

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-202684

ACL 18-50 - Implement Redesigned CalFresh
Overissuance NOAs - Phase 1

| | | |
|----------------|----------------------------------|------------|
| CalSAWS | DOCUMENT APPROVAL HISTORY | |
| | Prepared By | James Tran |
| | Reviewed By | |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-------------|-------------------------|--|---------------|
| 03/03/2020 | 1.0 | Initial Version | James Tran |
| 7/10/2020 | 1.1 | Design Clarification | James Tran |
| 7/17/2020 | 1.2 | Content Revision – See Section 2.3.2.4 and Section 2.4.2.4 | James Tran |
| | | | |
| | | | |
| | | | |
| | | | |

Table of Contents

| | | |
|---|--|----|
| 1 | Overview | 4 |
| | 1.1 Current Design..... | 4 |
| | 1.2 Requests..... | 4 |
| | 1.3 Overview of Recommendations..... | 4 |
| | 1.4 Assumptions | 5 |
| 2 | Recommendations..... | 5 |
| | 2.1 Update CalFresh Overissuance Form CF 377.7B..... | 5 |
| | 2.1.1 Overview | 5 |
| | 2.1.2 Description of Change..... | 6 |
| | 2.2 Update CalFresh Overissuance Form CF 377.7D3 | 8 |
| | 2.2.1 Overview | 8 |
| | 2.2.2 Description of Change..... | 8 |
| | 2.3 Adding new CalFresh Form CF 377.7B1 | 10 |
| | 2.3.1 Overview | 10 |
| | 2.3.2 Description of Change..... | 11 |
| | 2.4 Adding new CalFresh Form CF 377.7D2 | 12 |
| | 2.4.1 Overview | 12 |
| | 2.4.2 Description of Change..... | 13 |
| 3 | Supporting Documents | 14 |
| 4 | Requirements..... | 15 |
| | 4.1 Project Requirements..... | 15 |
| | 4.2 Migration Requirements..... | 16 |
| 5 | Migration Impacts | 16 |
| 6 | Outreach..... | 17 |
| | 6.1 Lists..... | 17 |
| 7 | Appendix..... | 18 |

1 OVERVIEW

With ACL-18-50, several CalFresh forms related to overissuance will be added or updated with new redesigns. The CalFresh Overissuance (OI) Notice of Actions (NOAs) are used to inform the CalFresh participants there is an overissuance of the CalFresh benefit due to County error or participant error and to inform them the options for the repayment options/plans.

Per requirements from ACL 18-50, the CalFresh OI NOAs were made to enhance client comprehension and readability; clarify requirements through wording and design changes; simplify the forms by reformatting and eliminating unnecessary language; improve the flow and continuity of information; and increase the effectiveness and efficiency of requested processes.

1.1 Current Design

- The currently existing forms are "CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B (02/14) and "CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D3 (01/14).
- The CalFresh Overissuance forms that are to be added, "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 and "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2, currently do not exist in the CalSAWS/LRS System.
- The current designs of the form lack graphics and are a series of bullet points.
- The CalFresh Overissuance forms that are to be updated currently exist in CalSAWS/LRS System and are available automated and from the template repository.

1.2 Requests

The request is to update the following forms:

1. "CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B (02/14) to (04/18)
2. "CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D3 (01/14) to (10/17)

The request is to add the following forms:

1. "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 (10/17)
2. "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 (10/17)

The forms are provided in the ACL and are both automated and in the template repository.

1.3 Overview of Recommendations

The request is to update the following forms:

1. "CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B (02/14) to (04/18)
2. "CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D3 (01/14) to (10/17)

The request is to add the following forms:

3. "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 (10/17)
4. "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 (10/17)

The forms are provided in the ACL and are both automated and in the template repository.

1.4 Assumptions

1. Currently existing generation and variable population will not be altered.
2. The change for specified forms will be in CalSAWS/LRS only. C-IV Counties will adopt these forms at migration.
3. The "SENT OUT DATE", the date the form is sent out to the recipient, will be calculated as the form generation date plus 1 day.
4. The claim number on these forms will still be available as no updates to the Form Headers are being made with this effort.
5. There is a Phase 2 of this effort, CA-214084), and it includes forms DFA 377.7F, Cf377.7F and CF.7F1.
6. The form will stay one page, not including the NA Back 9.

2 RECOMMENDATIONS

2.1 Update CalFresh Overissuance Form CF 377.7B

2.1.1 Overview

The existing "CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B (02/14) form is out of date. It has been updated with new text and graphical images. With this effort, it will be updated with the latest version published by the state (04/18).

The form can be generated through **Batch**, Recovery Account/**Fiscal** and the Template Repository. Please see the FDD located in the Web Portal for details.

Note: C-IV counties will inherit this update at migration.

State Form: "CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B (current system version: 02/14) (ID: 5428)

Current Programs: CalFresh

Current Attached Form(s): NA Back 9, DFA 377.7C, NA 1263 for all counties, PA 1820 only generates for LA county per DDID 2127

Current Forms Category: Form

Existing Languages:

English and Spanish

2.1.2 Description of Change

While the purpose of the form stays the same, this recommendation updates the form with vastly different text and graphical images to enhance clarity and readability. A number of variable population will be removed while the remaining will stay unaltered. Furthermore, there will also be a number of new variable populations added.

2.1.2.1 Update CF 377.7B Form XDP

We are updating this form to the most recent state version (04/18).

In addition, near the top right of the form, add "Claim #: _____", without the quotes, above "Questions? Ask your Worker." This will effectively restore that section from the previous version of form. See Supporting Document #5 for location.

Updated Languages:

English and Spanish

Form Mockups/Examples: See Supporting Document #1

2.1.2.2 Updates to CF 377.7B Form Variable Population

Update the "CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B Form with new Variables that will be populated when generated through **batch all triggers**. See Supporting Document #5 for a variable mockup.

The following are newly introduced variables unique to the updated version of this form. The below table provides the new population logic.

Previously used variable population not identified on the variable mockup will not be used on the revised form.

| Variable Name | Population | Formatting | Template Repository | Populates with Form Generation |
|--|---|-----------------------|---------------------|--------------------------------|
| YES_AGREE_ANOTHER_REPAYMENT_PLAN_RETURN_BY | <p>Populates with the date the repayment form is to be returned by if they agree to another repayment plan.</p> <p>Calculate by taking SENT OUT DATE and adding 30 days.</p> <p>For example (syntax only): "01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |
| YES_ASK_FOR_STATE_HEARING_RETURN_BY | <p>Populates with the date the form is to be returned by when asking for a state hearing.</p> <p>Calculated by taking SENT OUT DATE and adding 90 days.</p> <p>For example (syntax only): "01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |
| NO_AGREE_REPAYMENT_PLAN_RETURN_BY | <p>Populates with the date the repayment form is to be returned by if the repayment plan is agreed upon.</p> <p>Calculated by taking SENT OUT DATE and adding 30 days.</p> <p>For example (syntax only): "01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |
| NO_ASK_FOR_STATE_HEARING_RETURN_BY | <p>Populates with the date the form is to be returned by when asking for a state hearing.</p> <p>Calculated by taking SENT OUT DATE and adding 90 days.</p> <p>For example (syntax only): "01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |
| NO_HEAR_FROM_YOU_BY | <p>Populates with the date where if the recipient is not heard from by, methods such as the taking of their income tax refund or other</p> | Arial Font Size 10 | No-Yes | Yes |

| | | | | |
|--|---|--|--|--|
| | <p>ways of collecting the amount owed will be used.</p> <p>Calculated by taking SENT OUT DATE and adding 30 days.</p> <p>For example (syntax only):</p> <p>"01/31/2002"</p> | | | |
|--|---|--|--|--|

Variables Requiring Translations: N/A

2.2 Update CalFresh Overissuance Form CF 377.7D3

2.2.1 Overview

The existing "CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D3 (01/14) form is out of date. It has been updated with new text and graphical images. With this effort, it will be updated with the latest version published by the state (10/17).

The form can be generated through **Batch**, Recovery Account/**Fiscal** and the Template Repository. Please see the FDD located in the Web Portal for details.

Note: C-IV counties will inherit this update at migration.

State Form: "CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D3 (current system version: 01/14) (ID: 5429)

Current Programs: CalFresh

Current Attached Form(s): NA Back 9, **DFA 377.7E1, NA 1263 for all counties, PA 1820 for LA county only per DDID 2127**

Current Forms Category: Form

Existing Languages:

English and Spanish

2.2.2 Description of Change

While the purpose of the form stays the same, this recommendation updates the form with vastly different text and graphical images to enhance clarity and readability. A number of variable population will be removed while the remaining will stay unaltered. Furthermore, there will also be a number of new variable populations added.

2.2.2.1 Update CalFresh CF 377.7D3 Form XDP

We are updating this form to the most recent state version (10/17).

In addition, near the top right of the form, add "Claim #: _____", without the quotes, above "Questions? Ask your Worker." This will effectively restore that section from the previous version of form. See Supporting Document #5 for location.

Updated Languages:

English and Spanish

Form Mockups/Examples: See Supporting Document #2

2.2.2.2 Updates to 377.7D3 Form Variable Population

Update the "CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - 377.7D3 Form with new variables that will be populated when generated from **EDBC all triggers**. See Supporting Document #5 for a variable mockup.

The following are newly introduced variables unique to the updated version of this form. The below table provides the new population logic.

Previously used variable population not identified on the variable mockup will not be used on the revised form.

| Variable Name | Population | Formatting | Template Repository | Populates with Form Generation |
|--|---|-----------------------|---------------------|--------------------------------|
| YES_AGREE_ANOTHER_REPAYMENT_PLAN_RETURN_BY | Populates with the date the repayment form is to be returned by if they agree to another repayment plan. Calculate by taking SENT OUT DATE and adding 30 days. For example (syntax only): "01/31/2002" | Arial Font Size 10 | No-Yes | Yes |
| YES_ASK_FOR_STATE_HEARING_RETURN_BY | Populates with the date the form is to be returned by when asking for a state hearing. | Arial Font Size 10 | No-Yes | Yes |

| | | | | |
|------------------------------------|---|--------------------|--------|-----|
| | <p>Calculated by taking SENT OUT DATE and adding 90 days.</p> <p>For example (syntax only):</p> <p>"01/31/2002"</p> | | | |
| NO_AGREE_REPAYMENT_PLAN_RETURN_BY | <p>Populates with the date the repayment form is to be returned by if the repayment plan is agreed upon.</p> <p>Calculated by taking SENT OUT DATE and adding 30 days.</p> <p>For example (syntax only):</p> <p>"01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |
| NO_ASK_FOR_STATE_HEARING_RETURN_BY | <p>Populates with the date the form is to be returned by when asking for a state hearing.</p> <p>Calculated by taking SENT OUT DATE and adding 90 days.</p> <p>For example (syntax only):</p> <p>"01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |
| NO_HEAR_FROM_YOU_BY | <p>Populates with the date where if the recipient is not heard from by, methods such as the taking of their income tax refund or other ways of collecting the amount owed will be used.</p> <p>Calculated by taking SENT OUT DATE and adding 30 days.</p> <p>For example (syntax only):</p> <p>"01/31/2002"</p> | Arial Font Size 10 | No-Yes | Yes |

Variables Requiring Translations: N/A

2.3 Adding new CalFresh Form CF 377.7B1

2.3.1 Overview

The effort is adding the new "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 (version 10/17). This was provided with ACL 18-50.

Note: C-IV counties will inherit this update at migration.

State Form: "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 (version 10/17)

Programs: CalFresh

Attached Forms: NA Back 9

Forms Category: Form

Languages:

English and Spanish

2.3.2 Description of Change

This recommendation will add the "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 (version 10/17) Form to CalSAWS/LRS and be made available in Template Repository.

2.3.2.1 Create CalFresh CF 377.7B1 Form XDP

We are adding this form to match the most recent state version (10/17).

In addition, near the top right of the form, add "Claim #: _____", without the quotes, above "Questions? Ask your Worker." This will effectively restore that section from the previous version of form. See Supporting Document #5 for location.

Form Header: Existing Standard System Header (Header_1)

Form Title: CalFresh Repayment Notice - IHE Only Final Notice

Form Number: CF 377.7B1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Document #3; See Supporting Document #6 for the header mockup

2.3.2.2 Add Form Variable Population

Form Header Variables:

The standard Form headers of LRS/CalSAWS will be used along with the existing variable population logic.

2.3.2.3 Add Form to Template Repository

The "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 Form will be added to Template Repository for CalSAWS/LRS.

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

2.3.2.4 Add Form Print Options and Mailing Requirements

The following Print Options will be included for the "CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)" - CF 377.7B1 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): Participant
 Mailed From (Return): Program Worker's Office Address
 Mail-back-to Address: N/A
 Outgoing Envelope Type: Standard Outgoing Mail
 Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A
 Enclosures: N/A
 Electronic Signature: No
 Post to YBN: Yes

2.4 Adding new CalFresh Form CF 377.7D2

2.4.1 Overview

The effort is adding the new "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 (version 10/17). This was provided with ACL 18-50.

Note: C-IV counties will inherit this update at migration.

State Form: "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 (version 10/17)

Programs: CalFresh

Attached Forms: NA Back 9

Forms Category: Form

Languages:

English and Spanish

2.4.2 Description of Change

This recommendation will add the "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 (version 10/17) Form to the CalSAWS/LRS and be made available in Template Repository.

2.4.2.1 Create CalFresh CF 377.7D2 Form XDP

We are adding this form to match the most recent state version (10/17).

In addition, near the top right of the form, add "Claim #: _____", without the quotes, above "Questions? Ask your Worker." This will effectively restore that section from the previous version of form.

Form Header: Existing Standard System Header (Header_1)

Form Title: CalFresh Repayment Final Notice - County Administrative Error (AE)

Form Number: CF 377.7D2

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Document #4; See Supporting Document #6 for the header mockup

2.4.2.2 Add Form Variable Population

Form Header Variables:

Standard Header. The respective standard headers of LRS will be added.

2.4.2.3 Add Form to Template Repository

The "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 Form will be added to Template Repository.

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

2.4.2.4 Add Form Print Options and Mailing Requirements

The following Print Options will be included for the "CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)" - CF 377.7D2 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): Participant
 Mailed From (Return): Program Worker's Office Address
 Mail-back-to Address: N/A
 Outgoing Envelope Type: Standard Outgoing Mail
 Return Envelope Type: Standard N/A

Additional Requirements:

Special Paper Stock: N/A
 Enclosures: N/A
 Electronic Signature: No
 Post to YBN: Yes

3 SUPPORTING DOCUMENTS

[This section should include any supporting documents for the design as imbedded documents. Some examples of supporting documents include the Security Matrix, Form Design Documents, NOA Design Documents, and ETL Source-to-Target Mappings.]

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-----------------------------------|------------------------------------|
| 1 | Form | Updated state version of CF377.7B | See "CF377.7B.pdf" attached to SRC |

| | | | |
|---|--------|------------------------------------|---|
| 2 | Form | Updated state version of CF377.7D3 | See "CF377.7D3.pdf" attached to SCR |
| 3 | Form | New state version of CF377.7B1 | See "CF377.7B1.pdf" attached to SCR |
| 4 | Form | New state version of CF377.7D2 | See "CF377.7D2.pdf" attached to SCR |
| 5 | Form | Variable mapping for updated forms | See "Variable mapping updates.docx" attached to SCR |
| 6 | Header | Standard Header | See "Standard Header Mockup.docx" attached to SCR |

4 REQUIREMENTS

[Document what requirements are being addressed with this design and how they are being met]

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------------------|--|--|
| 2.18.1.1 CAR-1205 | <p>The LRS shall produce the NOA in a timely manner, in accordance with Turner waiver requirements, containing the following:</p> <ul style="list-style-type: none"> a. Case and applicant/participant identifying information and address; b. The proposed action(s) being taken by the COUNTY department; c. The effective date of the proposed action(s); d. The reason(s) for the proposed action(s); e. Time periods covered, including retroactive periods; f. Turner format requirements as appropriate; g. The complete federal, State, or COUNTY manual section(s), including subsection(s) supporting the proposed action(s); h. The budget calculations/computations by program, including gross income test and net income test; | <p>This effort involves the implementation of redesigned CalFresh overissuance NOAs, involving their amount and calculation.</p> |

| | | |
|--|--|--|
| | <p>i. The overpayment/underpayment and/or overissuance/under-issuance amount and/or calculations;</p> <p>j. The worker's name, file number, addressee, mailing address, sending Local Office Site's address, telephone number, email address, and hours of availability;</p> <p>k. Instructions regarding the filing of an appeal and appeals-specific contact information;</p> <p>l. Date and time of notification;</p> <p>m. Variable individual/case LRS Data including the name(s) of individual(s) affected by the authorized action, income reporting threshold amounts, and time on aid information;</p> <p>n. Freeform text based on County-specified user that was added to clarify the NOA, unless prohibited by federal and State regulations and COUNTY policies.; and</p> <p>o. Collection calculation and amount, if applicable.</p> | |
| | | |

4.2 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| | | | |
| | | | |

5 MIGRATION IMPACTS

[Document any migration impacts such as data model or potential business process changes]

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

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

6 OUTREACH

[Include any specific outreach that needs to occur with implementation i.e. a CIT, a special webcast or onsite demonstration, any lists, etc...]

