

# Quality Assurance and Quality Control File Specification Document

Version 1.0

CalSAWS

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## Overview

The purpose of this document is to provide the list of CalSAWS Quality Review data fields. It describes each comma separated value (CSV) file, data fields and the CalSAWS code values used by some of the fields for reference. It is anticipated that joint mapping efforts will be necessary to map Ancillary code values to CalSAWS code values and data fields. It is assumed that 3-character length is sufficient to capture Ancillary code values.

Please note that the files where there is only 'Description' or 'Notes' Information defined are NOT mandatory and would only be needed if said information exists and needs to be carried over to CalSAWS. They are identified as being sub-files; for example, File #3b is a sub-file of File #3.

Additionally, other files such as the Quality Review Findings Questions file, will depend upon whether there is any information associated with the Quality Review Finding. In other words, if there is no (e.g.) Quality Review Finding information available for the Quality Review, then nothing will be written.

The column 'Required Field', in the mappings below, shows which data fields are needed by CalSAWS – those marked 'Y' are required, those marked 'N' are supplemental and can be included if data exists.

## File Layout

<b>#</b>	Row number identifier
<b>Field Name</b>	Header for each column
<b>Data Type</b>	Data type of the data for the column
<b>Max Length</b>	Maximum Length of data field
<b>Required Field</b>	This indicates which columns are required. Those marked as 'Y' are required; all others are optional but should be included if data is available
<b>Required Format</b>	Specific pattern of the data field if required
<b>Notes</b>	Additional information as needed to help better define the data expected

## File #1: Quality Review

File Name	Notes
##_Qty_Revw	<p>This file will contain information related to the Quality Review, including but not limited to Review Number, Type Code, and Case Number. Please see below for specific fields and data formats.</p> <p>Parent: N/A Relationship: N/A</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Case Number	String	22	Y		Unique identifier of the CalWIN Case
3	Due Date	String	10	Y	mm/dd/yyyy	The date the quality review is due to the supervisor who assigned. Field defaults to '12/01/9999'
4	Assign Date	String	10	Y	mm/dd/yyyy	This column captures the date the Worker was assigned to the quality review record. Field defaults to '12/01/9999'
5	Re Review Date	String	10	Y	mm/dd/yyyy	This column captures the date the re-reviewer reviewed the quality review record. Field defaults to '12/01/9999'
6	Complete Date	String	10	Y	mm/dd/yyyy	The Quality Review Completion Date is the date entered by the user to indicate when the quality review process must be completed by. Field defaults to '12/01/9999'
7	Effective Date	String	10	Y	mm/dd/yyyy	This column captures the date for which the quality review record is being performed. This date will come from a combining two drop down menus (month

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
						and year) in the page. Field defaults to '12/01/9999'
8	Type Code	String	3	N		This captures the Quality Type Review like Quality Control, Home call, Focused Review, Supervisor Review, etc. <b>See appendix CT94</b>
9	Items Measured Quantity	String	12	N		The total line items reviewed for accuracy on a case. This number should be consistent for all cases reviewed during specific review period
10	State Quality Control Number Identifier	String	50	N		This attribute captures the number that the state issued to the QC. This number may be issued after the record has been already created, and is not always issued if the Quality Review of the case is not mandated by the state.
11	Info Only Indicator	String	1	N		This column indicates whether or not the report should be included for state reporting. 'Y' or 'N'
12	Primary Assigned Worker First Name	String	25	N		First Name of the primary worker who is assigned to the quality review.
13	Primary Assigned Worker Last Name	String	25	N		Last Name of the primary worker who is assigned to the quality review.
14	Primary Assigned Worker Number	String	25	N		Unique number of the Primary Worker who is assigned to the quality review.
15	Secondary Assigned Worker First Name	String	25	N		First Name of the secondary worker who is assigned to the quality review.
16	Secondary Assigned Worker Last Name	String	25	N		Last Name of the secondary worker who is assigned to the quality review.



#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
17	Secondary Assigned Worker Number	String	25	N		Unique number of the Secondary Worker who is assigned to the quality review.
18	Non- Audit Indicator	String	1	N		This indicator is used to indicate quality review records that will not be included in reporting and statistics. 'Y' or 'N'
19	Audit Type Code	String	3	N		The Audit type code is used to describe the type of audit that is being performed. <b>See appendix CT396</b>
20	Quality Review Program Code	String	3	N		This is a list of programs (individual programs and combinations of programs) for which quality review records are performed. <b>See appendix CT397</b>
21	Batch Indicator	String	1	N		This column is used to differentiate the quality review records created by the IEVS batch from the quality review records created by the worker online. 'Y' or 'N'
22	Redetermination Date	String	10	N	mm/dd/yyyy	This date field allows the user to enter the redetermination date for the review.
23	Program Code	String	3	N		The Program Type associated to the Case for this Quality Review CT18 - Program Code. <b>See Appendix CT18</b>

## File #1b: Review Description

File Name	Notes
##_Review_Desc	<p>This file will contain information related to the Quality Review. Specifically, the Review Description. If there is no Review Description associated with the Quality Review, the row for Qlty_Review_Desc will not be written</p> <p>Parent: ##_Qlty_Revw</p> <p>Relationship: 1 to 0:1 This is optional data and it's not required for all QA/QC Scenarios</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Review Description	String	2000	Y		This is a descriptive text explaining the details of a reviewer's final summary after completion of the review.

## File #1c: Focus Description

File Name	Notes
##_Focus_Desc	<p>This file will contain information related to the Quality Review. Specifically, the Focus Description. If there is no Focus Description associated with the Quality Review, the row for Focus_Desc will not be written</p> <p>Parent: ##_Qty_Revw Relationship: 1 to 0:1 This is optional data and it's not required for all QA/QC Scenarios</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Focus Description	String	2000	Y		A descriptive text explaining the focus and / or emphasis of the review

## File #1d: Quality Review Recommendation Description

File Name	Notes
##_Recom_Desc	<p>This file will contain information related to the Quality Review. Specifically, the Recommendation Description. If there is no Recommendation Description associated with the Quality Review, the row for Recom_Desc will not be written</p> <p>Parent: ##_Qlty_Revw Relationship: 1 to 0:1 This is optional data and it's not required for all QA/QC Scenarios</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Quality Review Recommendation Description	String	2000	Y		This column captures the text entered by the worker to provide quality assurance recommendations

## File #2: Quality Review Detail

File Name	Notes
##_Qty_Revw_Detl	<p>This file will contain information related to the Quality Review Details that indicates the begin and end dates of the status code for the Quality Review Number. Fields include but not limited to Status Code, Begin and End Dates, and Status Reason Code. Please see below for specific fields and data formats.</p> <p>Parent File: ##_Qty_Revw Relationship: 1 to 1:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Status Code	String	3	Y		This is the status of the quality review; some examples are New, Assigned or Closed - Visit Completed, etc. Status is dependent on the Quality Review Type in File #1, Question 8 (CT94). <b>See appendix CT93</b>
3	Begin Date	String	10	Y	mm/dd/yyyy	This column captures the date when the status begun for the quality review. Defaults to '12/01/9999'
4	End Date	String	10	Y	mm/dd/yyyy	This column captures the date when the status ended for the quality review. Defaults to '12/01/9999'
5	Status Reason Code	String	3	N		Holds the values for the status reason on Quality Review Detail. <b>See appendix CT10012</b>

## File #3: Quality Case Review Detail

File Name	Notes
##_Qty_Case_Revw_Detl	<p>This file will contain information related to the Quality Case Review, including but not limited to Case Review Position Code. Depending on which Position Code is selected, there are specific fields that will be populated. Please see below for specific fields and data formats.</p> <p>Additionally, depending upon whether there is any Case Review information associated with the Quality Review, the row for Qty_Case_Revw_Detl will not be written.</p> <p>Parent File: ##_Qty_Revw Relationship: 1 to 0:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		This is a Foreign key to QLTY_REVW table
2	Case Review Position Code	String	3	Y		<p>This column holds the Type of Case Review. Depending on which Position Code is selected, there are required and optional fields that will be needed (see below). For example, if Position Code is "01", then subsections 3.1.1 and 3.1.2 should be included in the file.</p> <p><b>See appendix CT10181</b></p>
3	Agree Find Indicator	String	1	Y		<p>Agree With Findings - This column will hold the agree with Finding Indicator. Values can be Y=Yes OR N=No</p> <p><b>Only required if Case Review Position Code is "01", "02", "03", "04", "05", "06" or "08"</b></p>
4	Escalate To Worker Number	String	30	N		<p>The unique number of the worker who the Quality Review is escalated to.</p> <p><b>Only required if Case Review Position Code is "01", "02", "06" or "08"</b></p>

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
5	First Level Response Code	String	3	N		First Level Response. <b>See appendix CT10121</b> <b>Only required if Case Review Position Code is "04"</b>
6	Second Level Response Code	String	3	N		Second Level Response. <b>See appendix CT10121.</b> <b>Only required if Case Review Position Code is "03"</b>
7	Error Find Indicator	String	1	Y*		Error Findings - This column will hold Y OR N based on whether there are error findings in the review. <b>Only required if Case Review Position Code is "05" or "08"</b>
8	Under Tolerance Indicator	String	1	Y*		Under Tolerance - This column holds Y OR N based on whether the review is under tolerance or not. <b>Only required if Case Review Position Code is "05" or "08"</b>
9	ERP Meet Date	String	10	N	mm/dd/yyyy	ERP Meeting Date -This column corresponds to the QC calendar "ERP Meeting Date" <b>Only required if Case Review Position Code is "06" or "08"</b>
10	Participant Coop Indicator	String	1	Y		Participant Cooperating - This column corresponds to whether the participant is cooperating or not. Values can be Y OR N. <b>Only required if Case Review Position Code is "07"</b>
11	Discontinuance Date	String	10	N	mm/dd/yyyy	This column will be used to store the date of discontinuance for a Case Review <b>Only required if Case Review Position Code is "07"</b>
12	Reinstate Date	String	10	N	mm/dd/yyyy	Termination/Reinstatement Date - This column corresponds to QC "Termination/Reinstatement Date" <b>Only required if Case Review Position Code is "07"</b>

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
13	Error Letter Date	String	10	N	mm/dd/yyyy	Potential Error Letter Date - This column corresponds to QC "Potential Error Letter Date"  <b>Only required if Case Review Position Code is "08"</b>
14	Control Correct Action Indicator	String	1	Y		Control Corrective Action - This column corresponds to QC "Control Corrective Action" indicator to indicate whether corrective action is applicable or not. Values can be Y OR N. <b>Only required if Case Review Position Code is "09"</b>

## File #3b: Control Correct Action Text

File Name	Notes
##_Ctrl_Correct_Actn_Text	This file will contain information related to the Quality Case Review Details. Specifically, the Control Correct Action Text. If there is no Control Corrective Action Text associated with the Qlty_Case_Revw_Detl, the row for Ctrl_Correct_Actn_Text will not be written.

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Control Correct Action Text	String	2000	Y		Control Corrective Action - This column corresponds to QC "Control Corrective Action" textbox which allows the user to write the control corrective action.



## File #3c: Review Comment

File Name	Notes
##_Review_Comment	<p>This file will contain information related to the Quality Case Review Details. Specifically, the Review Comment.</p> <p>If there is no Review Comment associated with the Qlty_Case_Revw_Detl, the row for Review_Comment will not be written.</p>

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Review Comment	String	2000	Y		This column holds the Reviewer Comments

## File #4: Quality Review Findings

File Name	Notes
##_Qlty_Revw_Find	<p>This file will contain information related to the Quality Review Findings, including but not limited to Mitigating Code, Case Review Code, and Case Status Code. Please see below for specific fields and data formats. For the Findings Description and Recommendations, please see Files #3b and #3c respectively.</p> <p>If there is no Finding information associated with the Quality Review, the row for Qlty_Revw_Find will not be written.</p> <p>Parent File: ##_Qlty_Revw Relationship: 1 to 0:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier of the Quality Review
2	Quality Review Finding Number	String	22	Y		Unique Identifier for the Quality Review Finding
3	Review Date	String	10	Y	mm/dd/yyyy	The review date of the Finding.
4	Mitigating Code	String	3	N		This code captures any mitigating circumstances found to have contributed to or caused the finding. It may have the following values: Administrative Hearing Decision, Incomplete Documentation, Medi-Cal Eligibility Data System (MEDS) Problem, etc. <b>See appendix CT299</b>
5	Find Type Code	String	3	N		Finding Type The type of Finding Detail. <b>See appendix CT10025</b>
6	Program Code	String	3	N		This dropdown will display the program. <b>See appendix CT18</b>
7	Case Review Code	String	3	N		Case Review Code dropdown. <b>See appendix CT10064</b>
8	Application Date	String	10	N	mm/dd/yyyy	The application date of the Finding
9	Application Number	String	30	N		The application number of the Finding
10	Case Status Code	String	3	N		This dropdown will display the case status. <b>See appendix CT10040</b>
11	District Code	String	3	N		The district number of the Finding. <b>See appendix CT212</b>

#	Field Name	Data Type	Length	Required Field	Required Format	Notes
12	Application Disposition Code	String	3	N		The application disposition. <b>See appendix CT10012</b>
13	The Review Disposition Code	String	3	N		The review disposition. <b>See appendix CT10012</b>
14	The Disposition Code	String	3	N		The disposition. <b>See appendix CT10012</b>
15	Worker Number	String	30	N		The Worker Id of the Finding
16	GR Application Date	String	10	N	mm/dd/yyyy	This calendar dropdown allows the user to select the GR app date.
17	Aid Code	String	3	N		This will hold the aid code of the Finding. <b>See appendix CT184</b>
18	Image Date	String	10	N	mm/dd/yyyy	The image date of the Finding
19	Review Month	String	10	N	mm/yyyy	The review month of the Finding
20	Review Number	String	30	N		The review number of the Finding
21	Sample Month	String	10	N	mm/yyyy	The sample month of the Finding
22	Unit Number	String	30	N		The unit number of the Finding
23	Type Code	String	3	N		This attribute captures the type of finding that the quality reviewer has found. These are the type codes that are defined by the Q5i, which is the state's quality review error system. <b>See appendix CT8</b>
24	Reason Code	String	3	N		This code captures the reason/nature of the finding. It is a subtype of the class code. It may have the following values: Lack of Evidence, Question not Answered, etc. <b>See appendix CT393</b>
25	Class Code	String	3	N		This code captures the findings class code. It may have the following values: Residency, Relinquishment, Adoptions, etc. <b>See appendix CT392</b>
26	Dollar Error Amount	String	10	N	0000000000	This number captures the dollar amount associated with the cost of an item in one case. Last two bytes as assumed decimal

## File #4b: Findings Description

File Name	Notes
##_Find_Desc	This file will contain information related to the Quality Review Findings. Specifically, the Findings Description. If there is no Findings Description associated with the Quality Review Findings, the row for Find_Desc will not be written.

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Finding Number	String	22	Y		Unique Identifier for the Quality Review Finding
2	Finding Description	String	2000	Y		This is a descriptive text explaining the details of the finding.

## File #4c: Findings Recommendations Description

File Name	Notes
##_Find_Recom_Desc	<p>This file will contain information related to the Quality Review Findings. Specifically, the Recommendation Description.</p> <p>If there is no Findings Recommendations associated with the Quality Review Findings, the row for Rind_Recom_Desc will not be written.</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Finding Number	String	22	Y		Unique Identifier for the Quality Review Finding
2	Finding Recommendation	String	2000	Y		This is a descriptive text explaining the details of a reviewer's recommendations on how the finding may be corrected.

## File #5: Quality Review Findings Questions

File Name	Notes
##_Qty_Revw_Find_Ques	<p>This file will contain information related to the Quality Review Findings. It will include the Question Code and the answer for the corresponding question. Please see below for specific fields and data formats.</p> <p>Please note: The answer text can be up to 2000 characters, but most of the answers to the questions will only take 1 to 3 characters.</p> <p>If there is no Finding Questions information associated with the Quality Review Findings, the row for Qty_Revw_Find_Ques will not be written</p> <p>Parent File: ##_Qty_Revw_Find Relationship: 1 to 0:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Finding Number	String	22	Y		Unique Identifier for the Quality Review Finding
2	Review Date	String	10	Y	mm/dd/yyyy	Date of the Quality Review Finding
3	Question Code	String	3	Y		The Question Number Code from Question Appendix. <b>See appendix Q Questions List</b>
4	Answer Text	String	2000	Y		The answer to the question corresponding to the question code. <b>See appendix Q Questions List and corresponding QCT Answer appendix</b>

## File #6: Special Interview

File Name	Notes
##_Spec_Intvw	<p>This file will contain information related to the Quality Review Findings, including but not limited to Mitigating Code, Case Review Code, and Case Status Code. Please see below for specific fields and data formats.</p> <p>Depending upon whether there is any Special Interview information associated with the Quality Review, the row for Spec_Intvw will not be written.</p> <p>Parent File: ##_Qty_Revw Relationship: 1 to 0:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier for the Quality Review
2	Special Interview Number	String	22	Y		Unique Identifier for the Special Interview
3	Contact Date	String	10	Y	mm/dd/yyyy	The date the Customer was contacted. Field defaults to '12/01/9999'
4	PAFS Save Amount	String	10	N	0000000000	This column stores the amount that the county has saved by conducting a Special Interview (Homecall or PFI) for other programs. Last two bytes are assumed decimal
5	Type Code	String	3	N		This captures the type of interview (e.g., Quality Assurance Review, Hearings, etc.). <b>See appendix CT82</b>
6	Find Code	String	3	N		The Finding code for the interview outcome. Examples: No discrepancy found, child not in home, Whereabouts Unknown, etc. <b>See appendix CT81</b>
7	Interview Code	String	3	N		This captures the type of interview (e.g., Staff, Neighbor, Employer, etc.) <b>See appendix CT83</b>

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
8	Interview Reason Code	String	3	N		This is the reason why the Worker has conducted the interview. Some examples are Expenses Exceed Grant, Inter County Transfer, Anonymous Complaint, No Means of Support 60 Days Prior to Application. <b>See appendix CT7</b>
9	Child Care Save Amount	String	10	N	0000000000	This column stores the amount that the county has saved by conducting a Special Interview (Homecall or PFI) for Child Care programs. Last two bytes are assumed decimal
10	Refer Person Name	String	50	N		This is the name of the person that referred another person for an interview. It can be anyone - a staff person, a customer, someone who walked off of the street, an anonymous person, so it needs to be a text field.
11	Refer Person Phone Number	String	12	N	000-000-0000	This is the phone number of the person that referred a person for an interview. This is dependent on there being a referring person name, and people who do not wish to give their phone number do not have to.
12	Referral Indicator	String	1	N		This column indicates if the record was created through a home call referral. Example; Y N
13	Other Save Amount	String	10	N	0000000000	This column stores the amount that the county has saved by conducting a Special Interview (Homecall or PFI) for other programs. Last two bytes are assumed decimal
14	NAFS Save Amount	String	10	N	0000000000	This column stores the amount that the county has saved by conducting a Special Interview (Homecall or PFI) for Non-Assistance Food Stamp programs. Last two bytes are assumed decimal
15	CW Save Amount	String	10	N	0000000000	This column stores the amount that the county has saved by conducting a Special Interview (Homecall or



#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
						PFI) for CalWORKs programs. Last two bytes are assumed decimal
16	Interviewed Name	String	50	N		The proper name of the person being interviewed.

## File #6b: Discuss and Review

File Name	Notes
##_Discuss_Revw	<p>This file will contain information related to the Special Interview. Specifically, the Discussion Review. If there is no Discussion Review associated with the Special Interview, the row for Discuss_Revw will not be written.</p> <p>Parent File: ##_Spec_Intvw Relationship: 1 to 0: 1</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Special Interview Number	String	22	Y		Unique Identifier for the Special Interview
2	Discuss and Review Description	String	2000	Y		Contains the Discuss and Review Description text

## File #6c: Reason Description

File Name	Notes
##_Reason_Description	<p>This file will contain information related to the Special Interview. Specifically, the Reason Description. If there is no Reason Description associated with the Special Interview, the row for Reason_Description will not be written.</p> <p>Parent File: ##_Spec_Intvw Relationship: 1 to 0: 1</p>

Note: ## = County Code

#	Field Name	Data Type	Length	Required Field	Required Format	Notes
1	Special Interview Number	Numeric	22	Y		Unique Identifier for the Special Interview
2	Reason Description	String	2000	Y		A text description of the reason for the interview or home call.

## File #6d: Attempted Visit Description

File Name	Notes
##_Attempt_Visit_Desc	<p>This file will contain information related to the Special Interview. Specifically, the Attempt Visit Description. If there is no Attempted Visit Description associated with the Special Interview, the row for Attempt_Visit_Desc will not be written.</p> <p>Parent File: ##_Spec_Intvw Relationship: 1 to 0: 1</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Special Interview Number	Numeric	22	Y		Unique Identifier for the Special Interview
2	Attempt Visit Description	String	2000	Y		A description of the attempted home call visits that the responsible person has attempted before a successful visit.

## File #7: Special Interview Result

File Name	Notes
##_Special_Intvw_Result	<p>This file will contain information related to the Investigation Interview Result. It will include the Question Code and the answer for the corresponding question. Please see below for specific fields and data formats.</p> <p>Parent File: ##_Spec_Intvw Relationship: 1 to 0:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Special Interview Number	String	22	Y		Unique Identifier for the Special Interview
2	Result Decision Date	String	10	Y	mm/dd/yyyy	This column holds the date that a result of the special investigation was decided.
3	Prosecution Decision Indicator Date	String	10	Y	mm/dd/yyyy	This column captures the date that the decision to prosecute was determined. Field defaults to '12/01/9999'
4	Case Action Code	String	3	N		This field store the case action on the investigation result. <b>See appendix CT10351</b>
5	Prosecution Decision Indicator	String	1	N		This column captures the decision to prosecute determined by a court.
6	Type Code	String	3	N		This is the result of the special investigation. For example, this can be Insufficient Evidence, Expiration of Statutes, Denials, etc. <b>See appendix CT391</b>
7	Result Description	String	4000	N		This is a text field where a worker can enter additional information pertaining to the Investigation or prosecution result. For instance, they can enter a conviction description into this field or any information pertaining to overall investigation results.

## File #8: Case Note

File Name	Notes
##_Case_Note	<p>This file will contain information related to the Case Notes. This includes the Quality Review Number and the Case Note. Please see below for specific fields and data formats.</p> <p>Depending upon whether there is any Case Note information associated with the Quality Review, the row for Case Note will not be written</p> <p>Parent File: ##_Qty_Revw Relationship: 1 to 0:Many</p>

Note: ## = County Code

#	Field Name	Data Type	Max Length	Required Field	Required Format	Notes
1	Quality Review Number	String	22	Y		Unique Identifier for the Quality Review
2	Created On	String	19	Y	mm/dd/yyyy hh:mm:ss	The date and time for when the Case Note was entered
3	Note	String	2000	Y		This is a text field describing a case note entry.

## Appendix Q – Findings Questions

Note: Questions are grouped by category of Review, which are indicated by the Appendix Q#. For all questions that are not a text box (Yes/No, Select Code, etc.) only one input will be accepted.

