligned to the left. The dynamic totals will be aligned to the right. See the attached mockup for reference. The logic to calculate the totals will remain the same.

15. Update Line 8a – Claims/Dollars Transferred In From Other Counties

- a. Add the following data field to the Line 8a detail sheet:
  - Line Count
  - Line Amount
- b. Reformat the existing static and dynamic totals. The static totals will be aligned to the left. The dynamic totals will be aligned to the right. See the attached mockup for reference. The logic to calculate the totals will remain the same.

16. Update Line 8b - Claims/Dollars Transferred Out to Other Counties - Transferred Out to Other Counties

- a. Add the following data field to the detail sheet:
  - Line Count
  - Line Amount
- b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8b – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
- c. Add the following dynamic total to the top right of the detail sheet.

- Number of Claims – Calculated as a negative count over the Account Numbers column. The count shall change dependent on filters applied to the data set.
17. Update Line 8b - Claims/Dollars Transferred Out to Other Counties – Inter County Out Transactions
- a. Add the following data field to the detail sheet:
    - Transaction Number
    - Posted Date
    - Related Transaction
    - Effective Month
    - Line Count
    - Line Amount
  - b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8b – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
  - c. Add the following dynamic total to the top right of the detail sheet.
    - Total Amount – Calculated as a sum over the Transaction Amount column times negative one. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be \$X.XX.
18. Update Line 8c – Other Adjustments – Recovery Account Reactivations
- a. Add the following data field to the detail sheet:
    - Line Count
    - Line Amount
  - b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8c – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
  - c. Add the following dynamic total to the top right of the page.

- Number of Claims – Calculated as a count over the Account Numbers column. The count shall change dependent on filters applied to the data set.
19. Update Line 8c – Other Adjustments – Prior Quarter Voids
- a. Add the following data field to the detail sheet:
    - Line Count
    - Line Amount
  - b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8c – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
  - c. Add the following dynamic total to the top right of the page.
    - Number of Claims – Calculated as a negative count over the Account Numbers column. The count shall change dependent on filters applied to the data set.
20. Remove the entire Line 8c - New Void Overpayments detail sheet. The CA 812 state report does not report same quarter void Recovery Accounts.
21. Update Line 8c – Other Adjustments – Cause Code Change to Tracked
- a. Add the following data field to the detail sheet:
    - Line Count
    - Line Amount
  - b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8c – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
  - c. Add the following dynamic total to the top right of the page.
    - Number of Claims – Calculated as a count over the Account Numbers column. The count shall change dependent on filters applied to the data set.
    - Total Amount – Calculated as a sum over the Transaction Amount column times negative one. The Transaction

Amount total shall change dependent on the filters applied to the data set. The format shall be as \$X.XX.

22. Update Line 8c – Other Adjustments – Cause Code Change From Tracked

- a. Add the following data field to the detail sheet:
  - Line Count
  - Line Amount
- b. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8c – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
- c. Add the following dynamic totals to the top right of the page.
  - Number of Claims – Calculated as a negative count of distinct rows over the Account Numbers column. The count shall change dependent on filters applied to the data set.
  - Total Amount – Calculated as a sum over the Transaction Amount column times negative one. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be as \$X.XX.

23. Line 8c – Other Adjustments – Miscellaneous

- a. Add the following data field to the detail sheet:
  - Related Transaction Type
  - Line Count
  - Line Amount
- b. The Effective Date column in the detail sheet will be renamed to Effective Month and the data will be presented in 'MM/YYYY' format. This is to match the Transaction Summary Online page.
- c. The following transaction types have been mapped to Line 4a and Line 4b. These transaction types or any related transaction should no longer appear on Line 8c – Other Adjustments - Miscellaneous:

Code (412)	Short Description
CT	Collection Fee - TTC
OT	Other Agency Collection - TTC

OD	Other Agency Collection - DPSS
US	AP- USCB OCA
LB	AP-Linebarger OCA
FT	TI-FTB (65%)
T17	TTC 545 - IRS (17.5%)
T82	TTC 547 - IRS (82.5%)
TX	TI - IRS (17.5% State)
TY	TI - IRS (17.5% County)
AV	Advance Refund

- d. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8c – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
  - e. Add the following dynamic total to the top right of the page:
    - Total Amount – Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be as \$X.XX.
  - f. Update the line logic to exclude 'Void' transactions posted to same quarter void Recovery Accounts. These transactions are being removed from Line 8c – Other Adjustment – Transactions and these same transactions should not appear on this line.
24. Update Line 8c – Other Adjustments – Transactions
- a. Add the following data field to the detail sheet:
    - Related Transaction Type
    - Line Count
    - Line Amount
  - b. Any related transactions that is placed on one of the newly added transaction types listed in section 2.1.3.10(c) and

2.1.3.11(c) shall be reported on this sheet if the original transaction was reported on a prior quarter CA 812 but the related transaction was posted during the current reporting quarter.

- c. Exclude 'Void' transactions that are posted to same quarter void Recovery Accounts. These 'Void' transaction was reported on this sheet to balance out the 'Void' transaction posted on Line 8c – New Void Overpayments sheet. Since the Line 8c – New Void Overpayments sheet is being removed the 'Void' transactions also need to be removed from Line 8c – Transactions to balance out the transaction down to \$0. These same transactions should also not appear on Line 8c – Other Adjustments – Miscellaneous ether.
  - d. Replace the existing totals at the top of the detail sheet and replace with a new static table which includes all the Line 8c – sub totals. Each row will present the static total for Claims and Amounts that the sub line items account for in the overall line item total. The first column presents the sheet name which links to the corresponding detail sheet. The second column presents the claims count for the sub line item. The third column presents the amount total for the sub line item. If the sub line item does not affect the line item claim or amount, the cell will be grayed out. The last row in the table will be labeled as Total and will be the summation of all the sub line item's claims and amounts.
  - e. Add the following dynamic total to the top right of the page:
    - Total Amount – Calculated as a sum over the Transaction Amount column. The Transaction Amount total shall change dependent on the filters applied to the data set. The format shall be as \$X.XX.
25. Update Line 9 – Net Overpayments At The End of the Quarter (Both sheets)
- a. Add the following data fields to the detail sheet:
    - Cause
    - Line Count
    - Line Amount
  - b. Reformat the existing static and dynamic totals. The static totals will be alighted to the left. The dynamic totals will be aligned to the right. See the attached mockup for reference. The logic to calculate the totals will remains the same.

#### 2.1.4 Report Location

- **Global: Reports**
- **Local: Scheduled**
- **Task: State**

### 2.1.5 Counties Impacted

All CalSAWS counties will be affected by the changes outlined in this SCR.

### 2.1.6 Security Updates

No security changes will be made with this SCR.

### 2.1.7 Report Usage/Performance

The changes outlined in this SCR will not cause any significantly change in the report's performance.

## 3 SUPPORTING DOCUMENTS

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Number	Functional Area	Description	Attachment
1	Reports	CA 812 Mockup	 CA 812 Mockup.xlsx
2	Reports	ACL 19-05	 ACL 19-05 CA-812.pdf

## 4 REQUIREMENTS

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### 4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.1.11	The LRS shall support all reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures, including statistical, operational, workload, and fiscal reports.	The CA 812 report is a state mandated report. It is being modified in compliance with State policy.

### 4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

## 5 MIGRATION IMPACTS

---

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
NA					

## 6 OUTREACH

---

NA

## 7 APPENDIX

### 7.1 Column Definitions

Field Name	Field Description
Account Approval Date	This column displays the date the Recovery Account first went to Active status if it occurred before the end of the reporting quarter. This information should reflect what is on the Recovery Account History section of the Recovery Account Detail page. The column will be blank if the account was not approved before the end of the reporting quarter.
Account Creation Date	This column will display the date the Recovery Account was created in the database. This information can be found on the Recovery Account Detail page.
Account Number	This column will display the system-generated unique identifying number of the Recovery Account. This information can be found on the Recovery Account Detail page.
Account Program Type	This column will display the program type for which the Recovery Account was created for. This information can be found on the Account Details section of the Recovery Account Detail page.
Case Name	This column will display the case name of the case for which the Recovery Account was created for. This information can be found on the Recovery Account Detail page.
Case Number	This column will display the case number for the case which the Recovery Account was created for. This information can be found on the Recovery Account Detail page.
Cause	This column will display the Recovery Account Cause as of the end of the reporting quarter. This information can be found under the Account Details section of the Recovery Account Detail page.
Current Quarter - Account Status	This column will display the status of the Recovery Account as of the beginning of the current reporting quarter. The column will be blank if the Recovery Account is not reported on Line 1.
Current Quarter - Beginning Balance	This column will display the balance of the recovery account as of the beginning of the reporting quarter. The column will be blank if the Recovery Account is not reported on Line 1.

Current Quarter - Ending Balance	This column will display the balance of the recovery account as of the end of the reporting quarter. The column will be blank if the Recovery Account is not reported on Line 1.
Current Quarter - Transaction Total	This column will display the transaction total posted to the recovery account as of the beginning of the reporting quarter. The column will be blank if the information is not available. An example of this column being blank is if a data change request sets these recovery accounts to an untracked cause code for the prior quarter or if the account is deleted from the database. Format: \$X.XX
Discovery Date	This column will display the date of discovery of the overpayments for which the recovery account was created for. This information can be found under the Account Details section of the Recovery Account Detail page. Format: MM/DD/YYYY
Effective Month	This column will display the month in which the transaction becomes effective. This information can be found under the Transaction Detail page. Format: MM/YYYY
Ending Balance	This column will display the difference between the original balance minus the total recovered amount as of the end of the reporting quarter. Format: \$X.XX
First Transaction Date	This column will display the earliest Posted Date of any transaction posted to the Recovery Account that was posted and effective before the end of the reporting quarter. This information should reflect what is seen on the Search Results Summary in the Transaction Summary page. This column will be blank if no transaction has been posted to the recovery account. Format: MM/DD/YYYY
Line Amount	This column will display the dollar amount in which the line item impacts the Net overpayment balance at the end of the reporting quarter. Depending on the line item, the column logic will be as follows:  Line 1b: Equal to (Current Quarter – Beginning Balance minus Prior Quarter - Line 9 – Ending Balance). Line 2: Equal to Original Overpayment Amount. Line 3a: Equal to Transaction Amount * -1. Line 3b: Equal to Transaction Amount * -1.