6.1 Lists

[Include a summary of the list(s). If there is more than one list, separate them with a numbered list and include the Location and Standard Columns only once in the overall summary.]

List Name: <List Name>

List Criteria: <Describe criteria for generating list>

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker

Additional Column(s): <list additional columns, if any>

Frequency: <One-time, monthly, quarterly, etc.>

The list will be posted to the following locations:

| System | Path |
|---------|---|
| CalSAWS | CalSAWS Web Portal>System Changes>SCR and SIR Lists>YYYY>CA-XXXXXX |
| C-IV | CalSAWS Web Portal>System Changes>SCR and SIR Lists>YYYY>CIV-XXXXXX |

7 APPENDIX

[Include any supplementary items that may not fit in the Description section. Examples could include flow charts, lengthy code tables, etc....]

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-211293 CIV-105386 ACL 19-118 Removal of
the Consecutive Day rule for HA-Temp

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|---|
| | Prepared By | S Meenavalli, E Kusnadi, J Tran, E Wu, H Suksanti |
| | Reviewed By | G Chakkingal, M Lower, T Huckaby, D Petersen |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|------------------|--|-----------------|
| 01/14/2020 | 1.0 | Initial Draft | S Meenavalli |
| 04/13/2020 | 1.1 | Updated with correspondence design details | J Tran |
| 06/01/2020 | 1.2 | Design Clarification – add mockup page in 2.9 to reflect CIV Time Limit Summary page without Time Limit Extension Request section | Eric Wu |
| 06/09/2020 | 1.3 | Design Clarification – Updates to reflect the difference of name format between LRS/CalSAWS and CIV for the new Time Track functionalities | Eric Wu |
| 6/16/2020 | 1.4 | Design Clarification – Update to validation on when the first begin payment record should be calculated. | E Kusnadi |
| 06/16/2020 | 1.5 | Design Clarification – Update security role name in section 2.9 to 2.12 | E Wu |
| 06/18/2020 | 1.6 | Design Clarification – Updated recommendations in EDBC | S Meenavalli |
| 7/1/2020 | 1.7 | Added clarification on the batch job SUB_TYPE_CODE in section 2.7 | Howard Suksanti |
| 7/7/2020 | 1.8 | Added clarification on the batch job Execute Frequency in section 2.7 | Howard Suksanti |
| 7/9/2020 | 1.9 | Content Revision to add functionality to track HP benefits in UI and batch | Eric Wu |
| 7/9/2020 | 2.0 | Updated the “Additional Period Sworn Statement Received Date” validation trigger description. | E Kusnadi |

Table of Contents

| | | |
|-------|---|----|
| 1 | Overview | 9 |
| 1.1 | Current Design..... | 9 |
| 1.2 | Requests..... | 9 |
| 1.3 | Overview of Recommendations..... | 10 |
| 1.4 | Assumptions | 11 |
| 2 | Recommendations..... | 12 |
| 2.1 | Homeless Assistance List | 12 |
| 2.1.1 | Overview | 12 |
| 2.1.2 | Homeless Assistance List Mockup..... | 13 |
| 2.1.3 | Description of Changes | 13 |
| 2.1.4 | Page Location | 14 |
| 2.1.5 | Security Updates..... | 14 |
| 2.1.6 | Page Mapping..... | 14 |
| 2.1.7 | Page Usage/Data Volume Impacts | 14 |
| 2.2 | Homeless Assistance Detail - Temporary | 14 |
| 2.2.1 | Overview | 14 |
| 2.2.2 | Homeless Assistance Detail - Temporary Mockup | 15 |
| 2.2.3 | Description of Changes | 17 |
| 2.2.4 | Page Location | 19 |
| 2.2.5 | Security Updates..... | 19 |
| 2.2.6 | Page Mapping..... | 20 |
| 2.2.7 | Page Usage/Data Volume Impacts | 20 |
| 2.3 | Homeless Assistance Detail – Temporary - Payments..... | 20 |
| 2.3.1 | Overview | 20 |
| 2.3.2 | Homeless Assistance Detail – Temporary - Payment Mockup | 20 |
| 2.3.3 | Description of Change..... | 20 |
| 2.3.4 | Page Location | 23 |
| 2.3.5 | Security Updates..... | 23 |
| 2.3.6 | Page Mapping..... | 23 |
| 2.3.7 | Page Usage/Data Volume Impacts | 23 |
| 2.4 | Temp-HA, Perm-HA and Expanded Temp-HA EDBC Changes (LRS/CalSAWS Only) | 23 |

| | | |
|-------|---|----|
| 2.4.1 | Overview | 23 |
| 2.4.2 | Description of Changes | 23 |
| 2.4.3 | Programs Impacted | 26 |
| 2.4.4 | Performance Impacts | 27 |
| 2.5 | Homeless Assistance Eligibility Changes (LRS/CalSAWS Only) | 27 |
| 2.5.1 | Overview | 27 |
| 2.5.2 | Description of Changes | 27 |
| 2.5.3 | Programs Impacted | 28 |
| 2.5.4 | Performance Impacts | 28 |
| 2.6 | Modify Batch EDBC processing job to not run on Temporary HA program when running in All Program (AP) mode (LRS/CalSAWS Only) | 28 |
| 2.6.1 | Overview | 28 |
| 2.6.2 | Description of Change | 28 |
| 2.6.3 | Execution Frequency | 28 |
| 2.6.4 | Key Scheduling Dependencies | 28 |
| 2.6.5 | Counties Impacted | 28 |
| 2.6.6 | Data Volume/Performance | 28 |
| 2.6.7 | Failure Procedure/Operational Instructions | 29 |
| 2.7 | Add a new Batch EDBC Sweep job to trigger when all the 16 days benefits are issued, the 12 months benefit period is end, or Permanent HA is issued (LRS/CalSAWS Only) | 29 |
| 2.7.1 | Overview | 29 |
| 2.7.2 | Description of Change | 29 |
| 2.7.3 | Execution Frequency | 30 |
| 2.7.4 | Key Scheduling Dependencies | 30 |
| 2.7.5 | Counties Impacted | 30 |
| 2.7.6 | Data Volume/Performance | 31 |
| 2.7.7 | Failure Procedure/Operational Instructions | 31 |
| 2.8 | Modify MEDS HA20 Interface job (PO19E412) to not send transaction when EDBC authorized amount is zero (LRS/CalSAWS Only), and Update HA20 payment type logic (LRS/CalSAWS and C-IV) | 31 |
| 2.8.1 | Overview | 31 |
| 2.8.2 | Description of Change | 31 |
| 2.8.3 | Execution Frequency | 33 |
| 2.8.4 | Key Scheduling Dependencies | 33 |
| 2.8.5 | Counties Impacted | 33 |

| | | |
|--------|---|----|
| 2.8.6 | Data Volume/Performance..... | 33 |
| 2.8.7 | Failure Procedure/Operational Instructions..... | 34 |
| 2.9 | Time Limit Summary (LRS/CalSAWS and CIV)..... | 34 |
| 2.9.1 | Overview | 34 |
| 2.9.2 | Time Limit Summary Mockup | 34 |
| 2.9.3 | Description of Changes | 36 |
| 2.9.4 | Page Location | 38 |
| 2.9.5 | Security Updates..... | 38 |
| 2.9.6 | Page Mapping..... | 38 |
| 2.10 | Homeless Assistance Time Track List (LRS/CalSAWS and CIV) | 39 |
| 2.10.1 | Overview | 39 |
| 2.10.2 | Homeless Assistance Time Track List Mockup | 40 |
| 2.10.3 | Description of Changes | 41 |
| 2.10.4 | Page Location | 43 |
| 2.10.5 | Security Updates..... | 43 |
| 2.10.6 | Page Mapping..... | 44 |
| 2.11 | Homeless Assistance Time Track (LRS/CalSAWS and CIV) | 39 |
| 2.11.1 | Overview | 44 |
| 2.11.2 | Homeless Assistance Time Track Mockup..... | 45 |
| 2.11.3 | Description of Changes | 45 |
| 2.11.4 | Page Location | 47 |
| 2.11.5 | Security Updates..... | 47 |
| 2.11.6 | Page Mapping..... | 48 |
| 2.12 | Homeless Assistance Time Track Detail (LRS/CalSAWS and CIV) | 44 |
| 2.12.1 | Overview | 48 |
| 2.12.2 | Homeless Assistance Time Track Detail Mockup..... | 48 |
| 2.12.3 | Description of Changes | 49 |
| 2.12.4 | Page Location | 51 |
| 2.12.5 | Security Updates..... | 51 |
| 2.12.6 | Page Mapping..... | 52 |
| 2.13 | CTCRs | 48 |
| 2.14 | Database Change Request..... | 53 |
| 2.15 | Homeless Assistance Time Track Batch (LRS/CalSAWS only) | 56 |
| 2.15.1 | Overview | 56 |
| 2.15.2 | Description of Change..... | 56 |

| | |
|---|----|
| 2.15.3 Execution Frequency..... | 59 |
| 2.15.4 Key Scheduling Dependencies | 59 |
| 2.15.5 Counties Impacted | 59 |
| 2.15.6 Data Volume/Performance..... | 59 |
| 2.15.7 Failure Procedure/Operational Instructions..... | 59 |
| 2.16 Update "Statement of Facts – Homeless Assistance" Form CW 42 | 34 |
| 2.16.1 Overview | 60 |
| 2.16.2 Description of Change..... | 60 |
| 2.17 CalSAWS/LRS only: Update "Permanent Housing Search Document" Form CW 74 | 62 |
| 2.17.1 Overview | 62 |
| 2.17.2 Description of Change..... | 62 |
| 2.18 Update " Notification Of Intercounty Transfer" Form CW 215..... | 63 |
| 2.18.1 Overview | 63 |
| 2.18.2 Description of Change..... | 63 |
| 2.19 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Action Fragment | 64 |
| 2.19.1 Overview | 64 |
| 2.19.2 Description of Change..... | 64 |
| 2.20 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Reason Fragment for Approve Temporary Shelter | 65 |
| 2.20.1 Overview | 65 |
| 2.20.2 Description of Change..... | 65 |
| 2.21 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Reason Fragment for Temporary Shelter Final Payment | 66 |
| 2.21.1 Overview | 66 |
| 2.21.2 Description of Change..... | 67 |
| 2.22 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Budget Fragment | 68 |
| 2.22.1 Overview | 68 |
| 2.22.2 Description of Change..... | 68 |
| 2.23 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Action Fragment | 69 |
| 2.23.1 Overview | 69 |
| 2.23.2 Description of Change..... | 70 |
| 2.24 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Reason Fragment for First 16 days Expanded Temp. Shelter Benefits | 71 |

| | |
|--|----|
| 2.24.1 Overview | 71 |
| 2.24.2 Description of Change | 71 |
| 2.25 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Reason Fragment for Expanded Temporary Shelter Final Payment | 74 |
| 2.25.1 Overview | 74 |
| 2.25.2 Description of Change | 74 |
| 2.26 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Budget Fragment | 76 |
| 2.26.1 Overview | 76 |
| 2.26.2 Description of Change | 77 |
| 2.27 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Action Fragment ... | 78 |
| 2.27.1 Overview | 78 |
| 2.27.2 Description of Change | 79 |
| 2.28 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Homeless Criteria Not Met | 83 |
| 2.28.1 Overview | 83 |
| 2.28.2 Description of Change | 84 |
| 2.29 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Once Every 12 Months | 84 |
| 2.29.1 Overview | 84 |
| 2.29.2 Description of Change | 85 |
| 2.30 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Not Due To Federal/State Declared Natural Disaster | 86 |
| 2.30.1 Overview | 86 |
| 2.30.2 Description of Change | 86 |
| 2.31 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Already Gotten Expanded 32 Nights | 88 |
| 2.31.1 Overview | 88 |
| 2.31.2 Description of Change | 88 |
| 2.32 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Cash Aid Application Already Approved/Denied | 90 |
| 2.32.1 Overview | 90 |
| 2.32.2 Description of Change | 91 |
| 2.33 CalSAWS/LRD Only: Create a New CalWORKs HA Denial NOA Reason Fragment for In Receipt of CalWORKs | 93 |
| 2.33.1 Overview | 93 |
| 2.33.2 Description of Change | 93 |

| | | |
|--------|--|-----|
| 2.34 | CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Living With an HA Family..... | 95 |
| 2.34.1 | Overview | 95 |
| 2.34.2 | Description of Change..... | 95 |
| 2.35 | CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Already Gotten Last 12 Months Due To Exception | 97 |
| 2.35.1 | Overview | 97 |
| 2.35.2 | Description of Change..... | 97 |
| 2.36 | CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Not Getting Cash Aid Nor Eligible | 98 |
| 2.36.1 | Overview | 98 |
| 2.36.2 | Description of Change..... | 98 |
| 2.37 | CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Would Not Let Us Verify Homelessness..... | 99 |
| 2.37.1 | Overview | 99 |
| 2.37.2 | Description of Change..... | 99 |
| 2.38 | CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Have Not Shown Proof Seeking Permanent Housing | 100 |
| 2.38.1 | Overview | 100 |
| 2.38.2 | Description of Change..... | 101 |
| 2.39 | CalSAWS/LRS only: Remove the CalWORKs HA Denial NOA Action Fragment for only Temporary Shelter..... | 101 |
| 2.39.1 | Overview | 101 |
| 2.39.2 | Description of Change..... | 102 |
| 3 | Supporting Documents | 102 |
| 4 | Requirements..... | 104 |
| 4.1 | Project Requirements..... | 104 |
| 5 | Migration Impacts | 104 |
| 6 | Outreach..... | 104 |
| 6.1 | Lists..... | 104 |
| 7 | Appendix..... | 104 |

1 OVERVIEW

1.1 Current Design

- Currently Temporary Homeless Assistance (Temp-HA) is available to homeless families up to 16 consecutive days of HA benefits once every 12 months.
- The 16 days of benefits are issued in three-day increments while homelessness is being verified, followed by seven-day increments up to a maximum of 16 consecutive days.
- This 16-day period begins on the first day that these benefits are issued, and ends 16 calendar days later, regardless of how many days of benefits were issued.
- Temp-HA families that are actively fleeing domestic abuse are eligible for up to two 16-day consecutive periods for a total of 32 consecutive days of Temp-HA benefits, regardless of their abuser's income and assets based on AB 557. This is a once-in-a-lifetime benefit and is considered fully utilized even if the second 16-days are not issued.
- In LRS/CalSAWS, EDBC determines HA programs eligibility on a 12-month benefit period based on the request begin month regardless of the request begin date.
- Also, Temp-HA benefits are calculated in the payment begin first month regardless of the homelessness spans across successor months.
- In LRS/CalSAWS, automation of generating HA NOAs exist. C-IV currently does not generate HA NOAs as it is a manual program in C-IV.
- CW 42, CW 74 and CW 215 currently exist in Template Repository in LRS/CalSAWS. CW 42 and CW 215 currently exist in Template Repository in C-IV.

Note: In LRS/CalSAWS System, Homeless Assistance programs are automated EDBC and in C-IV System these programs are Manual EDBC.

1.2 Requests

- Per ACL 19-118, Section 57 of SB 80 and AB 960 repealed the consecutive day rule for temporary HA benefits. Homeless CalWORKs families and apparently eligible families will no longer need to use their 16 days of temporary HA benefits consecutively.
- The once every 12-month issuance of temporary HA benefits will not be considered exhausted until all 16 days have been issued, the family resolves their homelessness, or 12 months have passed.
- The 12-month period begins on the absolute date that the first payment of temporary or permanent HA is made.
- The removal of the consecutive day rule also applies to AB 557 benefits Expanded temporary HA for CalWORKs applicants that are fleeing domestic abuse.
- These benefits are still issued in two 16-day increments for a total of 32 days; however, the two issuances of 16-days will no longer have to be consecutive.
- The two 16-day increments do not need to be used consecutively, the second issuance of 16 days could be for a different instance of homelessness, months or even years later, as long as the applicant meets the eligibility criteria for these benefits, including being an applicant for CalWORKs who is actively fleeing

domestic abuse. Families are still limited to a maximum of 32 days of these benefits in their lifetime.

