CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216440 | DDID 1967

Migrate CMSP 215 - Supplemental Application

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Raj Devidi
	Reviewed By	Pramukh Karla

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/25/2020	1.0	Initial Revision	Raj Devidi

Table of Contents

1 OVERVIEW

The purpose of this change is to add the CMSP 215 Form to LRS/CalSAWS and generate this form from the Template Repository.

1.1 Current Design

The CMSP 215 - Supplemental Application form does not exist in   LRS/CalSAWS.

1.2 Requests

Add the English and Spanish CMSP 215 forms to the LRS/CalSAWS Template Repository.

1.3 Overview of Recommendations

Add most current English and Spanish version of CMSP 215 forms to LRS/CalSAWS Template Repository.

1.4 Assumptions

1. CMSP 215 will use the LRS/CalSAWS Standard Header.

2   RECOMMENDATIONS

2.1   Migrate the CMSP 215- Supplemental Application from CIV to LRS/CalSAWS

2.1.1   Overview

English and Spanish version of Form CMSP 215 12/17 version is available in C-IV. Migrate the C-IV CMSP 215 form to LRS/CalSAWS.

State Form: CMSP 215 (12/17)
Program: Medi-Cal
Attached Forms: N/A
Forms Category: Forms
Languages: English, Spanish

2.1.2   Description of Change

1. Add CMSP 215 form version 12/17 in English and Spanish languages to the LRS/CalSAWS Software.

    Form Header: LRS/CalSAWS State Standard Header
    Form Title: Supplemental Application
    Form Number: CMSP 215
    Include NA Back 9: Yes
    Form Mockups: Please refer to Section 3.0 – Supporting Document #1.
    Required Form Input: Case Number, Customer Name, Program, and Language.

2. Add the following barcode options to the CMSP 215 form

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. Add the following print options to the CMSP 215 Form:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Y	Y	Y	Y	Y	Y

Mailing Requirements:
Mail-To (Recipient): Primary Applicant of the Program selected on the Document parameter page.
Mailed From (Return): Worker's Office Address of Medi-Cal program
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to YBN/C4Y: Yes

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	CMSP 215 Form	CMSP215_EN.pdf CMSP215_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1967	**Original:** Add the English and Spanish CMSP 215 forms to the CalSAWS Template Repository.	Add the English and Spanish CMSP 215 forms to the CalSAWS Template Repository.	With SCR CA-216440 CMSP 215-Supplemental Application Form added to LRS/CalSAWS application in English and Spanish languages.