	<p>Line 4a: Equal to Transaction Amount * -1.  Line 4b: Equal to Transaction Amount * -1.  Line 5 Terminated Claims: Equal to \$0.00.  Line 5 Terminated Transactions: Equal to Transaction Amount * -1.  Line 6: Equal to \$0.00.  Line 8a: Equal to Overpayment Total.  Line 8b – Transferred Out to Other Counties: Equal to \$0.00.  Line 8b – Inter County Out Transactions: Equal to Transaction Amount * -1.  Line 8c – Recovery Account Reactivations: Equal to \$0.00.  Line 8c – Prior Quarter Voids: Equal to \$0.00.  Line 8c – Cause Code Change To Tracked: Equal to Account Balance.  Line 8c – Cause Code Change From Tracked: Equal to Account Balance * -1.  Line 8c – Miscellaneous: Equal to the Amount column * -1.  Line 8c – Transaction: Equal to the Amount column * -1.  Line 9 - Equal to the Amount column.  Format: \$X.XX</p>
Line Count	<p>This column will display 0, 1 or -1 depending how the line item record impacts the ending number of claims on the CA 812 for the given report quarter. The column logic will be as follows:</p> <p>Line 1b: Equal to</p> <ul style="list-style-type: none"> <li>• 1 - If the account was not part of the last quarter Line 9 count but is included in this quarter Line 1 count.</li> <li>• -1 – If the account was part of the last quarter Line 9 count but is not included in this quarter Line 1 count.</li> <li>• 0 – If the adjustment is solely an amount adjustment.</li> </ul> <p>Line 2: Equal to 1.  Line 3a: Equal to 0.  Line 3b: Equal to 0.  Line 4a: Equal to 0.  Line 4b: Equal to 0.  Line 5 Terminated Claims: Equal to -1.  Line 5 Terminated Transactions: Equal to 0.  Line 6: Equal to -1.  Line 8a: Equal to 1.</p>

	<p>Line 8b – Transferred Out to Other Counties: Equal to -1.</p> <p>Line 8b – Inter County Out Transactions: Equal to 0.</p> <p>Line 8c – Recovery Account Reactivations: Equal to 1.</p> <p>Line 8c – Prior Quarter Voids: Equal to -1.</p> <p>Line 8c – Cause Code Change To Tracked: Equal -1.</p> <p>Line 8c – Miscellaneous: Equal to 0.</p> <p>Line 8c – Transaction: Equal to 0.</p> <p>Line 9 - Equal 1.</p>
Overpayment Total	<p>This column will display the Overpayment amount of the Recovery Account as of the end of the reporting quarter. This information can be verified under the Original Balance field in on the Overpayment Summary page.</p> <p>Format: \$X.XX</p>
Posted Date	<p>This column will display the date the transaction was posted to the Recovery Account. This information can be found on the Transaction Details Detail page.</p> <p>Format: MM/DD/YYYY</p>
Prior Quarter - Line 9 - Account Status	<p>This column will display the status of the Recovery Account as it was reported on Line 9 of the prior quarter CA 812. This column will be blank if the Recovery Account was not captured on Line 9 of the prior quarter.</p>
Prior Quarter - Line 9 - Ending Balance	<p>This column will display the ending balance on the he Recovery Account as it was reported on Line 9 of the prior quarter CA 812. This column will be blank if the Recovery Account was not captured on Line 9 of the prior quarter. This column will be blank if the Recovery Account was not captured on Line 9 of the prior quarter.</p> <p>Format: \$X.XX</p>
Prior Quarter - Line 9 - Transaction Total	<p>This column will display the Transaction Total of the recovery account as it was reported on Line 9 of the prior quarter CA 812. This column will be blank if the Recovery Account was not captured on Line 9 of the prior quarter.</p> <p>Format: \$X.XX</p>
Related Transaction	<p>This column will display the initial transaction number for which all related transactions were initiated for. This information can be verified on the Transaction Summary Detailed Results page. The column will be blank if the transaction has no related transaction.</p>
Related Transaction Type	<p>This column will display the Transaction Type of the Related Transaction. The column will be blank if the transaction has no related transaction. This</p>

	information can be verified on the Transaction Detail page.
State Cycle Number	This column will display the corresponding TOP cycle number for the tax intercept transaction. This information can be verified in the Transaction Detail page.
Termination Date	This column will display the date the recovery account was terminated. The column will be blank if the recovery account is not terminated. Format: MM/DD/YYYY
Transaction Number	This column will display the transaction number for the transaction. This information can be found on the Transaction Details Detail page.
Transaction Total	This column will display the summation of all transactions posted to the recovery account where the posted date and effective month of each transaction occurred before the end of the reporting quarter. Format: \$X.XX

# CalSAWS

California Statewide Automated Welfare System

## **Design Document**

CA-58123 | CIV-10791 – Prevent Advancing  
Medi-Cal Renewal with a Soft Pause Individual

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Renee Gustafson, Howard Suksanti, Rajan Vadapalli
	Reviewed By	Derek Goering, Max Volf, Raju Indala, Prashant Goel, Geetha Ramalingam, Parul Dhawan, William Baretsky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
4/2/2018	0.1	Original draft	Renee Gustafson
1/9/2019	0.2	Updated on Batch requirement.	Howard Suksanti
3/4/2019	0.3	Updated EDBC validations, new EDBC Run Reason, eHIT changes	Rajan Vadapalli
8/1/2019	0.4	Added MAGI Emulator changes, updated C-IV to have auto-set of EDBC Run Reason, added appendix with CalHEERS criteria for Soft Pause, clarified eHIT changes	Renee Gustafson
8/8/2019	0.5	Added CalSAWS Journal for Non-MAGI Screening packet generated by batch.	Renee Gustafson
8/22/2019	0.6	Added Manual EDBC page updates	Rajan Vadapalli
9/30/2019	0.7	Version sent to committee for feedback	Rajan Vadapalli
10/24/2019	0.8	Updated auto-setting of EDBC Run Reason	Rajan Vadapalli
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04/11/2020	1.1	Content Revision: Updated Mockups to show 'Soft Pause/Non-RE'	Rajan Vadapalli
05/20/2020	1.2	Content Revision: Added Assumption #4 per DHCS clarification. Added clarification note to automated batch for Non-MAGI Screening Packet.	Rajan Vadapalli
06/02/2020	1.3	Content Revision 2: Updated Current Design and Recommendation 2.5 to reflect that the functionality that auto-sets the EDBC run reason to "RE" does not consider MC RE	Rajan Vadapalli

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
		Packets with "Not Applicable" status.	
06/09/2020	1.4	Content Revision 2: Removed highlights from Content Revision 1 to make Content Revision 2 changes clear	Renee Gustafson
06/15/2020	1.5	Updated Recommendation 2.1.3 with a condition to not display 'RE' in the drop down of Run EDBC page if the valid DER to be used by EDBC for this Medi-Cal program contains at least one Soft Pause individual	Rajan Vadapalli

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# 1 OVERVIEW

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Per guidance provided in ACDWL 17-35, Medi-Cal individuals must be evaluated for Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal if the individual was found MAGI Medi-Cal eligible with Soft Pause during the renewal process before advancing the renewal due date.

This SCR will update The Systems to prevent advancing the Medi-Cal renewal with a Soft Pause individual.

## 1.1 Current Design

When a MAGI Medi-Cal individual reports a change, or is reevaluated during the annual renewal period, CalHEERS protects the individual from adverse actions to their MAGI Medi-Cal eligibility by placing the individual in Soft Pause. The annual renewal period begins two months prior to the RE Due Date until the program is renewed.

Soft Pause protects the individual until the County Eligibility Worker (CEW) evaluates the individual for MAGI Medi-Cal with a premium or for other Medi-Cal programs not subject to MAGI, such as Non-MAGI Medi-Cal or Consumer Protection Programs (CPPs).

CalHEERS Soft Pause protections will continue until Soft Pause is lifted by a CEW through an Eligibility Determination Request (EDR). Once Soft Pause is lifted, adverse actions can be applied per the CalHEERS MAGI Medi-Cal discontinuance rules and the individual can be moved to another aid code or discontinued from MAGI Medi-Cal.

With CalHEERS Release 16.4, C-IV SCR 2713 and LRS SCR 36160 updated The Systems with functionality to allow a CEW to send a 'Soft Pause Lift' indicator to CalHEERS in an EDR. When CalHEERS receives the 'Soft Pause Lift' indicator, CalHEERS lifts Soft Pause and applies adverse actions per the CalHEERS MAGI Medi-Cal discontinuance rules and the individual is moved to another aid code or discontinued from MAGI Medi-Cal. CalHEERS sends a MAGI Determination of Eligibility Response (DER) to The Systems with the individual's new MAGI Medi-Cal eligibility/discontinuance and the Eligibility Evaluation Reason code 'Soft Pause Lift'. The CEW can then move the individual to the new MAGI Medi-Cal aid code or evaluate the individual for Non-MAGI Medi-Cal.

C-IV Medi-Cal EDBC Batch skip logic will skip a case with skip reason of 'Soft Paused' when an individual on the MAGI Determination returns as MAGI Eligible with an Eligibility Evaluation Reason of Soft Pause. C-IV generates through batch a Non-MAGI Screening Packet for any individual with Eligibility Evaluation Reason of 'Soft Paused' on the DER received during the Batch MAGI Renewal process. This allows the C-IV CEW to manually request the 'Soft Pause Lift' to determine the individual's correct benefits when the Non-MAGI Screening Packet is returned.