- Per ACL 16-98 based on AB 1603, HA programs (Temporary HA, Permanent HA, and Permanent HA Arrearages) are available to an eligible Assistance Unit (AU) once every 12 months (unless the AU meets an HA exception which makes the AU eligible to HA benefits earlier).
- The 12-month period is from the HA payment begin date till the end of 365 days (or 366 in a leap year) and not just 12 months based on the benefit begin month.
- In LRS/CalSAWS, the Temp-HA benefits required to be calculated in the respective homeless months when the homelessness spans across different months.
- Homeless families are no longer required to rent from a person in the business of renting properties who has a history of renting properties and may instead now rent from any person or establishment with whom the family has executed a valid lease, sublease, or shared housing agreement.
- The number of days used / remaining for Temp-HA with and/or without exceptions within the 12-month period and Expanded Temp-HA for CalWORKs applicants that are fleeing domestic abuse within once-in-a-lifetime need to be tracked.
- In LRS/CalSAWS, modify Batch EDBC processing job to not run on Temporary HA program when running in All Program (AP) mode.
- In LRS/CalSAWS, add a new Batch EDBC Sweep job to trigger when all the 16 days benefits are issued, or the 12 months benefit period is ended, or Perm-HA is issued.
- In LRS/CalSAWS, modify MEDS HA20 Interface job to not send transaction when EDBC for HA programs are ran with an authorized amount is zero.
- In both LRS/CalSAWS and C-IV Systems, update HA20 payment type logic.
- In both LRS/CalSAWS and C-IV Systems, based on the ACL 19-118, updated and added Forms and NOAs.
- In LRS/CalSAWS, modify the form name from "CW 74-LA" to "CW 74".

1.3 Overview of Recommendations

- Update the Temp-HA data collection screen to accept multiple payment dates for up to 12-months.
- Modify Temp-HA EDBC rules to accept and calculate the benefits for 16-days cumulative in 12-month period.
- Modify Expanded Temp-HA (AB557) EDBC rules to accept and calculate the benefits for two 16-day increments for a total of 32 days wherein the two 16-days will no longer be consecutive but still once in a lifetime.
- Modify EDBC Temp/Perm HA functionality to determine HA benefits for 365/366 absolute calendar days period based on the first payment begin date.
- Modify Temp-HA and Expanded Temp-HA EDBC rules to split the benefit calculation to the corresponding homelessness months matched to the HA data collection details.
- In both LRS/CalSAWS and CIV, add new pages to track and display the Temp-HA program 12-month period begin date, end date, number of days used, number of days remaining.
- In both LRS/CalSAWS and CIV, add a new page to track Temporary HA and Permanent HA benefits used within a 12-month period.

- In both LRS/CalSAWS and CIV, add new functionality to track benefits issued for expanded Temporary HA for CalWORKs applicants that are fleeing domestic abuse for two 16-day periods within lifetime.
- LRS/CalSAWS only, add a new batch to do the following:
 - a. Track HA program 12-month period begin date and end date.
 - b. Track Temporary HA benefits number of days used and number of days remaining within a time period
 - c. Track Permanent HA benefits begin date and end date within a time period.
 - d. Track 16 days period when expanded Temporary HA benefits for victims of domestic abuse are issued.
- LRS/CalSAWS, Modify Batch EDBC processing job to not run on HT program when running in All Program (AP) mode.
- In LRS/CalSAWS, add a new Batch EDBC Sweep job to trigger HT EDBC following month when any one of the following conditions is met:
 - a. When all the HT 16-days without exception benefits are issued within the 12-month period (OR)
 - b. When Perm-HA is approved/issued regardless of the number of days HT issued within the same 12-month period (OR)
 - c. When all the 16-days with exception benefits are issued within the same 12-month period (OR)
 - d. When the 12-months HT Time track period is ended
- Modify MEDS HA20 Interface job to not send transaction when EDBC for HA programs are ran with an authorized amount is zero (LRS/CalSAWS only), and Update HA20 payment type logic (LRS/CalSAWS and C-IV).
- Update CW 42 (LRS/CalSAWS and C-IV), CW 74 (LRS/CalSAWS only) and CW 215 (LRS/CalSAWS and C-IV) to match the newest state versions to ACL 19-118.
- Update the M44-211A, M44-211B, and M44211D NOA fragments that currently exists in LRS/CalSAWS.
- Add four new NOA fragments from the M44-211B.
- Add ten new NOA fragments from the M44-211D.

1.4 Assumptions

1. No changes to the existing Reasons and Exceptions on the Homeless Assistance Detail pages in the scope of this SCR.
2. No changes to reporting will be performed as part of this SCR.
3. User need to reapply / rescind if the HT program is not active for requesting additional days benefits as per the current existing process.
4. As per the business process, Regular Temp-HA without exception 16-days should be exhausted before issuing Temp-HA with exception 16-days.
5. No change in the Perm-HA Program following month discontinuance logic and it will discontinue the same as per the current functionality.
6. No change in the Expanded Temp-HA program rules to PASS/FAIL based on the CW program eligibility determination and the status reasons associated to it.
7. Existing status reasons and its functionality will remain unchanged unless noted in the Design Document.

8. After the implementation of SCR CA-207463 DDID 374, the Money Management functionality will allow users to issue single party checks to vendors and will include RDB-Money Management or RDB-Resource. Also, the system will not require any proof of being in property rental business when setting up a house provider as Money Management Resource.
9. Validation messages on the Homeless Assistance pages will remain unchanged unless noted in the Design Document.
10. No new threshold languages will be added for existing Forms and NOAs.
11. The system will not track Temp-HA number of days with 'State/Federal Declared Natural Disaster' Exception as there is no restriction on how many times a customer can request this type of benefit.
12. The existing generation and population of the Forms and NOA in this effort will not change unless noted in one of the recommendations below.
13. Based on current business process, workers do not issue Homeless Assistance benefits for past months.
14. The worker will have to generate a manual NOA an individual who is ineligible for HA denial not due to state/federally declared natural disaster.

2 RECOMMENDATIONS

2.1 Homeless Assistance List

2.1.1 Overview

The Homeless Assistance List page will be updated to support the newly updated policy for Temporary Homeless Assistance program.

2.1.2 Homeless Assistance List Mockup

Homeless Assistance List

*- Indicates required fields Continue

Search Results Summary
Results 1 - 3 of 3

Display

From: To:

View

Add

| Type | Reason | CW 42 Date | Begin Date | End Date | |
|------------------------------------|--|------------|------------|------------|------|
| <input type="checkbox"/> Temporary | Expanded Temp-HA for Victims of Domestic Abuse | 05/15/2018 | 05/15/2018 | 05/21/2018 | Edit |
| <input type="checkbox"/> Temporary | Lacks regular, fixed night time residence | 02/03/2020 | 02/05/2020 | 02/18/2020 | Edit |
| <input type="checkbox"/> Permanent | Received Notice to Pay Rent or Quit or eviction notice | 02/17/2020 | 02/17/2020 | 02/29/2020 | Edit |

Remove Type: * Add

Complete

Continue

This Type_1 page took 0.59 seconds to load.

Figure 2.1.1 – Homeless Assistance List

2.1.3 Description of Changes

1. Update the Homeless Assistance List page as shown on Figure 2.1.1 upon display of the page.
 - a. Rename 'Homeless Assistance Type:' to 'Type:' instead.
 - b. Create two new columns to display on the Homeless Assistance List page.
 - i. Create a new column that will be titled 'Reason'.
 1. This column will display the corresponding Reason when the Homeless Assistance record was created.
 2. Data on this field will update accordingly if the worker were to make an Edit to the record and change the 'Reason' field.
 - ii. Create a new column that will be titled 'CW 42 Date'.
 1. This column will display the corresponding Date on when the CW 42 was received when the Homeless Assistance record was created.
 - a. Date will be display with the following format: MM/DD/YYYY
 2. Data on this field will update accordingly if the worker were to make an Edit to the record and change the 'CW 42 Received Date'.

2.1.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Homeless Assistance**

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

Update the Page Mapping to include the 2 additional columns that are being added to this page ('Reason' and 'CW 42 Date'). Secondly, update Page Mapping to rename 'Homeless Assistance Type' to 'Type'.

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Homeless Assistance Detail - Temporary

2.2.1 Overview

The Homeless Assistance Detail – Temporary page will be updated to support the newly updated policy for Temporary Homeless Assistance program.

2.2.2 Homeless Assistance Detail - Temporary Mockup

Homeless Assistance Detail - Temporary

*- Indicates required fields

Save and Return
Cancel

Type: Temporary

Reason: *

Exception:

Prior Misuse of Funds: *

CW 42 Received Date: *

Payments *

| | Payment Begin Date | Payment End Date | Verified | CW 74 Received | |
|--------------------------|--------------------|------------------|----------|----------------|--|
| <input type="checkbox"/> | 01/31/2020 | 02/03/2020 | Yes | Yes | Edit |
| <input type="checkbox"/> | 03/08/2020 | 03/14/2020 | Yes | Yes | Edit |
| <input type="checkbox"/> | 12/30/2020 | 01/03/2021 | Yes | unknown | Edit |

Remove
Add

Last Updated On 05/15/2018 2:14:28 PM By: [527320](#)

Save and Return
Cancel

This Type 1 page took 0.19 seconds to load.

Figure 2.2.1 – Homeless Assistance Detail – Temporary Add/Edit mode

Homeless Assistance Detail - Temporary

*- Indicates required fields

Save and Return

Cancel

Type: Temporary

Reason: *

Expanded Temp-HA for Victims of Domestic Abuse

Exception:

Prior Misuse of Funds: * No

CW 42 Received Date: * 02/03/2020

Sworn Statement Received Date: * 02/03/2020

Initiate Additional 16 Day Period: * No

Payments*

| <input type="checkbox"/> | Payment Begin Date | Payment End Date | Verified | CW 74 Received | Additional 16 Day | Edit |
|--------------------------|--------------------|------------------|----------|----------------|-------------------|------|
| <input type="checkbox"/> | 02/03/2020 | 02/18/2020 | Yes | Yes | No | Edit |

Remove

Add

Last Updated On 02/04/2020 4:33:52 PM By: [991981](#)

Save and Return

Cancel

Figure 2.2.2 – Homeless Assistance Detail – Temporary for Expanded Temp-HA for Victims of Domestic Abuse Reason 'No' Add/Edit mode

Homeless Assistance Detail - Temporary

*- Indicates required fields

Save and Return Cancel

Type: Temporary

Reason: *
Expanded Temp-HA for Victims of Domestic Abuse

Exception:

Prior Misuse of Funds: * No

CW 42 Received Date: * 02/03/2020

Sworn Statement Received Date: * 02/03/2020

Initiate Additional 16 Day Period: * Yes

Additional Period CW 42 Received Date: * 05/05/2023

Additional Period Sworn Statement Received Date: * 05/05/2023

Payments*

| Payment Begin Date | Payment End Date | Verified | CW 74 Received | Additional 16 Day | |
|-------------------------------------|------------------|----------|----------------|-------------------|------|
| <input type="checkbox"/> 02/03/2020 | 02/18/2020 | Yes | Yes | No | Edit |
| <input type="checkbox"/> 05/05/2023 | 05/20/2023 | Yes | Good Cause | Yes | Edit |

Remove Add

Last Updated On 02/04/2020 4:33:52 PM By: [991981](#)

Save and Return Cancel

Figure 2.2.3 – Homeless Assistance Detail – Temporary for Expanded Temp-HA for Victims of Domestic Abuse Reason ‘Yes’ Add/Edit mode

2.2.3 Description of Changes

1. Update the Homeless Assistance Detail-Temporary page as shown on Figure 2.2.1 to Figure 2.2.3.
 - a. Rename 'Homeless Assistance Type:' to 'Type:'.
 - b. Remove the '16 Day Period' field and the 'Extended 16 Day Period' (for Expanded Temp-HA for Victims of Domestic Abuse reason type).
 - c. For “Expanded Temp-HA for Victims of Domestic Abuse” reason type the Homeless Assistance Detail – Temporary page will display additional fields and an additional column on the Payments table as shown on Figure 2.2.2 and 2.2.3.
 - i. Create a new required field titled: 'Initiate Additional 16 Day Period:' this will be a drop-down field with the value of 'Yes' and 'No' and will default to 'No'.
 1. If the value is set to 'Yes' two dynamic required fields will display.

- a. A required editable field titled 'Additional Period CW 42 Received Date:' along with a calendar icon.
 - i. User can input the date on the editable field, or they can click on the calendar icon and choose the date from the calendar.
 - ii. Date will be displayed in MM/DD/YYYY format.
 - b. A required editable field titled 'Additional Period Sworn Statement Received Date:' along with a calendar icon.
 - i. User can input the date on the editable field, or they can click on the calendar icon and choose the date from the calendar.
 - ii. Date will be displayed in MM/DD/YYYY format.
 - ii. Create a new column on the 'Payments' table that will be titled 'Additional 16 Day'.
 - 1. Value will be either 'Yes' or 'No' based on the value on the 'Additional 16 Day Period' field on the Homeless Assistance Detail – Temporary – Payments page (Section 2.3).
- 2. Update the existing "Reason – The selected reason is not valid prior to July 01, 2018" validation message to also be triggered if the date inputted on the 'Additional Period CW 42 Received Date' field is before 07/01/2018.
- 3. Create new validation messages:
 - a. "CW 42 Received Date – Payment Begin Date cannot be prior to the CW 42 Received Date"
 - i. This will be trigger if the date under the "Payment Begin Date" field is prior to the date entered on the "CW 42 Received date" field.
 - b. "Additional Period CW 42 Received Date – Payment Begin Date cannot be prior to the Additional Period CW 42 Received Date"
 - i. This will be trigger only for Temporary Homeless Assistance record with "Expanded Temp-HA for Victims of Domestic Abuse" reason type.
 - ii. This will be for "Additional 16 Day" field equal to "Yes" and the date value in the "Payment Begin Date" field is prior to the date entered on the "Additional Period CW 42 Received Date".
 - c. "Additional Period Sworn Statement Received Date – Additional Period Sworn Statement Received Date should be equal to Additional Period CW 42 Received Date."
 - i. This validation message will be triggered when the date on the 'Additional Period Sworn Statement Received

Date' field does not equal to the date on the 'Additional Period CW 42 Received Date' field.

- ii. Clicking on the 'Additional Period Sworn Statement Received Date' hyperlink will take the cursor to the 'Additional Period Sworn Statement Received Date' editable field.
 - d. "Additional Period CW 42 Received Date – Field is required. Please enter a value."
 - i. This validation message will be triggered when the user tries to save the page or add a payment while leaving the required field as blank.
 - ii. Clicking on the 'Additional Period CW 42 Received Date' hyperlink will take the cursor to the 'Additional Period CW 42 Received Date' editable field.
 - e. "Additional Period CW 42 Received Date – Cannot be equal or prior to the CW 42 Received Date."
 - i. This validation message will be triggered when the user tries to save the page, but the date entered on the "Additional Period CW 42 Received Date" field is equal to the date or prior to the date entered on the "CW 42 Received Date" field.
 - f. "Additional Period Sworn Statement Received Date – Field is required. Please enter a value."
 - i. This validation message will be triggered when the user tries to save the page or add a payment while leaving the required field as blank.
 - ii. Clicking on the 'Additional Period Sworn Statement Received Date' hyperlink will take the cursor to the 'Additional Period Sworn Statement Received Date' editable field.
4. Remove existing validation:
 - a. "Homeless Assistance record dates cannot overlap with existing record dates".

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Homeless Assistance**

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

Update the Page Mapping to include the newly added fields (Initiate Additional 16 Day Period, Additional Period Sworn Statement Received Date, and Additional Period CW 42 Received Date), new column added to the Payments table (Additional 16 Day) and rename 'Homeless Assistance Type' to 'Type'.

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 Homeless Assistance Detail – Temporary - Payments

2.3.1 Overview

The Homeless Assistance Detail – Temporary - Payments page will be updated to support the newly updated policy for Temporary Homeless Assistance program with reason type 'Expanded Temp-HA for Victims of Domestic Abuse'.

2.3.2 Homeless Assistance Detail – Temporary - Payment Mockup

The screenshot shows a web form titled "Homeless Assistance Detail - Temporary - Payments". At the top left, there is a legend: "*- Indicates required fields". At the top right, there are two buttons: "Save and Return" and "Cancel". The form contains several input fields: "Payment Begin Date: *" with a calendar icon, "Payment End Date: *" with a calendar icon, "Verified:" with a dropdown menu, and "CW 74 Received:" with a dropdown menu. A new field, "Additional 16 Day Period: *", is added with a dropdown menu showing "-Select-". At the bottom right, there are two buttons: "Save and Return" and "Cancel". A status bar at the bottom indicates "This type 1 page took 0.17 seconds to load".

Figure 2.3.1 – Homeless Assistance Detail – Temporary - Payment for Expanded Temp-HA for Victims of Domestic Abuse Reason

2.3.3 Description of Change

1. The Homeless Assistance Detail – Temporary – Payment page will be updated to add a new field if the reason type is 'Expanded Temp-HA for Victims of Domestic Abuse'.
 - a. Create a new required field title 'Additional 16 Day Period:' that will have the value of 'Yes' or 'No'.