### Appendix Q1 – General Relief – Case Review

Question Number Code	Question	Answer Input Type	Answer CT Code
<b>2. Unemployable (U)(GR 41-100, 41-200, 41-300)*? If Client "Needs Special Assistance" (NSA) then answer below:</b>			
<b><i>If Client "Needs Special Assistance" (NSA) then answer below:</i></b>			
204	Was NSA policy applied correctly?	Yes or No	
<b><i>If No, the reason is: (check all that apply)</i></b>			
206	PA 2012 not completed and/or not on file	Yes or No	
207	LRS beginning and end dates do not match PA 2012	Yes or No	
208	LRS Data Collection/Disability DAPD screen not completed	Yes or No	
209	Participant failed both SSI Advocacy appointment but LRS did not generated an appointment to see EW	Yes or No	
210	Participant did not attend appt with EW but aid was not denied/terminated for whereabouts unknown	Yes or No	
211	Administrative Decision: ABP 597 not completed not/or not on file	Yes or No	
212	Other	Short text	
<b><i>Administratively Unemployable (Admin U)</i></b>			
214	Category of why unemployable:	Select Code	See Appendix QCT10067
215	Was Admin U policy applied correctly?	Yes or No	
<b><i>If No, the reason is: (check all that apply)</i></b>			
217	LRS not updated to reflect appropriate Admin U reason	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
218	LRS case comments or verification (if applicable) not on file to substantiate the Admin U determination?	Yes or No	
219	If Admin Decision, LRS Data Collection/Disability DAPD screen not completed to reflect the appropriate reason	Yes or No	
220	LRS not updated to match the duration stated on verification provided (if any)	Yes or No	
221	Unemployability	Select Code	See Appendix QCT10069
222	Was Temp U/Perm U Policy applied correctly?	Yes or No	
<b><i>If No, the reason is: (check all that apply)</i></b>			
224	Participant did not attend Medical Disability Assessment appt	Yes or No	
225	ABP 1676P/Disability Statement completed by County/VA/Private insured physician not on file	Yes or No	
226	No other Temp U reason due to unavailable next appt documented on Case Comments	Yes or No	
227	Medical Disability Assessment not schedule	Yes or No	
228	Perm U status assigned incorrectly by LRS	Yes or No	
229	Perm U not given to GR Participant who has an approved Medi-Cal case	Yes or No	
230	Other (does not fit into above selections)	Short text	
231	Disability Valid From Date	MM/YYYY	
232	Disability Expiration Date	MM/YYYY	
233	ABP 23A, Notice About Change to Employable Status was generated 10 days prior to expiration date?	Yes or No	
234	If Good Cause determined, completed ABP 592 on file	Yes or No	
<b><i>SSI Advocacy</i></b>			
236	Was SSI Advocacy applied correctly	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			



Question Number Code	Question	Answer Input Type	Answer CT Code
238	If determined unemployable (Temp U, NSA, Perms are automatically deferred to SSP MAP) for 12 out of 18 months, LRS did not generated an ABP SSI 3	Yes or No	
239	2nd notice was not generated	Yes or No	
240	Participant did not attend 2nd SSI apt but aid not terminated	Yes or No	
241	65-year-old Participant did not apply SSI-but aid was not terminated	Yes or No	
242	Refusal to apply for SSI documented in Case Comments but aid was not terminated	Yes or No	
243	Other	Short text	
244	If Good Cause determined, completed ABP 592 on file	Yes or No	
<b>3. Employable (GR 41-400)*</b>			
<b><i>Employable</i></b>			
247	Were Employable Requirements applied Correctly	Yes or No	
251	Appropriate LRS screen(s) not completed	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
252	County Use Only section not completed	Yes or No	
249	ABP 589 not completed and/or not on file but aid was not denied/terminated (if not registered within 12 months)	Yes or No	
250	ABP 85 not completed and/or not on file but aid was not denied/terminated	Yes or No	
253	ABP 154 not one file and/or not signed by applicant and employable specialist	Yes or No	
254	Participant did not apply for UIB (if eligible) but aid not was denied/terminated	Yes or No	
255	0/30/60 day penalty was incorrectly imposed	Yes or No	
256	Other	Short text	
<b><i>GROW</i></b>			
258	Was GROW policy applied correctly	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
260	Participant did not attend GROW orientation but aid was not denied/terminated	Yes or No	
261	Other	Short text	

Question Number Code	Question	Answer Input Type	Answer CT Code
262	If Good Cause determined, completed ABP 592 on file	Yes or No	
263	Employable	Select Code	See Appendix QCT10074
264	Employable Status is	Select Code	See Appendix QCT10075
<b>4. General Policies &amp; Requirements (40-100)/MSARP (40-120)</b>			
266	Were General Policies & Requirements applied correctly?	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
268	Participant was fired from or quit a job within 60 days but application date without Good Cause but aid was not denied	Yes or No	
269	Participant eligible for other benefits and/or resources but did not apply for them and aid was not terminated/denied	Yes or No	
270	ABP 898-16 was not completed and/or not on file, but aid was not terminated	Yes or No	
271	Initial LRS Statement of Facts was not signed and dated but aid not denied	Yes or No	
<b><i>Note: The deficiency reasons listed above do not apply to NSA participants</i></b>			
273	SSP 14 (09/10) not signed and dated, but did aid not denied	Yes or No	
274	Completed PA 481 was not on file	Yes or No	
275	Completed TEMP2215 was not on file	Yes or No	
276	Completed SAWS 1 was not on file	Yes or No	
277	Completed Form 5076 was not on file	Yes or No	
278	Other	Short text	
279	If Good Cause determined, completed ABP 1170 on file	Yes or No	
280	Was MSARP policy applied correctly	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
282	Participant failed to attend Assessment apt, but aid was not terminated/denied	Yes or No	
283	Substance Abuse Pre-screening screen on LRS is not completed	Yes or No	
284	Positive Pre-screening result, but LRS did not generate Assessment apt	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
285	Participant failed to comply with MSARP treatment, but aid was not terminated/denied	Yes or No	
286	Treatment extension was requested, but ABP 1171 not completed and on file	Yes or No	
287	0/30/60 day penalty was incorrectly imposed	Yes or No	
288	Other	Short text	
289	If Good Cause determined, completed ABP 592 file	Yes or No	
<b>5. Identification/SS Card (40-111)(40-113)</b>			
291	Was ID policy applied correctly	Yes or No	
<i><b>If No, the reason is (check all that apply)</b></i>			
293	PA 230 form was not completed but aid was not terminated	Yes or No	
294	PA 594 form was not completed but aid was not terminated	Yes or No	
295	ABCDM 228 form was not completed but aid was not terminated	Yes or No	
296	60 days elapsed & no follow up done	Yes or No	
297	Was Social Security Card policy applied correctly	Yes or No	
<i><b>If No, the reason is (check all that apply)</b></i>			
299	MC-194 was not completed or on file but aid was not terminated/denied	Yes or No	
619	90 days elapsed & no follow up done	Yes or No	
<i><b>Fingerprint</b></i>			
621	PA 59 on file	Yes or No	
<b>6. Time Limits (40-121)</b>			
623	Was Time Limits policy applied correctly	Yes or No	
<i><b>If No, the reason is (check all that apply)</b></i>			
625	Employable Participant was aided in excess of 277 days	Yes or No	
626	GR Grant for termination month incorrectly prorated	Yes or No	
627	NOA not initiated	Yes or No	
628	Other	Short text	
<b>7. Property (42-200)*</b>			

Question Number Code	Question	Answer Input Type	Answer CT Code
<b>Intake</b>			
631	Within Limit	Yes or No	
632	Verification on file	Yes or No	
<b>Approved</b>			
634	Within Limit	Yes or No	
635	Verification on file	Yes or No	
<b>Motor Vehicle</b>			
637	Within Limit	Yes or No	
638	Verification on file	Yes or No	
<b>Real Property</b>			
640	Within Limit	Yes or No	
641	Verification on file	Yes or No	
642	Lien signed	Yes or No	
643	If No, was non- compliance initiated	Yes or No	
644	Lump sum applied correctly	Yes or No	
<b>8. Residence (42-400)</b>			
646	Was Residence policy applied correctly	Yes or No	
<b>If No, the reason is (check all that apply)</b>			
648	Participant did not meet 15-day residency requirement, but aid was not denied	Yes or No	
649	Participant did not provide reasonable explanations for EBT Out-of-County/State usage*	Yes or No	
650	Other	Short text	
651	Citizenship/Immigration Status:	Select Code	See Appendix QCT10085
652	SAVE Verified	Yes or No	
653	If No, G-845 SAVE and/or G-845 Supplement on file	Yes or No	
654	If No, was non-compliance initiated	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
<b>9. Pending T &amp; U Visa (42-400)</b>			
656	Is Pending T & U Visa policy applied correctly	Yes or No	
<i><b>If No, the reason is (check all that apply)</b></i>			
658	Letter/receipt from USCIS indicated it is for a T&U Visa application not on file	Yes or No	
659	USCIS I-797 indicating it is for a T&U application not on file	Yes or No	
660	ISCI I-797C indicating it is for an application for Employment Authorization for a U Visa application not on file	Yes or No	
661	T&U Visa petition was not approved/denied after appeal, but aid not terminated	Yes or No	
662	T&U Visa petition was denied and Participant did not appeal through USCIS, but GR aid was not terminated	Yes or No	
663	T&U Visa denied and Participant appealed through USCIS, but GR aid was terminated	Yes or No	
664	Participant did not provide application status update on a six-month interval	Yes or No	
<i><b>Fingerprint: Acceptable forms of status updates: Update obtained from USCIS via phone call USCIS letter PA 853-T&amp;U (only allowed for the initial six-month interval update)</b></i>			
666	LRS Case Comments not updated documenting six-month interval application status	Yes or No	
667	Other	Short text	
<b>10. Responsible Relatives (43-100)</b>			
669	Was Responsible Relatives policy applied correctly	Yes or No	
<i><b>If No, the reason is (check all that apply)</b></i>			
671	Participant was married, but PA 528 Statement of Responsible Relative not initiated & returned within 10 working days	Yes or No	
672	PA 528 not on file, but aid was not denied/terminated	Yes or No	
673	Other	Short text	
<b>11.Sponsored Alien(43-200)</b>			

Question Number Code	Question	Answer Input Type	Answer CT Code
675	Was Sponsored Alien policy applied correctly	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
677	SAVE Verified not on file	Yes or No	
678	G-845 SAVE not on file	Yes or No	
679	G-845 Supplement & G-845 SAVE (when the whereabouts of the sponsor are unknown)	Yes or No	
680	Participant did not provide sponsor's last known address	Yes or No	
681	Participant provided sponsor's last known address, but ABP 1073 was not signed and sent to sponsor	Yes or No	
682	ABP 1073 not received	Yes or No	
683	Other	Short text	
<b>Note:</b> <b>1) If Participant entered the U.S. prior to 12/19/1997, the 3-year sponsorship requirements is expired.</b>  <b>2) Signed ABP 1073 is not forwarded to the sponsor if Participant is a battered alien</b>			
687	Was PA 493 completed and forwarded to ARS with ABP 1073	Yes or No	
<b>12. Income (44-100)*</b>			
689	QR7 Cycle	Short text	
690	Received	Yes or No	
691	Received date	MM/DD/YYYY	
692	Did Participant have income at Intake	Yes or No	
693	If Yes, was Net Income Test Completed	Yes or No	
694	If Yes, was Net Income less than GR after the GR Grant Deduction was completed	Yes or No	
<b>Note: EID is applied to Gross Earned Income at Intake when the Net Income Test is within limits.</b>			
697	Gross Earned Income	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
698	Wages & Salary	Short text	
699	Self-Employed	Short text	
700	Other	Short text	
<b>Total Gross Earnings</b>			
702	Within Limit	Yes or No	
704	Unearned Income:	Yes or No	
705	SSI	Short text	
706	DIB	Short text	
707	VA	Short text	
708	UIB	Short text	
709	In-Kind	Short text	
710	Other	Short text	
<b>Total Unearned Earnings</b>			
712	Within Limit	Yes or No	
714	Income verification on file	Yes or No	
715	Is Sponsor's Income applied?	Yes or No	
716	Total Sponsor's Income	Short text	
717	Within Limit	Yes or No	
<b>13. Need/Household Composition (40-121)*</b>			
720	Household Type	Select Code	See Appendix QCT10089
721	Household Size	Short text	
722	Total # of aided persons	Short text	
723	Case Type	Select Code	See Appendix QCT345
724	Were household composition policy applied correctly	Yes or No	
<b>If No, the reason is (check all that apply)</b>			

Question Number Code	Question	Answer Input Type	Answer CT Code
726	Participant reported an address change, but ABP 101 was not completed and on file	Yes or No	
727	Other	Short text	
728	Was excess Rent policy applied correctly	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
730	Housing (Rent & Utility) is greater than GR Grant, but PA 908 not completed and on file	Yes or No	
731	Income reported on PA 908, but not deducted	Yes or No	
732	Landlord/Owner's verification not receiving in supporting for PA 908	Yes or No	
733	Other	Short text	
<b>14. Overpayment/Underpayment (44-309)*</b>			
735	Did an OP/UP occur during the sample month	Yes or No	
736	If Yes, OP/UP	Short text	
737	Type of OP/UP	Select Code	See Appendix QCT10093
738	OP/UP Reason 1	Select Code	See Appendix QCT10094
739	OP/UP Reason 2	Select Code	See Appendix QCT10094
740	OP/UP Reason 3	Select Code	See Appendix QCT10094
741	OP/UP Reason 4	Select Code	See Appendix QCT10094
<b>15. NOA &amp; Hearings (44-400)*</b>			
743	Was NOA & Hearings policies applied as a result of a negative action during the sample month	Yes or No	
<b><i>If No, the reason is (check all that apply)</i></b>			
745	LRS/Manual NOA not generated	Yes or No	



Question Number Code	Question	Answer Input Type	Answer CT Code
746	NOA not sent at least nine calendar days prior to the hearing date	Yes or No	
747	Hearing date and time not on NOA	Yes or No	
748	GR Regulations Section not correctly cited on NOA	Yes or No	
749	Legal Aid Information not on NOA	Yes or No	
750	Other	Short text	
<b>16. Board &amp; Care (45-100)*</b>			
752	ABP 320-3 generated	Yes or No	
<b><i>Note: Eligibility determination for a B&amp;C case is the same as the eligibility determination for any other GR living arrangement</i></b>			
754	17. Are there ANY errors in this case?	Yes or No	
755	18. Review comments:	Long Text	

## Appendix Q2 – CalFresh Payment Accuracy Review

Question Number Code	Question	Answer Input Type	Answer CT Code
756	Disposition:	Select Code	See Appendix CT10012
114	Type of Action:	Select Code	See Appendix CT10013
115	File Type:	Select Code	See Appendix CT10014
116	Program Type:	Select Code	See Appendix CT10015
117	Allotment:	Short text	
118	Finding:	Select Code	See Appendix CT10016
119	Review Date:	MM/DD/YYYY	
120	Error Amount:	short text	
121	Class Code:	Select Code	See Appendix CT10017
122	Cause Code:	Select Code	See Appendix CT10018
123	Nature Code:	Select Code	See Appendix CT10019
124	LRS Related Errors:	Select Code	See Appendix CT10020
125	LRS User Error:	Select Code	See Appendix CT10021
126	LRS User Error Amount:	Short text	
127	Change Center Monitoring:	Select Code	See Appendix CT10022
128	Error Caused By:	Select Code	See Appendix CT10023
129	No Income Reptd/Still Deducted:	Yes or No	
130	ABAWD Cases:	Yes or No	
131	ABAWD Error Amount:	Short text	
132	MIE Comments:	Long Text	

## Appendix Q3 – Electronic Document Management System Review

Question Number Code	Question	Answer Input Type	Answer CT Code
581	Was case Imaged?	Yes or No	
582	2. Documents missing needed for review	Yes or No	
583	Missing Document 1	Select Code	See Appendix CT10027
584	Missing Document 2	Select Code	See Appendix CT10027
585	Missing document 3	Select Code	See Appendix CT10027
586	Missing document 4	Select Code	See Appendix CT10027
587	Missing document 5	Select Code	See Appendix CT10027
588	Missing document 6	Select Code	See Appendix CT10027
589	Missing document 7	Select Code	See Appendix CT10027
590	Missing document 8	Select Code	See Appendix CT10027
591	3. Misabeled Documents	Yes or No	
594	1a: Misabeled Document	Select Code	See Appendix CT10027
595	1b: Should Have Been	Select Code	See Appendix CT10027
596	2a: Misabeled Document	Select Code	See Appendix CT10027
597	2b: Should Have Been	Select Code	See Appendix CT10027
598	3a: Misabeled Document	Select Code	See Appendix CT10027
599	3b: Should Have Been	Select Code	See Appendix CT10027
600	4a: Misabeled Document	Select Code	See Appendix CT10027
601	4b: Should Have Been	Select Code	See Appendix CT10027
602	4. Misfiled Documents	Yes or No	
606	1a: Document	Select Code	See Appendix CT10027
607	1b: Wrong Folder	Select Code	See Appendix CT10028
608	1c: Correct Folder	Select Code	See Appendix CT10028
609	2a: Document	Select Code	See Appendix CT10027
610	2b: Wrong Folder	Select Code	See Appendix CT10028

<b>Question Number Code</b>	<b>Question</b>	<b>Answer Input Type</b>	<b>Answer CT Code</b>
611	2c: Correct Folder	Select Code	See Appendix CT10028
612	3a: Document	Select Code	See Appendix CT10027
613	3b: Wrong Folder	Select Code	See Appendix CT10028
614	3c: Correct Folder	Select Code	See Appendix CT10028
615	4a: Document	Select Code	See Appendix CT10027
616	4b: Wrong Folder	Select Code	See Appendix CT10028
617	4c: Correct Folder	Select Code	See Appendix CT10028
618	5. Are there ANY discrepancies in this case?	Yes or No	

## Appendix Q4 – Threshold Language Monitoring

Question Number Code	Question	Answer Input Type	Answer CT Code
<b><i>Language Designation Form</i></b>			
134	PA 481 on file?	Yes or No	
<b><i>Language Designation</i></b>			
136	Is Section A completed?	Yes or No	
137	Spoken Language Designated?	Select Code	See Appendix QCT145
138	Other language (specify):	Short text	
139	Is Section B completed?	Yes or No	
140	Written language designated?	Select Code	See Appendix QCT145
141	Other language (specify):	Short text	
<b><i>Findings II</i></b>			
143	Is PA 481 signed by participant?	Yes or No	
144	Is PA 481 signed by CCW?	Yes or No	
145	Is PA 481 signed by ES?	Yes or No	
146	Is Designated Language NOA on file?	Yes or No	
147	LRS case comments:	Yes or No	
148	Was "Disclosure" box checked?	Yes or No	
149	Are there any errors on the case?	Yes or No	
150	Comments	Long Text	

## Appendix Q5 – Case and Procedural Error Rate (CAPER)

Question Number Code	Question	Answer Input Type	Answer CT Code
152	2 Negative Case Action:	Yes or No	
153	Did applicant request Expedited Services?	Yes or No	
154	Where Q's 14 thru 18 answered by pt. on SAWS1?	Yes or No	
155	Did EW evaluate household for ES?	Yes or No	
156	Was additional info requested? (postponed verification)	Yes or No	
157	Was ID provided by applicant?	Yes or No	
158	Was the ES determination explained in C/C?	Yes or No	
159	Was County Column completed by CWD?	Yes or No	
160	Was VCL generated?	Yes or No	
161	Was ES dispositioned timely on LRS? (within 3 days of application)	Yes or No	
162	3 Withdrawal:	Yes or No	
163	Client's request?	Yes or No	
164	Application Date:	MM/DD/YYYY	
165	Denial/Withdrawal Date:	MM/DD/YYYY	
166	Notice Date:	MM/DD/YYYY	
167	Was the CW89 signed by Pt?	Yes or No	
168	Was CW 10 sent?	Yes or No	
169	4. Denial:	Yes or No	
170	Correct NOA sent?	Yes or No	
171	Correct regulations on NOA?	Yes or No	
172	Was NOA/NOMI issued timely?	Yes or No	
173	Info Correctly updated on LRS?	Yes or No	
174	NOA held until the 30th day?	Yes or No	
175	Documents to support denial?	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
176	NOMI Issued?	Yes or No	
177	5. Analysis of Review Negative Case Action:	Yes or No	
178	Valid?	Yes or No	
179	Was Error initiated by Customer Service Center?	Yes or No	
180	Was Tracking Ticket generated?	Yes or No	
181	6. Termination/Discontinuance:	Yes or No	
182	Correct NOA sent?	Yes or No	
183	Termination Date:	MM/DD/YYYY	
184	Notice Date:	MM/DD/YYYY	
185	Correct regulations on NOA?	Yes or No	
186	Was NOA issued timely?	Yes or No	
187	Info Correctly updated on LRS?	Yes or No	
188	NOMI issued?	Yes or No	
189	Documents to support termination?	Yes or No	
190	Rescind required?	Yes or No	
191	TCF generated correctly?	Yes or No	
192	TCF Start Date:	MM/DD/YYYY	
193	TCF End Date:	MM/DD/YYYY	
194	7. Results of Disagreement:	Yes or No	
195	Verification provided after review date?	Yes or No	
196	Reviewer misapplied policy?	Yes or No	
197	Reviewer in advertence?	Yes or No	
198	Other?	Yes or No	
199	8. LRS Errors:	Yes or No	
200	9. Review comments:	Long Text	

## Appendix Q6 – Medi-Cal Application Processing

Question Number Code	Question	Answer Input Type	Answer CT Code
<b>2. Processing Time:</b>			
439	Application processed within 45 days	Yes or No	
440	Application Date	MM/DD/YYYY	
441	Authorization Date	MM/DD/YYYY	
442	Number of Days	Select Code	See Appendix QCT10054
443	3. Deficiencies	Select Code	See Appendix QCT10055
444	4. Causes	Select Code	See Appendix QCT10056
445	Trouble ticket initiated (Explain in detail in Section XI, Include date of TT and resolution)	Yes or No	
446	5. Are there any U.S. Citizen or U.S. Nationals in the household?	Yes or No	
447	DRA Citizenship requirement met/exempt?	Yes or No	
448	If no, indicate ID#	Short text	
449	If citizenship requirement is not met, has birth match been requested?	Yes or No	
450	DRA Identity requirement met/exempt?	Yes or No	
451	If no, indicate ID #	Short text	
452	If DRA requirements are not meet, is applicant receiving full scope benefits?	Yes or No	
453	Is SSN or proof of application for SSN provided?	Yes or No	
454	If it has been 60 days since date of application and proof of SSN is not provided, are the benefits terminated?	Yes or No	



Question Number Code	Question	Answer Input Type	Answer CT Code
455	Were DRA actions documented in Case Comments?	Yes or No	
456	If NO, indicate who missed documenting comments	Select Code	See Appendix QCT10059
457	Any discrepancies between DRA Detail screen and MEDS?	Yes or No	
458	6. Are there any Legal Permanent Residents (LPR) in the household?	Yes or No	
459	Is SAVE document in file for all household members with LPR status	Yes or No	
460	Is secondary or additional verification necessary per SAVE document?	Yes or No	
461	If secondary or additional verification is necessary, is there a copy of G-845 on file?	Yes or No	
462	Is IEVS abstract on file?	Yes or No	
463	7. Medical Support Enforcement Forms in file?	Yes or No	
464	If no, select item:	Select Code	See Appendix QCT10037
465	Are there any case comments pertaining to Medical Support Enforcement forms?	Yes or No	
466	Is LRS Absent Parent Screen completed for each absent/ unmarried parent?	Yes or No	
467	8. Was CHDP referral requested on the application	Yes or No	
468	Was CHDP referral on LRS completed?	Yes or No	
469	9. Any discrepancies between MEDS and LRS?	Yes or No	
470	If Yes, select item:	Select Code	See Appendix QCT10036
471	LRS Aid Code(s):	Short text	
472	MEDS Aid Code(s):	Short text	
473	10. Unresolved MEDS alerts:	Yes or No	
<b><i>If Yes, list alert#:</i></b>			

Question Number Code	Question	Answer Input Type	Answer CT Code
475	MEDS critical alerts:	Short text	
476	MEDS Recon alerts:	Short text	
477	11. Reviewer Comments: (Detail comments required for all deficiencies)	Long Text	
478	12. Are there ANY errors in this case:	Yes or No	
479	Date NOA Issued:	MM/DD/YYYY	
480	NOA Issued For:	Short text	
481	Correct Reason Should Be:	Short text	
482	LRS or User Error:	Short text	

## Appendix Q7 – Medi-Cal Negative Case Action

Question Number Code	Question	Answer Input Type	Answer CT Code
484	2. Reason For Termination (reason agency is terminating the case)	Select Code	See Appendix QCT10031
485	LRS termination reason:	Select Code	See Appendix QCT10032
486	MEDS termination reasons:	Select Code	See Appendix QCT10033
487	3. Termination Action Correct?	Yes or No	
488	If No, select item:	Select Code	See Appendix QCT10034
489	If SB87 requirement not applied, indicate missing step:	Select Code	See Appendix QCT10035
490	LRS Error?	Yes or No	
491	4. Was this case rescinded within the cure month?	Yes or No	
492	5. Was this case re-established (instead of being rescinded)?	Yes or No	
493	Within cure month?	Yes or No	
494	At the same district?	Yes or No	
495	6. Benefits active on MEDS?	Yes or No	
496	7. Any discrepancies between MEDS and LRS?	Yes or No	
497	If Yes, select item:	Select Code	See Appendix QCT10036
498	LRS aid codes discrepancies:	short text	
499	MEDS aide codes discrepancies:	short text	
500	8. Unresolved MEDS alerts?	Yes or No	
<b><i>If Yes, select alert #:</i></b>			