CalSAWS does not have the Medi-Cal Batch EDBC Skip logic nor the batch to generate the Non-MAGI Screening Packet. CalSAWS CA-203981 added the Non-MAGI Screening Packet to the template repository in Release 19.11. **The Non-MAGI Screening Packet is a supplemental packet, not a RE Packet.**

The Systems allow CEWs to run Medi-Cal EDBC against a MAGI Determination that contains an individual in Soft Pause and establish a new annual renewal period. When an individual is in Soft Pause, the MAGI Determination provides the updated income and household size information with incorrect Federal Poverty Level (FPL) limit. As a result, during MAGI Renewals, The Systems generates a MAGI Renewal Notice of Action (NOA) with the incorrect FPL amounts. This can be misleading to the individual.

C-IV allows the CEW to select the 'RE' EDBC Run Reason during the annual renewal period and outside the annual renewal period to establish a new renewal period when processing a reported change. In C-IV 'RE' EDBC Run Reason is displayed when EDBC benefit month is on or after the Re-Evaluation begin month.

CalSAWS allows a worker to select a Run Reason from the EDBC Run Reason dropdown only when running Medi-Cal EDBC for a single-month. In CalSAWS 'RE' EDBC Run Reason is displayed only if the benefit month is after the RE Due Date or if a 'RE' packet exists for the 'RE' Due month.

C-IV sends 'Renewal – manual renewal' (RM) EDR Run Reason to CalHEERS during the annual renewal period starting with the EDR Benefit Month two months prior to the RE Due Date and beyond.

For example: A Medi-Cal program has RE Due Date 06/30/2020.

Beginning with EDR benefit month 05/2020 and beyond, C-IV sends 'RM' EDR Run Reason until a new annual renewal period is established.

CalSAWS does not send 'RM' EDR Run Reason.

CalSAWS automatically sets the EDBC Run Reason to 'RE' if the EDBC Run Reason is left blank when all the following are true:

- The EDBC benefit month is equal to the next RE period begin date and there is a valid open RE record for the program or the EDBC benefit month is equal to the come-up month.
- The appropriate RE packet was generated for the RE Due Month for the program.
- The latest RE packet status is **either 'Not Applicable' or 'Reviewed-Ready to Run EDBC'**
- The Non-MAGI Turning 65 Packet submit month equals the Medi-Cal EDBC benefit month and the latest Non-MAGI Turning 65 Packet status is 'Reviewed - Ready to Run EDBC' if there does not exist any Medi-Cal RE packet for the RE due month for the program in Release 19.11 with CA-203981.

C-IV does not have functionality to automatically set the EDBC Run Reason to 'RE', but C-IV does have a page validation on the Run EDBC and Negative Action Detail pages that require the worker to run EDBC with 'RE' Run Reason when all the following are true:

- The latest MAGI determination for the benefit month has a 'RE' or 'RM' Run Reason.
- The benefit month is no earlier than one month prior to 'RE' due month.
- 'RE' Run Reason was not selected while running EDBC.
- Not an Auto Test scenario.

Note: The Medical Packet information from DOC\_TEMPL table

The MAGI Emulator allows testing of changes to The Systems that rely on specific results in a MAGI Determination without a direct connection to a CalHEERS-connected test environment. The MAGI Emulator does not have functionality to return Soft Pause or Soft Pause Lift in the MAGI Determination. See the current functionality of MAGI Emulator in Supporting Documents.

## 1.2 Requests

Per ACDWL 17-35, Medi-Cal individuals must be evaluated for Non-MAGI Medi-Cal if the individual was found MAGI Medi-Cal eligible with Soft Pause during the renewal process before advancing the renewal due date.

1. Require the CEW to lift Soft Pause prior to running Medi-Cal EDBC with 'RE' EDBC Run Reason.
2. Add a new EDBC Run Reason 'Soft Pause/Non-RE', that will allow a CEW to run Medi-Cal EDBC during the annual renewal period with an individual in Soft Pause that will not advance the renewal due date. This 'Soft Pause/Non-RE' EDBC Run Reason should only be used for exceptions when the CEW is unable to lift Soft Pause due to 10-day noticing or CalHEERS issues. For example: a 'Person Add' during renewal or to process a Negative Action for a non-Soft Pause individual while waiting for the Non-MAGI Screening Packet for the Soft Pause individual. This EDBC Run Reason can also be leveraged for a 'Non-RE' in a situation without anyone in Soft Pause when a CEW needs to run EDBC during the annual renewal, but does not want to advance the RE. For example: Transitioning an individual that falls into the Young Adult Expansion (YAE) population while the worker is still waiting for verifications to complete the RE. The CEW can run EDBC with 'Soft Pause/Non-RE' EDBC Run Reason to process the transition of the YAE individual, but the RE will not be advanced at that time.
3. Update CalSAWS Batch EDBC Skip logic to skip a case with a new skip reason of 'Soft Paused' when an individual on the MAGI Determination returns as MAGI Eligible with an Eligibility Evaluation Reason of Soft Pause.
4. Update The Systems to generate a Non-MAGI Screening Packet when an individual is skipped through batch for Soft Pause and the MAGI Determination Run Reason code is 'Renewal - batch administrative renewal' (RE).

5. Update CalSAWS to create a Journal entry when the Non-MAGI Screening Packet is generated through batch.
6. Update CalSAWS to allow the CEW to select 'RE' EDBC Run Reason to establish a new renewal period during reported changes outside the annual renewal period.
7. Update CalSAWS to send 'RM' EDR Run Reason during the annual renewal period.
8. Update The Systems to automatically set the EDBC Run Reason to either 'RE' or 'Soft Pause/Non-RE' when appropriate during the annual renewal period.
9. Update the MAGI Emulator to have Soft Pause and Soft Pause Lift functionality to allow the testing of changes in The Systems which rely on specific results in a MAGI Determination without a direct connection to a CalHEERS-connected test environment.

### 1.3 Overview of Recommendations

1. Update the Run EDBC page to display 'Soft Pause/Non-RE' EDBC Run Reason for the Medi-Cal program.
2. Update the Negative Action Detail page to display 'Soft Pause/Non-RE' EDBC Run Reason for the Medi-Cal program.
3. Update Create Manual EDBC page to display 'Soft Pause/Non-RE' EDBC Run Reason.
4. Update the Medi-Cal EDBC Summary page to display a notification message when 'Soft Pause/Non-RE' Run Reason is auto-set during the Medi-Cal EDBC evaluation.
5. Add 'Soft Pause/Non-RE' EDBC Run Reason for the Medi-Cal program. Update The Systems to auto-set the EDBC Run Reason to either 'Soft Pause/Non-RE' or 'RE' when appropriate.
6. Update eHIT Disposition functionality for the new EDBC Run Reason 'Soft Pause/Non-RE'. **CalSAWS only:** Update eHIT logic to have 'RM' EDR Run Reason functionality.
7. **CalSAWS only:** Add a Batch EDBC Skip Reason 'Soft Paused' that will skip a case from Batch EDBC processing when the valid DER has at least one individual with Eligibility Evaluation Reason of Soft Pause.
8. **CalSAWS only:** Update the Batch MAGI Renewal Sweep to exclude cases from processing through Batch MAGI if the worker has already initiated the MAGI Renewal manually (RM) from the online page.
9. Create a new batch job for CalSAWS and update the existing batch job for C-IV to only generate the Non-MAGI Screening packet through batch for cases which are skipped during Batch EDBC with the reason of Soft Pause. **CalSAWS only:** Add a journal entry when the Non-MAGI Screening packet is generated through batch.
10. Update the MAGI Emulator to return MAGI Determinations with Soft Pause and Soft Pause Lift. The MAGI Emulator is used for testing purposes only to emulate the results returned from CalHEERS on a MAGI Determination.
11. Regression test the DHCS Renewals Master Request reports for the updated manual renewal EDR run reason functionality.

## 1.4 Assumptions

1. None of these changes apply to CMSP.
2. There are no changes to the functionality that determines or updates the Medi-Cal RE period Begin and Due Date with this SCR.
3. There are no changes to the functionality that updates the status of a Packet from 'Reviewed – Ready to Run EDBC' to 'Complete' with this SCR.
4. DHCS reviewed policy for individuals Soft Paused in the following three categories:
  - Moving from non-premium MAGI Medi-Cal to premium MAGI.
  - Moving from full scope MAGI Medi-Cal to limited or restricted scope MAGI Medi-Cal.
  - Moving from full scope MAGI Medi-Cal to pregnancy related MAGI Medi-Cal

**Note:** These individuals continue to be Medi-Cal eligible, just a different scope. DHCS states that sending a Non-MAGI Screening packet for this Soft Pause population is not ideal; however, because the DER received from CalHEERS with Soft Pause for this population does not have any indicators for CalSAWS to trigger something different from anyone else in Soft Pause, DHCS agreed to move forward with the design of this SCR to send Non-MAGI Screening Packets for all individuals in Soft Pause. DHCS will work with CalHEERS project to create a future Change Request so CalHEERS clearly differentiates this population and CalSAWS will make system changes accordingly.

## 2 RECOMMENDATIONS

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### 2.1 Run EDBC page

#### 2.1.1 Overview

Update the Run EDBC page to display 'Soft Pause/Non-RE' EDBC Run Reason for the Medi-Cal program to prevent a CEW from advancing the renewal when an individual is Soft Paused.