- i. This field will only display when the worker is adding or modifying the payment record for Temporary Homeless Assistance with the reason being 'Expanded Temp-HA for Victims of Domestic Abuse'.
- 2. Create new validation messages:
 - a. "Additional 16 Day Period – Field is required. Please enter a value."
 - i. This will be triggered when the user is trying to save the page while leaving the required field as blank (select).
 - ii. Clicking on the 'Additional 16 Day Period' hyperlink will take the cursor to the 'Additional 16 Day Period' drop down field.
 - b. "Payment Begin Date – Is prior to the Additional Period CW 42 Received Date."
 - i. This will be trigger when the user is trying to add a Payment Begin date that is before the date inputted on the Additional Period CW 42 Received Date field on the Homeless Assistance Detail – Temporary page and the "Additional 16 Day Period" field is set to "Yes".
- 3. Update the existing validation:
 - a. Payment Begin Date – Is prior to the CW 42 Received Date
 - i. Update existing validation to also apply for the "Expanded Temp-HA for Victims of Domestic Abuse" reason type if the Payment Begin date inputted is prior to the CW 42 Received Date and the "Additional 16 Day Period" field is set to "No".
 - Note:** Existing validation logic for this validation will remain for all other Temporary Homeless Assistance Reason type.
 - b. Update the validation message "Payment End Date – Is after the end of the 16 Day Period." to "Payment End Date – Is after the end of the 12-month Period."
 - i. Update the existing validation logic to be trigger for all Temporary Homeless Assistance Reason Type except for the 'Expanded Temp-HA for Victims of Domestic Abuse'.
 - 1. 12-month period will be based on the earliest date available under the 'Payment Begin Date' + 365/366 absolute calendar days period.
 - c. Update the validation message "Payment Dates cannot overlap with existing payment dates in the payments list." to "Payment Dates cannot overlap with existing payment dates."
 - i. Update existing validation logic to be trigger when the payment dates being entered overlap with existing payment dates for any Temporary Homeless Assistance records.
 - d. Update the validation message "Payment End Date – The Payment Begin Date and the Payment End Date must be within the 16-Day Period or the Extended 16-Day Period." to "Payment End Date – The Payment Begin Date and the Payment End Date

must be within the 16-Day Period or the Additional 16-Day Period."

- i. This will be trigger for Temporary Homeless Assistance with Reason type 'Expanded Temp-HA for Victims of Domestic Abuse' only.
- ii. "The 16-Day Period will be calculated from the earliest date available under the ' Payment Begin Date' entered that have the "Additional 16 Day Period" field set to "No" and the Date entered in the "Payment End Date' field. (the total amount of days cannot be greater than 16).
 1. Example: Earliest Begin Date Record that have the "Additional 16 Day period" value of "No" is 11/01/2020, the validation will be displayed if the user tries to enter another payment record that have the "Payment End Date" entered of 11/17/2020 or after.
- iii. If there's no First Payment Begin Date Record that have the "Additional 16 Day period" value of "No" then the total amount of days inputted in the "Payment Begin Date" field and the "Payment End Date" field cannot be greater than 16.
 1. Example: Payment Begin Date enter is 11/01/2020 the Payment End Date enter will need to be less or equal to 11/16/2020. Any other dates enter after 11/16/2020 will trigger this validation.
- iv. "Additional 16-Day Period will be calculated from the earliest date available under the 'Payment Begin Date' entered that have the "Additional 16 Day Period" field set to "Yes" and the Date entered in the "Payment End Date' field. (the total amount of days cannot be greater than 16).
 1. Example: Earliest Payment Begin Date Record that have the "Additional 16 Day period" value of "Yes" is 12/01/2020, the validation will be displayed if the user tries to enter another payment record that have the "Payment End Date" entered of 12/17/2020 or after.
- v. If there's no First Payment Begin Date Record that have the "Additional 16 Day period" value of "Yes" then the total amount of days inputted in the "Payment Begin Date" field and the "Payment End Date" field cannot be greater than 16.
 1. Example: Payment Begin Date enter is 12/01/2020 the Payment End Date enter will need to be less or equal to 12/16/2020. Any other dates enter after 12/16/2020 will trigger this validation.

4. Remove the following validation message:
 - a. "Payment Begin Date – The Payment Begin Date and Payment End Date must be within the 16-Day Period or the Extended 16-Day Period."

2.3.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Homeless Assistance**

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

Update the Page Mapping to include the new field titled 'Additional 16 Day Period'.

2.3.7 Page Usage/Data Volume Impacts

N/A

2.4 Temp-HA, Perm-HA and Expanded Temp-HA EDBC Changes (LRS/CalSAWS Only)

2.4.1 Overview

Currently, Temp-HA 16-day period begins from the CW 42 signed date and ends 16 consecutive days later, regardless of how many days of benefits were issued in a 12-month period. Expanded Temp-HA receives two consecutive periods of 16-day period each for a total of 32 consecutive days of Temp-HA benefits. This is a once-in-a-lifetime benefit and is considered fully utilized even if the second 16-days are not issued. This SCR is designed to remove the Temp-HA 16 consecutive days rule and to issue 16 cumulative days benefits in the same 12-month period. Also, to remove the two consecutive 16-day rule for the Expanded Temp-HA.

2.4.2 Description of Changes

1. Modify Perm-HA and Temp-HA EDBC rules to verify the AU adult CINs against the HA time track tables for the requested program to determine benefits based on the participant eligibility.
2. Add new EDBC logic to read the HA time track tables to retrieve the 12-month period and the HT program number of days used / remaining.

3. Modify Temp-HA EDBC rules to PASS the program and evaluate benefits based on the HA data collection records that will span across months.
4. Modify Temp-HA EDBC logic/rules to accept and calculate the benefits for 16 cumulative days which can span across multiple months within 12-month period.
5. Modify EDBC rules to PASS with \$0 benefit if no Temp-HA data collection records exists but within the 12-month period and if not all 16-days exhausted.
6. Add the status reason "CT73_CY – Not Homeless" to display under the "Negative Action Reason:" dropdown for the Perm-HA and Temp-HA Programs. Also, discontinue the program if this Negative Action is taken by the worker.
7. Modify EDBC logic to check existence of Time track records for the CIN's and if not exists, should verify the EDBC for the past 1 yr.
8. Add HT EDBC budget split logic to determine HT benefits that are spanned across multiple weeks in the same month but if having days gap in between the periods.

| Aid Payment | Regular | | Regular | |
|-------------------------------|------------------------------------|--------|------------------------------------|------------------------|
| Payment Dates | From: 11/17/2021 To: 11/20/2021 | | From: 11/25/2021 To: 11/30/2021 | |
| Amount per day | \$ | 85.00 | \$ | 85.00 |
| Number of days | x | 4 | x | 6 |
| Aid Payment | \$ | 340.00 | \$ | 510.00 |
| Combined Aid Payment | | | \$ | 850.00 |
| Final Aid Payment | | | \$ | 850.00 |
| Overridden Aid Payment | | | \$ | |
| | | | Override Payment | |
| Penalties | | | - | 0.00 |
| Potential Benefit | | | = | 850.00 |
| Previous Potential Benefit | | | - | 340.00 |
| Overpayment Adjustment Amount | | | - | 0.00 |
| Authorized Amount | | | = | 510.00 |

9. Modify/Add regular Temp-HA EDBC rules logic to FAIL EDBC with existing reason "End of HA Episode" in the benefit month when any one of the conditions is met in the prior benefit month.
 - a. When all the HT 16-days without exception benefits are issued for at least 1 adult (OR)
 - b. When Perm-HA is approved/issued regardless of the number of days HT issued and Perm-HA BDA is after the Temp-HA BDA (OR)
 - c. When all the 16-days with exception benefits are issued for at least 1 adult

10. Modify EDBC logic to Deny/FAIL the HT/HP EDBC with existing reason "Has No Exception" when the AU already received HA based on without exception and applying HA based on without exception again in the same 12-month period.
11. Modify EDBC logic to Deny/FAIL the HT/HP EDBC with existing reason "Already Got Exception" when the AU already received HA based on an exception and applying HA based on an exception again in the same 12-month period.
12. Add new EDBC rule to Deny/FAIL the HT/HP program with new status reason "Already received HA in another AU" when the adult caretaker already received HA in another AU and applying HT/HP in the same 12-month period in a different AU.
13. Add the new status reason "Already received HA in another AU" is to be set at program status reason and person level status reason.
14. Update the Program Status Reason and Person Status Reason drop downs to add/include the new denial reason "Already received HA in another AU" in the HT/HP Manual EDBC Page.
15. Update the Program Status Reason and Person Status Reason drop downs to add/include the new denial reason "Already received HA in another AU" in the HT/HP Override Program Configuration Page.

Technical Note:

Add the new status reason in CT_73 Table, "Already received HA in another AU". This status reason should be applied if the HT/HP program is FAIL due to participant already received HA. The table below lists the Status Reason and the related details.

The new Denial reason "Already received HA in another AU" will be set as the EDBC failure program status reason and person level status reason

| Status Reason | Code Num Identif | HP Priority | HP Close Program | HT Priority | HT Close Program |
|-----------------------------------|------------------|-------------|------------------|-------------|------------------|
| Already received HA in another AU | New | 1100 | Y | 1100 | Y |

16. Create new columns in the eligibility table(s) to store the required data for the fiscal to establish 12-month time clock and to track the used and / or remaining number of Temp-HA days. The new columns will contain a minimum of the following data points:
 - a. HA Reason Code
 - b. HA Exception Code
 - c. Payment Begin Date
 - d. Payment End Date

Technical Note: It is at the developer's discretion to add additional data points and data constraints as necessary to accommodate the functional and technical needs of this table (i.e. primary keys, foreign keys, etc.).

17. Below given is the table to establish HA Time track and to track the number of Temp-HA days used against the Person based on the number of days HT benefits are issued.

| Sl.# | Description | Role / Status | Days Counting Persons |
|------|---|-------------------|-----------------------|
| 1 | Needy Caretaker exists in the AU | Any Role / Active | All Adults in the AU |
| 2 | Non-Needy Caretaker relative exists in the AU | N/A | Non-needy Caretaker |

Note: Role can be MEM/FRE/FRI/UP/MMO

18. Add new EDBC rules to read the time track tables to retrieve the Expanded Temp-HA (AB557) Initial and/or Additional 16-days against the Applicant / Payee CIN# to determine the Expanded Temp-HA program PASS/FAIL. Below given is the table to track the Initial and/or Additional 16-days used against the Applicant / Payee CIN#

| Sl.# | CIN1 Role/Status | CIN2 Role/Status | Payee CIN | Days counting CIN |
|------|------------------|------------------|-----------|---------------------------|
| 1 | MEM/Active | | CIN1 | CIN1 (Only 1 Adult in HH) |

19. Modify Expanded Temp-HA (AB557) EDBC rules to accept and calculate the benefits for two 16-day increments for a total of 32 days wherein the two 16-days will no longer be consecutive but still once-in-a-lifetime.
20. Modify EDBC to FAIL Temp-HA if at least 1 adult is exhausted with all the 16-days.
21. Modify EDBC to evaluate no of days Temp-HA eligible for the adults based on the table from Point# 17.

Note:

- If an AU receives Temp-HA, the AU can receive Perm-HA, provided the AU is still homeless in the same 12-month period.
- Once 12-month period is passed, the AU can receive regular Temp-HA again without meeting an exception, and Perm-HA, once the AU finds permanent housing, if the AU is otherwise eligible.
- Fail, Deny or Discontinue the HA Program which means the Program block on the Case Summary screen will be closed.
- AU in this design doc represents Caretaker adult regardless of Needy or non-needy Caretaker.
- CIT to create Time track records for the Cases/CIN's that are having BDA on or after 09/01/2020 contingent up on the release 20.09.

2.4.3 Programs Impacted

Perm-HA, Temp-HA and Expanded Temp-HA

2.4.4 Performance Impacts

N/A

2.5 Homeless Assistance Eligibility Changes (LRS/CalSAWS Only)

2.5.1 Overview

Currently, EDBC calculates Perm-HA and Temp-HA program benefits on a 12-month benefit period based on the HA request begin month regardless of the request begin date. EDBC will evaluate the HA program benefits based on a 365 (or 366 for leap-year) absolute calendar days period based on the request begin date.

2.5.2 Description of Changes

1. Modify Temp-HA and/or Perm-HA EDBC determination to determine HA benefits based on a 365/366 absolute calendar day periods based on the HA payment begin date.
2. The 12-month (365/366-calendar-day) period will begin on the day the first payment of either Temp-HA or Perm-HA (whichever comes first) is issued to the AU and ends 12-months later (i.e., end of 365/366 calendar days).
3. Add EDBC logic to end the HT benefits on the absolute 365/366 date regardless of having data collection HT record without exception.
4. Add EDBC logic to approve the HT benefits even if the HT data collection record with exception cross over the absolute 365/366 days but the payment begin date falls on or before the 12-month period end date. (Please refer to Example 7 based on the CRPC 2183 in the EDBC Example Scenarios doc attached under Section 3 Supporting Documents.)
5. Modify Temp-HA and Expanded Temp-HA EDBC rules to split the benefit calculation to the corresponding homelessness months. These months to be matched to the HA data collection payment requested days when the homelessness spans across the successor months.
6. Modify Expanded Temp-HA EDBC rules to Discontinue/FAIL with existing status reason "Not Homeless" in the benefit month if the HA payment record doesn't exist for that benefit month and EDBC benefit month doesn't fall in any 12-month time track period.

Note:

- The reference of 12-month period across the design document is referred to as 365 (or 366 for leap-year) absolute calendar days period.
- Please refer to EDBC Example Scenarios doc attached under Section 3 Supporting Documents.

2.5.3 Programs Impacted

Temp-HA, Expanded Temp-HA, Perm-HA

2.5.4 Performance Impacts

N/A

2.6 Modify Batch EDBC processing job to not run on Temporary HA program when running in All Program (AP) mode (LRS/CalSAWS Only)

2.6.1 Overview

In LRS/CalSAWS, Batch EDBC auto run EDBC on HT program when running in AP mode.

In C-IV, Batch EDBC does not run on HT program. HT program is a manual EDBC program.

As part of this SCR, LRS/CalSAWS Batch EDBC must not run on HT program when running in AP mode.

2.6.2 Description of Change

1. Add a new refer table column into CT 18 – Program Code category. The new Refer Table column will be used to identify program list that Batch EDBC will run in AP mode. HT program must be excluded in the new refer table column.
2. Modify Batch EDBC processing job to use the new Refer Table column when running in AP mode.

2.6.3 Execution Frequency

No Change.

2.6.4 Key Scheduling Dependencies

No Change.

2.6.5 Counties Impacted

LRS/CalSAWS Counties.

2.6.6 Data Volume/Performance

N/A.

2.6.7 Failure Procedure/Operational Instructions

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

2.7 Add a new Batch EDBC Sweep job to trigger when all the 16 days benefits are issued, the 12 months benefit period is end, or Permanent HA is issued (LRS/CalSAWS Only)

2.7.1 Overview

Temporary HA program must be discontinued when all the 16 days of benefits are issued or when the 12 months benefit period is ended or when Permanent HA is issued.

2.7.2 Description of Change

- Create CTCR (CT_942_Batch Eligibility Sweep Codes) for the new SUB_TYPE_CODE for this batch job. This code detail will also be used as a Journal Entry when Batch EDBC ran on a case.

| Journal Entry | Description |
|-------------------|---|
| New/Update | New |
| Category Id | 942 |
| Short Description | Discontinue Temporary HA program |
| Long Description | Discontinue Temporary HA program |
| Trigger Condition | When HT benefits are all issued, over 12 months period, or participant received permanent HA. |

- Add a new batch job that will trigger EDBC when all the following are true.
 1. HT is active as of the benefit run month.
 2. The person is in AC status with role code of Member as of the benefit run month.
 3. (All benefits are issued)
 - a. HT without exception (Regular Temp HA) / HT with exception benefits are issued for all 16 days on any person on the Time Track page that is Active in the HT program

Trigger Conditions:

- Batch will trigger EDBC when all 16 days of benefit are issued on the current HA period. For example, when HA with exception is issued after the regular Temp HA on the same 12 months period, Batch will only look at the number of days on the current HT with exception period.
 - Batch will trigger EDBC when any person with a status of Active in the program has used all 16 days of the benefit. Note: Benefit for HA with exception can be issued before the HA without exception.
- b. Batch run date is in between the active Time track Start and End date.
Note: When there is an overlap of Regular and Expand Temp-HA, Batch will trigger EDBC when all 16 days of benefit are issued on both Regular and Expand Temp-HA.

Or (End of 12 months period)

- a. Batch run date is after the latest Homeless time track End date.

Or (Permanent HA is issued)

- a. The person is active on a Permanent HA (HP) program in the same case.
- b. The HP program has an application date on or after the application date of the HT program.

The Batch will trigger EDBC with the following details

1. Trigger EDBC in Single Program mode.
2. Trigger EDBC **till** the come-up month.
3. Trigger regular EDBC rule. Please refer to section 2.4.2 (Note) on the changes on Case Summary Page when EDBC discontinue the program.