Question Number Code	Question	Answer Input Type	Answer CT Code
502	MEDS critical alerts:	short text	
503	MEDS Recon alerts:	short text	
504	9. Medical Support Enforcement Forms in file?	Yes or No	
505	If No, select item:	Select Code	See Appendix QCT10037
506	Are there any case comments pertaining to Medical Support Enforcement forms?	Yes or No	
507	Is LRS Absent Parent Screen completed for each absent/ unmarried parent?	Yes or No	
508	10. Are there any Legal Permanent Residents (LPR) in the household?	Yes or No	
509	Is SAVE document on file for all household members with LPR status?	Yes or No	
510	Is secondary or additional verification necessary per SAVE document? (Answer "No" only if SAVE docs are in file)	Yes or No	
511	If secondary or additional verification is necessary, is there a copy of the G-845 on file? (Answer "No" only if additional verification necessary)	Yes or No	
512	11. Review Comments:	Long Text	
513	12. Are there ANY errors in this case?	Yes or No	

### Appendix Q8 – Medi-Cal Quality Assurance Review – Redetermination

NOTE: This appendix has several questions where the “Answer Input Type” is “Multi-Selection”. For these fields, one may select 1 or more codes that apply as answers to the question. If there is more than 1 answer, it is required that each selection/answer be placed in a separate record. For example, for Question Number Code 541 below, if codes IC, EX, and OI have been selected, the output should look like the following CSV file format:

Quality Review Finding Number, Question Code, Answer Text  
 123456,541,IC  
 123456,541,EX  
 123456,541,OI

Question Number Code	Question	Answer Input Type	Answer CT Code
529	2. Was Redetermination process completed timely (in due or cure month)? (if Yes, go to section IV)	Yes or No	
530	3. Reasons for Redetermination not completed timely: (Complete ONLY if answer to section II is NO)	Select Code	See Appendix QCT10042
531	4. Redetermination disposition:	Select Code	See Appendix QCT10012
532	5. Was the case terminated?	Yes or No	
533	Terminated for No RD (Redetermination not received)?	Yes or No	
534	If Yes, was reminder phone call made (FML 369)?	Yes or No	
535	Terminated for Failure to Provide?	Yes or No	
536	If Yes, was SB87 followed?	Yes or No	
537	If No, indicate missing step:	Select Code	See Appendix QCT10035
538	6. Required verification/ documentation on file?	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
539	If No, select items:	Multi-Selection	See Appendix QCT10045
540	7. Are changes reported on MC210 RV updated on LRS?	Yes or No	
541	If No, select items:	Multi-Selection	See Appendix QCT10046
542	8. Was CHDP referral requested?	Yes or No	
543	If Yes, was CHDP referral on LRS completed?	Yes or No	
544	9. Are there any Legal Permanent Residents (LPR) in the household? (if No, go to section X)	Yes or No	
545	Is SAVE document on file for all household members with LPR?	Yes or No	
546	Is secondary or additional verification necessary per SAVE document? (Answer No only if SAVE docs are in file)	Yes or No	
547	If secondary or additional verification is necessary, is there a copy of G-845 on file? (Answer "No" only if additional verification necessary)	Yes or No	
548	10. Medical Support Enforcement Forms in file?	Yes or No	
549	If No, select item:	Select Code	See Appendix QCT10047
550	Are there any case comments pertaining to Medical Support Enforcement forms?	Yes or No	
551	Is LRS Absent Parent Screen completed for each absent/ unmarried parent?	Yes or No	
552	11. Was there a change from zero SOC to SOC? (if section 8(a) on MC210 RV is check)	Yes or No	

Question Number Code	Question	Answer Input Type	Answer CT Code
553	Any eligible child for Medi-Cal/ Healthy Families bridging program?	Yes or No	
554	All steps followed in the referral of eligible children to Medi-Cal/HF Bridging Program?	Yes or No	
555	If No, check steps not followed:	Multi-Selection	See Appendix QCT10048
556	12. Are there any U.S. Citizens or U.S. Nationals in the household?	Yes or No	
557	If Yes, enter ID#:	Short text	
558	DRA citizenship requirement met/ exempt?	Yes or No	
559	ID#:	Short text	
560	DRA identity requirement met/ exempt?	Yes or No	
561	ID# :	Short text	
562	If not met, are copies of citizenship/ identity document marked "original" seen on file?	Yes or No	
563	If No, check MEDS INQE screen. Is citizenship/ identity verified by SSN data match?	Yes or No	
564	If No, check MEDS INWA screen. Is there MEDS alerts?	Yes or No	
565	Which alerts?	Select Code	See Appendix QCT10049
566	Any discrepancies between DRA Detail screen and MEDS?	Yes or No	
567	13. Any discrepancies between MEDS and LRS?	Yes or No	
568	If Yes, select item:	Select Code	See Appendix QCT10036
569	LRS Aid Code(s):	Short text	
570	MEDS Aid Code(s):	Short text	

Question Number Code	Question	Answer Input Type	Answer CT Code
571	14. Unresolved MEDS alerts:	Yes or No	
572	If Yes, list alert#:		
573	MEDS critical alerts:	Short text	
574	MEDS Recon alerts:	Short text	
575	15. Was RD result documented in LRS case comments?	Yes or No	
578	18. Are there ANY errors in this case?	Yes or No	
579	19. Error caused by?	Select Code	See Appendix QCT10051
576	16. Was the case imaged on EDMS?	Yes or No	
577	17. Review Comments:	Long Text	



## Appendix Q9 – Recertification Timeliness

Question Number Code	Question	Answer Input Type	Answer CT Code
514	Benefits outside certification period (Prior to recertification but after end of certification)?	Yes or No	
<b><i>If Yes, then recertification process was outside the certification period</i></b>			
516	Date of Notice of Expiration (NEC) sent:	MM/DD/YYYY	
517	Date of Recertification application:	MM/DD/YYYY	
518	Interview required?	Yes or No	
519	If Yes, date of Recertification Interview:	MM/DD/YYYY	
520	Further verification requested?	Yes or No	
521	Date requested:	MM/DD/YYYY	
522	Date required to be supplied:	MM/DD/YYYY	
523	Date requested verification supplied by HH to agency:	MM/DD/YYYY	
524	Date of normal issuance:	MM/DD/YYYY	
525	Date benefits available:	MM/DD/YYYY	
526	Benefits issued timely?	Select Code	See Appendix QCT10024
527	Comments:	Long Text	

## Appendix QCT – CT Codes for Findings Answers

### Appendix QCT145 - Language Code

The code that corresponds to the language used.

#	QCT145 - Language Code	CalSAWS Code
1	American Sign Language	01
2	Spanish	02
3	English	03
4	Japanese	04
5	Korean	05
6	Tagalog, Filipino	06
7	Other Non-English	07
8	Other Chinese Language	08
9	Other Sign Language	09
10	Cantonese (Chinese)	10
11	Mandarin (Chinese)	11
12	Cambodian	12
13	Armenian	13
14	Ilocano	14
15	Mien	15
16	Hmong	16
17	Lao	17
18	Turkish	18
19	Hebrew	19
20	French	20
21	Polish	21
22	Russian	22
23	Portuguese	23
24	Italian	24

#	QCT145 - Language Code	CalSAWS Code
25	Arabic	25
26	Samoan	26
27	Thai	27
28	Farsi	28
29	Vietnamese	29
30	Bengali	30
31	Hindi	31
32	German	32
33	Punjabi	33
34	Assyrian	34
35	Afghani	35
36	Persian	36
37	Romanian	37
38	Urdu	38
39	Serbian	39
40	Bosnian	40
41	Croatian	41
42	Egyptian	42
43	Amharic	43
44	Aramaic	44
45	Greek	45
46	Indonesian	46

### Appendix QCT345- Adult Child Code

The code that corresponds to the household composition

#	QCT345- Adult Child Code	CalSAWS Code
1	Family	FM
2	Child	CH
3	Adult	AD

### Appendix QCT10012 - QA Disposition

The code that corresponds to the Quality Assurance Disposition

#	QCT10012 - QA Disposition	CalSAWS Code
1	Dropped-Other (explain in section XVI)	DT
2	Discontinued	TY
3	Approved	AP
4	Pending	PE
5	Undoc/Ineligible	UI
6	99 - Other	OT
7	98 - Drop and Not Replace	ND
8	01 - Review Completed	RC
9	02 - CFAP/State FS Benefits Only	CF
10	03 - Discontinued CalFresh Case	TE
11	04 - Transferred Case Within 30 Days	TR
12	05 - FS Authrzd After 1st of Rev Mo	FS
13	06 - Case in Fair Hearing	FH
14	07 - Case in Active Fraud Investigation	AF
15	08 - Two Missing Cases Allowance	TM
16	09 - One Repeated Case	OR
17	10 - No Benefits Authorized	NB

18	Missing Case	MC
19	Drop (Explained in Section IX)	DR
20	Dropped-Out of the District	DD

#### Appendix QCT10013 - QA Action Type

The code that corresponds to the Quality Assurance Action Type

#	QCT10013 - QA Action Type	CalSAWS Code
1	01 - Initial Approval/ Certification	01
2	02 - Redetermination/ Recert	02
3	03 - Interim Change	03

#### Appendix QCT10014 - QA File Type

The code that corresponds to the Quality Assurance File Type

#	QCT10014 - QA File Type	CalSAWS Code
1	01 - Earned Income	01
2	02 - Unemployed Parent	02
3	03 - Incapacitated Parent	03
4	04 - Family Group	04
5	05 - Non-earned Income	05
6	06 - CalFresh Only	06

#### Appendix QCT10015 - QA Program Type

The code that corresponds to the type Quality Assurance Program

#	QCT10015 - QA Program Type	CalSAWS Code
1	01 - N/A	01
2	02 - PA	02
3	03 - Mixed	03

### Appendix QCT10016 - QA Finding

The code that corresponds to the type of Quality Assurance Finding

#	QCT10016 - QA Finding	CalSAWS Code
1	03 - Underissue	03
2	04 - Ineligible	04
3	01 - Correct	01
4	02 - Overissue	02

### Appendix QCT10017 - QA Class Code

The code that corresponds to the Quality Assurance Class Code

#	QCT10017 - QA Class Code	CalSAWS Code
1	336 B -032 - Non HH Inc Not Used	34
2	337 - Contributions Income-in-Kind	35
3	820 - Demonstration Project	36
4	110 - Age	37
5	111 - Student Status	38
6	130 - Citizenship and Non Cit Status	39
7	141 - Residency/Institution	41
8	150 - Household Composition	42
9	151 - Recipient Disqualification	43
10	160 - Employment & Training Programs	44
11	161 - Time Limited Participation	45
12	162 - Work Registrant Requirement	46
13	163 - Voluntary Quit/Reduced Work	47
14	164 - Workfare and Comparable Workfare	48
15	166 - Acceptance of Employment	49
16	170 - Social Security Verification	50

#	QCT10017 - QA Class Code	CalSAWS Code
17	200 - New Code	51
18	211 - Bank Accts/Cash on Hand	52
19	212 - Nonrecurring Lump-Sum Payments	53
20	213 - Other Liquid Assets	54
21	221 - Real Property	55
22	222 - Vehicles	56
23	223 - Life Insurance	57
24	225 - Combined Resources	58
25	313 - Other Earned Income	59
26	322 - Work Related Expenses	60
27	336 C-036 - Rounding Used/Not Used	61
28	336 D-037 - Includable Inc Not Used	62
29	338 - Deemed Income	63
30	339 - PA or GA	64
31	340 - Ed Grants/Scholarships/Loans	65
32	341 - Sup Pmts Md to Child Sup Agny	66
33	362 - Earned Income Deduction	67
34	530 - Temporary Food Stamps	68
35	311 - Wages and Salaries	01
36	312 - Self-Employment	02
37	314 - Other Earned Income	03
38	321 - Earned Income Disregard	04
39	323 - Dependent Care Reduction	05
40	331 - RSDI Benefits	06
41	332 - Veterans Benefits	07
42	333 - SSI	08
43	334 - Unemployment Compensation	09
44	335 - Workers Compensation	10
45	336 - Other Government Benefits	11

#	QCT10017 - QA Class Code	CalSAWS Code
46	342 - Contributions/ Income-in-Kind	12
47	343 - Deemed Income	13
48	344 - PA or GA	14
49	345 - Edu Grants, Scholarshps, Loan	15
50	346 - Other Unearned Income	16
51	347 - TANF/CalWORKs	17
52	350 - Child Supp Recd-Absent Parent	18
53	361 - Standard Deductions	19
54	363 - Shelter Deduction	20
55	364 - Standard Utility Allowance	21
56	365 - Medical Deductions	22
57	366 - Child Support Deduction	23
58	371 - Combined Gross Income	24
59	372 - Combined Net Income	25
60	410 - Arithmetic Computation	26
61	560 - Semi-Annual reporting	27
62	570 - Missing Recertification/Application	28
63	810 - FS Simplification Project	29
64	811 - Welfare Reform Related Error	30
65	120 - Relationship	31
66	140 - Residency	32
67	165 - Employ Status/Job Availability	33



### Appendix QCT10018 - QA CF Cause Code

The code that corresponds to the Cause for the CalFresh Quality Assurance review

#	QCT10018 - QA CF Cause Code	CalSAWS Code
1	98 - Administrative	09
2	99 - Other	10
3	10 - Policy Incorrectly Applied	01
4	12 - Failure to Act	02
5	13 - Rept Info Inaccurate	03
6	14 - Failure to Follow-up Inconsistent/Incomplete Info	04
7	15 - Failure to Follow-up Impending Changes	05
8	16 - Failure to Verify Required Info	06
9	20 - Incorrect/ Incomplete LRS Screen	07
10	90 - LRS Programming	08

### Appendix QCT10019 - QA Nature Code

The code that corresponds to the nature of the Quality Assurance

#	QCT10019 - QA Nature Code	CalSAWS Code
1	342F - 042 Conversion to Mo Not Used	52
2	342G - 043 Averaging Not Used	53
3	342H - 047 Fail to Use Gross Lim	54
4	342I - 059 Unearned Income Increased	55
5	342J - 060 Unearned Income Decreased	56
6	342K - 124 Error due to Fed Info	57
7	342M - 111 Child Support Not Used	58
8	342N - 112 Retained Child Support Exc	59
9	342O - 127 Pass Thru not considered	60

#	QCT10019 - QA Nature Code	CalSAWS Code
10	342Y - 098 Transcrip/ Computation Error	61
11	342Z - 099 Other	62
12	820A - 811 Qualifying Case Class Wrong	63
13	820B - 812 Proj Elig But Not so Auth	64
14	820Y - 098 Transcrip/ Computation Error	65
15	820Z - 099 Other	66
16	331I - Fail to use gross inc limit	221
17	331J - Unearned income increased	222
18	331K - Unearned income decreased	223
19	331L - Error due to Fed Information	224
20	331Y - Transcript/Computation Err	225
21	331Z - Other	226
22	332B - Non-HH Income Not Used	227
23	332C - Rounding used/not used	228
24	332D - Includable income not used	229
25	332E - Excludable Income Included	230
26	332F - Conversion to Mo Not Used	231
27	332G - Averaging Not Used	232
28	332H - Fail to Use Gross Inc Limit	233
29	332I - Unearned Income Increased	234
30	332J - Unearned Income Decreased	235
31	332K - Error Due to Fed Info	236
32	332Y - Transcript/Computation Err	237
33	332Z - Other	238
34	333B - Non-HH Income Not Used	239
35	333C - Rounding Used/Not Used	240
36	333D - Includable Income Not Used	241
37	333E - Excludable Income Included	242
38	333F - Conversion to Mo Not Used	243

#	QCT10019 - QA Nature Code	CalSAWS Code
39	333G - Averaging Not Used	244
40	333H - Fail to Use Gross Inc Lim	245
41	333I - Unearned Income Increased	246
42	333J - Unearned Income Decreased	247
43	333K - Error Due to Fed Info	248
44	333Y - Transcript/Computation Err	249
45	333Z - Other	250
46	334B - Non-HH Income Not Used	251
47	334C - Rounding Used/Not Used	252
48	334D - Includable Income Not Used	253
49	334E - Excludable Income Included	254
50	334F - Conversion to Mo Not Used	255
51	334G - Averaging Not Used	256
52	334H - Fail to Use Gross inc Limit	257
53	334I - Unearned Income Increased	258
54	334J - Unearned Income Decreased	259
55	334K - Error Due to Fed Info	260
56	336I - 059 Unearned Income Increased	44
57	336J - 060 Unearned Income Decreased	45
58	336K - 098 Transcript/ Computation Error	46
59	336Z - 099 Other	47
60	342B - 032 Non-HH Income Not Used	48
61	342C - 036 Rounding Used/Not Used	49
62	342D - 037 Includable Income Not Used	50
63	342E - 038 Excludable Income Included	51
64	560C - HH participant retro budget	392
65	560D - HH participant prospect budget	393
66	560Y - Transcript/Computation Err	394
67	560Z - Other	395

#	QCT10019 - QA Nature Code	CalSAWS Code
68	570Z - Other	396
69	810A - Qualifying Mbr Class Wrong	397
70	810B - Prog Elig But Not So Auth	398
71	810C - Used Incorrect Allot Table	399
72	810D - Non-TANF FS HH Mbr Present	400
73	810Y - Transcript/Computation Err	401
74	810Z - Other	402
75	150Z - Other	89
76	151A - Eligible Person Excluded	90
77	151B - IPV Disqualified: Include	91
78	151C - Parole/Felon Disqual: Include	92
79	151E - Felony Drug Disqual: Include	93
80	151F - Fail Comply PA-Included	94
81	151G - Fail Coop Ch Supp-Included	95
82	151H - Delinq Ch Supp-Included	96
83	151Y - Transcript/Computation Err	97
84	151Z - Other	98
85	160F - Ineligible-Not Disqual	99
86	160G - Eligible-Disqualified	100
87	160Y - Transcript/Computation Err	101
88	160Z - Other	102
89	161A - Participated > 3 Mo	103
90	161B - Did Not Partic for 3 Mo	104
91	161C - Did Not Work 20 Hrs Week	105
92	161D - Did Work 20 Hrs Week	106
93	161E - Partic in Workfare or E&T	107
94	161F - Not Partic-Wkfare/E&T	108
95	323F - Includable Ded not include	210
96	323G - ExcludableDed included	211

#	QCT10019 - QA Nature Code	CalSAWS Code
97	323K - Change in Amount Paid	212
98	323Y - Transcript/Computation Err	213
99	323Z - Other	214
100	331B - Non HH income not used	215
101	331C - Rounding used/not used	216
102	331D - Includable income not used	217
103	331E - Excludable income included	218
104	331F - Conversion to mo not used	219
105	331G - Averaging not used	220
106	364H - Incorrect Std Uded: Other	364
107	364Y - Transcript/Computation Err	365
108	364Z - Other	366
109	365A - Rounding Not Used/applied	367
110	365B - Valid deduction not used	368
111	365C - Invalid deduction used	369
112	365D - Valid medical ded not used	370
113	224C - Exceeds Prescribed Limit	174
114	224D - Resources Should Be Licl	175
115	224E - Non-Cit Spon Inc/Resources	176
116	224F - Non-HH Mbr Inc/Resources	177
117	224G - Fair Market Val Incorrect	178
118	224H - Equity Value Incorrect	179
119	224Y - Transcript/Computation Err	180
120	224Z - Other	181
121	225A - Exceeds Prescribed Limit	182
122	225B - Age Not Properly Consd	183
123	225Y - Transcript/Computation Err	184
124	225Z - Other	185
125	311A - Fail Cons Incor Inc/Res	186

#	QCT10019 - QA Nature Code	CalSAWS Code
126	311B - Round Used/Non Used/Inc Ap	187
127	365E - Invalid medical ded used	371
128	365F - Invalid use of \$35 deduct	372
129	365Y - Transcript/Computation Err	373
130	365Z - Other	374
131	366A - Valid deduction not used	375
132	366B - Invalid deduction used	376
133	366Y - Transcript/Computation Err	377
134	366Z - Other	378
135	371Y - Transcript/Computation Err	379
136	371Z - Other	380
137	372Y - Transcript/Computation Err	381
138	372Z - Other	382
139	520A - Benefit computed wrong	383
140	520B - Exp services inc wrong	384
141	520C - Invalid financial standard	385
142	110Y - Transcript/Computation	67
143	110Z - Other	68
144	111B - Ineligible Student Incl	69
145	111C - Eligible Student Excluded	70
146	111Y - Transcript/Computation Err	71
147	111Z - Other	72
148	130A - Eligible Citizen Excluded	73
149	130B - Ineligible Citizen Included	74
150	130D - Err Resul Use Auto Fed Sys	75
151	130E - Non-Cit Excl:40 Qtrs Work	76
152	130F - Non-Cit Excl:Legally Admit	77
153	130H - Non-Cit Incorrectly Include	78
154	130Y - Transcript/Computation Err	79

#	QCT10019 - QA Nature Code	CalSAWS Code
155	130Z - Other	80
156	140A - Fail Rept Chg Address	81
157	140C - H/H Particp FS more areas	82
158	140Z - Other	83
159	150A - Elig Person Excluded	84
160	150B - Ineligible Person Included	85
161	150C - Expedited Service H/H ID	86
162	150H - Ineligible Fleeing Felon	87
163	150Y - Transcrip/Computation Err	88
164	520D - Allotment tables invalid	386
165	520E - Invalid use of initial mo ben	387
166	520Y - Transcript/Computation Err	388
167	520Z - Other	389
168	560A - Invalid deduction included	390
169	560B - Invalid benefits issued	391
170	347D - Excludable Income Included	321
171	347E - Conversion to Mo Not Used	322
172	347F - Averaging Not Used	323
173	347G - Fail to Use Gross Inc Lim	324
174	347H - Unearned Income Increased	325
175	347I - Unearned Income Decreased	326
176	347J - Error Due to Fed Info	327
177	347Y - Transcript/Computation Err	328
178	347Z - Other	329
179	350A - Non-HH Income Not Used	330
180	350B - Rounding Used/Not Used	331
181	213Y - Transcript/Computation Err	153
182	213Z - Other	154
183	221A - Transfer of Resources	155

#	QCT10019 - QA Nature Code	CalSAWS Code
184	221B - Exceeds Prescribed Limit	156
185	221C - Resource Should Be Incl	157
186	221D - Non-Cit Spon Inc/Resources	158
187	221E - Non-HH Mbr Inc/Resources	159
188	221F - Fair Market Value Incor	160
189	221G - Equity Value Incorrect	161
190	221Y - Transcript/Computation Err	162
191	221Z - Other	163
192	222B - Transfer of Resources	164
193	222C - Exceeds Prescribed Limit	165
194	222D - Resources Should Be Liclud	166
195	222E - Non-Cit Spon Inc/Resources	167
196	222F - Non HH Mbr Inc/Resources	168
197	222G - Fair Market Val Incorrect	169
198	222H - Equity Value Incorrect	170
199	222Y - Transcript/Computation Err	171
200	350C - Includable Income Not Used	332
201	350D - Excludable Income Included	333
202	350E - Conversion to Mo Not Used	334
203	350F - Averaging Not Used	335
204	350G - Fail to Use Gross Inc Lim	336
205	350H - Unearned Income Increased	337
206	350I - Unearned Income Decreased	338
207	350J - Error Due to Fed Info	339
208	350K - CSP Not Used/Apl Init Mo	340
209	350L - Retained CSP Not Used/Apl	341
210	350M - Pass Thru Not Used/Apl	342
211	350Y - Transcript/Computation Err	343
212	350Z - Other	344