#### 2.1.2 Run EDBC Page Mockup

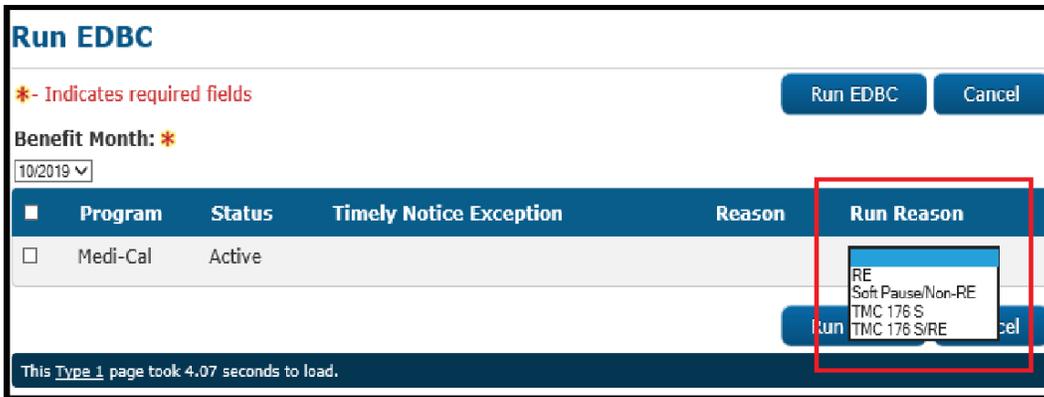


Figure 2.1.2.1 – Run EDBC Page (C-IV)

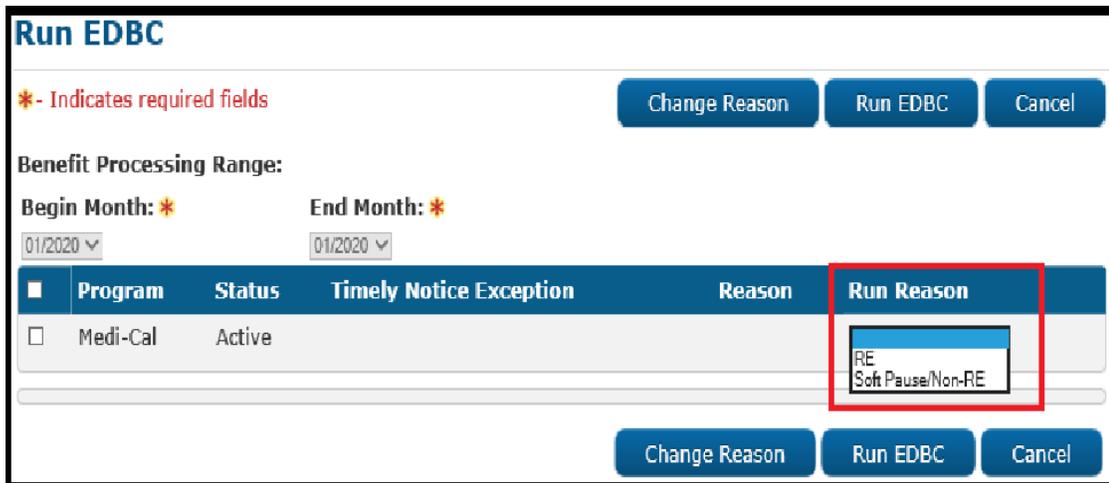


Figure 2.1.2.2 – Run EDBC Page (CaSAWS)

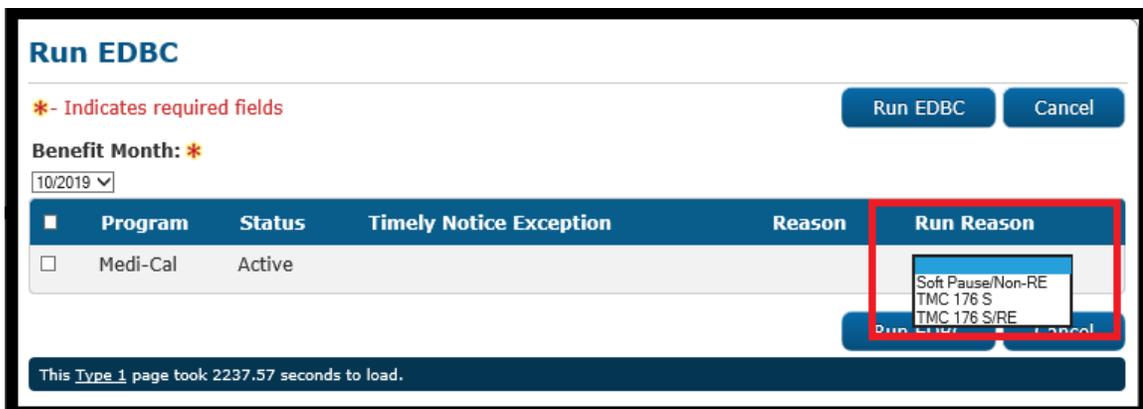


Figure 2.1.2.3 – Run EDBC Page (C-IV)- DER with SoftPause Individual

**Run EDBC**

\*- Indicates required fields

Change Reason Run EDBC Cancel

**Benefit Processing Range:**

**Begin Month: \*** **End Month: \***

01/2020 01/2020

<input type="checkbox"/>	Program	Status	Timely Notice Exception	Reason	Run Reason
<input type="checkbox"/>	Medi-Cal	Active			Soft Pause/Non-RE

Change Reason Run EDBC Cancel

**Figure 2.1.2.4 – Run EDBC Page (CalSAWS)- DER with SoftPause Individual**

### 2.1.3 Description of Changes

1. **CalSAWS only:** Update CalSAWS to display 'RE' EDBC Run Reason in the Run Reason drop down for the Medi-Cal program when the EDBC benefit month is on or after the current RE begin month.
2. Do not display 'RE' Run Reason in the drop down if the valid DER to be used by EDBC for this Medi-Cal program contains at least one Soft Pause individual.
3. Display 'Soft Pause/Non-RE' in the EDBC Run Reason drop down for the Medi-Cal program.

### 2.1.4 Page Location

**Global:** Eligibility  
**Local:** Customer Information  
**Task:** Run EDBC

### 2.1.5 Security Updates

None

### 2.1.6 Page Mapping

No change

### 2.1.7 Page Usage/Data Volume Impacts

No change

## 2.2 Negative Action Detail page

### 2.2.1 Overview

Update the Negative Action Detail page to display 'Soft Pause/Non-RE' EDBC Run Reason for the Medi-Cal program to prevent a CEW from advancing the renewal when an individual is Soft Paused.

### 2.2.2 Negative Action Detail Page Mockup

**Negative Action Detail**

\*- Indicates required fields Run EDBC

Benefit Month: \*  
01/2020

**Medi-Cal** ■ Run EDBC for this program

<input type="checkbox"/> Person	SSN	Date of Birth
<input type="checkbox"/> Person One		01/28/1962
<input type="checkbox"/> Person Two		10/26/1958
<input type="checkbox"/> Person Three		08/10/2011

Negative Action Reason:

**Run Reason:**

- RE
- Soft Pause/Non-RE
- TMC 176 S
- TMC 176 S/RE

Run EDBC

Figure 2.2.2.1 – Negative Action Detail Page (C-IV)

**Negative Action Detail**

\*- Indicates required fields Run EDBC

Benefit Month: \*  
11/2019

**Medi-Cal** ■ Run EDBC for this program

<input type="checkbox"/> Person	Date of Birth
<input type="checkbox"/> Childone One	01/15/1996
<input type="checkbox"/> Person One	02/10/1994

Negative Action Reason:

**Run Reason:**

- RE
- Soft Pause/Non-RE

Run EDBC

Figure 2.2.2.2 – Negative Action Detail Page (CalSAWS)

### 2.2.3 Description of Changes

1. **CalSAWS only:** Update CalSAWS to display 'RE' EDBC Run Reason in the Run Reason drop down for the Medi-Cal program when the EDBC benefit month is on or after the current Re-Evaluation begin month.
2. Display 'Soft Pause/Non-RE' in the Run Reason drop down for the Medi-Cal program

### 2.2.4 Page Location

**Global:** Eligibility

**Local:** Case Summary

**Task:** Negative Action Detail

### 2.2.5 Security Updates

None

### 2.2.6 Page Mapping

No change

### 2.2.7 Page Usage/Data Volume Impacts

No change

## 2.3 Create Manual EDBC page

### 2.3.1 Overview

Update Create Manual EDBC page to display 'Soft Pause/Non-RE' EDBC Run Reason.

### 2.3.2 Create Manual EDBC Mockup

The screenshot shows the 'Create Manual EDBC' page for C-IV. At the top, there are buttons for 'Create Manual EDBC' and 'Cancel'. Below these are two required fields: 'Benefit Month: \*' with a dropdown set to '09/2019' and 'Manual EDBC Reason: \*' with an empty dropdown. A table below has columns 'Program', 'Status', and 'Run Reason'. The first row shows 'Medi-Cal' under Program and 'Active' under Status. The 'Run Reason' dropdown is open, showing four options: 'RE', 'Soft Pause/Non-RE', 'TMC 176 S', and 'TMC 176 S/RE'. The 'Soft Pause/Non-RE' option is highlighted. At the bottom right, there are buttons for 'Create Manual EDBC' and 'Cancel'.

Figure 2.3.2.1 – Create Manual EDBC Page (C-IV)

The screenshot shows the 'Create Manual EDBC' page for CalSAWS. At the top, there are buttons for 'Create Manual EDBC' and 'Cancel'. Below these are two required fields: 'Benefit Month: \*' with a dropdown set to '01/2020' and 'Manual EDBC Reason: \*' with an empty dropdown. A table below has columns 'Program', 'Status', and 'Run Reason'. The first row shows 'Medi-Cal' under Program and 'Active' under Status. The 'Run Reason' dropdown is open, showing two options: 'RE' and 'Soft Pause/Non-RE'. The 'Soft Pause/Non-RE' option is highlighted. At the bottom right, there are buttons for 'Create Manual EDBC' and 'Cancel'.

Figure 2.3.2.2 – Create Manual EDBC (CalSAWS)

### 2.3.3 Description of Changes

1. Display 'Soft Pause/Non-RE' in the Run Reason drop down for the Medi-Cal program on Create Manual EDBC page.

### 2.3.4 Page Location

**Global:** Eligibility  
**Local:** Customer Information  
**Task:** Create Manual EDBC

### 2.3.5 Security Updates

None

### 2.3.6 Page Mapping

No change

### 2.3.7 Page Usage/Data Volume Impacts

No change

## 2.4 Medi-Cal EDBC Summary page

### 2.4.1 Overview

Update the Medi-Cal EDBC Summary page to display a notification message when 'Soft Pause/Non-RE' Run Reason is auto-set during the Medi-Cal EDBC evaluation.