2.7.3 Execution Frequency

Monthly – last calendar of the month. If the last calendar day is on a Sunday or Holiday, the batch will run on the batch run date prior to the last calendar day of the month.

2.7.4 Key Scheduling Dependencies

Before Batch EDBC processing job.

After the new Fiscal time track sync job.

2.7.5 Counties Impacted

All Counties.

2.7.6 Data Volume/Performance

N/A.

2.7.7 Failure Procedure/Operational Instructions

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

2.8 Modify MEDS HA20 Interface job (PO19E412) to not send transaction when EDBC authorized amount is zero (LRS/CalSAWS Only), and Update HA20 payment type logic (LRS/CalSAWS and C-IV)

2.8.1 Overview

In LRS/CalSAWS, MEDS HA20 is triggered when EDBC approved on the HT or HP program, or when Homeless Assistance benefit is issued through Service Arrangement.

In C-IV, MEDS HA20 transaction is triggered when a Homeless Assistance benefit is issued through Service Arrangement only.

As part of this SCR, MEDS HA20 Interface job will not trigger a transaction when the EDBC authorized amount is zero on HT/HP program (LRS/CalSAWS only).

Additionally, both LRS/CalSAWS and C-IV HA20 transaction jobs must be updated to send payment type based on the new locations that store the HA exception codes.

2.8.2 Description of Change

LRS/CalSAWS only:

Modify Interface MEDS HA20 job (PO19E412) to not trigger HA20 transaction when HT/HP program EDBC authorized amount is zero.

Both LRS/CalSAWS and C-IV:

1. Modify Interface MEDS HA20 job to send payment type (Data Element (DE) 9064) of 'T' for Expanded Temp-HA for Victims of Domestic Abuse.
2. Modify Interface MEDS HA20 job to use the new saved locations of the HA exception codes to determine the HA payment type.

- a. When HA benefit is issued through Service Arrangement, Interface job will use the new Time Track page to determine if the benefit is for a regular or an Expand Temp-HA for Victims of Domestic Abuse.
- b. When HA benefit is issued through an EDBC run, the Interface job will consider the benefit is for an Expand Temp-HA when the HA reason code is 'Expanded Temp-HA for Victims of Domestic Abuse'. The Interface job will not look further at the HA Exception code.

Interface HA20 job uses a combination of program code and Homeless Reason/Exception codes to determine the payment type codes

The following table is the list of payment type codes when HA benefit is issued through Service Arrangement.

| Program code | Homeless Reason/Exception Code | MEDS Payment Type – (DE 9064) |
|-------------------------|--|-------------------------------|
| Homeless Temporary (HT) | N/A | STATE TEMPORARY - T |
| HT | Expanded Temp-HA for Victims of Domestic Abuse | STATE TEMPORARY - T |
| Homeless Permanent (HP) | N/A | STATE PERMANENT - P |

The following table is the list of payment type codes when HA benefit is issued through EDBC.

| Program code | Homeless Reason/Exception Code | MEDS Payment Type – (DE 9064) |
|--------------|--------------------------------|--|
| HT | Blank | STATE TEMPORARY - T |
| HT | DECLARED NATURAL DISASTER | STATE TEMPORARY DECLARED NATURAL DISASTER - TD |
| HT | DOMESTIC VIOLENCE | STATE TEMPORARY VIOLENCE -TV |

| | | |
|----|--|---|
| HT | PHYSICAL OR MENTAL ILLNESS | STATE TEMPORARY PHYSICAL OR MENTAL ILLNESS - TM |
| HT | UNINHABITABLE | STATE TEMPORARY UNINHABITABILITY - TU |
| HT | Expanded Temp-HA for Victims of Domestic Abuse | STATE TEMPORARY - T |
| HP | Blank | STATE PERMANENT - P |
| HP | DECLARED NATURAL DISASTER | STATE PERMANENT DECLARED NATURAL DISASTER - PD |
| HP | DOMESTIC VIOLENCE | STATE PERMANENT VIOLENCE - PV |
| HP | PHYSICAL OR MENTAL ILLNESS | STATE PERMANENT PHYSICAL OR MENTAL ILLNESS - PM |
| HP | UNINHABITABLE | STATE PERMANENT UNINHABITABILITY - PU |

Note: When there are more than one EDBC records for the same payment type with the same authorization date, MEDS HA20 job will send one transaction for the case.

2.8.3 Execution Frequency

No Change.

2.8.4 Key Scheduling Dependencies

No Change.

2.8.5 Counties Impacted

All Counties.

2.8.6 Data Volume/Performance

N/A.

2.8.7 Failure Procedure/Operational Instructions

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

2.9 Time Limit Summary (LRS/CalSAWS and CIV)

2.9.1 Overview

The Time Limit Summary Page provides an overview of all-time limit information for individuals on the Case. This includes ABAWD, Cash-Aid, and Time Limit Extension Request. This system-change request will update the Time Limit Summary page to include a section for listing Homeless Assistance Time Track.

2.9.2 Time Limit Summary Mockup

Time Limit Summary

Continue

ABAWD

| Name | Begin Month | End Month |
|---------------|-------------|-----------|
| No Data Found | | |

Add

Cash-Aid

| Name | TANF Used Months | TANF Remaining Months | CalWORKs Used Months | CalWORKs Remaining Months | WTW Used Months | WTW Remaining Months |
|--|------------------|-----------------------|----------------------|---------------------------|-----------------|----------------------|
| <input type="checkbox"/> Person 01, Customer 25F | 78 | -18 | 60 | -12 | 15 | 9 |

Remove

Time Limit Extension Request

Display by Name: From: To: View

| Name | Reason | Begin Month | End Month | Status | Status Date |
|--|--------------------------------------|-------------|-----------|----------|-------------|
| <input type="checkbox"/> Person 01, Customer 25F | 605 - CW - Domestic Abuse Good Cause | 11/2018 | 12/2018 | Approved | 11/19/2018 |

Remove Add Edit View History

Homeless Assistance

| Name | Current Caretaker | Type | Begin Date | End Date | Days Used | Exception Days Used |
|--|-------------------|--|------------|------------|-----------|---------------------|
| <input type="checkbox"/> Person 01, Customer 25F | Yes | Homeless Assistance | 02/05/2020 | 02/04/2021 | 16 | 10 |
| <input type="checkbox"/> Person 01, Customer 25F | | Domestic Abuse Assistance -Initial 16 Days | 12/01/2019 | 12/16/2019 | | |
| <input type="checkbox"/> Person 01, Customer 25F | | Domestic Abuse Assistance - Additional 16 Days | 01/01/2020 | 01/16/2020 | | |

Remove Add

Complete

Continue

Figure 2.9.1 – Time Limit Summary in LRS/CalSAWS

Time Limit Summary

* - Indicates required fields Continue

ABAWD

| Name | Begin Month | End Month |
|---------------|-------------|-----------|
| No Data Found | | |

Add

Cash-Aid

| Name | TANF Used Months | TANF Remaining Months | CalWORKs Used Months | CalWORKs Remaining Months | WTW Used Months | WTW Remaining Months |
|--|------------------|-----------------------|----------------------|---------------------------|-----------------|----------------------|
| <input type="checkbox"/> Person 01, Customer | 78 | -18 | 60 | -12 | 15 | 9 |

Remove

Homeless Assistance

| Name | Current Caretaker | Type | Begin Date | End Date | Days Used | Exception Days Used |
|--|-------------------|--|------------|------------|-----------|---------------------|
| Person 01, Customer | Yes | Homeless Assistance | 02/05/2020 | 02/04/2021 | 16 | 10 |
| <input type="checkbox"/> Person 01, Customer | | Domestic Abuse Assistance -Initial 16 Days | 12/01/2019 | 12/15/2019 | | |
| <input type="checkbox"/> Person 01, Customer | | Domestic Abuse Assistance - Additional 16 Days | 01/01/2020 | 01/15/2020 | | |

Remove Add

Complete Continue

Figure 2.9.1 – Time Limit Summary in CIV

2.9.3 Description of Changes

1. Add a new Homeless Assistance section that will list the latest Time Track period for each adult on the case. See figure 2.9.1.
 - a. This section will include the following columns:
 - i. Check Box – This field will allow users to remove a Domestic Abuse Assistance Time Track. The check box will be visible when the following conditions are met:

1. Users belong in “Homeless Assistance Time Track Remove” security group.
 2. Time Track Type is ‘Domestic Abuse Assistance – Initial 16 Days’ or ‘Domestic Abuse Assistance – Additional 16 Days:’.
- ii. Name – The Name of the individual that the Time Track period is for. The format will be [Last], [First] [Age][Gender] in LRS/CalSAWS (see figure 2.9.1), and [Last], [First] in CIV (see figure 2.9.2). This field will be a hyper link to the Homeless Assistance Time Track List page if users are with the “Homeless Assistance Time Track View” security group and Type is ‘Homeless Assistance’.
 - iii. Current Caretaker – This field will identify if the person is a caretaker, needy or non-needy, in the HT program. An active adult in the program will have value ‘Yes’ for being a needy caretaker. When there is no active adult in the HT program, the current payee will have value ‘Yes’ for being non-needy caretaker.
 - iv. Type – The Type of Time Track for an individual. Possible value below:
 1. Homeless Assistance: A 365/366 days period to track Temporary HA or Temporary HA exceptions benefits.
 2. Domestic Abuse Assistance – Initial 16 Days: The first 16 days period of expanded temporary HA for victims of domestic abuse.
 3. Domestic Abuse Assistance – Additional 16 Days: The second 16 days period of expanded temporary HA for victims of domestic abuse.
 - v. Begin Date – Begin date of the Time Track period.
 - vi. End Date – End date of the Time Track period.
 - vii. Days Used – Number of days used for Regular Temp HA benefit within the time period.
 - viii. Exception Days Used – Number of days used for Temp HA with exceptions within the time period.
- b. Time Track will not be paginated.
 - c. Time Track records will be displayed in order of Name and Type. The order of Type will be ‘Homeless Assistance’, ‘Domestic Abuse Assistance – Initial 16 Days’, and ‘Domestic Abuse Assistance – Additional 16 Days’ for a person. See Figure 2.9.1.
 - d. Add a “Remove” button that will allow users to remove Domestic Abuse Assistance Time Track. This button is only visible to users with the “Homeless Assistance Time Track Remove” security group and there are any Time Tracks with Type ‘Domestic Abuse Assistance – Initial 16 Days’ or ‘Domestic Abuse Assistance – Additional 16 Days’.
 - e. Add an “Add” button that will navigate users to Homeless Assistance Time Track page in Create Mode. This button will be

only visible to users with the “Homeless Assistance Time Track Edit” security group.

2.9.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Time Limit**

2.9.5 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|-----------------------------------|---|--|
| HomelessAssistanceTimeTrackView | Ability to navigate to Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Homeless Assistance Time Track View Homeless Assistance Time Track Edit |
| HomelessAssistanceTimeTrackEdit | Ability to create Time Track and create, edit Time Track Detail records | Homeless Assistance Time Track Edit |
| HomelessAssistanceTimeTrackRemove | Ability to Remove Time Track and Time Track Detail | Homeless Assistance Time Track Remove |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|---------------------------------------|---|--|
| Homeless Assistance Time Track View | Give users the ability to view Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Eligibility Staff, Eligibility Supervisor |
| Homeless Assistance Time Track Edit | Give users the ability to create Time Track and create, edit Homeless Assistance Time Track Detail records | Eligibility Staff, Eligibility Supervisor |
| Homeless Assistance Time Track Remove | Give users the ability to remove Time Track and Time Track Detail records | Eligibility Supervisor |

2.9.6 Page Mapping

Add page mapping for Homeless Assistance section.

2.10 Homeless Assistance Time Track List (LRS/CalSAWS and CIV)

2.10.1 Overview

The Homeless Assistance Time Track List page will allow users to track benefits for Homeless Assistance. This will include temporary HA, temporary HA with exception.

The system will not track temporary HA with 'State/Federal Declared Natural Disaster' Exception since there is no restrictions on how many times a customer can request this type of benefit within a 12-month period.

2.10.2 Homeless Assistance Time Track List Mockup

Homeless Assistance Time Track List

Close

Name:

Person 01, Customer 25F

| <input type="checkbox"/> | Time Period | Begin Date | End Date | Temporary HA Days Used | Temporary HA Days Remaining | Temporary HA Exception Days Used | Temporary HA Exception Days Remaining |
|--------------------------|-------------|------------|------------|------------------------|-----------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> | 1 | 01/06/2017 | 01/05/2018 | 16 | 0 | 10 | 6 |
| <input type="checkbox"/> | 2 | 02/05/2020 | 02/04/2021 | 3 | 13 | 0 | 16 |

Remove Add

Display by Time Period:

From:

To:

View

| Search Results Summary | | | | | | | Results 1 - 6 of 6 |
|--------------------------|----------------------------|----------------------------|-----------|-----------------|--------------------------------|-------------|-------------------------------------|
| <input type="checkbox"/> | Begin Date | End Date | Days Used | Program | Exception | Time Period | |
| <input type="checkbox"/> | 01/06/2017 | 01/08/2017 | 3 | Homeless - Temp | | 1 | <input type="button" value="Edit"/> |
| <input type="checkbox"/> | 01/09/2017 | 01/15/2017 | 7 | Homeless - Temp | | 1 | <input type="button" value="Edit"/> |
| <input type="checkbox"/> | 01/16/2017 | 01/21/2017 | 6 | Homeless - Temp | | 1 | <input type="button" value="Edit"/> |
| <input type="checkbox"/> | 03/15/2017 | 03/17/2017 | 3 | Homeless - Temp | Former Residence Uninhabitable | 1 | <input type="button" value="Edit"/> |
| <input type="checkbox"/> | 03/18/2017 | 03/24/2017 | 7 | Homeless - Temp | Former Residence Uninhabitable | 1 | <input type="button" value="Edit"/> |
| <input type="checkbox"/> | 02/05/2020 | 02/25/2020 | N/A | Homeless - Perm | | 2 | <input type="button" value="Edit"/> |
| <input type="checkbox"/> | 03/18/2020 | 03/20/2020 | 3 | Homeless - Temp | | 2 | <input type="button" value="Edit"/> |

Remove Add

Close

Figure 2.10.1 – Homeless Assistance Time Track List

Name:

Person 01, Customer

Figure 2.10.2 – Homeless Assistance Time Track List – Name field in CIV

2.10.3 Description of Changes

- 1) Create a new Homeless Assistance Time Track List page that will be visible to users with the "Homeless Assistance Time Track View" security group. See figure 2.10.1.
- 2) Users will be able to navigate to this page from Time Limit Summary page.
- 3) This page will include the following field:
 - a. Name – This will provide the name of the individual that the Homeless Assistance Time Track periods are for. The format will be [Last], [First] [Age][Gender] in LRS/CalSAWS (see figure 2.10.1), and [Last], [First] in CIV (see figure 2.10.2).
- 4) A Time Track period section will include the list of Homeless Assistance Time Track records.
 - a. This section will have the following columns:
 - i. Check Box – This field will allow users to remove a Homeless Assistance Time Track. The check box will be visible for users when following conditions are met:
 1. Users belong in "Homeless Assistance Time Track Remove" security group.
 2. Users' locations are the county where the Time Track is created.
 - ii. Time Period – The number of Time Track period.
 - iii. Begin Date – Begin date of the Time Track period.
 - iv. End Date – End date of the Time Track period.
 - v. **Temporary HA Days Used** – Number of days used for regular Temporary HA.
 - vi. **Temporary HA Days Remaining** – Number of days are available for regular Temporary HA. The maximum is 16 days.
 - vii. **Temporary HA Exception Days Used** – Number of days are used for Temporary HA exceptions.
 - viii. **Temporary HA Exception Days Remaining** – Number of days are available for Temporary HA exceptions. The maximum is 16 days.
 - b. Homeless Assistance Time Track period section will not be paginated.
 - c. Homeless Assistance Time Track records will be order by Time Period.
 - d. Add a "Remove" button that will allow users to remove Time Track periods. This button will be only visible when following conditions are met:
 - i. Users belong in "Homeless Assistance Time Track Remove" security group.
 - ii. There are any Homeless Assistance Time Track records with Check Box available for users to remove.

Users will be navigated to Time Limit Summary page when all Time Track periods are removed.