#	QCT10019 - QA Nature Code	CalSAWS Code
213	361C - Ded erroneously excluded	345
214	361D - Incorrect Deduction Used	346
215	361Y - Transcript/Computation Err	347
216	361Z - Other	348
217	222Z - Other	172
218	224B - Transfer Resources	173
219	363A - Exceeds Prescribed Limit	349
220	363B - Rounding Not Used	350
221	363C - Monthly conversion incorrect	351
222	363D - Averaging Not Used/applied	352
223	363F - Valid deduction not used	353
224	363G - Invalid deduction used	354
225	363H - Invalid amt/residence move	355
226	363I - Incorrectly prorated	356
227	363Y - Transcript/Computation Err	357
228	363Z - Other	358
229	364C - Valid deduction not used	359
230	364D - Invalid deduction used	360
231	364E - Invalid amt/residence move	361
232	364F - Invalid stand due to HH	362
233	364G - Incorrectly prorated	363
234	321Y - Transcript/Computation Err	204
235	321Z - Other	205
236	323A - Exceeds Prescribed Limits	206
237	323B - Rounding used/not used	207
238	323C - Conversion to mo not used	208
239	323E - Less than prescribed limit	209
240	344F - Conversion to Mo Not Used	285
241	344G - Averaging Not Used	286

#	QCT10019 - QA Nature Code	CalSAWS Code
242	344H - Fail to Use Gross Inc Lim	287
243	344I - Unearned Income Increased	288
244	344J - Unearned Income Decreased	289
245	344K - Error Due to Fed Info	290
246	344Y - Transcript/Computation Err	291
247	344Z - Other	292
248	345B - Non-HH Income Not Used	293
249	345C - Rounding Used/Not Used	294
250	345D - Includable Income Not Used	295
251	345E - Excludable Income Included	296
252	345F - Conversion to Mo Not Used	297
253	345G - Averaging Not Used	298
254	345H - Fail to Use Gross Inc Lim	299
255	345I - Unearned Income Increased	300
256	345J - Unearned Income Decreased	301
257	345K - Error Due to Fed Info	302
258	345Y - Transcript/Computation Err	303
259	345Z - Other	304
260	170B - Ineligible Person Included	131
261	170Y - Transcript/Computation Err	132
262	170Z - Other	133
263	211A - Transfer of Resources	134
264	211B - Exceeds Prescribed Limit	135
265	211C - Resource Should be Incl	136
266	211D - Non-Cit Spon Inc/Resource	137
267	211E - Non-HH Mbr Inc/Resources	138
268	211Y - Transcript/Computation Err	139
269	211Z - Other	140
270	212B - Transfer of Resources	141

#	QCT10019 - QA Nature Code	CalSAWS Code
271	212C - Exceeds Prescribed Limit	142
272	212D - Resource Should be Incl'd	143
273	212E - Non Cit Spon Inc/Resources	144
274	212F - Non-HH Mbr Inc/Resources	145
275	212Y - Transcript/Computation Err	146
276	212Z - Other	147
277	213B - Transfer of Resources	148
278	213C - Exceeds Prescribed Limit	149
279	213D - Resource Should Be Include	150
280	213E - Non-Cit Spon Inc/Resources	151
281	213F - Non-HH Mbr Inc/Resources	152
282	346B - Non-HH Income Not Used	305
283	346C - Rounding Used/Not Used	306
284	346D - Includable Income Not Used	307
285	346E - Excludable Income Included	308
286	346F - Conversion to Mo Not Used	309
287	346G - Averaging Not Used	310
288	346H - Fail to Use Gross Inc Lim	311
289	346I - Unearned Income Increased	312
290	346J - Unearned Income Decreased	313
291	346K - Non-HH Income Not Used	314
292	346L - Error Due to Fed Info	315
293	346Y - Transcript/Computation Err	316
294	346Z - Other	317
295	347A - Non-HH Income Not Used	318
296	347B - Rounding Used/Not Used	319
297	347C - Includable Income Not Used	320
298	162B - Refuse to Reg w/ Gd Cause	120
299	162Y - Transcript/Computation Err	121

#	QCT10019 - QA Nature Code	CalSAWS Code
300	162Z - Other	122
301	163A - Ineligible Person Not Disq	123
302	163B - Eligible Person Disqualif	124
303	163Y - Transcript/Computation Err	125
304	163Z - Other	126
305	164A - Ineligible-Not Disqual	127
306	166Y - Transcript/Computation Err	128
307	166Z - Other	129
308	170A - Eligible Person Excluded	130
309	334Y - Transcript/Computation Err	261
310	334Z - Other	262
311	335B - Non-HH Income Not Used	263
312	335C - Rounding Used/Not Used	264
313	335D - Includable Income Not Used	265
314	335E - Excludable Income Included	266
315	335F - Conversion to Mo Not Used	267
316	343B - Non-HH Income Not Used	268
317	343C - Rounding Used/Not Used	269
318	343D - Includable Income Not Used	270
319	343E - Excludable Income Included	271
320	343F - Conversion to Mo Not Used	272
321	343G - Averaging Not Used	273
322	343H - Fail to Use Gross Inc Lim	274
323	343I - Unearned Income Increased	275
324	343J - Unearned Income Decreased	276
325	343K - Error Due to Fed Info	277
326	343M - Alien Sponsor inc not used	278
327	343Y - Transcript/Computation Err	279
328	343Z - Other	280

#	QCT10019 - QA Nature Code	CalSAWS Code
329	344B - Non-HH Income Not Used	281
330	344C - Rounding Used/Not Used	282
331	311C - Inc Not Incl Should Have	188
332	311D - Inc Incl Should Not Have	189
333	311E - Emp Chg Unempl to Empl	190
334	311F - Emp Chg Empl to Unempl	191
335	311G - Chg Amt Earnings	192
336	311H - Conv Month Amt No Use/Incr	193
337	311I - Aver Not Use/Incor Appl	194
338	311J - Treated as Unearned Income	195
339	344D - Includable Income Not Used	283
340	344E - Excludable Income Included	284
341	311K - Cost of Bus Not Used/Incor	196
342	311M - Gross Inc Limit:Mis/Not Ap	197
343	311Y - Transcript/Computation Err	198
344	311Z - Other	199
345	312B - Fail Cons Incor Inc/Res	200
346	312C - Round Used/Not Used	201
347	321J - Deduction Not Incl:Shld No	202
348	321K - Deduction Incl:Shld Not Be	203
349	161G - Partic Work Prog 20 Hrs Wk	109
350	161H - Not Partic Wk Pr 20 Hrs Wk	110
351	161I - Wk Prog: 80 Hrs in 30 Days	111
352	161J - Not Wk Pr: 80 Hrs/30 Days	112
353	161K - >2nd 3 Mo Peri in 36 Mo	113
354	161L - Not >2nd Mo Peri in 36 Mo	114
355	161M - Work Req Waived by USDA	115
356	161N - Work Req Not Waived by USDA	116
357	161Y - Transcript/Computation Err	117

#	QCT10019 - QA Nature Code	CalSAWS Code
358	161Z - Other	118
359	162A - Refuse to Reg w/o / Gd Cause	119
360	336B - 032 Non-HH Income not used	37
361	336C - 036 Rounding Used/Not Used	38
362	336D - 037 Includable Income Not Used	39
363	336E - 038 Excludable Income Included	40
364	336F - 042 Conversion to Mo Not Used	41
365	336G - 043 Averaging Not Used	42
366	336H - 047 Fail to Use Gross Lim	43
367	312D - Inc Not Incl:Should Have	01
368	312E - Inc Incl: Should Not Have	02
369	312F - Emp Chg Unempl to Empl	03
370	312G - Empl Chg Empl to Unempl	04
371	312H - Chg Amt Earnings	05
372	312I - Conv MonthAmt no Use/Incor	06
373	312J - Avg Not Use/Incor Appl	07
374	312K - Treated as Unearned Income	08
375	312L - Cost of Bus Not Used/Incor	09
376	312M - Excess Not Applied/Incor	10
377	312Y - Transcript/Computation Err	11
378	312Z - Other	12
379	314B - Fail Cons Incorpor Inc/Res	13
380	314C - Round Used/NotUse/Inc Ap	14
381	314D - Inc Not Incl Should Have	15
382	314E - Inc Incl Should Not Have	16
383	314F - Empl Chg UnEmpl to Empl	17
384	314G - Empl Chg Empl to Unempl	18
385	314H - Change Amount Earnings	19
386	314I - Conv Month Amt No Use/Inco	20

#	QCT10019 - QA Nature Code	CalSAWS Code
387	314J - Avg Not Used/Incor Applied	21
388	314K - Treated as Unearned Income	22
389	314L - Cost of Bus Not Used/Incor	23
390	314M - Excess Not Applied/Incor	24
391	314Y - Transcript/Computation Err	25
392	314Z - Other	26
393	321C - Exceeds Prescribed Limit	27
394	321D - Round Used/Not or Incorpor	28
395	321E - Mo Amt Conv:Non Used/Misap	29
396	321G - Less Than Prescribed Limit	30
397	140B - Residency Req Not Met	31
398	140Y - Transcript/Computation Err	32
399	165A - 146 Ineligible-No Disqual	33
400	165B - 147 Eligible-Disqualified	34
401	165Y - 098 Transcript/ Computation Error	35
402	165Z - 099 Other	36

### Appendix QCT10020 - QA Related Errors

The code that corresponds to the Quality Assurance Related Errors

#	QCT10020 - QA Related Errors	CalSAWS Code
1	00 - Not a LRS Related Error	01
2	03 - User Error	04
3	02 - Design Error	03
4	01 - Programming Error	02

### Appendix QCT10021 - QA User Error

The code that corresponds to the Quality Assurance User error type

#	QCT10021 - QA User Error	CalSAWS Code
1	06 - Incorrect Valid To Dates Used	02
2	05 - Wrong Pooled/Shared Buttn Used	01
3	07 - SSI/SSP Not Prop Comp	03
4	99 - Other	04

### Appendix QCT10022 - QA CC Monitoring

The code that corresponds to the Quality Assurance Change Center Monitoring

#	QCT10022 - QA CC Monitoring	CalSAWS Code
1	00 - Not a change center error	01
2	01- Change center worker error	02



### Appendix QCT10023 - QA Error Caused By

The code that corresponds to the cause of the Quality Assurance Error

#	QCT10023 - QA Error Caused By	CalSAWS Code
1	03 - IEVS	03
2	04 - CSC	04
3	02 - Approved	02
4	01 - Intake	01

### Appendix QCT10024 - QA Benefits Issued Timely

The code that corresponds to the how timely the benefits were issued

#	QCT10024 - QA Benefits Issued Timely	CalSAWS Code
1	01 - Timely	TM
2	11 - Agency failed to contact client timely	AF
3	12 - Agency lost/misfiled verification or application for recertification	AL
4	13 - Agency failed to act on completed recertification application	CR

### Appendix QCT10027 - EDMS Document

The code that corresponds to the type of Document

#	QCT10027 - EDMS Document	CalSAWS Code
1	SAR 2	U0
2	SAR 72	U1
3	SAR 73	U2
4	AR 2	U3
5	AR 3	U4
6	HCR-RFTHI	U5

#	QCT10027 - EDMS Document	CalSAWS Code
7	Pre-Pop	U6
8	CF-215	U7
9	PRSAWS 2 PLUS	U8
10	SAWS 2A SAR	U9
11	G-854 SUPPLEMENT	V1
12	G-854 SAVE	V2
13	ABCDM 228	01
14	QR 377.5	RN
15	QR 7	RO
16	QR 72	RP
17	QR 73	RQ
18	RS 18	RR
19	RS 3	RS
20	RS 36	RT
21	RS 3A	RU
22	SAWS 1	RV
23	SAWS 2	RW
24	SAWS 2A	RX
25	SB 1569	RY
26	SOC 161	RZ
27	SOC 162	SA
28	SOC 295	SB
29	SOC 341	SC
30	SP2 DDSD 221 R	SD
31	SS 8572	SE
32	SSA-2458	SF
33	SSP 14	SG
34	SSP 18	SH
35	ST1-01	SI

#	QCT10027 - EDMS Document	CalSAWS Code
36	ST1-21	SJ
37	ST1-23	SK
38	STANDOPOI01	SL
39	STANDOPOI02	SM
40	TEMP 2201-LA	SN
41	TEMP 2215	SO
42	TEMP 2225	SP
43	ABP 101	02
44	ABP 1019	03
45	ABP 1049	04
46	ABP 1073	05
47	ABP 1074	06
48	ABP 1168	07
49	ABP 119	08
50	ABP 12	09
51	ABP 131	10
52	ABP 1461-1	11
53	ABP 1465	12
54	ABP 154	13
55	ABP 1676	14
56	ABP 1768	15
57	ABP 192	16
58	ABP 296	17
59	ABP 379	18
60	ABP 4023 QR	19
61	ABP 4023 QR (OP AE)	20
62	ABP 4023 QR (OP CE)	21
63	ABP 4023.C	22
64	ABP 4026	23

#	QCT10027 - EDMS Document	CalSAWS Code
65	ABP 4029	24
66	ABP 4037	25
67	ABP 433	26
68	ABP 495	27
69	ABP 510	28
70	ABP 532	29
71	ABP 589	30
72	ABP 592	31
73	NS-INCO009	ZK
74	NS-INCO016	ZL
75	NS-PROP014	ZM
76	NS-PROP015	ZN
77	NS-PROP018	ZO
78	NS-RFTHI	ZP
79	NS-SUPP002	ZQ
80	NS-SUPP003	ZR
81	NS-SUPP004	ZS
82	NS-SUPP005	ZT
83	NS-SUPP006	ZU
84	NS-SUPP007	ZV
85	NS-SUPP008	ZW
86	NS-SUPP009	ZX
87	NS-SUPP010	ZY
88	NS-SUPP010A	ZZ
89	NS-SUPP011	100
90	NS-SUPP012	101
91	NS-SUPP013	102
92	NS-SUPP014	103
93	NS-SUPP014A	104

#	QCT10027 - EDMS Document	CalSAWS Code
94	NS-SUPP015	105
95	NS-SUPP016	106
96	NS-SUPP017	107
97	NS-SUPP018	108
98	NS-SUPP019	109
99	NS-SUPP020	110
100	NS-SUPP021	111
101	NS-SUPP022	112
102	NS-SUPP023	113
103	NS-SUPP024	114
104	NS-SUPP025	115
105	NS-SUPP026	116
106	PA 1132	117
107	PA 1144	118
108	PA 125	119
109	PA 1671-1	120
110	PA 2138	121
111	PA 30	122
112	PA 6020	123
113	PA 6115	124
114	PA 6116	125
115	PA 6118	126
116	PRCF 23 SAR	127
117	PRCF 285	128
118	PRCW 30	129
119	PRSAR3	130
120	QC	131
121	QR 285B	132
122	RCA 44	133

#	QCT10027 - EDMS Document	CalSAWS Code
123	REP DOC 007	134
124	REP DOC001	135
125	REP DOC002	136
126	REP DOC003	137
127	REP DOC004	138
128	REP DOC005	139
129	REP DOC006	140
130	REP-1	141
131	REP-2	142
132	RS3	143
133	RS3A	144
134	SAR 2	145
135	SAR 22	146
136	SAR 23	147
137	SAR 3	148
138	SAR 7	149
139	SAR 90	150
140	SAWS 2 Plus Initiate	151
141	SOC 451	152
142	SOC 452	153
143	SOC 452 A	154
144	SOC 453	155
145	SOC 454	156
146	SOC 455	157
147	SOC 804	158
148	SOC 807	159
149	SOC 807 A	160
150	SOC 809	161
151	SOC 813	162

#	QCT10027 - EDMS Document	CalSAWS Code
152	SOC 814	163
153	SOC 830	164
154	SP2 DDS2 221R	165
155	SSA 11-BK	166
156	SSA 16-F6	167
157	SSA 1696	168
158	SSA 3367	169
159	SSA 3368	170
160	SSA 3369	171
161	SSA 3373	172
162	SSA 3375-BK	173
163	SSA 3376-BK	174
164	SSA 3377-BK	175
165	SSA 3378-BK	176
166	SSA 3379-BK	177
167	SSA 3380	178
168	SSA 3441	179
169	SSA 3820-BK	180
170	SSA 3881-BK	181
171	SSA 4815-F5	182
172	SSA 561	183
173	SSA 795	184
174	SSA 8000	185
175	SSA 8010-BK	186
176	SSA 827	187
177	SSA L8025	188
178	SSA L8166	189
179	SSIAP 50	190
180	SSIAP 51	191

#	QCT10027 - EDMS Document	CalSAWS Code
181	ST1-07	192
182	ST1-07A	193
183	ST1-20	194
184	ST1-20A	195
185	TEMP 2235	196
186	TEMP 2236	197
187	TEMP 2259	198
188	TEMP M42 769	199
189	TSE DOC001	200
190	TSE DOC002	201
191	WTW 1	202
192	WTW 10	203
193	WTW 12	204
194	WTW 17	205
195	WTW 18	206
196	WTW 20	207
197	WTW 24	208
198	WTW 27	209
199	WTW 29	210
200	WTW 31	211
201	WTW 32	212
202	WTW 34	213
203	WTW 38	214
204	WTW 43	215
205	WTW 44	216
206	WTW 45	217
207	WTW 46	218
208	WTW 47	219
209	WTW 8	220



#	QCT10027 - EDMS Document	CalSAWS Code
210	GN 6204	XB
211	GN 6322	XC
212	GN 6323	XD
213	GN 6326	XE
214	GN 6327	XF
215	GN 6333	XG
216	GN 6334	XH
217	GN 6336	XI
218	GN 6337	XJ
219	GN 6346	XK
220	GN 6365	XL
221	GN 6367	XM
222	GN 6367-1	XN
223	GN 6367-3	XO
224	GN 6368	XP
225	GN 6372	XQ
226	GN 6376	XR
227	GN 6380	XS
228	GN 6381	XT
229	GN 6384	XU
230	GN 6386	XV
231	GN 6390	XW
232	GN 6392	XX
233	GN 6393	XY
234	GN 6395	XZ
235	GN 6396	Y0
236	GRR3	Y1
237	GRR4-1	Y2
238	GRR4-2	Y3

#	QCT10027 - EDMS Document	CalSAWS Code
239	GRR4-3	Y4
240	GSHV DOC001	Y5
241	HA 501	Y6
242	HCR-RFTHI-S	Y7
243	HF DOC002	Y8
244	HF FM 101	Y9
245	HF FM 150MC	YA
246	HF FM 21	YB
247	HF FM 58	YC
248	HF LT 051	YD
249	I-551	YE
250	I-797 A	YF
251	I-914	YG
252	I-918	YH
253	I-94	YI
254	IH-DOC008	YJ
255	IH-DOC009	YK
256	IH-DOC010	YL
257	IH-DOC014	YM
258	IH-DOC015	YN
259	IH-INCO05	YO
260	M42-766	YP
261	M42-769	YQ
262	MC 210 PA	YR
263	MC 216	YS
264	MC 216 CalWORKs Renewal Form	YT
265	MC 216 Medi-Cal Renewal Form	YU
266	MC 239 W	YV
267	MC 239 Y	YW

#	QCT10027 - EDMS Document	CalSAWS Code
268	MC 239 Z	YX
269	MC 604 IPS	YY
270	MEDS-INQT	YZ
271	MEDS-INQX	Z0
272	N-MAGI-ILTR	Z1
273	NA 1217	Z2
274	NA 1273- LA	Z3
275	NA 1276	Z4
276	NA BACK9	Z5
277	NA1273	Z6
278	NA1273-LA	Z7
279	NA1274	Z8
280	NA1275	Z9
281	NOA 992	ZA
282	NS-DCFS002	ZB
283	NS-DOC008	ZC
284	NS-DOC010	ZD
285	NS-DOC037	ZE
286	NS-DOC038	ZF
287	NS-DOCCL1	ZG
288	NS-DOCCL2	ZH
289	NS-DOCCL3	ZI
290	NS-ID007-1	ZJ
291	GN 6006C	VZ
292	GN 6006D	W0
293	GN 6006W	W1
294	GN 6007	W2
295	GN 6007A	W3
296	GN 6007B	W4

#	QCT10027 - EDMS Document	CalSAWS Code
297	GN 6008	W5
298	GN 6010-01	W6
299	GN 6010-02	W7
300	GN 6010-3	W8
301	GN 6010-4	W9
302	GN 6010-5	WA
303	GN 6010-6	WB
304	GN 6010-7	WC
305	GN 6010.9B	WD
306	GN 60102-A	WE
307	GN 60108	WF
308	GN 6013	WG
309	GN 6014	WH
310	GN 6014A	WI
311	GN 6043A	WJ
312	GN 6044	WK
313	GN 6045	WL
314	GN 6053-1	WM
315	GN 6053-1 REP	WN
316	GN 6070	WO
317	GN 6093	WP
318	GN 6120	WQ
319	GN 6129	WR
320	GN 6130	WS
321	GN 6135	WT
322	GN 6137	WU
323	GN 6137A	WV
324	GN 6137B	WW
325	GN 6140A	WX

#	QCT10027 - EDMS Document	CalSAWS Code
326	GN 6142	WY
327	GN 6146	WZ
328	GN 6151	X0
329	GN 6154	X1
330	GN 6161	X2
331	GN 6162	X3
332	GN 6163	X4
333	GN 6164	X5
334	GN 6175	X6
335	GN 6185	X7
336	GN 6188	X8
337	GN 6198	X9
338	GN 6199	XA
339	CW 2190A	V5
340	CW 2190B	V6
341	CW 2198LA	V7
342	CW 30	V8
343	CW 74	V9
344	CW 80	VA
345	DCFS 04	VB
346	ABP 1676-1	UA
347	ABP 1676-2	UB
348	ABP 1676P	UC
349	ABP 4045	UD
350	ABP 4060	UE
351	ABP 5053	UF
352	BCCTP 02	UG
353	CAPI 101	UH
354	CAPI 102	UI

#	QCT10027 - EDMS Document	CalSAWS Code
355	CAPI 104	UJ
356	CAPI SSIAP 014	UK
357	CCFRM604	UL
358	CF 23 CR	UM
359	CF 285	UN
360	CF 286	UO
361	CF 29	UP
362	CF 31	UQ
363	CF 32	UR
364	CF 377.2	US
365	CF 377.4	UT
366	SAWS 2 PLUS	VO
367	CL 11	UU
368	CL 15	UV
369	CL 3	UW
370	CL 8	UX
371	CL 9	UY
372	CLLA-1	UZ
373	CW 2186C	V4
374	DHCS 7077 A	VC
375	DHCS 7096	VD
376	DHS 7096	VE
377	EBT 2260	VF
378	EBT11	VG
379	FS28A	VH
380	FS28B	VI
381	FSP 2	VJ
382	FSP 3	VK
383	FSS DOC001	VL

#	QCT10027 - EDMS Document	CalSAWS Code
384	GAIN 64	VM
385	GAIN EBT-13	VN
386	GN 1006	VO
387	GN 1006-1	VP
388	GN 105	VQ
389	GN 2016	VR
390	GN 45	VS
391	GN 5-2	VT
392	GN 6004	VU
393	GN 6006	VV
394	GN 60061	VW
395	GN 6006A	VX
396	GN 6006B	VY
397	IH-DOC016	V3
398	CS 909	50
399	CW 10	51
400	CW 13	52
401	CW 2.1	53
402	CW 2.1 NA	54
403	CW 2.1Q	55
404	CW 2102	56
405	CW 2102 LA	57
406	CW 215	58
407	CW 215A	59
408	CW 2186A	60
409	DPA 19	BY
410	DPA 315	BZ
411	DPA 488	CA
412	DPS 526	CB

#	QCT10027 - EDMS Document	CalSAWS Code
413	DS2	CC
414	EBT 11	CD
415	EBT 12	CE
416	EBT 13	CF
417	EBT 16	CG
418	EBT 17	CH
419	EBT 24	CI
420	EBT 9	CJ
421	EDD DE 8028	CK
422	EDD DE 8301	CL
423	EDD DE 993	CM
424	F063-19-145	CN
425	FORM 5076	CO
426	FS 22 QR	CP
427	FS 23 QR	CQ
428	FS 26	CR
429	FS 27	CS
430	FS 28	CT
431	FS 28A	CU
432	FS 28B	CV
433	FS 29	CW
434	G-845 SAVE	CX
435	G-845 SUPPLEMENT	CY
436	GAIN 51	CZ
437	GAIN 53	DA
438	GN 6005A	DB
439	NS-PROP017	TR
440	NS-INCO013	TS
441	PRQR7LA	TT