### 2.4.2 Medi-Cal EDBC Summary Page Mockup

The mockup shows a web page titled "Medi-Cal EDBC Summary". At the top, a red-bordered notification box contains the text: "EDBC was run with Soft Pause/Non-RE Run Reason and RE will not be advanced." Below the notification are two buttons: "Accept" and "Cancel". A table with the following columns is displayed: "Begin Month", "End Month", "Run Date", "Run Status", and "Accepted By". The table contains one row with the values: "11/2019", "11/2019", "10/07/2019", "Not Accepted", and an empty cell. Below the table is an "EDBC Information" section with the following details: "EDBC Run Reason: Soft Pause/Non-RE", "Type: Read Only", "Type Reason: Pending Eligible MAGI Renewal", "Recalculation: No", and "MAGI-Only Mode: Yes".

Begin Month	End Month	Run Date	Run Status	Accepted By
11/2019	11/2019	10/07/2019	Not Accepted	

**EDBC Information**  
EDBC Run Reason: Soft Pause/Non-RE  
Type: Read Only      Type Reason: Pending Eligible MAGI Renewal  
Recalculation: No  
MAGI-Only Mode: Yes

Figure 2.4.2.1 – Medi-Cal EDBC Summary Page

### 2.4.3 Description of Changes

1. Update the Medi-Cal EDBC Summary page to display a notification message, "EDBC was run with Soft Pause/Non-RE Run Reason and RE will not be advanced." when The Systems auto-sets the Run Reason to 'Soft Pause/Non-RE' during EDBC evaluation. (See section 2.5.2.3 for auto-set EDBC Run Reason criteria.)

2. **C-IV only:** Remove the page validation "Cancel – EDBC must be run with RE Run Reason to complete the redetermination." on Medi-Cal EDBC Summary page that requires the worker to cancel the EDBC and run EDBC with 'RE' Run Reason.

#### 2.4.4 Page Location

**Global:** Eligibility

**Local:** Customer Information

**Task:** Medi-Cal EDBC Summary

#### 2.4.5 Security Updates

None

#### 2.4.6 Page Mapping

No change

#### 2.4.7 Page Usage/Data Volume Impacts

No change

### 2.5 Medi-Cal EDBC Rules

#### 2.5.1 Overview

Add 'Soft Pause/Non-RE' EDBC Run Reason for the Medi-Cal program. Update The Systems to auto-set the EDBC Run Reason to either 'Soft Pause/Non-RE' or 'RE' when appropriate.

#### 2.5.2 Description of Change

1. Add a new EDBC Run Reason 'Soft Pause/Non-RE' (CT\_744) for the Medi-Cal program.  
**Note:** EDBC will not advance the RE Due Date when run with 'Soft Pause/Non-RE' EDBC Run Reason.
2. Update The Systems to auto-set the EDBC Run Reason to 'RE' during EDBC evaluation when the following conditions are met:
  - A. Non-MAGI Medi-Cal only (Appropriate Non-MAGI Medi-Cal RE Packets \*)**
    - a. The program selected is Medi-Cal
    - b. All active members on the Medi-Cal program have a Non-MAGI aid code (excluding TMC/CE/CMSP) in the latest 'Accepted' and 'Saved' regular EDBC that's effective for the benefit month being processed.

- c. The EDBC Run Reason is not specified by the worker or batch
- d. The benefit month is equal to:
  - i. the month following the RE Due Date
  - or
  - ii. the come-up month
- e. The appropriate Non-MAGI Medi-Cal RE Packet submit month is for the month of the RE Due Date for the Medi-Cal program. (See Table 2.5.2.2.A)
  - i. The latest status of the MC RE Packet is 'Not Applicable' or 'Reviewed-Ready to Run EDBC'. If more than one MC RE Packet exists for the same Medi-Cal program and same submit month, the latest status of at least one MC RE Packet is 'Not Applicable' or 'Reviewed-Ready to Run EDBC'.
- f. Not an auto-test scenario

C-IV	CalSAWS
Aged, Blind, Disabled (ABD) Medi-Cal Redetermination Packet	ABD MC RE Packet
Regular Medi-Cal/ ABD RE Packet (Signature packet)	MC RE Packet
Regular Medi-Cal Redetermination Packet	LTC MC RE Packet
LTC RE Packet (Signature Packet)	MC 604 IPS Packet
Long Term Care (LTC) Medi-Cal Redetermination Packet	Non-MAGI Screening Packet
Non-MAGI Screening Packet	MSP Packet

**Table 2.5.2.2.A – Appropriate Non-MAGI Medi-Cal RE Packets**

**B. Non-MAGI Medi-Cal (Non-MAGI Turning 65 Packet)**

- a. **C-IV Only:** Update the Auto-set RE logic to run Medi-Cal with 'RE' EDBC Run Reason if all the following are true:
  - i. The Non-MAGI Turning 65 Packet submit month:
    - 1. Equals the Medi-Cal EDBC benefit month or
    - 2. Is prior to the Medi-Cal EDBC benefit month and the Medi-Cal EDBC benefit month is come-up month.
  - ii. The latest Non-MAGI Turning 65 Packet status is 'Reviewed- Ready to Run EDBC'.
  - iii. The latest Non-MAGI Turning 65 Packet submit month is on or after RE begin month.
  - iv. There does not exist any Medi-Cal RE Packet for the RE due month for the program.

- If there exists any Medi-Cal RE Packet for the RE due month for the program, follow the auto-setting RE logic per Recommendation 2.5.2.2.A

**b. LRS/CalSAWS Only:** The current Auto-set RE logic in LRS/CalSAWS aligns with the recommendations above for C-IV with the exception of 2.5.2.2.B.a.i.2.

- i. Expand the Auto-set RE logic to also run Medi-Cal with 'RE' EDBC Run Reason if the Non-MAGI Turning 65 Packet submit month is prior to the Medi-Cal EDBC benefit month and the Medi-Cal EDBC benefit month is come-up month.

**C. Mixed MAGI/Non-MAGI Medi-Cal (Appropriate Mixed MAGI/Non-MAGI Medi-Cal RE Packets \*)**

- The program selected is Medi-Cal
- At least one active member on the Medi-Cal program has a MAGI Medi-Cal aid code and at least one active member has a Non-MAGI Medi-Cal aid code (excluding TMC/CE/CMSP) in the latest 'Accepted' and 'Saved' regular EDBC that's effective for the benefit month being processed.
- The EDBC Run Reason is not specified by the worker or batch
- The benefit month is equal to:
  - the month following the RE Due Date
  - or
  - the come-up month
- The appropriate Mixed MAGI/Non-MAGI Medi-Cal RE packet exists for the month of the RE Due Date for the program.
- The appropriate mixed MAGI/Non-MAGI Medi-Cal RE packet submit month is for the month of the RE Due Date for the Medi-Cal program. (See Table 2.5.2.2.B)
  - The latest status of the MC RE Packet is 'Not Applicable' or 'Reviewed-Ready to Run EDBC'. If more than one MC RE Packet exists for the same Medi-Cal program and same submit month, the latest status of at least one MC RE Packet is 'Not Applicable' or 'Reviewed-Ready to Run EDBC'.
- The valid DER to be used by EDBC for this Medi-Cal program has 'RE' or 'RM' Run Reason and an accepted and saved regular EDBC was not run for this DER.
  - CalSAWS only:** Because CalSAWS did not have functionality to send 'RM' Run Reason to CalHEERS until the release of this SCR, add an exception for CalSAWS to allow 'CO' Run Reason (in addition to 'RE' and 'RM') for four benefit months after the release of this SCR. After which, the exception to include 'CO' will expire

and the EDBC Run Reason will only be auto-set for DERs with 'RE' or 'RM' Run Reason.

- h. The valid DER for the benefit month does not contain any Soft Pause individual
- i. Not an auto-test scenario

C-IV	CalSAWS
Aged, Blind, Disabled (ABD) Medi-Cal Redetermination Packet	ABD MC RE Packet
MAGI and Non-MAGI Redetermination Packet	Mixed MC RE Packet
Regular Medi-Cal/ ABD RE Packet (Signature packet)	LTC MC RE Packet
Regular Medi-Cal Redetermination Packet	MC RE Packet
LTC Mixed Household RE Packet (Signature Packet)	MC 604 IPS Packet
LTC RE Packet (Signature Packet)	Non-MAGI Screening Packet
Long Term Care (LTC) Medi-Cal Redetermination Packet	MSP Packet
Non-MAGI Long Term Care (LTC) Mixed Household Redetermination packet	
Non-MAGI Screening Packet	

**Table 2.5.2.2.B – Appropriate Mixed MAGI/Non-MAGI Medi-Cal RE Packets**

**D. Mixed MAGI/Non-MAGI Medi-Cal (Non-MAGI Turning 65 Packet)**

- a. **CIV Only:** Update the Auto-set RE logic to run Medi-Cal with 'RE' EDBC Run Reason if all the following are true:
  - i. The Non-MAGI Turning 65 Packet submit month:
    - 1. Equals the Medi-Cal EDBC benefit month or
    - 2. Is prior to the Medi-Cal EDBC benefit month and the Medi-Cal EDBC benefit month is come-up month.
  - ii. The latest Non-MAGI Turning 65 Packet status is 'Reviewed- Ready to Run EDBC'.
  - iii. The latest Non-MAGI Turning 65 Packet submit month is on or after RE begin month.
  - iv. There does not exist any Medi-Cal RE Packet for the RE due month for the program.

- If there exists any Medi-Cal RE Packet for the RE due month for the program, follow the auto-setting RE logic per recommendation 2.5.2.2.C

**b. LRS/CalSAWS Only:** The current Auto-set RE logic in LRS/CalSAWS aligns with the recommendations above for C-IV with the exception of 2.5.2.2.D.a.i.2

- i. Expand the Auto-set RE logic to also run Medi-Cal with 'RE' EDBC Run Reason if the Non-MAGI Turning 65 Packet submit month is prior to the Medi-Cal EDBC benefit month and the Medi-Cal EDBC benefit month is come-up month.