- e. Add an “Add” button that will navigate users to the Homeless Assistance Time Track page in Create Mode. This button will only be visible to users with the “Homeless Assistance Time Track Edit” security group.
- 5) A Time Track Detail section will include the list of Temporary HA and Temporary HA with exceptions benefits.
- a. This section will include the following fields that will allow users to filter the results by clicking the “View” button.
 - i. Display By Time Period – A drop -down field will contain all Time Track periods of an individual.
 - ii. From – This field will allow users to filter the results based on the payment begin date.
 - 1. All results with Begin Date greater or equal to the ‘From’ date will be displayed.
 - 2. This field will allow users to enter data in “MM/DD/YYYY” format.
 - 3. The default value will be blank.
 - iii. To – This field will allow users to filter the results based on payment begin date.
 - 1. All results with Effective Month less or equal to the ‘To’ date will be displayed.
 - 2. This field will allow users to enter data in “MM/DD/YYYY” format.
 - 3. The default value will be blank.
 - b. This section will have the following columns:
 - i. Check Box – This field will allow users to remove a Homeless Assistance Time Track Detail. The check box will be visible for users when following conditions are met:
 - 1. Users belong in “Homeless Assistance Time Track Remove” security group.
 - 2. Users’ locations are the county where the Time Track Detail is created at.
 - ii. Begin Date – The payment begins date of Temporary HA or Temporary HA with exceptions benefits. This field will be a hyper link to the Homeless Assistance Time Track Detail page if users are with the “Homeless Assistance Time Limit View” security group.
 - iii. End Date – The payment end date of Temporary HA or Temporary HA with exceptions benefits.
 - iv. Program – This field will indicate that the tracked benefits is for Homeless – Temp or Homeless – Perm.
 - v. Days Used – Number of benefit days are used for Homeless - Temp. This is a calculated field based on the Begin Date and End Date. This field will be ‘N/A’ if Program is Homeless – Perm.
 - vi. Exception – This field will only have value if benefits are for Temporary HA with exceptions. Possible values are below:

1. Domestic Violence
 2. Former Residence Uninhabitable
 3. Physical/Mental Illness
- vii. Time Period – The number of Time Track period.
 - viii. All columns above will be sortable.
 - ix. Time Track Detail records will be displayed in ascending order of Time Period and Begin Date.
 - x. This section will be paginated and allow 25 records per page.
 - xi. Add an “Edit” button that will navigate users to the Homeless Assistance Time Track Detail page in Edit Mode. This button will only be visible when the following conditions are met:
 1. Users belong in the “Homeless Assistance Time Track Edit” security group.
 2. Users’ locations are the county where the Time Track Detail is created.
 - c. Add a “Remove” button that will allow users with the “Homeless Assistance Time Track Remove” security group to remove Time Track Details. This button will only be visible when the following conditions are met:
 - i. There are any Time Track Details with Checkbox available for users to remove.
 - ii. Users belong in the “Homeless Assistance Time Track Remove” security group.
 - d. Add an “Add” button that will navigate users to the Homeless Assistance Time Track Detail page in Create Mode. This button will only be visible to users with the “Homeless Assistance Time Track Edit” security group.

2.10.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Time Limit**

2.10.5 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|---------------------------------|---|--|
| HomelessAssistanceTimeTrackView | Ability to navigate to Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Homeless Assistance Time Track View Homeless Assistance Time Track Edit |

| Security Right | Right Description | Right to Group Mapping |
|-----------------------------------|---|---------------------------------------|
| HomelessAssistanceTimeTrackEdit | Ability to create Time Track and create, edit Time Track Detail records | Homeless Assistance Time Track Edit |
| HomelessAssistanceTimeTrackRemove | Ability to Remove Time Track and Time Track Detail | Homeless Assistance Time Track Remove |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|---------------------------------------|---|---|
| Homeless Assistance Time Track View | Give users the ability to view Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Eligibility Staff, Eligibility Supervisor |
| Homeless Assistance Time Track Edit | Give users the ability to create Time Track and create, edit Homeless Assistance Time Track Detail records | Eligibility Staff, Eligibility Supervisor |
| Homeless Assistance Time Track Remove | Give users the ability to remove Time Track and Time Track Detail records | Eligibility Supervisor |

2.10.6 Page Mapping

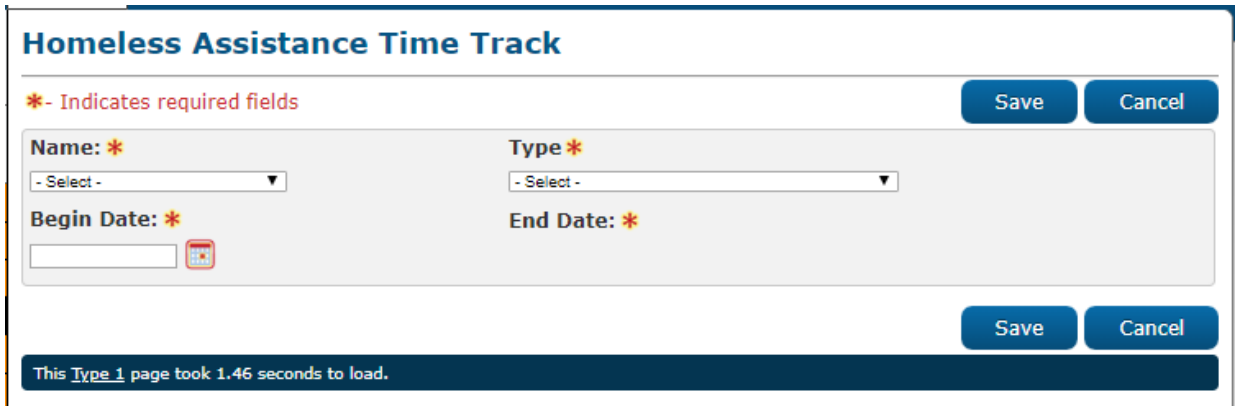
Add page mapping for Homeless Assistance Time Track List page.

2.11 Homeless Assistance Time Track (LRS/CalSAWS and CIV)

2.11.1 Overview

The Homeless Assistance Time Track page will allow users to create a Time Track period to track Homeless Assistance benefits.

2.11.2 Homeless Assistance Time Track Mockup



Homeless Assistance Time Track

*- Indicates required fields

Name: * Type *

- Select - - Select -

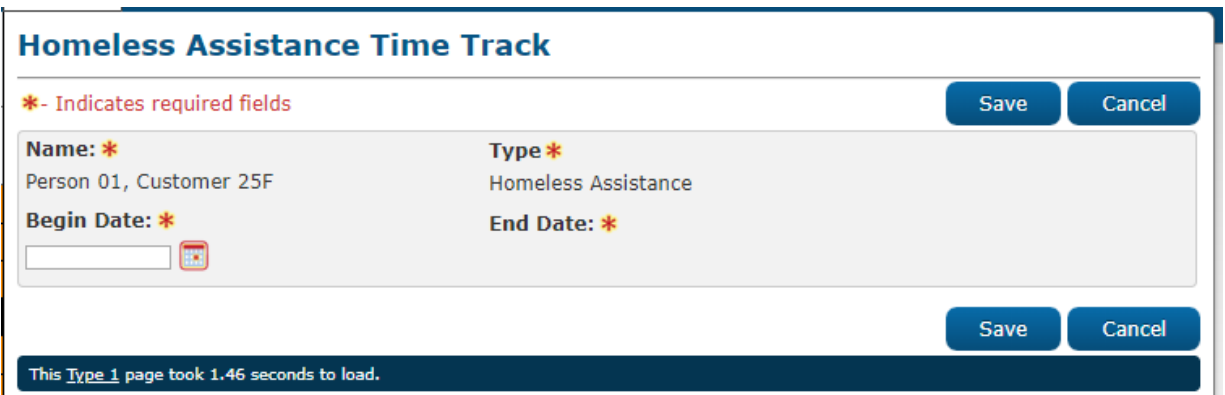
Begin Date: * End Date: *

Save Cancel

Save Cancel

This Type_1 page took 1.46 seconds to load.

Figure 2.11.1 – Homeless Assistance Time Track Navigated From Time Limit Summary



Homeless Assistance Time Track

*- Indicates required fields

Name: * Type *

Person 01, Customer 25F Homeless Assistance

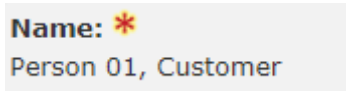
Begin Date: * End Date: *

Save Cancel

Save Cancel

This Type_1 page took 1.46 seconds to load.

Figure 2.11.2 – Homeless Assistance Time Track Navigated From Homeless Assistance Time Track List



Name: *
Person 01, Customer

Figure 2.11.3 – Homeless Assistance Time Track – Name field in CIV

2.11.3 Description of Changes

1. Create a new Homeless Assistance Time Track page to allow users to add a new Time Track period.
2. Users with 'Homeless Assistance Time Track Edit' security groups will be able to navigate to this page from Time Limit Summary page and Homeless Assistance Time Track List page.
3. This page will include the following field:
 - a. Name – This will provide the name of the individual that Homeless Assistance Time Track is for. The format will be [Last], [First] [Age][Gender] in LRS/CalSAWS (see figure 2.11.2), and [Last], [First] in CIV (see figure 2.11.3).
 - i. This field will be only editable and mandatory when page is accessed from Time Limit Summary page. The default value will be '- Select -'. See figure 2.11.1.

- ii. This field will have all adult persons under the case as available options when editable.
- iii. This field will not be editable when navigated from Homeless Assistance Time Track List page. The default value will be the Name from the Homeless Assistance Time Track List page. See figure 2.11.2,
- b. Type – This field will allow users to set the Type of a Time Track.
 - i. This field will be only editable and mandatory when page is accessed from Time Limit Summary page.
 - ii. This field will have following options for selection:
 1. – Select –
 2. Homeless Assistance
 3. Domestic Abuse Assistance – Initial 16 Days
 4. Domestic Abuse Assistance – Additional 16 Days
 5. The default value will be ‘– Select –’. See figure 2.11.1.
 - iii. This field will not be editable when navigated from Homeless Assistance Time Track List page. The default value will be ‘Homeless Assistance’. See figure 2.11.2,
- c. Begin Date – This field will allow users to set the begin date of a Time Track period.
 - i. This field is editable.
 - ii. This field will allow users to enter data in “MM/DD/YYYY” format.
 - iii. The default value will be blank.
- d. End Date – This field will indicate the end date of a Time Track period. The default value will be automatically calculated based on Begin Date and Type.
 - i. This field is not editable.
 - ii. For ‘Homeless Assistance’ Type, the default value will be counting 365 days (or 366 in a leap year) from Begin Date. For example, if Begin Date is ‘04/14/2020’, End Date will be ‘04/13/2020’.
 - i. For ‘Domestic Abuse Assistance – Initial 16 Days’ and ‘Domestic Abuse Assistance – Additional 16 Days’ types, the default value will be counting 16 days from Begin Date. For example, if Begin Date is ‘04/14/2020’, End Date will be ‘04/29/2020’.

Note: System does not allow editing Begin Date and End Date of a Time Track record. If a Homeless Assistance Time Track need to end before 365/366 days or to change Begin Date, it is required to manually delete the Time Track and starting a new one.

- 6) Add a “Save” button that will allow users to save data. For ‘Homeless Assistance’ Type, users will be navigated to Homeless Assistance Time Track List page.

For 'Domestic Abuse Assistance – Initial 16 Days' and 'Domestic Abuse Assistance – Additional 16 Days' Types, users will be navigated to Time List Summary page.

- 7) When Type is 'Homeless Assistance', add a validation with message 'Time Track period already exists' when date range of the Begin Date and the End Date overlaps with existing Time Tracks with 'Homeless Assistance' Type and stop data from being saved.
- 8) Add a validation with message 'Domestic Abuse Assistance – Initial 16 Days' Time Track already exists' and stop data from being saved.
- 9) Add a validation with message 'Domestic Abuse Assistance – Additional 16 Days' Time Track already exists' and stop data from being saved.
- 10) Add a validation with message 'Begin Date cannot be future date.' and stop data from being saved.
- 11) Add an "Cancel" button that will navigate users to the previous page without saving data.

2.11.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Time Limit**

2.11.5 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|---------------------------------|---|--|
| HomelessAssistanceTimeTrackView | Ability to navigate to Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Homeless Assistance Time Track View Homeless Assistance Time Track Edit |
| HomelessAssistanceTimeTrackEdit | Ability to create Time Track and create, edit Time Track Detail records | Homeless Assistance Time Track Edit |
| | | |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|-------------------------------------|--|--|
| Homeless Assistance Time Track View | Give users the ability to view Homeless Assistance Time Track List, Homeless Assistance Time | Eligibility Staff, Eligibility Supervisor |

| Security Group | Group Description | Group to Role Mapping |
|-------------------------------------|--|---|
| | Track, and Homeless Assistance Time Track page | |
| Homeless Assistance Time Track Edit | Give users the ability to create Time Track and create, edit Homeless Assistance Time Track Detail records | Eligibility Staff, Eligibility Supervisor |
| | | |

2.11.6 Page Mapping

Add page mapping for Homeless Assistance Time Track page.

2.12 Homeless Assistance Time Track Detail (LRS/CalSAWS and CIV)

2.12.1 Overview

The Homeless Assistance Time Track Detail page will allow users to create, edit, and view a Time Track Detail to track Temporary HA and Temporary HA exceptions benefits.

2.12.2 Homeless Assistance Time Track Detail Mockup

Homeless Assistance Time Track Detail

*- Indicates required fields


| | |
|--|--|
| Name: Person 01, Customer 25F | Case Number: * <input type="text" value="-Select-"/> |
| Time Period: * <input type="text" value="-Select-"/> | Exception: <input type="text" value="-Select-"/> |
| Program: * <input type="text" value="-Select-"/> | County: Los Angeles |
| Begin Date: * <input type="text"/>  | End Date: * <input type="text"/>  |

Figure 2.12.1 – Homeless Assistance Time Track Detail page in Create Mode

Homeless Assistance Time Track Detail

*- Indicates required fields

| | |
|---|---|
| Name: Person 01, Customer 25F | Case Number: * CASE001 |
| Time Period: * 1 | Exception: |
| Program: * Homeless - Temp | County: Los Angeles |
| Begin Date: * <input type="text" value="01/08/2017"/> | End Date: * <input type="text" value="01/08/2017"/> |

Save Cancel

Save Cancel

Figure 2.12.2 – Homeless Assistance Time Track Detail page in Edit Mode

Homeless Assistance Time Track Detail

*- Indicates required fields

| | |
|---|----------------------------------|
| Name: Person 01, Customer 25F | Case Number: * CASE001 |
| Time Period: * 1 | Exception: |
| Program: * Homeless - Temp | County: Los Angeles |
| Begin Date: * 01/06/2017 | End Date: * 01/08/2017 |

Edit Close

Save Close

Figure 2.12.3 – Homeless Assistance Time Track Detail page in View Mode

Name:
Person 01, Customer

Figure 2.12.4 – Homeless Assistance Time Track Detail – Name Field in CIV

2.12.3 Description of Changes

- 1) Create a new Homeless Assistance Time Track Detail page.
- 2) Users with 'Homeless Assistance Time Track View' and 'Homeless Assistance Time Track Edit' security groups will be able to navigate to this page from Homeless Assistance Time Track List page.
- 3) This page will include the following field:
 - a. Name – This will provide the name of the individual that Homeless Assistance Time Track Month is for. This field will not be editable. The format will be [Last], [First] [Age][Gender] in LRS/CalSAWS (see figure 2.12.3), and [Last], [First] in CIV (see figure 2.12.4).

- b. Case Number– The Case Number of Temporary HA program.
 - i. This field will be mandatory and editable only in Create Mode.
 - ii. This field's options will include all Cases in current Users' county for the person. The format will be [Case Number] – [Case Name] in Create Mode and [Case Number] in Edit and View Mode.
 - iii. The default value will be '– Select –'.
- c. Time Period – The 365/366 days' time period of the Time Track Detail belong to.
 - i. This field will be mandatory and editable only in Create Mode.
 - ii. This field will include all Time Tack periods on Homeless Assistance Time Track List page as options.
 - iii. The default value will be '– Select – '.
- d. Exception – This field will indicate tracked benefits are for Temporary HA or Temporary HA with exceptions.
 - i. This field will be non-mandatory and editable only in Create Mode.
 - ii. This field will have following options:
 - 1. – Select –
 - 2. Domestic Violence
 - 3. Former Residence Uninhabitable
 - 4. Physical/Mental Illness
 - iii. The default value is '– Select –'.
- e. Program – This field will indicate tracked benefits are for Homeless Temp or Homeless Perm Program.
 - i. This field will be mandatory and editable only in Create Mode.
 - ii. This field will have following options:
 - 1. – Select –
 - 2. Homeless - Perm
 - 3. Homeless - Temp
- f. County – This field indicates the county where a Time Track Detail is created. This field is view only.
- g. Begin Date – The begin date of benefits.
 - i. This field will be mandatory and editable in both Create Mode and Edit Mode.
 - ii. This field will allow users to enter data in "MM/DD /YYYY" format.
 - iii. The default value will be blank in Create Mode and last saved data in Edit Mode.
- h. End Date – The end date of benefits.
 - i. This field will be mandatory and editable in both Create Mode and Edit Mode.
 - ii. This field will allow users to enter data in "MM/DD /YYYY" format.