#	QCT10027 - EDMS Document	CalSAWS Code
442	PR SAR7	TU
443	PR SAR72	TV
444	PR SAR73	TW
445	SAR 7	TX
446	WTW 2	TY
447	MC 220	GJ
448	MC 221-LA	GK
449	MC 222	GL
450	MC 223	GM
451	MC 224 A	GN
452	MC 224 A-S	GO
453	MC 224 B	GP
454	MC 224 B-S	GQ
455	MC 239	GR
456	MC 250A-LA	GS
457	MC 262	GT
458	MC 263	GU
459	NS-INCO001	KU
460	NS-INCO002	KV
461	NS-INCO003	KW
462	NS-INCO004	KX
463	NS-INCO005	KY
464	NS-INCO006	KZ
465	MC 267	GV
466	MC 272	GW
467	MC 273	GX
468	MC 274 TB	GY
469	MC 306	GZ
470	MC 321	HA

#	QCT10027 - EDMS Document	CalSAWS Code
471	MC 321-HFP	HB
472	MC 321-HFP-AP	HC
473	MC 322	HD
474	MC 325	HE
475	MC 330	HF
476	MC 338	HG
477	MC 338 A	HH
478	MC 338 B	HI
479	MC 338 C	HJ
480	MC 338 J	HK
481	MC 354	HL
482	MC 355	HM
483	NS-INCO007	LA
484	NS-INCO008	LB
485	NSLP Final.doc	LC
486	NS-NOA001	LD
487	NS-PROP001	LE
488	NS-PROP002	LF
489	NS-PROP003	LG
490	NS-PROP004	LH
491	NS-PROP005	LI
492	NS-PROP006	LJ
493	NS-PROP008	LK
494	NS-PROP009	LL
495	NS-PROP010	LM
496	NS-PROP011	LN
497	NS-PROP012	LO
498	NS-PROP013	LP
499	NS-SUPP001	LQ

#	QCT10027 - EDMS Document	CalSAWS Code
500	OHC	LR
501	OPOI 1	LS
502	OPOI 2	LT
503	OPOI 3	LU
504	QR 22	RJ
505	QR 285-B	RK
506	QR 3	RL
507	QR 30	RM
508	CW 2186B	61
509	CW 2188	62
510	CW 2198	63
511	CW 2199	64
512	CW 2200	65
513	CW 2201	66
514	CW 23	67
515	CW 25	68
516	CW 25A	69
517	CW 371	70
518	CW 4	71
519	CW 42	72
520	CW 43	73
521	CW 5	74
522	CW 51	75
523	CW 60	76
524	CW 61	77
525	CW 61A	78
526	CW 61B	79
527	CW 71	80
528	CW 8	81

#	QCT10027 - EDMS Document	CalSAWS Code
529	CW 81	82
530	CW 82	83
531	CW 86 LA	84
532	CW 88LA	85
533	CW 89	86
534	CW 8A	87
535	CW8	88
536	CWC 6041	89
537	D-1	90
538	GN 6138	DC
539	GN 6140	DD
540	GN 6186	DE
541	GN 6331	DF
542	GR 6	DG
543	GR 8	DH
544	GR ELP 1	DI
545	GR ELP 2	DJ
546	HCFA CMS-2728	DK
547	HCM 74	DL
548	HF DOC001	DM
549	HF FM 063	DN
550	HF FM 067	DO
551	HWLA 11-001	DP
552	HWLA 11-025	DQ
553	I-864	DR
554	PA 5313	PG
555	PA 5314	PH
556	PA 5801	PI
557	PA 59	PJ

#	QCT10027 - EDMS Document	CalSAWS Code
558	PA 6011	PK
559	PA 6012	PL
560	PA 6019	PM
561	PA 6023	PN
562	PA 6029	PO
563	PA 6030	PP
564	PA 6030-1	PQ
565	PA 6036	PR
566	PA 6038	PS
567	PA 6040	PT
568	PA 6041	PU
569	PA 6043	PV
570	PA 6046	PW
571	PA 6051	PX
572	PA 6052	PY
573	PA 6053	PZ
574	PA 6056	QA
575	PA 6061	QB
576	PA 6066	QC
577	PA 6067	QD
578	PA 6078	QE
579	PA 6079	QF
580	PA 6080	QG
581	PA 6090	QH
582	PA 6091	QI
583	IH-DOC001	DS
584	IH-DOC002	DT
585	IH-DOC003	DU
586	IH-DOC004	DV

#	QCT10027 - EDMS Document	CalSAWS Code
587	IH-DOC005	DW
588	IH-DOC006	DX
589	IH-DOC007	DY
590	IH-HOM001	DZ
591	IH-HOM002	EA
592	IH-HOM003	EB
593	IH-HOM004	EC
594	IH-HOM005	ED
595	IH-INC001	EE
596	MC 360	HN
597	MC 363	HO
598	MC 364	HP
599	MC 368	HQ
600	MC 371	HR
601	MC 4026	HS
602	MC 4035	HT
603	MC 4048	HU
604	MC 4604	HV
605	MC 4605	HW
606	OPOI 4	LV
607	PA 2494	LW
608	PA 100	LX
609	PA 1022	LY
610	PA 106	LZ
611	PA 129	MA
612	PA 611	QJ
613	MC 61	HX
614	MC 845	HY
615	MC-1 Fraud	HZ

#	QCT10027 - EDMS Document	CalSAWS Code
616	MC214	IA
617	MCB 001	IB
618	MEDS PRINTS	IC
619	MFG	ID
620	NA 1239 (05-04)	IE
621	NA 274F (11-04)	IF
622	NAI-D0C026	IG
623	NAI-DOC001	IH
624	NAI-DOC026	II
625	NAI-ID002	IJ
626	NAI-ID003	IK
627	NAI-ID004	IL
628	NAI-ID006	IM
629	NAI-ID010	IN
630	NAI-INCO005	IO
631	NAI-PROP008	IP
632	PA 129-1	MB
633	PA 1325	MC
634	PA 1349	MD
635	PA 136	ME
636	PA 137	MF
637	PA 14	MG
638	PA 146	MH
639	PA 1540	MI
640	PA 1610	MJ
641	PA 1615	MK
642	PA 1652	ML
643	PA 1653	MM
644	PA 1654	MN

#	QCT10027 - EDMS Document	CalSAWS Code
645	PA 167	MO
646	PA 1672	MP
647	PA 1672-1	MQ
648	PA 1675	MR
649	PA 1725	MS
650	PA 1728A	MT
651	PA 1728-B	MU
652	PA 1815	MV
653	PA 1817	MW
654	PA 1820	MX
655	PA 1821	MY
656	DCFS 01	91
657	DCFS 02	92
658	DCFS 03	93
659	DCFS 5122	94
660	DCFS 5230	95
661	DFA 285 A1	96
662	DFA 285 A2	97
663	DFA 285 A3	98
664	DFA 285 B-LA	99
665	DFA 285 D-LA	AA
666	DFA 285C	AB
667	DFA 303	AC
668	DFA 377.4	AD
669	DFA 377.5	AE
670	DFA 377.7B	AF
671	DFA 377.7B1	AG
672	DFA 377.7C	AH
673	DFA 377.7D	AI



#	QCT10027 - EDMS Document	CalSAWS Code
674	DFA 377.7D1	AJ
675	DFA 377.7D2	AK
676	DFA 377.7D2	AL
677	DFA 377.7D2	AM
678	DFA 377.7D2	AN
679	DFA 377.7D3	AO
680	DFA 377.7E	AP
681	DFA 377.7E1	AQ
682	DFA 377.7F	AR
683	DFA 377.7F1	AS
684	DFA 385	AT
685	IH-INC002	EF
686	IH-PRO001	EG
687	IPW-1	EH
688	IPW-2	EI
689	LTC 14	EJ
690	LTC 18	EK
691	LTC 23	EL
692	LTC 35	EM
693	LTC 38	EN
694	LTC 39	EO
695	LTC 42	EP
696	LTC 47	EQ
697	LTC DFAS R	ER
698	LTC PERS	ES
699	LTC RRB	ET
700	LTC USO R	EU
701	PA 621	QK
702	PA 622	QL

#	QCT10027 - EDMS Document	CalSAWS Code
703	PA 751	QM
704	PA 853	QN
705	PA 853-1	QO
706	PA 853-2	QP
707	PA 908	QQ
708	PA 956	QR
709	PA2138	QS
710	PDPA 315	QT
711	PRCW23	QU
712	PRCW25	QV
713	PRCW71	QW
714	PRMC321	QX
715	PRPA 167	QY
716	PRPA 1725	QZ
717	PRPA1725 B	RA
718	PRPA 4024	RB
719	PRPA 853	RC
720	PRABP101	RD
721	PRQR3	RE
722	PRQR7	RF
723	PRQR72	RG
724	PRQR73	RH
725	QR 2	RI
726	Mature I	EV
727	Mature II	EW
728	MC 0021	EX
729	MC 1054	EY
730	MC 13	EZ
731	MC 14-A	FA

#	QCT10027 - EDMS Document	CalSAWS Code
732	MC 171	FB
733	MC 174	FC
734	MC 176 M-LTC	FD
735	MC 176 P	FE
736	MC 176 P-A QMB SLMB QI	FF
737	MC 176 PA-A	FG
738	NOA 200-12	IQ
739	NOA 275 (1-98) NA 275	IR
740	NOA 290	IS
741	NOA 290.05	IT
742	NS-APP001	IU
743	NS-DCFS001	IV
744	NS-DOC001	IW
745	NS-DOC002	IX
746	PA 1853	MZ
747	PA 1853A	NA
748	PA 1857	NB
749	NS-DOC003	IY
750	NS-DOC004	IZ
751	NS-DOC005	JA
752	NS-DOC006	JB
753	NS-DOC007	JC
754	NS-DOC008	JD
755	NS-DOC009	JE
756	NS-DOC011	JF
757	NS-DOC012	JG
758	NS-DOC013	JH
759	NS-DOC016	JI
760	NS-DOC017	JJ

#	QCT10027 - EDMS Document	CalSAWS Code
761	NS-DOC018	JK
762	NS-DOC019	JL
763	NS-DOC021	JM
764	NS-DOC022	JN
765	NS-DOC023	JO
766	NS-DOC024	JP
767	NS-DOC025	JQ
768	NS-DOC026	JR
769	PA 1865	NC
770	PA 1866	ND
771	PA 1883	NE
772	PA 1913	NF
773	PA 1914	NG
774	PA 1915	NH
775	PA 1918	NI
776	PA 1923	NJ
777	PA 1930	NK
778	PA 1933	NL
779	PA 1953	NM
780	PA 199	NN
781	PA 2012	NO
782	PA 2019	NP
783	PA 2020	NQ
784	PA 203-1	NR
785	PA 2124	NS
786	PA 230	NT
787	PA 2320	NU
788	PA 2322	NV
789	PA 2418	NW

#	QCT10027 - EDMS Document	CalSAWS Code
790	PA 2418N-MC	NX
791	PA 2419	NY
792	PA 2419-1	NZ
793	PA 2492	OA
794	PA 2494	OB
795	DFA 386	AU
796	DFA 387	AV
797	DFA 478	AW
798	DFA 842-LA	AX
799	DHCS	AY
800	DHCS 0003	AZ
801	DHCS 0004	BA
802	DHCS 0005	BB
803	DHCS 0006	BC
804	DHCS 0009	BD
805	DHCS 0010	BE
806	DHCS 0011	BF
807	DHCS 6168	BG
808	DHCS 7014	BH
809	DHCS 7019	BI
810	DHCS 7020	BJ
811	DHCS 7021	BK
812	DHCS 7029	BL
813	DHCS 7037	BM
814	DHCS 7044	BN
815	DHCS 7068	BO
816	DHCS 7071	BP
817	DHCS 7075	BQ
818	DHCS 7077	BR

#	QCT10027 - EDMS Document	CalSAWS Code
819	DHCS 7089	BS
820	DHS 6155	BT
821	DHS 7035 C	BU
822	DHS 7035A	BV
823	DHS 7045	BW
824	DOC033	BX
825	MC 176 P-C QMB SLMB QI	FH
826	MC 176 PI	FI
827	MC 176 PV	FJ
828	MC 176 QDWI	FK
829	MC 176 QDWI-2	FL
830	MC 176 QMB-3	FM
831	MC 176-1 QMB SLMB QI	FN
832	MC 176-2A QMB SLMB QI	FO
833	MC 176-2B QMB SLMB QI	FP
834	MC 176-S	FQ
835	MC 176-TMC	FR
836	MC 176W	FS
837	MC 180	FT
838	MC 180-2	FU
839	TEMP 2227	SQ
840	UPT1	SR
841	WFPI 113	SS
842	WFPI 408 IPOV	ST
843	WTW 37	SU
844	CA 64	SV
845	CA 64	SW
846	G-845	SX
847	G-845	SY

#	QCT10027 - EDMS Document	CalSAWS Code
848	IH-DOC011	SZ
849	IH-DOC012	TA
850	IH-DOC013	TB
851	IH-INCO03	TC
852	IH-INCO04	TD
853	IH-INCO005	TE
854	MC 358 S	TF
855	MC 194-LA	FV
856	MC 210	FW
857	MC 210 B	FX
858	MC 210 PS	FY
859	MC 210 RV	FZ
860	MC 210 S-1	GA
861	MC 210 S-W	GB
862	MC 210 A	GC
863	MC 210-LA-Pilot	GD
864	MC 210-S-C	GE
865	MC 212	GF
866	MC 214	GG
867	MC 215	GH
868	MC 219	GI
869	NS-DOC027	JS
870	NS-DOC029	JT
871	NS-DOC030	JU
872	NS-DOC031	JV
873	NS-DOC032	JW
874	NS-DOC034	JX
875	NS-DOC035	JY
876	PA 280	OC

#	QCT10027 - EDMS Document	CalSAWS Code
877	PA 320-3	OD
878	NS-INCO010	TG
879	NS-INCO011	TH
880	NS-INCO012	TI
881	NS-INCO013	TJ
882	NS-INCO014	TK
883	NS-INCO015	TL
884	NS-INCO015	TM
885	NS-NOA002	TN
886	NS-NOA003	TO
887	NS-NOA004	TP
888	NS-PROP016	TQ
889	NS-DOC036	JZ
890	NS-DOC036	KA
891	NS-DOC036	KB
892	NS-DOC036	KC
893	NS-Fraud001	KD
894	NS-FRD003	KE
895	NS-HOME001	KF
896	NS-ID001	KG
897	NS-ID002	KH
898	NS-ID003	KI
899	NS-ID004	KJ
900	NS-ID005	KK
901	NS-ID006	KL
902	NS-ID007	KM
903	NS-ID008	KN
904	NS-ID009	KO
905	NS-ID010	KP



#	QCT10027 - EDMS Document	CalSAWS Code
906	NS-ID011	KQ
907	NS-ID012	KR
908	NS-ID013	KS
909	NS-IFDS001	KT
910	PA 355	OE
911	PA 4012	OF
912	PA 4013	OG
913	PA 4014	OH
914	PA 4024	OI
915	PA 4026	OJ
916	PA 404	OK
917	PA 4040	OL
918	PA 4046	OM
919	PA 4048	ON
920	PA 426	OO
921	PA 481	OP
922	PA 481A	OQ
923	PA 5040	OR
924	PA 5063	OS
925	PA 5203	OT
926	PA 5203 A	OU
927	PA 5203-SE	OV
928	PA 5204	OW
929	PA 5210	OX
930	PA 528	OY
931	PA 5301	OZ
932	PA 5307	PA
933	PA 5308	PB
934	PA 5309	PC

#	QCT10027 - EDMS Document	CalSAWS Code
935	PA 5309-1	PD
936	PA 5310	PE
937	PA 5312	PF
938	ABP 594	32
939	ABP 597	33
940	ABP 811	34
941	ABP 85-1	35
942	ABP 898-1	36
943	ABP 898-15	37
944	ABP 898-16	38
945	AM 08-01	39
946	AP 18	40
947	AP 19	41
948	AR-ID001	42
949	ASH 271	43
950	ASH 411	44
951	ASH 411 R	45
952	BCCTP 01	46
953	CA 74-LA	47
954	CA HCO	48
955	Citizenship Affidavit-1	49
956	PRPA 2492	C9
957	PRPA 2494	D1
958	PRPA 5204	D2
959	PRPA 853-1	D3
960	PRPA 853-2	D4
961	PRPA 1817	D5
962	PRSAWS 1	D6
963	PRSOC 860	D7

#	QCT10027 - EDMS Document	CalSAWS Code
964	PRMC 355	Q8
965	PRMC 604 IPS	Q9
966	PROHC	P0
967	PRPA 129	P1
968	PRPA 1675	P2
969	PRPA 1913	P3
970	PRPA 1953	P4
971	PRPA 2419	P5
972	PRPA 481	P6
973	PRPA 6138	P7
974	PRPA 908	P8
975	PRPre-Pop	P9
976	PRRFTHI	O0
977	PRRFTHI Supplemental	O1
978	PRSAWS 2A	O2
979	PRSAWS 2A SAR	O3
980	CF 387	O4
981	PA 6117	O5
982	PA 6147	O6
983	PA 6148	O7
984	PA 6149	O8
985	PA 6150	O9
986	PA 6151	N0
987	PA 6152	N1
988	PA 6153	N2
989	CF 377.723	A2
990	CF 377.7E1	A3
991	DFA 285-C	A4
992	NA 1263	A5

#	QCT10027 - EDMS Document	CalSAWS Code
993	PRCS 909	A6
994	PRCW 2.1Q	A7
995	PRCW 5	A8
996	PRDFA 285-C	A9
997	PRMC 13	B1
998	PRMC 176-S	B2
999	PRMC 176-TMC	B3
1000	PRMC 210	B4
1001	PRMC 210 B	B5
1002	PRNA 1263	B6
1003	PRNAI-ID002	B7
1004	PRNAI-ID003	B8
1005	PRNAI-ID004	B9
1006	PRNAI-ID010	C1
1007	PRNAI INCO 001	C2
1008	PRNS-Prop002	C3
1009	PRPA 146	C4
1010	PRPA 1672-1	C5
1011	PRPA 1815	C6
1012	PRPA 1866	C7
1013	PRPA 2419-1	C8
1014	CF 37	TZ
1015	PRCW 80	R8
1016	PRHCR-RFTHI-S	R9
1017	PRMC 14-A	Q0
1018	PRMC 210 PS	Q1
1019	PRMC 210 RV	Q2
1020	PRMC 216	Q3
1021	PRMC 219	Q4

#	QCT10027 - EDMS Document	CalSAWS Code
1022	PRMC 262	Q5
1023	PRMC 306	Q6
1024	PRMC 322	Q7
1025	CF 10	T0
1026	CF-37	T1
1027	CH-AI or AN Doc	T2
1028	CH-CA Doc	T3
1029	CH-OoS Doc	T4
1030	CW 2208	T5
1031	DL 933	T6
1032	GN 6122-A	T7
1033	GN 6143-1	T8
1034	GN 6189	T9
1035	GN 6340	S0
1036	GN 6397	S1
1037	NA844	S2
1038	NS- INFO001	S3
1039	NS-DOC024A	S4
1040	NS-DOCCL4	S5
1041	NS-INCO017	S6
1042	NS-SUPP003A	S7
1043	NS-SUPP017A	S8
1044	NS-SUPP027	S9
1045	OCAT-ASR	R0
1046	PA 6138	R1
1047	PR COVER LETTER	R2
1048	PR MC 262	R3
1049	PRCF 37	R4
1050	PRCF-37	R5

#	QCT10027 - EDMS Document	CalSAWS Code
1051	PRCW 2.1 NA	R6
1052	PRCW 2102 LA	R7
1053	ABP 1676-3 GRMH	A0
1054	ABP 1676-4 GRMH	A1

### Appendix QCT10028 - EDMS Folder

The code that corresponds to the folder where a document may be placed

#	QCT10028 - EDMS Folder	CalSAWS Code
1	Application	01
2	Resource/Property	18
3	Documentation	03
4	Fraud	04
5	GAIN	05
6	Homeless	06
7	ID	07
8	IFDS	08
9	Income	09
10	Issuance	10
11	LTC Craig vs. Bonta	11
12	MC 180 - Red Folder	12
13	Medi-Cal	13
14	Miscellaneous	14
15	NOA	15
16	OP/OI	16
17	Periodic Reports	17
18	ASH	02

### Appendix QCT10031 - QA Terminate Reason

The code that corresponds to the reason of termination

#	QCT10031 - QA Terminate Reason	CalSAWS Code
1	Other	OT
2	RV Related	RV

### Appendix QCT10032 - QA LRS Termination Reason

The code that corresponds to a reason why LRS would terminate the case

#	QCT10032 - QA LRS Termination Reason	CalSAWS Code
1	01 – Client’s Request	CR
2	02 - Whereabouts Unknown	WU
3	03 - No Redetermination	NR
4	04 - Failure to Provide	FP
5	05 - Continuous Eligibility For Children	EC
6	06 - Medically Indigent Adult	MI
7	14 - Out of State	OS
8	08 - Other Aid	OA
9	09 - Resource Exceeds Limit	RE
10	10 - Other	OT
11	11 - Decombo CF/MC	DE
12	12 - No Linkage	NL
13	13 - Deceased	DY
14	07 - Inter-County Transfer	IT



## Appendix QCT10033 - QA MEDS Termination Reason

The code that corresponds to the reason why MEDS would terminate the case

#	QCT10033 - QA MEDS Termination Reason	CalSAWS Code
1	27 - Increased income - Unemployment/Disability Insurance	27
2	28 - Increased income - other state/local program	28
3	29 - Increased income - non-government program	29
4	32- Increased income from any other source	32
5	33- Increase in real property	33
6	34- Increase in personal property	34
7	35- CW term, MEDS eligibility reported under another MEDS-ID by county agency (i.e. Foster Care)	35
8	36- Need change: law or policy determination	36
9	37- Decrease in need	37
10	38- Determined ineligible for Medi-Cal only	38
11	39- Financial reason not codes 36 or 37	39
12	40- Parent no longer incapacitated	40
13	44- Resident of a public institution	44
14	45- Parent returned home or remarried	45
15	46- Change in law or agency policy	46
16	47- No longer eligible child in home	47
17	48- Loss of legal residence	48
18	49- No Program Linkage-other than 38 and 40-48	49
19	50- Refused to comply - property utilities requirement	50
20	52- Refused to participate in GAIN program	52
21	53- Refused to seek work in program other than GAIN	53
22	54- Refused to accept work - EDD referral	54
23	55- Refused to accept work - other referral	55
24	56- Refused training/education (not GAIN)	56

#	QCT10033 - QA MEDS Termination Reason	CalSAWS Code
25	57- CW recipient has been transferred into the SSI program	57
26	01 - Discontinuance due to death	01
27	03 - Discontinuance at recipient request (MC only, CW/MC)	03
28	04 - Failure to cooperate (MC only)	04
29	05 - Increased earnings of father	05
30	58- CW recipient has transferred into another county-administered program	58
31	59- Other than 50-70	59
32	60- Refused to provide CA7 or Medi-Cal status report	60
33	61-Refused to provide essential information (non-CA7)	61
34	64- Failed to complete Medi-Cal Midyear Status Review	64
35	65- Failed to complete Medi-Cal Annual RV	65
36	70- Refused to register with EDD	70
37	83- CW - timed-out adult and family income eligible	83
38	89- Whereabouts unknown - Medi-Cal	89
39	93- CW - transferred to FG from U	93
40	95- CW - transferred to FC from FG or U	95
41	96- Transferred to another county	96
42	97- Discontinued at recipient request	97
43	98- Whereabouts unknown - other than MC 99- Other than 01-98 above	98
44	AA- Out of State Foster Care	AA
45	A1- Application determined - IE/RR eligibility reported	A1
46	A2- Application determined - Other Medi-Cal eligibility or IH/PCS eligibility reported	A2
47	A3- Application determined - Healthy Families eligibility reported	A3
48	A4- Application determined - MC denial reported	A4
49	A5- Application determined - HF denial reported	A5