**E. MAGI Medi-Cal only**

- The program selected is Medi-Cal
- All active members on the Medi-Cal program have a MAGI Medi-Cal aid code in the latest 'Accepted' and 'Saved' regular EDBC that's effective for the benefit month being processed.
- The EDBC Run Reason is not specified by the worker or batch
- The benefit month is equal to:
  - the month following the RE Due Date  
or
  - the come-up month
- If an appropriate MAGI RE packet exists (see Table 2.5.2.2.C) with submit month equal to the month of the RE Due Date for the Medi-Cal program, the latest status of the appropriate MAGI RE Packet is 'Not Applicable' or 'Reviewed-Ready to Run EDBC'.
  - If more than one appropriate MAGI RE Packet exists for the same Medi-Cal program and same submit month, the latest status of at least one MAGI RE Packet is 'Not Applicable' or 'Reviewed-Ready to Run EDBC'.
- The valid DER to be used by EDBC for this Medi-Cal program has 'RE' or 'RM' Run Reason and an accepted and saved regular EDBC was not run for this DER.
  - CalSAWS only:** Because CalSAWS did not have functionality to send 'RM' Run Reason to CalHEERS until the release of this SCR, add an exception for CalSAWS to allow 'CO' Run Reason (in addition to 'RE' and 'RM') for four benefit months after the release of this SCR. After which, the exception to include 'CO' will expire and the EDBC Run Reason will only be auto-set for DERs with 'RE' or 'RM' Run Reason.
- The valid DER for the benefit month does not contain any Soft Pause individual
- Not an auto-test scenario.

C-IV	CalSAWS
MAGI RE Packet	MAGI MC Packet

**Table 2.5.2.2.C – Appropriate MAGI Medi-Cal RE Packets**

**Technical Note:** If EDBC is run or re-run for a month prior to the RE begin month, the RE period is not re-evaluated as per the current design and is not impacted by this SCR.

3. Update The Systems to auto-set the EDBC Run Reason to 'Soft Pause/Non-RE' during EDBC evaluation when the following conditions are met:
  - a. The program selected is Medi-Cal
  - b. The EDBC Run Reason is not specified by the worker or batch
  - c. The benefit month is equal to:
    - i. the month following the RE Due Date
    - or
    - ii. the come-up month
  - d. The valid DER to be used by EDBC for this Medi-Cal program has 'RE' or 'RM' Run Reason and an accepted and saved regular EDBC was not run for this DER.
    - i. **CalSAWS only:** Because CalSAWS did not have functionality to send 'RM' Run Reason to CalHEERS until the release of this SCR, add an exception for CalSAWS to allow 'CO' Run Reason (in addition to 'RE' and 'RM') for four benefit months after the release of this SCR. After which, the exception to include 'CO' will expire and the EDBC Run Reason will only be auto-set for DERs with 'RE' or 'RM' Run Reason.
  - e. The valid DER to be used by EDBC for this Medi-Cal program contains at least one Soft Pause individual

### 2.5.3 Programs Impacted

Medi-Cal

### 2.5.4 Performance Impacts

No change

## 2.6 eHIT

### 2.6.1 Overview

Update eHIT Disposition functionality for the new EDBC Run Reason 'Soft Pause/Non-RE'. CalSAWS only: Update eHIT logic to have 'RM' EDR Run Reason functionality.

### 2.6.2 Description of Change

1. Update eHIT Disposition logic to not send a Disposition to CalHEERS when a regular Medi-Cal EDBC is Accepted and Saved with 'Soft Pause/Non-RE' EDBC Run Reason.
2. **CalSAWS only:** Update eHIT logic to send 'Renewal – manual renewal' (RM) EDR Run Reason to CalHEERS beginning with the EDR Benefit Month two months prior to the RE Due Date and beyond.
3. **CalSAWS only:** Update eHIT Auto-Disposition logic to not send a Disposition to CalHEERS when the DER has 'RM' Run Reason and all individuals on the DER are MAGI Pending.

**Note:** The current eHIT Disposition logic will send a Disposition for every DER with the same benefit month as Medi-Cal EDBC when EDBC is run with 'RE' EDBC Run Reason. This functionality will not change.

### 2.6.3 Interface Partner

CalHEERS

## 2.7 Batch EDBC (CalSAWS only)

### 2.7.1 Overview

Add a Batch EDBC Skip Reason 'Soft Paused' that will skip a case from Batch EDBC processing when the valid DER has at least one individual with Eligibility Evaluation Reason of Soft Pause.

### 2.7.2 Description of Change

1. Add a new Batch EDBC Skip reason of "Soft Paused" to the 'Not Processed Reason Codes' category (CT\_707).
2. Update Batch EDBC Skip logic to skip a case with a new skip reason 'Soft Paused' when all the following are true:
  - a. The program is Medi-Cal.
  - b. The valid DER used by EDBC has at least one individual with Eligibility Evaluation Reason of Soft Pause.

**Note:** The new Batch EDBC Skip Reason of "Soft Paused" will display in the Batch Eligibility Report.

### **2.7.3 Execution Frequency**

No change

### **2.7.4 Key Scheduling Dependencies**

No change

### **2.7.5 Counties Impacted**

CalSAWS counties

### **2.7.6 Failure Procedure/Operational Instructions**

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

## **2.8 Batch MAGI Renewal Sweep (CalSAWS only)**

### **2.8.1 Overview**

Update the Batch MAGI Renewal Sweep to exclude cases from processing through Batch MAGI if the worker has already initiated the MAGI Renewal manually (RM) from the online page.

### **2.8.2 Description of Change**

1. Update Batch MAGI Renewal Sweep (PB00CH203) to exclude cases from processing through Batch MAGI when it meets the following criteria:
  - a. There is a DER for this Medi-Cal program with 'RM' Run Reason for the same benefit month to be processed by Batch MAGI.

### **2.8.3 Execution Frequency**

No change

### **2.8.4 Key Scheduling Dependencies**

No change

## 2.8.5 Counties Impacted

CalSAWS counties

## 2.8.6 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

## 2.9 Generate Non-MAGI Screening Packet

### 2.9.1 Overview

Create a new batch job for CalSAWS and update the existing batch job for C-IV to only generate the Non-MAGI Screening packet through batch for cases which are skipped during Batch EDBC with the reason of Soft Pause. CalSAWS only: Add a journal entry when the Non-MAGI Screening packet is generated through batch.

### 2.9.2 Description of Change

1. Create a new batch job for CalSAWS and update the existing batch job for C-IV (PB00R526) to send the Non-MAGI Screening Packet when the following conditions are true:
  - a. Case is skipped from Batch EDBC due to the reason of "Soft Pause" between the last success date and batch date.

**Technical Note:** Record exists in BATCH\_ELIG\_NOT\_PROC table with NOT\_PROC\_RSN\_CODE of SP.

- b. None of the following packets exist for the same effective month.

C-IV	CalSAWS
Non-MAGI Screening Packet	Non-MAGI Screening Packet
Mixed MC RE Packet	MC 604 IPS Packet
Non-MAGI Turning 65 Packet	Non-MAGI Turning 65 Packet

**Note for CIV:** The batch job currently checks if the Non-MAGI Screening Packet or Mixed MC RE Packet exist for the same effective month. With this SCR it is being updated to also check for Non-MAGI Turning 65 Packet

2. For each record returned in the driving query, insert a record into the batch transaction table to generate a Non-MAGI Screening Packet during forms processing.

Column	Value
Case ID	Case associated to the skipped EDBC record

Column	Value
Program ID	Medi-Cal program ID
Person ID	Primary Applicant of Active Medi-Cal program
Type Code	FR
Sub Type Code	NM
Eff Date	<p>First day of the month following the batch date</p> <p>Example: If the batch is run on 05/04/2019, the effective date will be 06/01/2019</p> <p><b>Note for C-IV:</b> The batch job currently populates the effective date as the first day of 2 months following the batch date. With this SCR, the effective date will be populated as first day of the month following the batch date.</p> <p>Example: If the batch is run on 05/04/2019, the current functionality populates the effective date as 07/01/2019. With this SCR, the effective date will populate as 06/01/2019.</p>
Created By	Batch
Updated By	Batch

3. **CalSAWS only:** Add the following custom Journal entry when the Non-MAGI Screening Packet is generated through Batch.

**Journal Category:** All

**Journal Type:** Document

**Short description:** Non-MAGI Screening Packet

**Long description:** The following forms were included for the {redeterDate} RE: Cover letter, Non-MAGI Informing Letter, MC 604 IPS, MC 007, PUB 10, DHCS 7077, DHCS 7077A, APTC/CSR Brochure, and VRC. These items are due in 30 days.

**Note:** For Medi-Cal programs with at least one MAGI individual soft paused and at least one individual MAGI pending because they are not e-verified, The Systems will generate the MAGI RE Packet for the MAGI pending individual and the Non-MAGI Screening Packet for the Soft Pause individual. If at least one MAGI individual is soft paused and all other MAGI individuals are e-verified, The Systems will only generate Non-MAGI Screening Packet for the Soft Pause individual. The Non-MAGI Screening Packet is scheduled to be generated the same time as the other MC RE Packets.

### 2.9.3 Variable Population

Variable population through batch will be similar to the variable population when the packet is generated from Template Repository.

### 2.9.4 Execution Frequency

Daily

### 2.9.5 Key Scheduling Dependencies

Prior to forms processing

### 2.9.6 Counties Impacted

CalSAWS Counties

### 2.9.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

## 2.10 MAGI Emulator

### 2.10.1 Overview

Update the MAGI Emulator to return MAGI Determinations with Soft Pause and Soft Pause Lift. The MAGI Emulator is used for testing purposes only to emulate the results returned from CalHEERS on a MAGI Determination.