- iii. The default value will be blank in Create Mode and last saved data in Edit Mode.
- 4) Add a "Save" button that will allow users to save data and navigate to Homeless Assistance Time Track List page.
- 5) For Temporary HA without exceptions, add a validation with message 'Begin Date or End Date, or both is not within selected time period' and stop data from being saved.
- 6) For Temporary HA with exceptions, Permanent HA, and Permanent HA with exceptions:
 - i. add a validation with message 'Begin Date is not within selected time period' and stop data from being save.
- 7) For Temporary HA with or without exceptions, add a validation with message 'Days between Begin Date and End Date cannot be more than 16 days' and stop data from being saved.
- 8) Add a validation with message 'Begin Date cannot be future date.' And stop data from being saved.
- 9) Add a validation with message 'Cannot add more than one Time Track Detail for Homeless – Perm within the selected time period.' And stop data from being saved.
- 10) Add a validation with message 'Cannot add more than one Time Track Detail for Homeless – Perm with exception within the selected time period.' And stop data from being saved.
- 11) Add a validation with message 'Date range of the Begin Date and the End Date cannot overlap with existing Homeless – Temp Time Track Detail within the selected time period.' Type and stop data from being saved.
- 12) Add an "Cancel" button that will navigate users to the Homeless Assistance Time Track List page without saving data.

2.12.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Time Limit**

2.12.5 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|---------------------------------|---|--|
| HomelessAssistanceTimeTrackView | Ability to navigate to Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Homeless Assistance Time Track View Homeless Assistance Time Track Edit |

| Security Right | Right Description | Right to Group Mapping |
|---------------------------------|---|-------------------------------------|
| HomelessAssistanceTimeTrackEdit | Ability to create Time Track and create, edit Time Track Detail records | Homeless Assistance Time Track Edit |
| | | |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|-------------------------------------|---|---|
| Homeless Assistance Time Track View | Give users the ability to view Homeless Assistance Time Track List, Homeless Assistance Time Track, and Homeless Assistance Time Track page | Eligibility Staff, Eligibility Supervisor |
| Homeless Assistance Time Track Edit | Give users the ability to create Time Track and create, edit Homeless Assistance Time Track Detail records | Eligibility Staff, Eligibility Supervisor |
| | | |

2.12.6 Page Mapping

Add page mapping for Homeless Assistance Time Track Detail page.

2.13 CTCRs

- In LRS/CalSAWS and CIV, insert a new record with below attributes in Catgry table:
 CATGRY_NAME: Time Track Type
 REFER_TABLE_IND: N
- In LRS/CalSAWS and CIV, insert new records in Code_Detl table as below:

| CODE_NUM_IDENTIF | CATGRY_ID | SHORT_DECODE_NAME | LONG_DECODE_NAME | BEG_DATE | END_DATE |
|------------------|---------------------------------|--|--|----------|------------|
| HA | (ID of new Catgry record above) | Homeless Assistance | Homeless Assistance | 1/1/1000 | 12/31/9999 |
| DI | (ID of new Catgry record above) | Domestic Abuse Assistance – Initial 16 Days | Expanded Temporary HA for Victims of Domestic Abuse – Initial 16 Days | 1/1/1000 | 12/31/9999 |
| DA | (ID of new Catgry record above) | Domestic Abuse Assistance – Additional 16 Days | Expanded Temporary HA for Victims of Domestic Abuse – Additional 16 Days | 1/1/1000 | 12/31/9999 |

3. In LRS/CalSAWS, update Catgry with Name 'Homeless Assistance Exception' with below values

- a. Field_label_descr: Homeless Assistance Time Track:1:S;
- b. Refer_table_Ind: Y

In CIV, insert above record in to catgry table.

4. In LRS/CalSAWS, Update Refer_Table_1_Descr of Code_Detl table with below highlighted value for 'Homeless Assistance Exception' category.

| CODE_NUM_IDENTIF | CODE_DESCR | REFER_TABLE_1_DESCR |
|------------------|---|---------------------|
| SF | State/Federal Declared Natural Disaster | N |
| DV | Domestic Violence | Y |
| FR | Former Residence Uninhabitable | Y |
| PM | Physical/Mental Illness | Y |

In CIV, insert above records into Code_Detl table.

2.14 Database Change Request

1. Create a new table 'PERS_TIME_TRACK' with following columns:
 - a. ID – This column will store system-generated unique identifier for each instance of this table.
 - a. This column will not allow null value.
 - b. Data type will be number.
 - c. Comment will be 'This is a System-generated unique identifier for an instance of this table to be used as the primary key'.
 - b. PERIOD_NUM_IDENTIF – This column will store the identifier of time periods for a person.
 - a. This column will not allow null value.
 - b. Data type will be number.
 - c. Comment will be 'This column stores the number of a time period. Gets incremented for each new time period for a person'.
 - c. PERS_ID – This column will store the primary key of table PERS.
 - a. This column will not allow null value.
 - b. Data type will be number.
 - c. Comment will be 'This is a system-generated unique identifier for an instance of this table propagated from the parent table primary key.'
 - d. BEG_DATE – This column will store begin date of each time period.
 - a. This column will not allow null value.
 - b. Data type will be date.
 - c. Comment will be 'This column stores the begin date for each time period.'
 - e. END_DATE – This column will store end date of each time period.
 - a. This column will not allow null value.
 - b. Data type will be date.

- c. Comment will be 'This column stores the end date for each time period.'
- f. TYPE_CODE – This column will store the type of a time period.
 - a. This column will not allow null value.
 - b. Data type will be VARCHAR2(3 Byte).
 - c. Comment will be '[new ID of Time Track Type in section 2.13.1] – This column will store the Type of a Time Track period.'
- g. CREATED_BY – This column will identify the person who creates an instance on this table.
 - a. This column will not allow null value.
 - b. Data type will be VARCHAR2(30 Byte).
 - c. Comment will be 'This column captures the name of the person who created a specific instance on this table.'
- h. UPDATED_BY – This column will identify the last person who updates an instance on this table.
 - a. This column will not allow null value.
 - b. Data type will be VARCHAR2(30 Byte).
 - c. Comment will be 'This column captures the name of the person who last updated a specific instance on this table'
- i. CREATED_ON – This column will store the date/time when an instance of this table is created.
 - a. This column will not allow null value.
 - b. Data type will be TIMESTAMP (6).
 - c. Comment will be 'this column captures the date/time when a specific instance of this table was created.'
- j. UPDATED_ON – This column will store the date/time when an instance of this table is last updated.
 - a. This column will not allow null value.
 - b. Data type will be TIMESTAMP (6).
 - c. Comment will be 'This column captures the date/time when a specific instance of this table was last updated'.

Table comment will be 'This Table stores the time period information for tracking day-based benefits.'

2. Create a new table 'PERS_TIME_TRACK_DETL' with following columns:
 - a. ID – This column will store system-generated unique identifier for each instance of this table.
 - i. This column will not allow null value.
 - ii. Data type will be number.
 - iii. Comment will be 'This is a System-generated unique identifier for an instance of this table to be used as the primary key'.
 - b. PERS_TIME_TRACK_ID – This column will store the primary key of TIME_TRACK table.
 - i. This column will not allow null value.
 - ii. Data type will be number.
 - iii. Comment will be 'This column is a foreign key to the TIME_TRACK table.'
 - c. BEG_DATE – This column will store the begin date of benefits.

- i. This column will not allow null value.
 - ii. Data type will be date.
 - iii. Comment will be 'This column stores Begin Date for Homeless Assistance benefits'
- d. END_DATE – This column will store the end date of benefits.
 - i. This column will not allow null value.
 - ii. Data type will be date.
 - iii. Comment will be 'This column stores End Date for Homeless Assistance benefits'
- e. COUNTY_CODE – This column will identify at which county the time track detail record is created.
 - i. This column will not allow null value.
 - ii. Data type will be VARCHAR2(3 Byte).
 - iii. Comment will be '15 - This column will contain the county at which the time period is created.'
- f. PGM_CODE – This column will indicate benefits is HT or HP.
 - i. This column will not allow null value.
 - ii. Data type will be VARCHAR2(3 Byte).
 - iii. Comment will be '18 – This column will indicate whether benefits is HT or HP.'
- g. EXCEPT_CODE – This column will identify the code of exceptions for Temporary HA.
 - i. This column will allow null value.
 - ii. Data type will be VARCHAR2(3 BYTE)
 - iii. Comment will be '10179 - This is the code of the Exception that allows the person to receive assistance.'
- h. CASE_ID – This column will store the primary key of table CASE.
 - i. This column will not allow null value.
 - ii. Data type will be number.
 - iii. Comment will be 'This is a system-generated unique identifier for a row of this table, propagated from the parent table primary key.'
- i. CREATED_BY – This column will identify the person who creates an instance on this table.
 - i. This column will not allow null value.
 - ii. Data type will be VARCHAR2(30 Byte).
 - iii. Comment will be 'This column captures the name of the person who created a specific instance on this table.'
- j. UPDATED_BY – This column will identify the last person who updates an instance on this table.
 - i. This column will not allow null value.
 - ii. Data type will be VARCHAR2(30 Byte).
 - iii. Comment will be 'This column captures the name of the person who last updated a specific instance on this table'
- k. CREATED_ON – This column will store the date/time when an instance of this table is created.

- i. This column will not allow null value.
 - ii. Data type will be TIMESTAMP (6).
 - iii. Comment will be 'this column captures the date/time when a specific instance of this table was created.'
 - I. UPDATED_ON – This column will store the date/time when an instance of this table is last updated.
 - i. This column will not allow null value.
 - ii. Data type will be TIMESTAMP (6).
 - iii. Comment will be 'This column captures the date/time when a specific instance of this table was last updated'.
- Table comment will be 'This Table stores benefits information within a time period for tracking'.

2.15 Homeless Assistance Time Track Batch (LRS/CalSAWS only)

2.15.1 Overview

A new daily batch process will be introduced to track Homeless Assistance benefits. This will include temporary HA, temporary HA with exceptions, and expanded temporary HA for victims of domestic abuse.

2.15.2 Description of Change

1. Create a new Homeless Assistance Time Track batch job with following components:
 - a. Sweep Logic: The batch will pick up accepted HT and HP EDBC ran on the Batch Date. For HP, HT, and HT with exceptions, use table in section 2.4.2.16 to determine which program persons to track issued benefits. For Expanded HT for victims of domestic abuse, use table in section 2.4.2.17.
 Note: Currently EDBC Run Date does not capture the date when the Supervisor or Deputy authorize EDBC. This batch will not be able to pick up any EDBC that are authorized on a later date than the run date. SCR-55990 will address this issue.
 - b. Batch Logic: For each Person and Benefit Month identified from 2.15.2.1a:
 - i. The batch will create a new Time Track with 'Homeless Assistance' Type and payment begin date as the Begin Date when following conditions are met:
 1. Benefits are Permanent HA, Permanent HA exceptions, Temporary HA, Temporary HA exceptions. Exception 'State/Federal Declared Natural Disaster' will be excluded.
 2. The payment begin date is not within any existing Time Track period with 'Homeless Assistance' Type for the individual.

End Date will be automatically calculated by counting 365 days (or 366 in a leap year) from Begin Date. For example, if Begin Date is '04/14/2020', End Date will be '04/13/2021'.

- ii. The batch will create a new Time Track with 'Domestic Abuse Assistance – Initial 16 Days' Type and payment begin date as the Begin Date when following conditions are met:
 1. Benefits are Expanded HT for victims of domestic abuse.
 Technical Note:
 On the eligibility tables, 'Expanded Temp-HA for Victims of Domestic Abuse' on the Reason column will indicate the benefits is for domestic abuse assistance.
 2. There are no 'Domestic Abuse Assistance – Initial 16 Days' and 'Domestic Abuse Assistance – Additional 16 Days' time track for the person.

End Date will be automatically calculated by counting 16 days from Begin Date. For example, if Begin Date is '04/14/2020', End Date will be '04/29/2020'.

- iii. The batch will create a new Time Track with 'Domestic Abuse Assistance – Additional 16 Days' Type and payment begin date as the Begin Date when following conditions are met:
 1. Benefits are Expanded HT for victims of domestic abuse.
 2. There is an 'Domestic Abuse Assistance – Initial 16 Days' Time Track, but not 'Domestic Abuse Assistance – Additional 16 Days' time track for the person.
 3. The payment begin date is later than end date of initial 16 days' time track.

End Date will be automatically calculated by counting 16 days from Begin Date. For example, if Begin Date is '04/14/2020', End Date will be '04/29/2020'.

The batch will only automate the creation of all Time Track, including Homeless Assistance and Domestic Abuse Assistance, when those benefits are first calculated in EDBC. Any changes to already established periods will require manual action on users.

- iv. For Temporary HA and Temporary HA exceptions, the batch will create a Time Track Detail track EDBC benefits. For example, an EW runs EDBC to issue 3 days benefits for 4/3/2020 to 4/5/2020 for Case LA01 in Los Angeles County. Batch will enter a Time Track Detail below.

| beg Date | End Date | Program | Exception | County | Case | Time period |
|----------|----------|-----------------|-----------|--------|------|-------------|
| 4/3/2020 | 4/5/2020 | Homeless - Temp | | 19 | LA01 | 1 |

Batch will create another time track record if EW reruns EDBC for additional benefits. Continue with example above, if an EW

reruns EDBC to issue additional 7 days benefits for 4/10/2020 to 4/16/2020, batch will insert a second Time Track Detail as highlighted below:

| beg Date | End Date | Program | Exception | County | Case | Time period |
|-----------|-----------|-----------------|-----------|--------|------|-------------|
| 4/3/2020 | 4/5/2020 | Homeless - Temp | | 19 | LA01 | 1 |
| 4/10/2020 | 4/16/2020 | Homeless - Temp | | 19 | LA01 | 1 |

Batch will not update or delete existing Time Track Details. If the User change dates of the Payment that is already tracked by the Time Track Detail and rerun EDBC, batch will evaluate the updated payment for additional benefits. For example, an EW issue the first Payment for 3 days benefits which is tracked in Time Track Detail below.

| beg Date | End Date | Program | Exception | County | Case | Time period |
|----------|----------|-----------------|-----------|--------|------|-------------|
| 4/3/2020 | 4/5/2020 | Homeless - Temp | | 19 | LA01 | 1 |

If Users changes the first Payment dates to 4/3/2020 – 4/9/2020 and rerun EDBC. Batch will insert a new record to track additional 4 days benefit as below.

| beg Date | End Date | Program | Exception | County | Case | Time period |
|----------|----------|-----------------|-----------|--------|------|-------------|
| 4/3/2020 | 4/5/2020 | Homeless - Temp | | 19 | LA01 | 1 |
| 4/6/2020 | 4/9/2020 | Homeless - Temp | | 19 | LA01 | 1 |

Therefore, if users change begin date or end date of a Payment that is already tracked and rerun EDBC, begin date and end date of Time Track Detail should be manually updated accordingly as well after EDBC is accepted and saved.

Note:

When customers request a payment spans across two months, the benefits will be calculated into two EDBC. For example, if a request begins from 4/29/2020 to 5/1/2020. There will be one EDBC for April with 2-days benefits and one EDBC for May with 1-day benefits. In this scenario, the batch will also split benefits in Time Track Details as below:

| beg Date | End Date | Program | Exception | County | Case | Time period |
|-----------|-----------|-----------------|-----------|--------|------|-------------|
| 4/29/2020 | 4/30/2020 | Homeless - Temp | | 19 | LA01 | 1 |
| 5/1/2020 | 5/1/2020 | Homeless - Temp | | 19 | LA01 | 1 |

- v. The batch will create Time Track Details to track Permanent HA and Permanent HA exceptions benefits of an EDBC. For example, an EW runs EDBC to issue HP benefits for 4/3/2020 to 5/21/2020 for Case LA01 in Los Angeles County. Batch will enter a Time Track Detail below.

| beg Date | End Date | Program | Exception | County | Case | Time period |
|----------|-----------|-----------------|-----------|--------|------|-------------|
| 4/3/2020 | 5/21/2020 | Homeless - Perm | | 19 | LA01 | 1 |

Batch will create only one Time Track Detail each for HP and HP with exceptions within one time period.

- vi. Batch property will be created for all 58 counties.

2.15.3 Execution Frequency

Daily on Weekdays only.

2.15.4 Key Scheduling Dependencies

The Daily Batch EDBC would be a predecessor to this new job.

2.15.5 Counties Impacted

All 58 CalSAWS Counties

2.15.6 Data Volume/Performance

This batch job is projected to create less than 3,000-time track records per month across all 58 counties.

2.15.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate the nature of the failure and determine the appropriate action. This Batch job will not utilize restartability. The entire file will be written at the end of processing, or the file will not be created all. This approach will allow this job to be re-run without the possibility of creating a partial file and having to combine multiple partial files

2.16 Update “Statement of Facts – Homeless Assistance” Form CW 42

2.16.1 Overview

This recommendation is to update the form to the newest state version allow per ACL 19-118.

The form can be generated through the Template Repository.

