| PPOCs: Please send the c | ompleted request to C | | and co your RM |
|---------------------------------|-----------------------|-----------------|----------------|
| | | LINGCUISAWS.OIG | |

| Submission Date | 02/04/2020 | | |
|-----------------|--|--|--|
| | Automate Mailing of PA 6239, "60-Day Notice of CalFresh Work | | |
| | Requirement Exemption Status Change" | | |

| Region #: 6 | County: Los Angeles | |
|-------------|---------------------|---------------------------------|
| Submitter: | Phone: | Email: |
| Matt Bruns | 562-908-6758 | MatthewSBruns@dpss.lacounty.gov |

| Program(s) Impacted: | | | |
|----------------------|----------------|--------------|-----------|
| Adoptive Services | ARC | 🔀 CalFresh | Cal-Learn |
| CalWORKS / RCA | CAPI | Child Care | |
| Foster Care | GA/GR | GAIN/REP/WTW | 🖂 GROW |
| Kin-GAP | Medi-Cal / RMA | | |
| Other – specify | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Area(s) Impacted: | | | |
|------------------------|-----------------------|-----------------------|------------------|
| Call Center | Case Assignment | Client Correspondence | Eligibility |
| Fiscal / Collections | Hearings | Imaging | Lobby Management |
| Reports | Resource Data Bank | Schedule Appt | Security |
| Self Service Portal | Special Investigation | Task Mgmt | Time Limits |
| Training | | | |
| Interface(s) - specify | | | |
| Other – specify | | | |

Justification / Request Summary:

- 1. Automate mailing of the PA 6239, "60-Day Notice of CalFresh Work Requirement Exemption Status Change," to ABAWDs who have an exemption from the ABAWD Time Limit expiring in the next 60 calendar days.
- 2. Create a monthly Scheduled Report in LRS.

Issue:

The current process requires the monthly notice to be mailed manually using a distribution list provided to a vendor.

Proposed Recommendation:

- 1. Upload the PA 6239 form in all threshold languages to the Template Repository page in LRS;
- Program LRS to recognize when an ABAWD's exemption is set to expire and mail the PA 6239 to the customer in appropriate threshold language when the end date of the exemption is 60 calendar days in the future (see the trigger conditions below). The notice should only be mailed once in the same 60-day period. Example: Exemption ends 5/31/20. PA 6239 will be mailed on 4/1/20, but not again on 5/1/20.

Trigger Conditions:

| Exemption Type | Driving LRS Page | Driving Field | Trigger Condition |
|---|--|--|--|
| Under 18 | Individual Demographics Detail | Date of Birth | Trigger 60 days prior to the last day of the month in which the individual turns 18 |
| Residing with someone under 18 | Individual Demographics Detail | Date of Birth | Trigger 60 days prior to the last day of the month in which the youngest CF HH member turns 18. |
| Pregnant | Pregnancy Detail page | Due Date | Trigger 60 days prior to the Due Date |
| Physically or Mentally Unfit | Medical Condition Detail | End Date | Trigger 60 days prior to the end date of a verified "Active" or "CalFresh" category medical condition. |
| Has dependent under the age 6 | 1) Individual Demographics Detail 2) Relationship Detail | 1) Date of Birth 2) Has Parental Control | Trigger 60 days prior to the last day of the month in which a child who is not in the CalFresh household and of whom the individual has parental control turns 6. |
| Participating in drug /alcohol treatment | Living Arrangement Detail | Expected Date of Release | Trigger 60 days prior to the end date of a record with the Living Arrangement Type of Drug and Alcohol Rehabilitation Center |

Cal**SAWS** | Enhancement Request (CER)

| | l in school program | D | School Att etail School Att atus Detail | | 1) Expe Com Date 2) End I | pletio | ייייייייייייייייייייייייייייייייייייי | attendanc College/Hi Iraining ar Attending Iime and e | e recor gher Eo Id Atter Half Tim either 1) | ndividual has d of type lucation or V idance Statu e or Attendir it is 60 days p tion Date or | ocational s of ng Full prior to the |
|--|------------------------|------------------|--|--|------------------------------------|--------|---------------------------------------|---|---|---|--|
| 3. Create a monthly Scheduled Report in LRS: a) Identify each individual who had a PA 6239 generated on the Distributed Documents page in the report month. b) Display the status of the notice (Mailed, Held for Pickup, Printed) and the date the report was mailed. c) Identify the end date of the exemption that triggered the report. | | | | | | | | | | | |
| Report Month | District Office | Worker Number | Case Number | | ndividual Name | CIN | DOB | ABAWD Status Reason | Exem ption End Date | PA 6239 Generated Date | PA 6239 Status |
| Prioirity/Implementation Consideration(s): | | | | | | | | | | | |

| CalSAWS Response: | | | | | |
|--|-------|--|--|--|--|
| CER Tracking #: (automatically generate by JIRA) | SCR # | | | | |
| | | | | | |
| Rejected By: | Date: | | | | |
| Rejection Reason(s) or other Comments: | | | | | |