### 2.10.2 Description of Change

1. Add Soft Pause functionality to the MAGI Emulator with the following criteria:
  - If the life event code is blank and the second digit of the SSN is a '2', then return a MAGI Determination with Eligibility Evaluation Reason of 'Soft Pause' for that individual (in addition to current functionality that determines the individual eligibility and aid code by last digit of the SSN).
2. Add Soft Pause Lift functionality to the MAGI Emulator with the following criteria:
  - If the life event code is blank and the EDR has Soft Pause Lift indicated, then return a MAGI Determination with the individual MAGI Discontinue (no aid code) with Eligibility Evaluation Reason of 'Soft Pause Lift' (regardless of the last digit of their SSN).

- If the life event code is “Had a Baby” and the EDR has Soft Pause Lift indicated, then return a MAGI Determination with the individual MAGI Eligible to aid code T2 with Eligibility Evaluation Reason of ‘Soft Pause Lift’ (regardless of the last digit of their SSN).

## 2.11 Automated Regression Test

### 2.11.1 Overview

New regression test scripts will be created to verify the Soft Pause validation message on the Run EDBC and negative Action Detail pages, and the RE and Soft Pause Run Reasons on these same pages.

### 2.11.2 Description of Change

#### **EDBC Validation:**

Create new regression test scripts to verify that the appropriate new validation message displays in each of the following scenarios:

1. When attempting to run and accept regular EDBC with the ‘RE’ Run Reason for a benefit month in which the latest DER has one or more individuals with an Eligibility Evaluation Reason Code of Soft Pause.
2. When attempting to run and accept Negative Action EDBC with the ‘RE’ Run Reason for a benefit month in which the latest DER has one or more individuals with an Eligibility Evaluation Reason Code of Soft Pause.

#### **Soft Pause:**

Create new regression test scripts to verify that EDBC can be run, and the RE Due Month not updated in each of the following scenarios:

1. When the latest DER for the benefit month has one or more individuals with an Eligibility Evaluation Reason Code of Soft Pause, and regular EDBC is being run with the ‘Soft Pause/Non-RE’ run reason.
2. When the latest DER for the benefit month has one or more individuals with an Eligibility Evaluation Reason Code of Soft Pause, and Negative Action EDBC is being run with the ‘Soft Pause/Non-RE’ run reason.

#### **Soft Pause Lift at RE:**

Create new regression test scripts to verify that EDBC can be run, and the RE Due Month is updated in each of the following scenarios:

1. When the latest DER for the benefit month has one or more individuals with an Eligibility Evaluation Reason Code of ‘Soft Pause Lift’, and regular EDBC is being run with the ‘RE’ run reason.
2. When the latest DER for the benefit month has one or more individuals with an Eligibility Evaluation Reason Code of Soft Pause, and Negative Action EDBC is being run with the ‘RE’ run reason.

## 2.12 Regression Test Reports (CalSAWS Only)

### 2.12.1 Overview

The DHCS Renewals Master Request report provides counts on: Medi-Cal renewals, Medi-Cal renewals processing, and Medi-Cal continuance and discontinuance as a result of renewal processing. There are two versions of the report in the system. A form that is sent to the State directly and a version that is available to counties. The county version offers a detail sheet with person level information.

One field present on the report is the MAGI – Completed & Resulted in Continued Medi-Cal - Manual Ex-Parte which is defined as:

Manual Ex-Parte: Count those Renewals processed with worker intervention that did not require beneficiary provided information.

Current CalSAWS functionality is to send an EDR to CalHEERS with Renewal (RE) MAGI Run Reason during MAGI no-touch batch renewals. If the "RE" MAGI DER returns with a person MAGI Pending, Batch MAGI/EDBC skips the case and the worker must process the Medi-Cal Renewal manually. When the worker sends the next EDR, it is sent with the Continue (CO) MAGI Run Reason which means the corresponding DER has "CO" MAGI Run Reason.

The CalSAWS functionality will be updated to start sending Renewal - manual renewal (RM) MAGI Run Reason instead of "CO" MAGI Run Reason for MAGI manual renewals.

### 2.12.2 Description of Change

1. Regression test the DHCS Renewals Master Request Report to ensure that the report will collect information pertaining to the MAGI – Completed & Resulted in Continued Medi-Cal – Manual Ex-Parte when an EDR is sent using the following MAGI run reason code:

Code	Short Description
(395)	
RM	Renewal - manual renewal

### 3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Medi-Cal	ACWDL 17-35 Implementation of the Soft Pause Removal through the Statewide Automated Welfare System	 ACWDL 17-35.pdf
2	Test	Current MAGI Emulator Behavior	 MAGI Emulator Behavior_08-01-2019
3	Client Correspondence	FDD for Non-MAGI Screening Packet	 FD_FRM_NonMAGI ScreeningPacket.docx

### 4 REQUIREMENTS

#### 4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.5.2.42	The LRS shall identify special Medi-Cal processing situations, including Sneede, Retro Medi-Cal, 1931 (b), QMB, SLMB, DDS, Pickle, Medi-Cal bridging, and STP, and shall ensure that the necessary information is collected in order to determine eligibility for these programs.	LRS will now identify a MAGI Medi-Cal case in Soft Pause during renewal, generate a Non-MAGI Screening Packet to ensure necessary information is collected to determine eligibility.
2.8.1.7	The LRS shall determine when an individual is eligible for Medi-Cal coverage and shall ensure that all required information is collected, eligibility is determined, and share of cost is computed.	LRS will now prevent a worker from continuing MAGI Medi-Cal when an individual is in Soft Pause until all required information is collected, eligibility is determined, and share of cost is computed.

## 5 APPENDIX

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### 5.1 CalHEERS functionality for Soft Pause

Adverse actions for which CalHEERS will trigger Soft Pause include:

- Moving from MAGI Medi-Cal to Advanced Premium Tax Credits/Cost Sharing Reductions/Covered California Programs (APTC/CSR/CCP)
- Moving from non-premium MAGI Medi-Cal to premium MAGI Medi-Cal
- Moving from full scope MAGI Medi-Cal to limited or restricted scope MAGI Medi-Cal
- Moving from full scope MAGI Medi-Cal to pregnancy-related Medi-Cal
- Losing eligibility for MAGI Medi-Cal, including, but not limited to, turning 65 years old, becoming eligible for Medicare before age 65, or experiencing an increase in income that renders the individual ineligible due to being over program income limits

The Soft Pause groups are comprised of individuals who meet one or more of the following criteria:

- aged 65 or older
- attesting to blindness
- attesting to being disabled
- becoming eligible for Medicare
- a parent of a child under age 21
- a caretaker relative of a child under age 21
- a child under age 21
- a pregnant woman with income over 138 percent Federal Poverty Level up to the end of the 60-day post-partum period

# CalSAWS

California Statewide Automated Welfare System

## **Design Document**

CIV-4400

Add NOAs and Forms to Template Repository for  
the General Assistance (Managed) Program

<b>CalSAWS</b>	<b>DOCUMENT APPROVAL HISTORY</b>	
	Prepared By	Tiffany Huckaby
	Reviewed By	

<b>DATE</b>	<b>DOCUMENT VERSION</b>	<b>REVISION DESCRIPTION</b>	<b>AUTHOR</b>
2/10/2020	1.0	Initial Draft	Tiffany Huckaby
06/09/2020	1.1	Adding an assumption regarding the 'Print' button in C-IV	Nithya Chereddy

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# 1 OVERVIEW

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Currently the only General Assistance NOA available in C-IV is a blank template in Template Repository. Several GA NOAs and Forms have been requested to be added to Template Repository for the GA program.

## 1.1 Current Design

General Assistance (Managed) program functionality was added in Release 16.07 with SCR 1093 (Tracker SCR). Notices of Action (NOAs)/Forms were not part of the General Assistance (Managed) program functionality when it was released.

## 1.2 Requests

C-IV counties have requested that GA NOAs and Forms be added for their GA solution.

## 1.3 Overview of Recommendations

1. Add the following new NOAs/Forms to Template Repository in C-IV:
  - GA Approval NOA
  - GA Denial NOA
  - GA Discontinuance NOA
  - GA Benefit Change NOA
  - GA Supplement NOA
  - GA Reimbursement Agreement Form
  - GA Periodic Report Form

## 1.4 Assumptions

1. The new GA NOAs/Forms will be made available only to the C-IV counties.
2. An additional SCR will be created to migrate the GA NOAs/Forms into LRS/CalSAWS.
3. The new GA NOAs/Forms will be added initially in English and Spanish. Threshold Languages will be added in a future effort.
4. No variables will be populated on the new GA NOAs/Forms (aside from the standard header and footer information).
5. C-IV: 'Print' button will always be available on the forms.

## 2 RECOMMENDATIONS

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### 2.1 Add GA 292 – GA Approval NOA to Template Repository

#### 2.1.1 Overview

This recommendation will add the GA 292 GA Approval NOA to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form

**Programs:** General Assistance (C-IV)

**Attached Forms:** GA NA BACK 9

**Forms Category:** NOA

**Languages:**

English and Spanish

#### 2.1.2 Description of Change

##### 2.1.2.1 Create GA 292 – GA Approval NOA XDP

A new XDP will be created for the GA Approval NOA. This GA NOA will have the GA NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Approval

**Form Number:** GA 292

**Include NA Back 9:** Yes, the GA NA BACK 9

**Form Mockups/Examples:** See Supporting Documents #1

##### 2.1.2.2 Add Form Control for GA 292

Add a Imaging Barcode for GA 292.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

### 2.1.2.3 Add GA 292 – GA Approval NOA to Template Repository

Add the GA 292 GA Approval NOA to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

### 2.1.2.4 Add GA 292 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GA 292 GA Approval NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

#### **Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: None

#### **Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

### 2.1.2.5 Imaging Barcode Mapping

The GA 292 GA Approval NOA should be mapped to **Notification/NOA**

## 2.2 Add GA 293 – GA Denial NOA to Template Repository

### 2.2.1 Overview

This recommendation will add the GA 293 GA Denial NOA to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form  
**Programs:** General Assistance (C-IV)  
**Attached Forms:** GA NA BACK 9  
**Forms Category:** NOA