#	QCT10033 - QA MEDS Termination Reason	CalSAWS Code
50	CC- CMSP companion without corresponding primary eligibility	CC
51	C1- Death removed via EW03	C1
52	D1- Death reported via returned card	D1
53	D2- Death reported by MEB	D2
54	D3- Death reported by Vital Statistics	D3
55	D4- Death reported by SDX	D4
56	D5- Death reported by CWD	D5
57	D6- Death reported on Buy-In update	D6
58	D7- Death reported by Healthy Families	D7
59	D8- Death reported on SSN Verification	D8
60	D9- Death reported on BENDEX update	D9
61	EE- Exception eligible	EE
62	FF- Discontinued by state via a File Fix	FF
63	M1- Discontinued by MEB	M1
64	M2- Deather removed by MEB, no eligibility	M2
65	OB- Moved out of state per Buy-In/BENDEX	OB
66	OS- Moved out of state per SDX	OS
67	PP- Pregnancy/FPL/Percentage program expired	PP
68	RR- On MEDS Not County - Recon discontinuation	RR
69	RT- Recon Data Discrepancy - Closed period ESAC on Legacy trans - Recon Term Date/Reason used	RT
70	SS/S- Renewal Discontinued after 2 months hold	SS
71	TT- CMSP aid code/non-CMSP county	TT
72	VV- Pickle presumptive discontinuation	VV
73	WW- Renewal Discontinued current aid code invalid	WW
74	X1- Cessation of Disability - NOA type 23	X1
75	X2- Cessation of Disability - NOA type CO	X2

#	QCT10033 - QA MEDS Termination Reason	CalSAWS Code
76	ZZ- Discontinued by MEDS - transitional exceeded maximum months	ZZ
77	06 - Increased earnings of mother	06
78	07 - Increased earnings of child	07
79	08 - Other increased earnings of stepfather	08
80	09 - Other increased earnings in home	09
81	17 - Increased support - absent parent return	17
82	18 - Increased support - remarriage of parent	18
83	19 - Increased support - absent father	19
84	20 - Term Medi-Cal (allegation of disability)	20
85	21 - Increased support - other outside source	21
86	22 - Increased income OASDI	22
87	Z1- MEDS established time-limited eligibility	Z1
88	23 - Increased income from other Federal program	23
89	24 - Increased income from Veterans benefits	24

#### Appendix QCT10034 - QA Termination Action Item

The code that corresponds to the action item for termination

#	QCT10034 - QA Termination Action Item	CalSAWS Code
1	01- NOA Not Sent	NS
2	05 - SB87 requirement not applied	NA
3	06 - Medi-Cal participants not discontinued on MEDS	NT
4	07 - Untimely Discontinuation	UT
5	08 - Incorrect Reason for Action (NOA states a different termination reason than on LRS)	IR
6	17 - No phone call made when RD packet not received	NP
7	11 - NOA Mailed to Incorrect Address	IA
8	12 - Erroneous Discontinuation	ET
9	13 - Other (explain in section X)	OT
10	15 - NOA states 2 reasons for action	2R
11	16 - Incorrect NOA is not suppressed (MC/FS Decombo)	IN
12	09 - Incorrect Language NOA	IL

#### Appendix QCT10035 - SB87 Missing Step

The code that corresponds to the SB87 Missing Step

#	QCT10035 - SB87 Missing Step	CalSAWS Code
1	Ex Parte	EX
2	Phone Call	PC
3	MC335	MC
4	Direct Contact	DC

#### Appendix QCT10036 - QA Difference MEDS LRS Item

The code that corresponds to the type of discrepancy that may be found

#	QCT10036 - QA Difference MEDS LRS Item	CalSAWS Code
1	County ID	CD
2	CIN	CN
3	Person ID	PD
4	Aid Code	AC
5	Birth Date	BT
6	Address	AD
7	Beneficiary's Name	BN
8	MEDS ID	MD

#### Appendix QCT10037 - QA Medical Support Forms Item

The code that corresponds to supporting medical forms

#	QCT10037 - QA Medical Support Forms Item	CalSAWS Code
1	CW371	C3
2	CW2.1Q	CQ
3	CW2.1	C2
4	CS909	CS

#### Appendix QCT10042 - QA Redetermination Not Completed

The code that corresponds to the reason why the Redetermination was not completed

#	QCT10042 - QA Redetermination Not Completed	CalSAWS Code
1	Redetermination packet not mailed to beneficiary	NM
2	Other (explain in Section XVI)	OT
3	Redetermination packet received, but not processed timely	PR
4	Redetermination packet mailed late to beneficiary	ML

#### Appendix QCT10045 - QA Verification Item

The code that corresponds to the Verification Item

#	QCT10045 - QA Verification Item	CalSAWS Code
1	2) Expense/ Deduction Verification	EV
2	3) Other Health Insurance Verification	OV
3	4) Living Situation	LS
4	5) Real/Personal Property	RP
5	1) Income Verification	IV
6	7) Blindness/ Disability Verf.	BL
7	8) MC 210 RV	MC
8	9) IEVS	IE
9	6) Change in Immigration/ Citizenship Status	CI

#### Appendix QCT10046 - QA MC210RV Item

The code that corresponds to the item on the MC210RV that may need changes

#	QCT10046 - QA MC210RV Item	CalSAWS Code
1	1) Income	IC
2	2) Expenses/ Deductions	EX
3	3) Other Health Insurance	OI
4	8) Change of Address	CA
5	5) Real/Personal Property	RP
6	6) Immigration/ Citizenship status	IS
7	7) Blindness/Disability	BL
8	4) Living Situation	LS

#### Appendix QCT10047 - QA Medical Item

The code that corresponds to the Medical Item for the Quality Assurance Review

#	QCT10047 - QA Medical Item	CalSAWS Code
1	CW2.1	C2
2	CS909	CS
3	CW371	C3
4	CW2.1Q	CQ



### Appendix QCT10048 - QA Child Steps Item

The codes that correspond to the steps for the child referral process

#	QCT10048 - QA Child Steps Item	CalSAWS Code
1	1) Children not place on MEDS with 7X (PA-5308)	NP
2	2) Consent not on file (per CHDP on LRS)	NF
3	3) Pt. not contacted for verbal consent	NC
4	7) MC-363 not mailed within 5 days	N5
5	5) Free Format NOA not sent	FF
6	6) Incorrect SOC NOA not suppressed	NS
7	4) SOC NOA w/HFP verbiage not mailed	NM

### Appendix QCT10049 - QA MEDS Alert Item

The code that corresponds to the MEDS alert

#	QCT10049 - QA MEDS Alert Item	CalSAWS Code
1	9050	90
2	9051	91

### Appendix QCT10051 - QA Redetermination Error Caused By

The code that corresponds to the cause of the Redetermination Error

#	QCT10051 - QA Redetermination Error Caused By	CalSAWS Code
1	Intake EW	IE
2	Change EW	CE
3	IEVS EW	VE
4	Approved EW	AE

### Appendix QCT10054 - QA Number of Days

The code that corresponds to the number of days it took to process the Medi-Cal application

#	QCT10054 - QA Number of Days	CalSAWS Code
1	1 - 01 to 15 days	01
2	2 - 16 to 30 days	16
3	3 - 31 to 45 days	31
4	7 - 61 days or more	61
5	5 - 51 to 55 days	51
6	6 - 56 to 60 days	56
7	4 - 46 to 50 days	46

### Appendix QCT10055 - QA Deficiencies

The code that corresponds to the Quality Assurance Deficiencies

#	QCT10055 - QA Deficiencies	CalSAWS Code
1	3 - Manual NOA Issued but LRS NOA was not Suppressed	03
2	4 - LRS NOA Suppressed but Manual NOA not issued	04
3	6 - Medi-Cal participant not on MEDS	06
4	8 - Incorrect Reason for Action	08
5	9 - Incorrect Language NOA	09
6	2 - Untimely NOA	02
7	11 - Failure to take action on reported info	11
8	12 - Erroneous Denial/Discontinuance	12
9	13 - Other (Explain in Section XI)	13
10	1 - LRS NOA not generated	01
11	10 - Failure to follow-up on reported info	10

### Appendix QCT10056 - QA Cause Code

The code that corresponds to the Cause Medi-Cal Quality Assurance

#	QCT10056 - QA Cause Code	CalSAWS Code
1	EW	EW
2	System Problem	SP
3	ES	ES

### Appendix QCT10059 - QA No DRA Actions

The code that corresponds to who missed documenting comments on the DRA actions

#	QCT10059 - QA No DRA Actions	CalSAWS Code
1	Intake	IN
2	CCW	CW
3	Unable to determine	UD
4	Lobby Team	LT
5	ES	ES

### Appendix QCT10064 - QA GR Case Review

The code that corresponds to the General Relief Case Review

#	CT10064 - QA GR Case Review	CalSAWS Code
1	Intake	IN
2	Approved	AP
3	Terminated	TE
4	Dropped	DR

### Appendix QCT10067 - QA GR Category

The code that corresponds to the category of General Relief

#	QCT10067 - QA GR Category	CalSAWS Code
1	Enrolled/Pre-enrolled in CA Dept. of Rehab	EN
2	Age 17	17
3	Age 18, enrolled in school and will graduate prior to 19th birthday	18
4	Age 60-64 and not designated unemployable, NSA or Perm U	60
5	Age 65	65
6	Pregnant	PR
7	Provides care to a child within the GR household who is under one year of age	CC
8	Provides full time care to an ill/incapacitated family member who resides with the GR participant	FT

### Appendix QCT10069 - QA GR Unemployable

The code that corresponds to the type of unemployability

#	QCT10069 - QA GR Unemployable	CalSAWS Code
1	Permanent (GR 41-300)	PM
2	Temporary (GR 41-300)	TE

### Appendix QCT10074 - QA GR Employable

The code that corresponds to whether the participant is employable or not

#	QCT10074 - QA GR Employable	CalSAWS Code
1	Unemployable	UM
2	Employable	EM

#### Appendix QCT10075 - QA GR Employable Status

The code that corresponds to the employable status of the General Relief

#	QCT10075 - QA GR Employable Status	CalSAWS Code
1	Incorrect	IC
2	Correct	CR

#### Appendix QCT10085 - QA GR Citizenship Item

The code that corresponds to the General Relief Citizenship Item

#	QCT10085 - QA GR Citizenship Item	CalSAWS Code
1	Citizen	CZ
2	VAWA	VA
3	Sponsored Alien	SA
4	LPR	LP

#### Appendix QCT10089 - QA GR Household Type

The code that corresponds to the General Relieve Household Type

#	QCT10089 - QA GR Household Type	CalSAWS Code
1	Shared	SH
2	Alone	AL

#### Appendix QCT10093 - QA GR OverUnder payment Type

The code that corresponds to the OverUnder payment Type relating to General Relief

#	QCT10093 - QA GR OverUnder payment Type	CalSAWS Code
1	Participant	PT
2	Administrative	AD

## Appendix QCT10094 - QA GR OverUnder payment Reason

The code that corresponds to the reason for the General Relief OverUnder payment

#	QCT10094 - QA GR OverUnder payment Reason	CalSAWS Code
1	Other - Unemployability	43
2	Income reported on PA 908 (Housing costs for more than GR grant) is not deducted	15
3	PA 59 (SFIS Referral and Results) not on file	45
4	Participant has T&U Visa but GR benefits discontinued	46
5	Participant was fired form or quit job within 60 days before application date without Good Cause but aid was not denied	47
6	Perm U not given to GR participant with approved Medi-Cal	48
7	Property not within limit	49
8	QR7 not received	50
9	Residency requirements not met	51
10	Social Security Card requirements not met	52
11	Untimely NOA	53
12	Verifications not on file	54
13	Work registration non-compliance	55
14	Income Test not done	16
15	Income verification not on file	17
16	Job search non-compliance	18
17	Lien not signed	19
18	Lump-sum incorrectly applied	20
19	Missing 6-month status update	21
20	Missing ABP 101 (Request for housing information)	22
21	Missing documentation (ABP 898-16-GR Annual Agreement, SSP-14 -Authorization for Reimbursement of Interim Assistance, TEMP 2215-EBT Rights & Responsibilities Information, PA 481-Language Designation, SAWS1-Application, Form 5076-GR Intake Screen Form	23

#	QCT10094 - QA GR OverUnder payment Reason	CalSAWS Code
22	Missing GROW referral to Employment Specialist	24
23	Missing landlord verification in support of PA 908 (Housing costs for more than GR grant)	25
24	Missing Medical Provider/Mental Health Services verification of disability	26
25	Missing PA 528 (Statement of Responsible Relative)	27
26	Missing PA 908 (Housing costs for more than GR grant)	28
27	Missing residency verification	29
28	Missing sponsor's information	30
29	Missing verification for T&U application	31
30	Missing verification of LPR status	32
31	MSARP requirement not met	33
32	Notice of Action (NOA) not issued	34
33	On-going GR benefits without T&U Visa	35
34	Other - Employability	36
35	Other - General Policies/MSARP	37
36	Other - Need/Household Composition	38
37	Other - NOA & Hearing	39
38	Other - Pending T&U	40
39	Other - Responsible Relative	41
40	Other - Time Limits	42
41	0/30/60 day penalty incorrectly imposed	01
42	ABP 320-3 (Certification of GR Board & care client's signature) not generated	02
43	Case left on-going in excess of 277 days	03
44	Failure to apply for other benefits	04
45	Failure to apply for UIB benefits	05
46	Failure to follow up on missing SSI Advocate Appointment	06
47	Failure to notify Participant of change in employability status	07

#	QCT10094 - QA GR OverUnder payment Reason	CalSAWS Code
48	Failure to update LEADER DAPD/Disability screen to indicate the source of disability diagnosis	08
49	Good Cause determined but completed ABP 592 (Good Cause Determination is missing)	09
50	GR grant for discontinuation month incorrectly prorated	10
51	GROW non-compliance	11
52	ID requirements not met	12
53	Inadequate NOA	13
54	Income is not within limits	14
55	Overpayment occurred during sample month	44



## Appendix – CT Codes

### Appendix CT7 - Interview Reason Code

The code that corresponds to the reason for the interview

#	CT 7 - Interview Reason Code	CalSAWS Code
1	Application	AP
2	Customer Requested Discontinuance	CR
3	Disc/Denied-Increase Income	DI
4	Disc/Denied-Non-Cooperation	DN
5	Disc/Denied-Parent Returned	DP
6	Inter-County Transfer	IC
7	New State Arrival/No Resources	NS
8	No Support 60 Days Prior To Application	60
9	On Aid/Applied For Last 60 Days	OA
10	Questionable Household Composition	QH
11	Questionable Income	QI
12	Questionable Property	QP
13	Questionable Residence	QR
14	Re-evaluation	RN
15	Rent Exceeds Income	RE

### Appendix CT8 - Finding Type Code

The code that corresponds to type of Finding

#	CT 8 - Finding Type Code	CalSAWS Code
1	Agency Accountable	AA
2	Agency Non-Accountable	AN
3	Customer Accountable	CA
4	Customer Non-Accountable	CN
5	Technical	TE

### Appendix CT18 - Program Code

The code that corresponds to the Program related to the Quality Review case

#	CT 18 - Program Code	CalSAWS Code
1	Adoptions Assistance Program	AA
2	Adult Protective Services	AS
3	CalFresh	FS
4	CalFresh Employment & Training	FT
5	California Food Assistance Program	CF
6	Cal-Learn	CL
7	CalWORKs	CW
8	CalWORKs for Foster Care	CA
9	Cash Assistance Program for Immigrants	CP
10	Child Care	CC
11	Child Protective Services	CS
12	Child Support	CH
13	Diversion	DV
14	Food Distribution	FD
15	Foster Care	FC
16	General Assistance/General Relief	GA

#	CT 18 - Program Code	CalSAWS Code
17	GROW	GW
18	Homeless	HO
19	Homeless Assistance - Permanent	HP
20	Homeless Assistance - Temporary	HT
21	Immediate Need	IN
22	In Home Supportive Services (IHSS)	IH
23	IV-D Child Support	IV
24	Kin-GAP	KG
25	Linkages Adult Services	LS
26	Low Income Health Plan	LI
27	Medi-Cal	MC
28	Multipurpose Senior Services	MS
29	Non-Assistance CalFresh	NA
30	Nutrition Benefit	NB
31	Other County	OT
32	Personal Care Services Program	PE
33	Public Assistance CalFresh	PA
34	Refugee Cash Assistance	RC
35	Refugee Employment Program	RE
36	SSI Only	SI
37	SSI/SSP	SS
38	SSP Only	SP

### Appendix CT72 - Program Status Code

The code that corresponds to the status of the program

#	CT 72 - Program Status Code	CalSAWS Code
1	Active	AC
2	Deferred	DF
3	Denied	DE
4	Deregistered	DG
5	Discontinued	DS
6	Exempt	EX
7	Good Cause	GC
8	Ineligible	IN
9	Non-Compliant	NC
10	Pending	PE
11	Sanction	SA
12	Waiting to Transfer	WA

### Appendix CT81 - Interview Finding Code

The code that corresponds to the Findings from the Interview

#	CT 81 - Interview Finding Code	CalSAWS Code
1	Discrepancy Found -- California Youth Authority	CA
2	Discrepancy Found -- Child not in home	CN
3	Discrepancy Found -- Fleeing Felon	FF
4	Discrepancy Found -- HH Comp	HH
5	Discrepancy Found -- Income	IN
6	Discrepancy Found -- Jail Reporting System	JR
7	Discrepancy Found -- Other	OT
8	Discrepancy Found -- Property	PR
9	Discrepancy Found -- Residence	RE
10	Discrepancy Found -- Whereabouts Unknown	WU
11	No Discrepancy Found / Allegation Unfounded	AU

## Appendix CT82 - Interview Type Code

The code that corresponds to the type of interview

#	CT 82 - Interview Type Code	CalSAWS Code
1	Hearings	HE
2	In Home Visit -- Fraud	FR
3	In Home Visit -- Preventative Fraud	PF
4	In Home Visit -- Sanction	SA
5	In Home Visit -- Vendor Payment	VP
6	In Office Interview -- Fraud	OF
7	In Office Interview -- Preventative Fraud	OP
8	In Office Interview -- Sanction	OS
9	In Office Interview -- Vendor Payment	OV
10	Other	OT
11	Quality Assurance Review	QA
12	Quality Control Home Visit	HV
13	Quality Control Office Interview	OI

### Appendix CT83 - Interviewee Code

The code that corresponds to the type of interviewee

#	CT 83 - Interviewee Code	CalSAWS Code
1	Child Care Provider	CC
2	Client	CL
3	Employer	EM
4	Friend	FR
5	Landlord	LA
6	Neighbor	NE
7	Other	OT
8	Other Person in Home	OP
9	Relative	RE
10	School Staff Member	SS
11	Staff	ST

### Appendix CT93 - Quality Review Status Code

The code that corresponds to the status of the Quality Review

Note: The Quality Review Status Code is dependent on the Quality Review Type. Please select only the Status that is available for the Type of Quality Review.

#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
1	E2LITE	Assigned	AS
2		Closed - Findings	CF
3		Closed - No Findings	CN
4		Dropped	DR
5		In Review	IR
6		Unassigned	UN
7	Focused Review	Assigned	AS
8		Closed - Findings	CF
9		Closed - No Findings	CN
10		Dropped	DR
11		In Review	IR
12		Unassigned	UN
13	Forged Warrant	Assigned	AS
14		Closed - Findings	CF
15		Closed - No Findings	CN
16		Dropped	DR
17		In Review	IR
18		Unassigned	UN
19	Full Review	Assigned	AS
20		Closed - Findings	CF
21		Closed - No Findings	CN
22		Dropped	DR
23		In Review	IR



#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
24		Unassigned	UN
25	Good Cause-Child Support	Assigned	AS
26		Closed - Findings	CF
27		Closed - No Findings	CN
28		Dropped	DR
29		In Review	IR
30		Unassigned	UN
31	Homecall	Assigned	AS
32		Assigned - Visit Attempted	VA
33		Closed - No Contact	CC
34		Closed - Visit Completed	VC
35		Dropped	DR
36		Unassigned	UN
37	Homecall-Drug Felon	Assigned	AS
38		Assigned - Visit Attempted	VA
39		Closed - No Contact	CC
40		Closed - Visit Completed	VC
41		Dropped	DR
42		Unassigned	UN
43	Homecall-Sanction	Assigned	AS
44		Assigned - Visit Attempted	VA
45		Closed - No Contact	CC
46		Closed - Visit Completed	VC
47		Dropped	DR
48		Unassigned	UN
49	Homecall-Vendor Payment	Assigned	AS
50		Assigned - Visit Attempted	VA
51		Closed - No Contact	CC

#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
52		Closed - Visit Completed	VC
53		Dropped	DR
54		Unassigned	UN
55	IEVS - Deceased Person Match	Assigned	AS
56		Closed - Findings	CF
57		Closed - No Findings	CN
58		Dropped	DR
59		In Review	IR
60		Referred for IPV	RF
61		Referred for Prosecution	RP
62		Unassigned	UN
63	IEVS - Fleeing Felon	Assigned	AS
64		Closed - Findings	CF
65		Closed - No Findings	CN
66		Dropped	DR
67		In Review	IR
68		Referred for IPV	RF
69		Referred for Prosecution	RP
70		Unassigned	UN
71	IEVS - New Hire	Assigned	AS
72		Closed - Findings	CF
73		Closed - No Findings	CN
74		Dropped	DR
75		In Review	IR
76		Referred for IPV	RF
77		Referred for Prosecution	RP
78		Unassigned	UN
79		Assigned	AS

#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
80	IEVS-Assets	Closed - Findings	CF
81		Closed - No Findings	CN
82		Dropped	DR
83		In Review	IR
84		Referred for IPV	RF
85		Referred for Prosecution	RP
86		Unassigned	UN
87	IEVS-BEERS	Assigned	AS
88		Closed - Findings	CF
89		Closed - No Findings	CN
90		Dropped	DR
91		In Review	IR
92		Referred for IPV	RF
93		Referred for Prosecution	RP
94		Unassigned	UN
95	IEVS-California Youth Match	Assigned	AS
96		Closed - Findings	CF
97		Closed - No Findings	CN
98		Dropped	DR
99		In Review	IR
100		Referred for IPV	RF
101		Referred for Prosecution	RP
102		Unassigned	UN
103	IEVS-ECS	Assigned	AS
104		Closed - Findings	CF
105		Closed - No Findings	CN
106		Dropped	DR
107		In Review	IR

#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
108		Referred for IPV	RF
109		Referred for Prosecution	RP
110		Unassigned	UN
111	IEVS-Jail Match	Assigned	AS
112		Closed - Findings	CF
113		Closed - No Findings	CN
114		Dropped	DR
115		In Review	IR
116		Referred for IPV	RF
117		Referred for Prosecution	RP
118		Unassigned	UN
119	Overpayment/Overissuance	Assigned	AS
120		Closed - Findings	CF
121		Closed - No Findings	CN
122		Dropped	DR
123		In Review	IR
124		Unassigned	UN
125	Overpayment/Overissuance - SIU	Assigned	AS
126		Closed - Findings	CF
127		Closed - No Findings	CN
128		Dropped	DR
129		In Review	IR
130		Unassigned	UN
131	Overpayment/Overissuance-Child Support	Assigned	AS
132		Closed - Findings	CF
133		Closed - No Findings	CN
134		Dropped	DR
135		In Review	IR

#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
136		Unassigned	UN
137	Preventative Fraud Interview	Assigned - Rescheduled	AR
138		Assigned - Scheduled	AD
139		Closed - Discrepancy	CL
140		Closed - No Discrepancy	CD
141		Closed - No Show	CS
142		Dropped	DR
143		Unassigned	UN
144	Quality Assurance	Assigned	AS
145		Closed - Findings	CF
146		Closed - No Findings	CN
147		Dropped	DR
148		In Review	IR
149		Re-Review	RR
150		Unassigned	UN
151	Quality Control	Assigned	AS
152		Closed - Findings	CF
153		Closed - No Findings	CN
154		Dropped	DR
155		In Review	IR
156		Non-Cooperation	NC
157		Non-Cooperation Resolved	NR
158		Re-Review	RR
159		Unassigned	UN
160	Supervisor Review	Assigned	AS
161		Closed - Findings	CF
162		Closed - No Findings	CN
163		Dropped	DR