**Languages:**  
English and Spanish

## 2.2.2 Description of Change

### 2.2.2.1 Create GA 293 – GA Denial NOA XDP

A new XDP will be created for the GA Denial NOA. This GA NOA will have the GA NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Denial

**Form Number:** GA 293

**Include NA Back 9:** Yes, the GA NA BACK 9

**Form Mockups/Examples:** See Supporting Documents #2

### 2.2.2.2 Add Form Control for GA 293

Add a Imaging Barcode for GA 293.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

### 2.2.2.3 Add GA 293 – GA Denial NOA to Template Repository

Add the GA 293 GA Denial NOA to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

### 2.2.2.4 Add GA 292 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GA 293 GA Denial NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

**Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: None

**Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

**2.2.2.5 Imaging Barcode Mapping**

The GA 293 GA Denial NOA should be mapped to **Notification/NOA**

**2.3 Add GA 294 – GA Discontinuance NOA to Template Repository**

**2.3.1 Overview**

This recommendation will add the GA 294 GA Discontinuance NOA to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form

**Programs:** General Assistance (C-IV)

**Attached Forms:** GA NA BACK 9

**Forms Category:** NOA

**Languages:**

English and Spanish

## 2.3.2 Description of Change

### 2.3.2.1 Create GA 294 – GA Discontinuance NOA XDP

A new XDP will be created for the GA Discontinuance NOA. This GA NOA will have the GA NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Discontinuance

**Form Number:** GA 294

**Include NA Back 9:** Yes, the GA NA BACK 9

**Form Mockups/Examples:** See Supporting Documents #3

### 2.3.2.2 Add Form Control for GA 294

Add a Imaging Barcode for GA 294.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

### 2.3.2.3 Add GA 294 – GA Discontinuance NOA to Template Repository

Add the GA 294 GA Discontinuance NOA to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

### 2.3.2.4 Add GA 294 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GA 294 GA Discontinuance NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

**Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: None

**Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

### 2.3.2.5 Imaging Barcode Mapping

The GA 294 GA Discontinuance NOA should be mapped to **Notification/NOA**

## 2.4 Add GA 291 – GA Benefit Change NOA to Template Repository

### 2.4.1 Overview

This recommendation will add the GA 291 GA Benefit Change NOA to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form

**Programs:** General Assistance (C-IV)

**Attached Forms:** GA NA BACK 9

**Forms Category:** NOA

**Languages:**

English and Spanish

### 2.4.2 Description of Change

#### 2.4.2.1 Create GA 291 – GA Benefit Change NOA XDP

A new XDP will be created for the GA Benefit Change NOA. This GA NOA will have the GA NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Benefit Change

**Form Number:** GA 291

**Include NA Back 9:** Yes, the GA NA BACK 9  
**Form Mockups/Examples:** See Supporting Documents #4

**2.4.2.2 Add Form Control for GA 291**

Add a Imaging Barcode for GA 291.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

**2.4.2.3 Add GA 291 – GA Benefit Change NOA to Template Repository**

Add the GA 291 GA Benefit Change NOA to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

**2.4.2.4 Add GA 291 Form Print Options and Mailing Requirements**

The following are the print and mailing requirements for the GA 291 GA Benefit Change NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in CalSAWS.

**Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document’s Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: None

**Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

### 2.4.2.5 Imaging Barcode Mapping

The GA 291 GA Benefit Change NOA should be mapped to **Notification/NOA**

## 2.5 Add GA 295 – GA Supplement NOA to Template Repository

### 2.5.1 Overview

This recommendation will add the GA 295 GA Supplement NOA to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form

**Programs:** General Assistance (C-IV)

**Attached Forms:** GA NA BACK 9

**Forms Category:** NOA

**Languages:**

English and Spanish

### 2.5.2 Description of Change

#### 2.5.2.1 Create GA 295 – GA Supplement NOA XDP

A new XDP will be created for the GA Supplement NOA. This GA NOA will have the GA NOA BACK 9 that was added with SCR CIV-104855 in Release 20.01. There will be no variable population aside from the existing population logic for the C-IV Standard Header.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Supplement

**Form Number:** GA 295

**Include NA Back 9:** Yes, the GA NA BACK 9

**Form Mockups/Examples:** See Supporting Documents #5

#### 2.5.2.2 Add Form Control for GA 295

Add a Imaging Barcode for GA 295.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	No	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

### 2.5.2.3 Add GA 295 – GA Supplement NOA to Template Repository

Add the GA 295 GA Supplement NOA to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

### 2.5.2.4 Add GA 295 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GA 295 GA Supplement NOA.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

#### **Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: None

#### **Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

### 2.5.2.5 Imaging Barcode Mapping

The GA 295 GA Supplement NOA should be mapped to **Notification/NOA**

## 2.6 Add GA 296 – GA Reimbursement Agreement Form to Template Repository

### 2.6.1 Overview

This recommendation will add the GA 296 GA Reimbursement Agreement Form to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form

**Programs:** General Assistance (C-IV)

**Attached Forms:** None

**Forms Category:** Administrative

**Languages:**

English and Spanish

## 2.6.2 Description of Change

### 2.6.2.1 Create GA 296 – GA Reimbursement Agreement Form XDP

A new XDP will be created for the GA Reimbursement Agreement Form. There will be no variable population aside from the existing population logic for the C-IV Standard Header and Mailing Cover Sheet. The variable 'CountyName' in the mockup will use the existing County population from the standard header.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Reimbursement Agreement

**Form Number:** GA 296

**Include NA Back 9:** No

**Form Mockups/Examples:** See Supporting Documents #6

### 2.6.2.2 Add Form Control for GA 296

Add a Imaging and BRM Barcode for GA 296.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	Yes	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

### 2.6.2.3 Add GA 296 – GA Reimbursement Agreement Form to Template Repository

Add the GA 296 GA Reimbursement Agreement Form to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

### 2.6.2.4 Add GA 296 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GA 296 GA Reimbursement Agreement Form. This form will use a Mailing Cover Sheet(Cover2.xdp) in order to provide a Mail-Back address.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in LRS/CalSAWS.

#### **Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: District Office Name and Address

Outgoing Envelope Type: Standard

Return Envelope Type: BRM

#### **Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

### 2.6.2.5 Imaging Barcode Mapping

The GA 296 GA Reimbursement Agreement Form should be mapped to **Reimburse Agreement**

## 2.7 Add GA 297 – GA Periodic Report Form to Template Repository

### 2.7.1 Overview

This recommendation will add the GA 297 GA Periodic Report Form to Template Repository.

**State Form:** N/A, this is a C-IV specific GA Form

**Programs:** General Assistance (C-IV)

**Attached Forms:** None

**Forms Category:** Administrative

**Languages:**

## 2.7.2 Description of Change

### 2.7.2.1 Create GA 297 – GA Periodic Report Form XDP

A new XDP will be created for the GA Periodic Report Form. There will be no variable population aside from the existing population logic for the C-IV Standard Header and Mailing Cover Sheet.

**Form Header:** Existing C-IV Standard Header

**Form Title:** GA Periodic Rpt

**Form Number:** GA 297

**Include NA Back 9:** No

**Form Mockups/Examples:** See Supporting Documents #7

### 2.7.2.2 Add Form Control for GA 297

Add a Imaging and BRM Barcode for GA 297.

Tracking Barcode	BRM Barcode	Imaging Barcode
No	Yes	Yes

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

### 2.7.2.3 Add GA 297 – GA Periodic Report Form to Template Repository

Add the GA 297 GA Periodic Report Form to the Template Repository.

**Required Document Parameters:** Case Number, Customer Name, Program, Language

### 2.7.2.4 Add GA 297 Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the GA 297 GA Periodic Report Form. This form will use a Mailing Cover Sheet(Cover2.xdp) in order to provide a Mail-Back address.

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Yes	No	Yes	Yes	No*	Yes

Note: The REPRINT LOCALLY AND SAVE option is only available in CalSAWS.

**Mailing Requirements:**

Mail-To (Recipient): Person selected in the Document's Parameter page

Mailed From (Return): Standard Population (Office of the Worker Assigned to the Program, if one does not exist then the Office of the Worker that generated the Form)

Mail-back-to Address: District Office Name and Address

Outgoing Envelope Type: Standard

Return Envelope Type: BRM

**Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: No

Post to YBN/C4Y: Yes

### 2.7.2.5 Imaging Barcode Mapping

The GA 297 GA Periodic Report should be mapped to **Other Customer Reporting**

## 2.8 Add the GA NA Back 9 in Spanish

### 2.8.1 Overview

Currently the GA NA Back 9 is only available in English. It is currently only attached to the Blank GA NOA in template repository.

**State Form:** N/A, County created

**Current Programs:** C-IV GA

**Current Attached Form(s):** N/A

**Current Forms Category:** NOA

**Existing Languages:**

English

### 2.8.2 Description of Change

#### 2.8.2.1 Updates to Form XDP

The GA NOAs in this effort will include a GA NA Back 9. Since the GA NOAs will be added in Spanish the GA NOA Back 9 will also require Spanish. Adding a Spanish version of the GA NA Back 9 that will be included with the NOAs in this effort.

**Updated Languages:**

Spanish (new)

### 3 SUPPORTING DOCUMENTS

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Number	Functional Area	Description	Attachment
1	Form	GA Approval NOA Mockup	See GA292 APPROVAL.pdf
2	Form	GA Denial NOA Mockup	See GA293 DENIAL.pdf
3	Form	GA Discontinuance NOA Mockup	See GA294 DISC.pdf
4	Form	GA Benefit Change NOA Mockup	See GA291 BENE CHANGE.pdf
5	Form	GA Supplement NOA Mockup	See GA295 SUPPLEMENTAL.pdf
6	Form	GA Reimbursement Agreement Form Mockup	See GA296 REIMBURSE AGMNT.pdf
7	Form	GA Periodic Report Form Mockup	See GA297 PERIODIC RPT.pdf

## 4 REQUIREMENTS

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### 4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

### 4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

## 5 MIGRATION IMPACTS

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SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?

## 6 OUTREACH

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N/A

## 7 APPENDIX

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N/A