#	Quality Review Type	CT93 - Quality Review Status	CalSAWS Code
164		In Review	IR
165		Unassigned	UN
166	TANF	Assigned	AS
167		Closed - Findings	CF
168		Closed - No Findings	CN
169		Dropped	DR
170		In Review	IR
171		Unassigned	UN
172	Underpayment/ Underissuance	Assigned	AS
173		Closed - Findings	CF
174		Closed - No Findings	CN
175		Dropped	DR
176		In Review	IR
177		Unassigned	UN
178	WINS	Assigned	AS
179		Closed - Findings	CF
180		Closed - No Findings	CN
181		Dropped	DR
182		In Review	IR
183		Unassigned	UN
184	WPR	Assigned	AS
185		Closed - Findings	CF
186		Closed - No Findings	CN
187		Dropped	DR
188		In Review	IR
189		Unassigned	UN

### Appendix CT94 - Quality Review Type Code

The code that corresponds to the type of Quality Review

#	CT 94 - Quality Review Type Code	CalSAWS Code
1	E2LITE	E2
2	Focused Review	FO
3	Forged Warrant	FW
4	Full Review	FU
5	Good Cause-Child Support	GC
6	Homecall	HO
7	Homecall-Drug Felon	HD
8	Homecall-Sanction	HS
9	Homecall-Vendor Payment	HV
10	IEVS - Deceased Person Match	ID
11	IEVS - Fleeing Felon	IF
12	IEVS - New Hire	IN
13	IEVS-Assets	IA
14	IEVS-BEERS	IB
15	IEVS-California Youth Match	IC
16	IEVS-ECS	IE
17	IEVS-Jail Match	IJ
18	Overpayment/Overissuance	OP
19	Overpayment/Overissuance - SIU	OS
20	Overpayment/Overissuance-Child Support	OU
21	Preventative Fraud Interview	PF
22	Quality Assurance	QA
23	Quality Control	QC
24	Supervisor Review	SR
25	TANF	TF
26	Underpayment/ Underissuance	UN

#	CT 94 - Quality Review Type Code	CalSAWS Code
27	WINS	WN
28	WPR	WP



### Appendix CT184 - Aid Code

The code that corresponds to the type of Aid associated with the Quality Review Findings

#	CT 184 - Aid Code	CalSAWS Code
1	(Newly Eligible) Title XIX, Medi-Cal No Share of Cost (SOC) County Compassionate Release/Medical Probation Program Inmates Citizen/SIS.	K6
2	(Newly Eligible) Title XIX/Title XXI, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates, Non-SIS.	K7
3	(Not Newly Eligible) Title XIX, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates, Citizen/SIS. disabled/blind.	K8
4	(Not Newly Eligible) Title XIX/Title XXI, Medi-Cal No SOC for County Compassionate Release/Medical Probation Program Inmates, Non-SIS.	K9
5	0D - MCAP Pregnant Woman-213-322% FPL	0D
6	0E - Pregnant Women 213 - 322%	0E
7	0G - MCAP Pregnant Woman - 213 - 322% FPL	0G
8	10 - Aid to the Aged - SSI/SSP	10
9	100 % - Child - Full Scope.	7A
10	100 % Child - OBRA - ESO	7C
11	100% Child - Excess Property - ESO	8T
12	100% Child - Excess Property - Full Scope	8R

#	CT 184 - Aid Code	CalSAWS Code
13	133 % Child - Citizen/LPR/ PRUCOL - Full Scope	72
14	133 % Child - Undocs/Non Immigrants - ESO	74
15	133% Child - Excess Property - ESO	8N
16	133% Child - Excess Property - Full Scope	8P
17	1931(b) Foster Care	4L
18	19-64 Year Old County Inmate - 0-138% - Limited Scope - No SOC	N7
19	19-64 Year Old County Inmate - 0-138% - Restricted Scope - No SOC	N8
20	19-64 Year Old State Inmate - 0-138% - Limited Scope - No SOC	N5
21	19-64 Year Old State Inmate - 0-138% - Restricted Scope - No SOC	N6
22	20 - Blind - SSI/SSP	20
23	250% Working Disabled - Full Scope	6G
24	2A - Abandoned Baby	2A
25	2P - ARC only	2P
26	2R - ARC only for NMDs	2R
27	2S - ARC with federal CalWORKs	2S
28	2T - ARC with State CalWORKs	2T
29	2U - ARC with State CalWORKs for NMDs	2U

#	CT 184 - Aid Code	CalSAWS Code
30	43 - FC Extended (State) beyond age 18	43
31	49 - FC Extended (Federal) beyond age 18	49
32	4N - Extended CalWORKs for Non Minor Dependents	4N
33	4P - CW Family Reunification-All Families	4P
34	4R - CW Family Reunification-Two Parent	4R
35	5J - SB87 Pending SP-DDSD - No SOC - Restricted	5J
36	5R - SB87 Pending SP-DDSD - SOC	5R
37	60 - Disabled - SSI/SSP	60
38	60-Day Postpartum - Pregnancy Related Services	76
39	6J - SB87 Pending SP-DDSD - No SOC	6J
40	6R - SB87 Pending SP-DDSD - SOC	6R
41	90 - General Assistance	90
42	91 - General Assistance	91
43	92 - General Assistance	92
44	93 - General Assistance	93
45	Accelerated Enrollment of Children	8E
46	Access for Infants and Mothers 200-300 percent	0C
47	Additional Transitional Medi-Cal (Second 6 months)	59
48	Adoption Assistance - Extended - Federal	07

#	CT 184 - Aid Code	CalSAWS Code
49	Adoption Assistance - Federal	03
50	Adoption Assistance - State Only	04
51	AFDC Medically Needy - No SOC	34
52	AFDC Medically Needy - SOC	37
53	AFDC-1931( B) - Emergency/Pregnancy Services Only	3V
54	AFDC-1931( B) Full Scope	3N
55	AFDC-Foster Care (Federal)	42
56	AFDC-Foster Care (State Only)	40
57	Aid to Adoptions - Out of State Adoption	4A
58	Aid to Disabled - Medically Needy - SOC	67
59	Aid to Disabled - Pickle Eligible	66
60	Aid to Disabled Widow/ ers	36
61	Aid to the Aged - IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/ SSP cash benefits.	18
62	Aid to the Aged - Long Term Care	13
63	Aid to the Aged - Medically Needy - No SOC	14
64	Aid to the Aged - Medically Needy - SOC	17
65	Aid to the Aged - Pickle Eligible	16
66	Aid to the Blind - Long Term Care	23

#	CT 184 - Aid Code	CalSAWS Code
67	Aid to the Blind - Medically Needy - No SOC	24
68	Aid to the Blind - Medically Needy- SOC	27
69	Aid to the Blind - Pickle Eligible	26
70	Aid to the Disabled - Medically Needy - No SOC	64
71	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)	68
72	Anti-Rejection Medicine - State Only	77
73	CalFresh Trafficking and Crime Victims Assistance Program	R2
74	CalWORKs - Diversion -All Families (State Only)	3X
75	CalWORKs - Safety Net/Fleeing Felon/Long-Term WTW Sanction - Non-Two Parent	K1
76	CalWORKs - Safety Net/Fleeing Felon/Long-Term WTW Sanction - Two Parent	3F
77	CalWORKs - TANF - Timed Out (Federal)	3W
78	CalWORKs - TANF - Timed Out (State)	3W
79	CalWORKs - Timed Out - Safety Net Two Parent (Prior to 12/2013)	3C
80	CalWORKs - Timed Out Safety Net All Families (Prior to 12/2013)	3A
81	CalWORKs -All Families (Mixed)	3E

#	CT 184 - Aid Code	CalSAWS Code
82	CalWORKs All Families (State Only)	3L
83	CalWORKs -All Families- Exempt MAP (Federal)	3P
84	CalWORKs -Diversion -All Families (Federal)	3J
85	CalWORKs -Diversion -Two Parent (Federal)	3K
86	CalWORKs -Diversion -Two Parent (State Only)	3Y
87	CalWORKs Medi-Cal Eligible pending Cash Grant Authorization	3D
88	CalWORKs -TANF Timed Out - All Families (Fed)	30
89	CalWORKs -TANF Timed Out -All Families (Federal)	32
90	CalWORKs -TANF Timed Out -All Families (State)	32
91	CalWORKs Trafficking and Crime Victims Assistance Program	R1
92	CalWORKs -Two Parent - State Only	3M
93	CalWORKs -Two Parent (Federal)	35
94	CalWORKs -Two Parent (State Only)	35
95	CalWORKs -Two Parent (State)	3U
96	CalWORKs -Zero Parent - Exempt MAP (Federal)	3R
97	CalWORKs -Zero Parent (Federal)	33
98	CalWORKs -Zero Parent (Mixed)	3H
99	CalWORKs -Zero Parent (State Only)	3G

#	CT 184 - Aid Code	CalSAWS Code
100	CAPI - Aged	1A
101	CAPI - Non Qualified	6K
102	CAPI - Sponsored	6M
103	CAPI-LimitedTerm	6T
104	CHDP	8Y
105	CHDP Gateway Deemed Infant - NO SOC	8U
106	CHDP Gateway Deemed Infant - SOC	8V
107	CHDP Gateway HF	8X
108	CHDP Gateway Medi-Cal	8W
109	Child 1-19 ACA CHIP Premium Full Scope	E5
110	Child 1-6 - 0-142% - Citizen - Full Scope	P7
111	Child 1-6 - 0-142% - Undocumented - Restricted Scope	P8
112	Child 1-6 - 142-160% - Citizen - Full Scope	T4
113	Child 1-6 - 142-160% - Undocumented - Restricted Scope	T9
114	Child 1-6 - 160-266% - Citizen - Full Scope	T3
115	Child 1-6 - 160-266% - Undocumented - Restricted Scope	T8
116	Child 6-19 - 0-133% - Citizen - Full Scope	P5
117	Child 6-19 - 0-133% - Undocumented - Restricted Scope	P6
118	Child 6-19 - 108-133% - Citizen - Full Scope	M5

#	CT 184 - Aid Code	CalSAWS Code
119	Child 6-19 - 108-133% - Undocumented - Restricted Scope	M6
120	Child 6-19 - 130-160% - Undocumented - Restricted Scope	T7
121	Child 6-19 - 133-160% - Citizen - Full Scope	T2
122	Child 6-19 - 160-266% - Citizen - Full Scope	T1
123	Child 6-19 - 160-266% - Undocumented - Restricted Scope	T6
124	Citizen/Lawfully Present Adult 19 through 64 Years with Person Disability Indicator	L6
125	CMSP - Full Scope - No Share of Cost	84
126	CMSP - Full Scope - Share of Cost	85
127	CMSP - Long Term Care	8F
128	CMSP - Non-Fed - Full Scope - No Share of Cost	88
129	CMSP - Non-Fed - Share of Cost	89
130	CMSP - Pending DDS - Full Scope - No Share of Cost	88
131	CMSP - Pending DDS - Share of Cost	89
132	CMSP - Restricted Benefits	50
133	Compassionate Release LTC Aged County Full Scope	J5
134	Compassionate Release LTC Aged County Restricted	J6
135	Compassionate Release LTC Disabled County Full Scope	J7



#	CT 184 - Aid Code	CalSAWS Code
136	Compassionate Release LTC Disabled County Restricted	J8
137	Compassionate Release No SOC County Full Scope	J1
138	Compassionate Release No SOC State Restricted	G9
139	Compassionate Release SOC County Full Scope	J2
140	Continuing TMC (Second 6 Months)-Emergency/Pregnant	5T
141	Continuous Eligibility for Children	7J
142	Continuous Eligibility for Children - ESO	7K
143	County Funded Foster Care	45
144	County Juvenile Inmate Inpatient Hospital+ Inpatient MH	G5
145	County Juvenile Inmate Undoc, ESO Inpatient Hospital, MH & Pregnancy	G6
146	County Juvenile Inmate Undoc, SOC, ESO Inpatient Hospital, MH & Pregnancy	G8
147	County Juvenile Inmate, SOC Inpatient Hospital & Inpatient MH	G7
148	County Medical Probation No SOC Restricted	J3
149	County Medical Probation SOC Restricted	J4
150	Covered CA Above 400% FPL	X7
151	Covered CA Cost Sharing 100-300%	X5
152	Covered CA CSR Only	X6

#	CT 184 - Aid Code	CalSAWS Code
153	Covered CA MC Ineligible Under 100%	X8
154	Covered CA Narrow Bridge	X9
155	Covered CA Subsidized 100-150%	X2
156	Covered CA Subsidized 151-200%	X3
157	Covered CA Subsidized 201-250%	X4
158	Covered CA Subsidized 250-400%	X1
159	Craig Continued Eligibility for the Aged	1E
160	Craig Continued Eligibility for the Blind	2E
161	Craig Continued Eligibility for the Disabled	6E
162	DDS Waiver - No SOC	6V
163	DDS Waiver - SOC	6W
164	Dialysis/Dialysis Supplement	71
165	Disabled Adult Child( ren) - Blind	6A
166	Disabled Adult Child( ren) - Disabled	6C
167	Edwards v. Kizer Continuing Medi-Cal Eligibility	38
168	Electronic Theft Replacement Cash Benefit (ETRCB) Aid Code	99
169	Emergency Assistance - Foster Care	5K
170	F0 - HCCI - LIHP	F0

#	CT 184 - Aid Code	CalSAWS Code
171	F3 - MC County Inmate Inpatient Hospital Only - No SOC	F3
172	F4 - MC Undoc County Inmates - No SOC	F4
173	F5 - MCE ST Inmates	F5
174	F6 - MCE CO Inmates	F6
175	F7 - MCE Existing	F7
176	F8 - LIHP - MCE	F8
177	F9 - HCCI LIHP - CI	F9
178	Federal AAP Cash Subsidy from Out-of-State	06
179	Federal Poverty Level - Aged- Emergency Services	1U
180	Federal Poverty Level - Aged- Full Scope - No SOC	1H
181	Federal Poverty Level -Blind- Full Scope - No SOC	2H
182	Federally Funded FC Benefits from Out-of-State	46
183	Foster Care - Cuban/Haitian-Entrants	08
184	Foster Care Continuing Medi-Cal	4M
185	FPL - Disabled - ESO/Pregnancy	6U
186	FPL 19-64 Year Old at or below 138% Full Scope	M1
187	FPL 19-64 Year Old at or below 138% Restricted Scope	M2
188	FPL Child 1-6 -142% Full Scope	H7
189	FPL Child 1-6 143-266% Full Scope	H9

#	CT 184 - Aid Code	CalSAWS Code
190	FPL Child 6-19 - 0-133% Full Scope	H8
191	FPL Child 6-19 133-266% Full Scope	H0
192	FPL Disabled - Full Scope .	6H
193	FPL Infant - Above 267-322% Full Scope	E7
194	FPL Infant 209-266% Full Scope	H6
195	GRI Emergency Assistance	94
196	HFP to Medi-Cal Transitional PE-No Premium	5C
197	HFP to Medi-Cal Transitional PE-Premium Payment	5D
198	Hospital PE Adults - 0-138%	P3
199	Hospital PE Infant - 0-208%	P1
200	Hospital PE Parent Caretaker Relatives - 0-109%	P2
201	Hospital PE Pregnant Women - 0-213%	P4
202	Hurricane Katrina Evacuees	65
203	IE Medi-Cal Member - Non Sneed MFBU	IE
204	IHSS Plus Waiver	2L
205	IHSS Residual	2N
206	IHSS-Community First Choice Option	2K
207	In Home Operations Waiver - No SOC	6X
208	In Home Operations Waiver - SOC	6Y

#	CT 184 - Aid Code	CalSAWS Code
209	Income Disregard - 200% -Infant Full Scope	47
210	Income Disregard - 200% OBRA	69
211	Income Disregard 200% - Pregnant Women - Undocs	48
212	Income Disregard 200% - Pregnant Women -Citizen/PR	44
213	Infant - 0-208% - Citizen - Full Scope	P9
214	Infant - 0-208% - Undocumented - Restricted Scope	P0
215	Infant - 208-266% - Citizen - Full Scope	T5
216	Infant - 208-266% - Undocumented - Restricted Scope	T0
217	Infant-19 ACA CHIP Lawful Citizen Full Scope	E2
218	Infant-19 ACA CHIP Undocumented Restricted Scope	E4
219	Initial Transitional Medi-Cal	39
220	Initial Transitional Medi-Cal (First 6 months)	3T
221	Kin-GAP (Federal)	4F
222	Kin-GAP (Federal)	4T
223	Kin-GAP (State Only)	4G
224	Kin-GAP (State Only) for children beyond age 18 due to a disability	4G
225	Kin-GAP Extended (Federal)	4S
226	Kin-GAP Extended (State)	4W

#	CT 184 - Aid Code	CalSAWS Code
227	LIHP Transitional Aid Code	L1
228	Long Term Care - Aged - no SOC - Undocs and Non Immigrants	D2
229	Long Term Care - Aged - SOC - Undocs and Non Immigrants	D3
230	Long Term Care - Blind - No SOC - Undocs and Non Immigrants	D4
231	Long Term Care - Blind - SOC - Undocs and Non Immigrants	D5
232	Long Term Care - Disabled	63
233	Long Term Care - Disabled - No SOC - Undocs and Non Immigrants	D6
234	Long Term Care - Disabled - SOC - Undocs and Non Immigrants	D7
235	Long Term Care - MI - Undocs and Non Immigrants	55
236	MC Four Month Continuing - Emergency/Pregnancy Ser	5W
237	MC No SOC State Inmates	F1
238	MC SOC State Inmates	G1
239	MC Targeted Low Income FPL Child 1-6 133-150%	H2
240	MC Targeted Low Income FPL Child 1-6 150-250% Premium	H3
241	MC Targeted Low Income FPL Child 6-19 100-150%	H4
242	MC Targeted Low Income FPL Child 6-19 150-250% Premium	H5

#	CT 184 - Aid Code	CalSAWS Code
243	Medi-Cal County Inmate SOC Inpatient Hospital Only	G3
244	Medi-Cal County Inmate Undoc SOC Inpatient Hospital Pregnancy+ ESO	G4
245	Medi-Cal Four Month Continuing	54
246	Medi-Cal Targeted Low Income FPL for Infants	H1
247	Medically Indigent - Child - No SOC - Undocs and Non Immigrants	C9
248	Medically Indigent - Child - SOC - Undocs and Non Immigrants	D1
249	Medically Indigent - Long Term Care	53
250	Medically Indigent - Pregant Women - No SOC - Undocs & Non Immigrants	D8
251	Medically Indigent - Pregant Women - SOC - Undocs & Non Immigrants	D9
252	Medically Needy - AFDC - No SOC - Undocs and Non Immigrants	C5
253	Medically Needy - AFDC - SOC - Undocs and Non Immigrants	C6
254	Medically Needy - Aged - No SOC - Undocs and Non Immigrants	C1
255	Medically Needy - Aged - SOC - Undocs and Non Immigrants	C2
256	Medically Needy - Blind - No SOC - Undocs and Non Immigrants	C3

#	CT 184 - Aid Code	CalSAWS Code
257	Medically Needy - Blind - SOC - Undocs and Non Immigrants	C4
258	Medically Needy - Disabled - No SOC - Undocs and Non Immigrants	C7
259	Medically Needy - Disabled - SOC - Undocs and Non Immigrants	C8
260	MI - Child - SOC	83
261	MI - Child No SOC	82
262	MI - Confirmed Pregnancy - No SOC	86
263	MI - Confirmed Pregnancy - SOC	87
264	Minor Consent (12 -21) Family Planning	7M
265	Minor Consent (12 -21) Outpatient Mental Health	7P
266	Minor Consent (under 12) Sexual Assault	7R
267	Minor Consent (under 21) Pregnancy	7N
268	MSSP with a SOC	1Y
269	MSSP without a SOC	1X
270	N0 - County Inmate LIHP/MCE Transition to Medi-Cal	N0
271	New Adult Group LTC	E3
272	No SOC MC for Undocumented State Inmates	F2
273	Non Assistance CalFresh	9
274	OBRA - Pregant Women - Undocs & Non Immigrants	5F



#	CT 184 - Aid Code	CalSAWS Code
275	OBRA Long Term Care - Undocs and Non Immigrants	55
276	OBRA Undocs and Non Immigrants - Emergency/Pregna	58
277	One-Month Healthy Families Bridge - Child	7X
278	One-Month Healthy Families Bridge - Unverified Citizenship Child	E1
279	One-Month Healthy Families Bridge -Adult	7Y
280	Parent Caretaker Relative - at or below 125% - Citizen - Full Scope	M3
281	Parent Caretaker Relative - at or below 125% - Restricted Scope	M4
282	Parental Hyperalimentation/TPN Supplement	73
283	Personal Care Services	2M
284	Pregnant Women - 60% - Citizen/Lawful - Full Scope	M7
285	Pregnant Women - 60% - Undocumented - Limited Scope	M8
286	Pregnant Women - 60-213% - Citiz/Lawful - Limited	M9
287	Pregnant Women - 60-213% - Undocumented - Limited Scope	M0
288	Presumptive Eligibility for Former Foster Care Children	4E
289	Probation Emergency Assistance	4K
290	Qualified Individual 1 - 135%	8D
291	Qualified Individual 2 - 175%	8K

#	CT 184 - Aid Code	CalSAWS Code
292	Qualified Medicare Beneficiary	80
293	Qualified Working Disabled Individuals Program	8A
294	R4 - Work Incentive Nutritional Supplement	R4
295	R5 - Work Incentive Nutritional Supplement	R5
296	R6 - Work Incentive Nutritional Supplement	R6
297	R7 - Work Incentive Nutritional Supplement	R7
298	R8 - Work Incentive Nutritional Supplement	R8
299	R9 - Work Incentive Nutritional Supplement	R9
300	Refugee Cash Assistance - Exempt MAP	01
301	Refugee Cash Assistance Trafficking and Crime Victims Assistance Program	1V
302	Refugee/Entrant Medical Assistance	02
303	RR Medi-Cal Member - Sneed MBU	RR
304	Seriously Emotionally Disturbed - Non Emergency As	05
305	Simplified Qualified Medicare Beneficiary	8C
306	SOC MC for Undocumented State Inmates	G2
307	Terminated as of 10/1/2003 - Extended TMC(2nd Year) 19 & older - Emergency/Pregnancy	5Y
308	Terminated as of 10/1/2003 - Extended TMC(2nd Year) 19 & older - Full Scope	5X

#	CT 184 - Aid Code	CalSAWS Code
309	Title XIX, CalFresh adults from 19 through 64 years of age who are citizens or lawfully present and neither blind nor disabled with no Share of Cost (SOC)	7U
310	Title XIX, Cal FRESH Parents aged 19 through 64 years of age, not blind or disabled, without Medi-Cal or LIHP	7S
311	Title XIX, children under age 19 not blind or disabled, full scope no cost Medi-Cal, no Share of Cost (SOC)	7W
312	Trafficking/Crime Program no SOC	5V
313	Trafficking/Crime Program with a SOC	7V
314	Trafficking/Crime Victim no SOC	2V
315	Trafficking/Crime Victim with a SOC	4V
316	Transitional CalFresh	0F
317	Transitional Nutrition Benefit	0H
318	Tuberculosis Treatment Program	7H
319	Undocumented Adult 19 through 64 Years with Person Disability Indicator	L7
320	Voluntary Placement	4C

## Appendix CT212 - District Code

The code that corresponds to the District

#	CT 212 - District Code	CalSAWS Code
1	002 - Glendale	AA
2	003 - Pasadena	AB
3	004 - El Monte	AC
4	005 - Belvedere	AD
5	006 - Cudahy	AE
6	007 - South Special	AF
7	008 - Southwest Special	AG
8	009 - West Los Angeles	AH
9	010 - Wilshire Special	AI
10	011 - East Valley	AJ
11	012 - Exposition Park	AK
12	013 - Metro Family	AL
13	014 - Civic Center	AM
14	015 - Metro East	AN
15	016 - Child Medi-Cal Enroll. Project	BG
16	017 - Florence	AO
17	018 - DHS USC Medical Center	BH
18	020 - San Gabriel Valley	AP
19	026 - Compton	AQ
20	027 - South Central	AR
21	031 - South Family	AS
22	034 - Lancaster	AT
23	036 - Pomona	AU
24	038 - Metro North	AV
25	040 - Norwalk	AW
26	043 - DHS Harbor-UCLA Med. Center	BI

#	CT 212 - District Code	CalSAWS Code
27	044 - DHS H. Cluade Hudson Comp. Center	BJ
28	045 - DHS Long Beach Comp. Center	BK
29	046 - DHS Contract Office (no cases)	BL
30	048 - DHS Hubert Humphrey Comp. Center	BM
31	049 - DHS King/Drew Medical Center	BN
32	050 - DHS Agustus Hawkins Psych..	BO
33	051 - Santa Clarita	AX
34	053 - GAIN Region V ( South County)	BP
35	056 - DCFS Medi-Cal Office	BQ
36	060 - Rancho Park	AY
37	062 - Paramount	AZ
38	065 - DHS Olive View Med. Center	BR
39	066 - Lincoln Heights	BA
40	070 - Metro Special	BB
41	080 - Long Term Care	BS
42	082 - West Valley	BC
43	083 - Southwest Family	BD
44	084 - DHS Rancho Los Amigos Med. Center	BT
45	089 - Mail In Processing Office	BU
46	090 - Northridge Medi-Cal Regional Distric	BV
47	092 - Hawthorne Medi-Cal Regional	BW
48	095 - DHS High Desert Hospital	BX
49	099 - Health & Nutrition Mobile Unit	BY
50	110 - DHS Headquarters	BZ
51	140 - DPSS Administration (Crossroads)	CA
52	29 Palms	B4
53	304 - Auditor Controller - Disbursements Div.	CB
54	313 - Finance (Prop. Mang & Fiscal Serv.)	CC
55	359 - Management Information Evaluation	CD

#	CT 212 - District Code	CalSAWS Code
56	372 - Welfare Fraud Prevention & Investigation	CE
57	600 - LEADER Central	CF
58	Adelanto	C2
59	Bakersfield	BF
60	Banning	63
61	Barstow	B2
62	Blythe	75
63	Cathedral City	71
64	Colton	99
65	Corona	CO
66	Delano	DE
67	Desert Hot Springs	DH
68	District 00- Moreno Valley/CPS Intake Center	01
69	District 11 - Norco	04
70	District 12 - Hemet/TAMD	05
71	District 13 - Moreno Valley/TAMD	06
72	District 14 - Lake Elsinor/TAMD	07
73	District 15 - Banning/TAMD	08
74	District 16 - Perris/TAMD	10
75	District 17 - Indio/TAMD	43
76	District 18 - Blythe/TAMD	11
77	District 19 - Temecula TAMD	12
78	District 20 - Foster Care	13
79	District 21 - IHSS/Medi-Cal	14
80	District 22 - Cathedral City/TAMD	15
81	District 23 - Regional Medical Center	16
82	District 24 - La Sierra/TAMD	17
83	District 48 - Indio CalWORKS/GAIN	57
84	District 49 - La Sierra/CalWORKS/GAIN	18

#	CT 212 - District Code	CalSAWS Code
85	District 50 - Riverside CalWORKS/GAIN	19
86	District 51 - Hemet/CalWORKS/GAIN	02
87	District 52 - Rancho Mirage/CalWORKS/GAIN	20
88	District 53 - Blythe/GAIN	21
89	District 54 - Lake Elsinor/CalWORKS/GAIN	22
90	District 55 - Norco/CalWORKS/GAIN	23
91	District 56 - Moreno Valley CalWORKS/GAIN	24
92	District 57 - Perris/CalWORKS/GAIN	25
93	District 58 - Banning/CalWORKS/GAIN	26
94	District 71 - Moreno Valley/APS	27
95	District 72 - Cathedral City/APS	28
96	District 72 - Rancho Mirage/CPS	29
97	District 73 - Moreno Valley/CPS	30
98	District 74 - Lake Elsinor/CPS	31
99	District 75 - Banning/CPS/Pass Area APS	32
100	District 76 - Hemet/APS/CPS	33
101	District 77- Indio/CPS	44
102	District 78 - Blythe/APS/CPS	34
103	District 79 - Corona/APS	35
104	District 80 - Desert Hot Springs/CPS	36
105	District 81 - Arlington CPS/West	37
106	District 82 - Iowa/APS	38
107	District 83 - Perris/CPS	39
108	District 84 - Placement Support Services Branch	40
109	District 87 - Metro/CPS	41
110	District 88 - Franklin/CPS	03
111	District 89 - Temecula/CPS	42
112	District Jurupa - Riverside County	JU
113	District Riverside - Riverside County	RI

#	CT 212 - District Code	CalSAWS Code
114	Districts 09/10/27 - Riverside TAMD	45
115	Fontana	92
116	Hemet	62
117	Hesperia	93
118	Indio	68
119	La Sierra	61
120	Lake Elsinore	72
121	Lake Isabella	LI
122	Lamont	LA
123	Mecca	ME
124	Mojave	MO
125	Moreno Valley	69
126	Mountains	B9
127	Needles	C4
128	Norco	59
129	Ontario	F9
130	Palm Desert	PD
131	Palm Springs	PS
132	Perris	70
133	Rancho Cucamonga	94
134	Redlands	A9
135	Rialto	95
136	Ridgecrest	RC
137	San Bernardino	G1
138	Shafter	SA
139	Taft	TA
140	Temecula	74
141	Victorville	I6
142	Yucca Valley	C1



### Appendix CT299 - Finding Mitigation Code

The code that corresponds to the Findings Mitigation

#	CT 299 - Finding Mitigation Code	CalSAWS Code
1	Administrative Hearing Decision	AH
2	Agency Error	AE
3	Case Reassignment/Caseload Shift	CR
4	Case Worker New to an Aid Code	CW
5	Caseload Clean Up	CC
6	Documenting Technician	DT
7	Error Corrected Prior to Audit	EP
8	Errors Committed by Someone Else	ER
9	Excess Caseload	EC
10	Hold Harmless	HH
11	Incomplete Documentation	ID
12	Incorrect Instructions	II
13	Incorrect/New State Form	IN
14	Major Caseload Change	MC
15	MEDS Problem	MP
16	New Technicians	NT
17	Pilot Project	PP
18	Unclear Policy	UP
19	Verification Date Stamped Prior to Audit	VD

## Appendix CT392 - Finding Class Code

The code that corresponds to Finding Class

#	CT 392 - Finding Class Code	CalSAWS Code
1	101 - Application	01
2	102 - Statement of Facts	02
3	110 - Age/Immunization	06
4	111- Student Status	07
5	112 - Over 18	03
6	120 - Relationship	08
7	130 - Citizenship	09
8	140 - Residency	10
9	141 - Resident of Institution	11
10	150 - Household Composition	12
11	151 - Recipient Disqualification	13
12	156 - MCCA/LTC/RD/TPN	14
13	157 - PICKLE/QMB/SLMB	15
14	160 - Employment/Training Program	16
15	161 - Time Limited Participation/CalFresh	17
16	162 - Work Registrant Requirement	18
17	163 - Voluntary Quit/Reduced Work	19
18	164 - Workfare Status/Timetracking for CalWORKs	20
19	165 - Employment Status/Job Availability	21
20	166 - Acceptance of Employment	22
21	167 - Approved Activities	23
22	170 - SSN Verification	24
23	175 - Identification	25
24	181 - Death/Incap/Absence/Unemployed Parent	26
25	186 - Aged/Blind/Disabled	27
26	192 - Cooperation In Support Activities	04

#	CT 392 - Finding Class Code	CalSAWS Code
27	211 - Bank Accounts	28
28	212 - Nonrecurring Lump Sum	30
29	213 - Other Liquid Assets/Personal Property	31
30	221 - Real Property	29
31	222 - Vehicle	32
32	223 - Life Insurance/Burial Reserve	33
33	224 - Other Non-Liquid Resources	34
34	225 - Combined Resources	35
35	227 - Sneed Property	36
36	311 - Wages and Salaries	37
37	312 - Self-Employment	38
38	314 - Other Earned Income	39
39	321 - Earned Income Disregard	40
40	323 - Dependent Care Deduction	41
41	325 - Medi-Cal/Unearned Income Exemption	42
42	331 - RSDI	43
43	332 - Veterans Benefits	44
44	333 - SSI	45
45	334 - Unemployment Compensation	46
46	335 - Workers Compensation	47
47	336 - Other Government Benefits	48
48	342 - Contributions	49
49	343 - Deemed Income	50
50	344 - PA OR GA	51
51	345 - Education Grants, Scholarships, Loans	52
52	346 - Other Unearned Income	53
53	348 - CalLearn	54
54	349 - Medi-Cal/Room and Board	55
55	361 - Standard Deduction	56

#	CT 392 - Finding Class Code	CalSAWS Code
56	362 - Unearned Income Deduction	57
57	363 - Shelter Deduction	58
58	364 - Standard Utility Allowance	59
59	365 - Medical Deduction	60
60	371 - Combined Gross Income	61
61	372 - Combined Net Income	62
62	400 - Eligible Child	63
63	410 - Eligible Provider	64
64	411 - Licensed/License Exempt	05
65	412 - Trustline/Trustline Exempt	65
66	413 - Basic Budgetary Allowance	66
67	414 - Healthy and Safety/Exempt	67
68	415 - SSN/Tax ID Number	68
69	416 - Special Fees	69
70	419 - Rate/RMR	70
71	420 - Special Needs	71
72	430 - Placement Status	72
73	431 - Court Order	73
74	432 - Voluntary Placement	74
75	433 - Relinquishment	75
76	434 - Legal Guardianship	76
77	435 - Adoptions	77
78	436 - Out Of State Placement	78
79	440 - Placement Agreement	79
80	441 - Child Care Certificates	80
81	442 - Child's Care Schedule	81
82	450 - Eligible Facility	82
83	451 - Non-Traditional Hours	83
84	452 - Deviation From Schedules	84

#	CT 392 - Finding Class Code	CalSAWS Code
85	455 - Maintenance Needs-Liability Schedule	85
86	460 - Child's School Schedule	86
87	470 - Parent's Schedule	87
88	471 - Service Requirements	88
89	473 - CalWorks/FC Choice For Relatives FC4	89
90	475 - Emergency Assistance/FC EA1	90
91	480 - Travel Time	91
92	481 - Referrals	92
93	490 - Payee	93
94	510 - Correct Beginning Date of Aid	94
95	520 - Arithmetic Computation	95
96	530 - Notice Of Action	96
97	531 - Foster Care Rate	97
98	540 - Controls	98
99	550 - Buy-In/Medicare/HIC	99
100	560 - Monthly Reporting	A1
101	561 - Request for Payment	A2
102	570 - RV/Recert Current/CC Cert Period	A3
103	580 - Correct Claiming Category	A4
104	581 - CFAP	B1
105	590 - OHC/Third Pary Liability	A5
106	600 - Filing/Narrative	A6
107	650 - CHDP	A7
108	700 - Other	A8
109	720 - IEVS	A9

### Appendix CT393 - Finding Reason Code

The code that corresponds to the Findings Reason

#	CT 393 - Finding Reason Code	CalSAWS Code
1	094 BIC/Federal Funds	K8
2	095 BIC/Federal Funds	K9
3	25% Penalty Not Entered	01
4	Actual Expense Should Have Been Allowed	02
5	Adequate Findings Made	03
6	Adequate Findings Not Made	04
7	Age Not Properly Considered	05
8	All Basic Budgetary Allowances	06
9	Allotment Tables Invalid	07
10	Average Not Used/Incorrectly Applied	08
11	Benefit Computation Incorrect	09
12	Buy-In Not Used	10
13	Buy-In Use Invalid	11
14	CA 2.1 Not Referred	12
15	CalWORKS 60 Month	13
16	Case Forms Misfiled	14
17	Change Amount Of Earnings	15
18	Change Employed To Unemployed	16
19	Change In Activity	17
20	Change In Amount Paid	18
21	Change In Authority	19
22	Change In Placement	20
23	Change Unemployed To Employed	21
24	Child Living With Caretaker	22
25	Child Over Age	23
26	Child Support Not Used	24

#	CT 393 - Finding Reason Code	CalSAWS Code
27	Combined Gross Income	25
28	Combined Net Income	26
29	Conversion To Monthly Amount Not Used	27
30	Cost Of Business Not Or Incorrectly Used	28
31	Current Court Order	29
32	Current Visit Date	30
33	Deduction Erroneously Excluded	J5
34	Deduction Erroneously Included	J6
35	Deduction Should Have Been Allowed	31
36	Deduction Should Not Have Been Allowed	32
37	Delinquent RV	33
38	Did Not Participate For 3 Months	34
39	Did Not Participate In Work Program 20 Hour/Week	35
40	Did Not Participate In Workfare or Education/Training	36
41	Did Not Work 20 Hours Per Week	37
42	Did Work 20 Hours Per Week	38
43	District Attorney Not Informed	39
44	Eligible Citizen Excluded	40
45	Eligible Facility	41
46	Eligible Home Of Removal	42
47	Eligible Payee	K5
48	Eligible Person Disqualified	43
49	Eligible Person Excluded	44
50	Eligible Placement	45
51	Eligible Student Excluded	46
52	Equity Value Incorrect	47
53	Error Due To Federal Information	48
54	Essential Person Not Added/Requested	49
55	Evidence Not Acceptable	50

#	CT 393 - Finding Reason Code	CalSAWS Code
56	Exceeds Core Hours	51
57	Exceeds Gross Income Limit	52
58	Exceeds Prescribed Limit	53
59	Excess Not Applied To Future	54
60	Excess Not Or Incorrectly Applied	55
61	Excludable Deduction Included	56
62	Excludable Income Not Used	57
63	Expedited Service HH ID	58
64	Expense Not Included/Income-In-Kind Provided	59
65	Failed To Apply Disregard/Allowance	60
66	Failed To Comply PA, Included	61
67	Failed To Consider Inc/Res Of Non HH Member	62
68	Failed To Co-op Child Support, Included	63
69	Failed To Register	64
70	Failed To Report Change Of Address	65
71	Failed To Use Actual Expense	66
72	Failed To Use Gross Income Limit	67
73	Failed To Use Proportion Share	68
74	Failed To Use/Incorrect Application	69
75	Failed To User Inc/Res Of Alien Sponsor	70
76	Fair Market Value Incorrect	71
77	Felony Drug Disqualified, Included	K2
78	GR Need/Budget Unit	72
79	GR Penalty Assessment	73
80	HH Participates CF In More Areas	74
81	HH Participates in Prospective Budgeting	75
82	HH Participates in Retrospective Budgeting	76
83	Hours Of Employment	77
84	Immunization	78



#	CT 393 - Finding Reason Code	CalSAWS Code
85	Includable Deduction Not Included	79
86	Includable Income Not Used	80
87	Income Incorrectly Excluded	81
88	Income Incorrectly Included	82
89	Income Incorrectly Reported	K4
90	Income Tax Credit Should Not Be Used	83
91	Incomplete Form	K6
92	Incomplete Monthly/Quarterly Report	84
93	Incomplete Narrative	85
94	Incorrect Aid Code On MEDS	86
95	Incorrect Beginning Date Of Aid Used	87
96	Incorrect Child Care Funding	88
97	Incorrect Federal Claiming	89
98	Incorrect Financial Eligibility Standard Used	90
99	Incorrect Income-In-Kind Value Used	91
100	Incorrect Needs Used	92
101	Incorrect Notice Of Action On File	93
102	Incorrect State Claiming	94
103	Incorrectly Prorated	95
104	Incorrectly Reported	K3
105	Ineligible Citizen Included	96
106	Ineligible Facility	97
107	Ineligible Fleeing Felon	98
108	Ineligible Home Of Removal	99
109	Ineligible Payee	A1
110	Ineligible Person Included	A2
111	Ineligible Person Not Disqualified	A3
112	Ineligible Placement	A4
113	Ineligible Student Included	A5

#	CT 393 - Finding Reason Code	CalSAWS Code
114	Invalid Amount/Residence Moved	A6
115	Invalid Benefits Issued	A7
116	Invalid Controls	A8
117	Invalid Deduction Used	A9
118	Invalid Medical Condition Used	B1
119	Invalid Standard Due To HH Size	B2
120	Invalid Use Of \$35 Deduction	B3
121	Invalid Use Of initial Month Benefits	B4
122	IPV Disqualified, Included	B5
123	Lack Of Documentation	B6
124	Lack Of Evidence	B7
125	Lack Of Narrative	B8
126	Lack Of Required Forms	B9
127	Less Prescribed Limit	C1
128	Less Than Core Hours	C2
129	Lien Requirement Not Met	C3
130	LM/MBS/MEDS Error	C4
131	Mandatory Person Excluded	C5
132	MFBU Composition/Sneede MBU	C6
133	Missing Monthly Report	C7
134	More Than 2nd 3 Month Period In 36 Months	C8
135	Needs Included Prior To End Of Sanction	C9
136	No Case Controls Set	D1
137	No Eligible Child	D2
138	No Essential Person	D3
139	No Expense/Income-In-Kind	D4
140	No Legal Authority	D5
141	No MBS Controls Set	D6
142	No Notice Of Action On File	D7

#	CT 393 - Finding Reason Code	CalSAWS Code
143	No Signed Declaration	D8
144	Non HH Income Not Used	D9
145	Non-Citizen Excluded/40 Quarters	E1
146	Non-Citizen Excluded/Legally Admitted	E2
147	Non-Citizen Incorrectly Included	E3
148	Non-Related Legal Guardian	E4
149	Non-Use/Incorrect Applied Alien Sponsor	J8
150	Non-Use/Incorrect Applied Disregard for Spouse	K1
151	Non-Use/Incorrect Applied Disregard of Parents to Minor Parent	J9
152	Non-Use/Incorrect Applied Stepparent Disregard	J7
153	Not More Than 2nd Month Period In 36 Months	E5
154	Not Reported Within Deadline	E6
155	Notice Of Action Incomplete	E7
156	Notice Of Action Not Timely	E8
157	Other	E9
158	Over 18/No Graduation Before 19	F1
159	Parolee/Felon Disqualified, Included	F2
160	Participated In Work Program 20 Hour/Week	F3
161	Participated In Workfare or Education/Training	F4
162	Participated More Than 3 Months	F5
163	Pass Though Not Considered	F6
164	Penalty Not Imposed	F7
165	Prospective Budget Used Incorrectly	F8
166	Quality Of Evidence Not Acceptable	F9
167	Question Not Answered	G1
168	Refuses To Participate	G2
169	Refuses To Register	G3
170	Refuses To Register With Good Cause	G4
171	Refuses To Register Without Good Cause	G5

#	CT 393 - Finding Reason Code	CalSAWS Code
172	Related Legal Guardian	G6
173	Requirement To Include Essential Person Not Met	G7
174	Residency Requirement Not Met	G8
175	Resource Should Be Included	G9
176	Responsible Relative	H1
177	Retained Child Support Excluded	H2
178	Retrospective Budget Used Incorrectly	H3
179	Rounding Used/Not Used/Incorrectly Applied	H4
180	School Attendance	H5
181	SFIS Requirement	H6
182	Special Need Not Required	H7
183	Special Need Requirement	H8
184	Standard Deduction Should Be Used	H9
185	Standard Deduction Was Required	I1
186	Student Income Disregard Inc Appl	I2
187	TANF 60 Month	I3
188	Transfer Of Resources	I4
189	Treated As Unearned Income	I5
190	Unearned Income Decreased	I6
191	Unearned Income Increased	I7
192	Unregistered Vehicle Over Property	I8
193	Valid Deduction Not Used	I9
194	Valid Medical Condition Not Used	J1
195	Work Quarters	K7
196	Work Requirement Not Waived By USDA	J2
197	Work Requirement Waived By USDA	J3
198	WtW 18/24 Month	J4

### Appendix CT396 - Audit Type Code

The code that corresponds to the type of audit

#	CT 396 - Audit Type Code	CalSAWS Code
1	Approved	AP
2	CalFresh Payment Accuracy QA	C1
3	CalFresh Payment Accuracy QC	C2
4	Case and Procedural Error Rate (CAPER)	CN
5	Continuing	CO
6	Countywide Audit - Aided Persons	AI
7	Countywide Audit - CalWORKS Child Support	CS
8	Countywide Audit - CalWORKS/Gain Good Cause	GC
9	General Relief	GR
10	Homeless	HL
11	Intake	IN
12	Medi-Cal Application	MA
13	Medi-Cal Negative	MN
14	Medi-Cal Redetermination	MR
15	MGO Countywide Single Audit	MG
16	New Approvals	NA
17	New Denials	ND
18	Special	SP

### Appendix CT397 - Quality Review Program Code

The code that corresponds to program related to the Quality Review

#	CT 397 - Quality Review Program Code	CalSAWS Code
1	AAP	AA
2	CalFresh	FS
3	CalFresh/Medi-Cal	CM
4	CalWORKs	CW
5	CalWORKs/CalFresh	CF
6	CAPI	CA
7	Child Care	CC
8	Foster Care	FC
9	Foster Care - DCFS	FD
10	Foster Care - Probation	FP
11	GR	GA
12	GR/CalFresh	GC
13	GR/CAPI	GP
14	GR/GA	GR
15	GR/Medi-Cal	GM
16	Homeless Assistance	HM
17	Immediate Need	IM
18	Kin-GAP	KG
19	Medi-Cal	ME
20	NACF	NA
21	PACF	PA
22	RCA	RC
23	TCF	TC
24	Welfare to Work	WT

### Appendix CT10012 - QA Disposition

The code that corresponds to the Disposition of the Quality Assurance Review

#	CT 10012 - QA Disposition	CalSAWS Code
1	01 - Review Completed	RC
2	02 - CFAP/State FS Benefits Only	CF
3	03 - Discontinued CalFresh Case	TE
4	04 - Transferred Case Within 30 Days	TR
5	05 - FS Authrzd After 1st of Rev Mo	FS
6	06 - Case in Fair Hearing	FH
7	07 - Case in Active Fraud Investigation	AF
8	08 - Two Missing Cases Allowance	TM
9	09 - One Repeated Case	OR
10	10 - No Benefits Authorized	NB
11	98 - Drop and Not Replace	ND
12	99 - Other	OT
13	Approved	AP
14	Discontinued	TY
15	Drop (Explained in Section IX)	DR
16	Dropped-Other (explain in section XVI)	DT
17	Dropped-Out of the District	DD
18	Missing Case	MC
19	Pending	PE
20	Undoc/Ineligible	UI

### Appendix CT10025 - Finding Type Code

The code that corresponds to the type of Findings to be recorded

#	CT10025 - Finding Type Code	CalSAWS Code
1	General	GN
2	CalFresh Payment Accuracy Review	CF
3	Electronic Document Management System Review	ED
4	Threshold Language Monitoring	LM
5	Case and Procedural Error Rate (CAPER)	NC
6	General Relief Case Review	GR
7	Medi-Cal Quality Assurance Review - Application Processing	AP
8	Medi-Cal Quality Assurance Review - Negative Case Action	NA
9	Medi-Cal Quality Assurance Review - Redetermination	RR
10	Recertification Timeliness Tool	RT

### Appendix CT10039 - QA CF Program

The code that corresponds to the CalFresh program

#	CT 10039 - QA CF Program	CalSAWS Code
1	NACF	NA
2	PACF	PA
3	TCF	TC

### Appendix CT10040 - QA Case Review

The code that corresponds to the status of the Case Review

#	CT 10040 - QA Case Review	CalSAWS Code
1	Discontinued	TE
2	Intake	IN



### Appendix CT10121 - Quality Review Response Code

The code that corresponds to the response to the Quality Review

#	CT 10121 - Quality Review Response Code	CalSAWS Code
1	Change	CH
2	Sustain	ST
3	Withdrawal	WD

### Appendix CT10181 - Position Role

The code that corresponds to the role of the Quality Review worker

#	CT 10181 - Position Role	CalSAWS Code
1	MIE QA - District QCM - First Level	01
2	MIE QA - District QCM - Second Level	02
3	MIE QA - MIE Manager	03
4	MIE QA - Program Assistant	04
5	MIE QA - QA Supervisor	05
6	State QC - Error Review Panel Manager	06
7	State QC - Non-Cooperation	07
8	State QC - QC Supervisor	08
9	State QC - QCM ERP Response	09