State Form:

CalSAWS/LRS: CW 42 (current system version: 9/16)

C-IV: CW 42 (current system version: 11/06)

Current Programs: CalWORKs

Current Attached Form(s): None

Current Forms Category:

CalSAWS/LRS: Form

C-IV: Administrative

Existing Languages:

CalSAWS/LRS and C-IV: English and Spanish

2.16.2 Description of Change

The existing CW 42 form is out of date in both CalSAWS/LRS and C-IV. Per ACL 19-118, CW 42 was updated to remove references to the 16 consecutive days for Temporary HA.

2.16.2.1 Updates to CalWORKs CW 42 Form XDP

The CW 42 form will be updated to the most recent state version (09/19).

Updated Languages:

CalSAWS/LRS and C-IV: English and Spanish

Include NA Back 9: N/A

Form Mockups/Examples: See Supporting Documents #2

The below table lists the updates for the CalSAWS/LRS current version and the updated CW 42 per ACL 19-118:

| Number | Existing Text | Updated Text | Format |
|--------|---------------------------|--|--------------------|
| 1 | <none> | . | Arial Font Size 10 |
| 2 | violence | abuse | Arial Font Size 10 |
| 3 | “County Use Only” section | Repositioned “County Use Only” section | Arial Font Size 10 |
| 4 | <none> | also | Arial Font Size 10 |

| | | | |
|----|---|--|--------------------|
| 5 | TS | Temporary Shelter | Arial Font Size 10 |
| 6 | <ul style="list-style-type: none"> You may get TS payments for up to 16 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, or somewhere other than a shelter or business which rents rooms, you can't get a TS payment, but the days count as part of the 16 days. To get TS payments you must rent from a person or place that is in the business of renting property. At the end of the 16 days, TS will stop. You will not be eligible to receive TS again for another 12 months, unless you have an exception, even if you have not used up all the TS benefits. You will be asked to prove that your payments were spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you | <ul style="list-style-type: none"> You may get Temporary Shelter payments for up to 16 days. Once you have used the 16 days, Temporary Shelter will stop. You will not be eligible to receive Temporary Shelter again for another 12 months, unless you have an exception. You will be asked to prove that your payments were spent on shelter. If you can't, future payments will be made by voucher directly to a shelter, landlord or others for you. If you are fleeing domestic abuse and not currently receiving cash aid, you may be eligible for up to 32 days of expanded temporary Homeless Assistance payments. | Arial Font Size 10 |
| 7 | | (see mockup for details) | Arial Font Size 10 |
| 8 | | (see mockup for details) | Arial Font Size 10 |
| 9 | - - | <none> | Arial Font Size 10 |
| 10 | Mo. Day Yr. | Mo. Day Yr. | Arial Font Size 10 |
| 11 | Number, Street | Street Address | Arial Font Size 10 |
| 12 | <none> | _____ | Arial Font Size 10 |
| 13 | <none> | _____ | Arial Font Size 10 |
| 14 | <none> | _____ | Arial Font Size 10 |
| 15 | | (see mockup for details) | Arial Font Size 10 |
| 16 | <none> | Why? | Arial Font Size 10 |
| 17 | (TS) | (see mockup for details) | Arial Font Size 10 |
| 18 | (PH) | <none> | Arial Font Size 10 |
| 19 | homeless assistance | Homeless Assistance | Arial Font Size 10 |
| 20 | TS | Temporary Shelter | Arial Font Size 10 |
| 21 | homeless assistance | Homeless Assistance | Arial Font Size 10 |

2.17 CalSAWS/LRS only: Update "Permanent Housing Search Document" Form CW 74

2.17.1 Overview

This recommendation is to update the form to the newest state version per ACL 19-118.

The form can be generated through the Template Repository.

Note: C-IV currently does not have the CW 74. C-IV counties will inherit this Form at migration.

State Form: CW 74 (current system version: 7/12)

Current Form Name: CW 74-LA

Current Programs: CalWORKs

Current Attached Form(s): None

Current Forms Category: Form

Existing Languages:

English

2.17.2 Description of Change

CW 74 was updated per ACL 19-118 to remove reference to receiving Temporary shelter payment for 16 days in a row.

2.17.2.1 Updates to CalWORKs CW 74 Form XDP

The CW 74 form will be updated to the most recent state version (09/19).

Updated Form Name: CW 74

Updated Languages:

English, Spanish (new)

Include NA Back 9: N/A

Form Mockups/Examples: See Supporting Documents #3

The below table lists the updates for the CalSAWS/LRS current version and the updated CW 74 per ACL 19-118:

| Number | Existing Text | Updated Text | Format |
|--------|---------------|--------------|-----------------------|
| 3 | in a row | <none> | Arial Font Size 10 |

| | | | |
|---|--|-------------------------------|-----------------------|
| 4 | <none> | _____ | Arial Font Size 10 |
| 5 | <none> | _____ | Arial Font Size 10 |
| 6 | CW 74-LA (7/12) RECOMMENDED FORM | CW 74 (9/19) Recommended Form | Arial Font Size 10 |
| 7 | <none> | Page 1 of 1 | Arial Font Size 10 |

2.18 Update " Notification Of Intercounty Transfer" Form CW 215

2.18.1 Overview

This recommendation is to update the form to the newest state version per ACL 19-118.

The form can be generated through the Template Repository.

State Form:

CalSAWS/LRS: CW 215 (current system version: 07/16)
C-IV: CW 215 (current system version: 07/16)

Current Programs: CalWORKs

Current Attached Form(s): None

Current Forms Category:

CalSAWS/LRS: Form
C-IV: Application

Existing Languages:

CalSAWS/LRS and C-IV: English and Spanish

2.18.2 Description of Change

CW 215 was updated per ACL 19-118 to include how many days of Temporary HA the client received.

2.18.2.1 Updates to CalWORKs CW 215 Form XDP

The CW 215 will be updated to the most recent state version

Updated Languages:

CalSAWS/LRS and C-IV: English and Spanish

Include NA Back 9: N/A
Form Mockups/Examples: See Supporting Documents #4

2.19 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Action Fragment

2.19.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Approval NOA Action fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Action Fragment Name and ID: CW_AP_ACTION6 (Fragment ID: 4070)
State Form/NOA: M44-211A
Current Program(s): CalWORKs (HA)
Current Action Type: Approval
Current Fragment Level: Program
Currently Repeatable: No

Existing Languages:
 English and Spanish

2.19.2 Description of Change

The existing CW Approval Action Fragment will be update to the newest version via M44-211A from ACL 19-118. There are minor text changes and an extra line inserted between the paragraphs.

2.19.2.1 Update CalWORKs HA Approval NOA Action Fragment XDP

Update the existing CalWORKs HA Approval NOA Action Fragment to match the M44-211A (version 12/19).

Updated Languages:
 English and Spanish

NOA Mockups/Examples: See Supporting Documents #5

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|--|--------------------|
| Static | YOU CAN GET HOMELESS AID ONLY ONCE EVERY 12 MONTHS UNLESS YOU MEET AN EXCEPTION. | YOU CAN GET HOMELESS ASSISTANCE ONLY ONCE EVERY 12 | Arial Font Size 10 |

| | | | |
|--|---|--|--|
| | As of {EffectiveApprovalDate} the County has approved your request for Temporary Shelter. The amount of your homeless aid is {HomelessAid}. | MONTHS UNLESS YOU MEET AN EXCEPTION. As of {EffectiveApprovalDate} the County has approved your request for Temporary Shelter. The amount of your homeless assistance is \${HomelessAid}. | |
|--|---|--|--|

*English only, Spanish and threshold will generate based on project standards for that language.

2.20 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Reason Fragment for Approve Temporary Shelter

2.20.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Approval NOA Approve Temporary Shelter Reason fragment to match the latest version of M44-211A-'Approve Temporary Shelter and Permanent Housing, Approve' NOA provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID: CW_AP_TEMP_HOMELESS_AID_A878
(Fragment ID: 6402)

State Form/NOA: M44-211A

Current NOA Template: CW_NOA_TEMPLATE (Fragment ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:

English and Spanish

2.20.2 Description of Change

The existing CalWORKs HA Approval NOA Temporary Shelter Reason Fragment will be update to the newest version via M44-211A from ACL 19-118. There are minor text changes and the removal of variables previously used in this fragment.

2.20.2.1 Update CalWORKs HA Approval NOA Reason Fragment for Approve Temporary Shelter XDP

Update the existing CalWORKs HA Approval NOA Approve Temporary Shelter Reason Fragment to match the M44-211A (version 12/19).

Updated Languages:

English and Spanish

NOA Mockups/Examples: See Supporting Documents #5

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|---|--------------------|
| Static | If you do not find a permanent place to live by {ParticipantReturnDate}, you may be able to get more temporary shelter aid. Come back to this office no later than {Dayafterreturndate} and give us proof that you are looking for a permanent place to live. If you do not give us proof, your temporary shelter may end. You can get temporary shelter aid for up to 16 days in a row. At the end of your 16 days, your temporary shelter aid will stop. | If you do not find a permanent place to live, you may be able to get more temporary shelter aid. Come back to this office once you have used these nights of shelter aid and give us proof that you are looking for a permanent place to live. If you do not give us proof, your temporary shelter aid may end. You can get up to 16 nights of temporary shelter aid. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.20.2.2 Update Temporary Shelter Fragment Variable Population

Variables will no longer be used for this fragment.

2.21 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Reason Fragment for Temporary Shelter Final Payment

2.21.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Approval NOA Temporary Shelter Final Payment Reason fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID: CW_AP_HA_FINAL_PAYMENT_A841
(Fragment ID: 6396)
State Form/NOA: M44-211A
Current NOA Template: CW_NOA_TEMPLATE (Fragment ID: 3026)
Current Program(s): CalWORKs (HA)
Current Action Type: Approval
Current Fragment Level: Program
Currently Repeatable: No
Includes NA Back 9: Yes
Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:
English and Spanish

2.21.2 Description of Change

The existing CalWORKs HA Approval NOA Temporary Shelter Final Payment Reason Fragment will be updated to the newest version via M44-211A from ACL 19-118.

2.21.2.1 Update CalWORKs HA Approval NOA Temporary Shelter Final Payment Reason Fragment XDP

Update the existing CalWORKs HA Approval NOA Temporary Shelter Final Payment Reason Fragment to match the M44-211A (version 12/19).

Updated Languages:
English and Spanish

NOA Mockups/Examples: See Supporting Documents #6

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|---|--------------------|
| Static | This is your last payment for temporary shelter aid. | This is your last payment for temporary shelter aid. You have now gotten all 16 nights. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.22 CalSAWS/LRS only: Update the CalWORKs HA Approval NOA Budget Fragment

2.22.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Approval NOA Budget Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211A (12-01-2019)

Current NOA Template ID(s): CW_NOA_TEMPLATE (Fragment ID: 3026)

Budget Name: BUDGT_HA_AP_TEMP (Fragment ID: 909)

Current Program(s): CalWORKs (HA)

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: No

Existing Languages:

English and Spanish

2.22.2 Description of Change

The existing CW Approval Budget Fragment will be update to the newest version via M44-211A from ACL 19-118. With this update, there are minor changes to the verbiage to reflect the updated policy.

2.22.2.1 Update the CalWORKs Approval Budget Fragment XDP

Update the existing CalWORKs HA Approval NOA Budget Fragment to match the M44-211A (version 12/19).

Though EDBC may have multiple budgets, this budget fragment will pull data from the latest budget information.

Updated Languages:

English and Spanish

NOA Mockups/Examples: See Supporting Documents #6

| Description | Existing Text | Updated Text | Formatting* |
|-------------|-------------------|-------------------|--------------------|
| Static | Temporary Shelter | Temporary Shelter | Arial Font Size 10 |

| | | | |
|--|--|---|--|
| | <p>Temporary Shelter Aid Per Night: \$<AmountPerDay></p> <p>Number of Nights: x <NumberOfDays></p> <p>Total Temporary Shelter = \$<AuthorizedAmount></p> <p>If you are still homeless after your temporary shelter aid stops, you may be able to get permanent housing aid when you find a place to live. You can get permanent housing aid if your rent is no more than 80% of your total monthly household income (TMHI). 80% of your TMHI is . If your income changes this amount could change. When you find a place to live, get a signed statement or rental agreement from the landlord telling how much your rent will be.</p> | <p>Temporary Shelter Aid per Night: \$<AmountPerDay></p> <p>Number of Nights: x <NumberOfDays></p> <p>Total Temporary Shelter = \$<AuthorizedAmount></p> <p>If you are still homeless after you have used your 16 nights of temporary shelter aid, you may be able to get permanent housing aid when you find a place to live. You can get permanent housing aid if your rent is no more than 80% of your total monthly household income (TMHI). 80% of your TMHI is <80%TMHI>. If your income changes this amount could change too. When you find a place to live, get a signed statement, rental agreement, or shared housing agreement telling how much your rent will be.</p> | |
|--|--|---|--|

*English only, Spanish and threshold will generate based on project standards for that language.

2.23 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Action Fragment

2.23.1 Overview

This effort is to add a new CalWORKs Expanded HA Approval NOA Action Fragment provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211B (12-01-2019)

Program(s): CalWORKs (HA)

Action Type: Approval

Fragment Level: Program

Repeatable: No

Languages:

2.23.2 Description of Change

A new CW Approval Action Fragment will be added from M44-211B - 'Expanded Temporary HA for Applicants Fleeing DV, Approve' NOA included in ACL 19-118.

2.23.2.1 Create a CalWORKs Expanded Approval NOA Action Fragment XDP

Create a new CalWORKs Expanded HA Action Fragment to match the M44-211B (version 12/19).

NOA Mockups/Examples: See Supporting Documents #7

| Description | Text | Formatting* |
|-------------|---|--------------------|
| Static | <p>YOU CAN GET EXPANDED TEMPORARY HOMELESS ASSISTANCE FOR APPLICANTS FLEEING DOMESTIC ABUSE FOR A TOTAL OF 32 DAYS IN YOUR LIFETIME.</p> <p>As of {EffectiveApprovalDate} the County has approved your request for expanded temporary homeless assistance shelter payments. The amount of your homeless assistance is \$ {HomelessAid}.</p> | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.23.2.2 Add CalWORKs Expanded Approval NOA Action Fragment Generation

This fragment will generate for the following reason fragments:

1. First 16 days Expanded Temp. Shelter Benefits (See Recommendation 2.24)
2. Expanded Temporary Shelter Final Payment (See Recommendation 2.25)

Ordering on NOA: This will be the first fragment generated on the NOA.

2.23.2.3 Add CalWORKs Expanded Approval NOA Action Fragment Variable Population

Create two variables. The first is to indicate the Effective Approval Date. The second is the Homeless Aid amount.

| Variable Name | Population | Formatting* |
|-----------------------|--|--------------------|
| EffectiveApprovalDate | Generates with the date the county has approved the request for expanded homeless assistance. This information pulls from the Homeless-Temp EDBC page, under the "Begin Month" field near the top of the page. | Arial Font Size 10 |
| HomelessAid | Populate with the amount of temporary shelter aid in total. This information pulls from the Homeless-Temp EDBC page, under the "Aid Payment" block, next to the "Authorized Amount" field. that will account for the money management amount along with the authorized amount. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: N/A

2.24 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Reason Fragment for First 16 days Expanded Temp. Shelter Benefits

2.24.1 Overview

This effort is adding the new CalWORKs Expanded HA First 16 days Expanded Temp. Shelter Benefits Reason Fragment per the latest text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211B (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (Fragment ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Approval

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.24.2 Description of Change

A new CalWORKs Expanded HA First 16 days Expanded Temp. Shelter Benefits Reason Fragment will be added to the newest version via M44-211B from ACL 19-118.

© 2020 CalSAWS. All Rights Reserved.

2.24.2.1 Create Expanded HA First 16 days Expanded Temp. Shelter Benefits Reason Fragment XDP

Create a new CalWORKs Expanded HA First 16 days Expanded Temp. Shelter Benefits Reason Fragment to match the M44-211B (version 12/19).

NOA Mockups/Examples: See Supporting Documents #7

| Description | Text | Formatting* |
|-------------|---|--------------------|
| Static | You may be able to get two issuances of 16 nights of shelter aid. If your cash aid application has not been approved or denied once you have used the first 16 nights of benefits, you may be able to get another 16 nights of expanded shelter aid. When you request the second 16 nights, the county will ask to see receipts showing that you spent the first 16 nights on housing. If you do not have this proof, your second 16 nights of expanded temporary homeless assistance may be issued as a voucher payment. If you do not get the second 16 nights, you may be eligible for these remaining benefits at a later date. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.24.2.2 Add First 16 days Expanded Temp. Shelter Benefits Reason Fragment Generation

Generate this fragment from HA EDBC for a program person when all the following are true:

1. The program status is active, and there exists at least one person whose status is active with role reason of member on the newly run HA EDBC
2. The newly run HA EDBC has the HA Reason Code of "Expanded Temp-HA for Victims of Domestic Abuse"

Technical NOTE: The new "HA Reason Code" column in the eligibility table is set to "Expanded Temp-HA for Victims of Domestic Abuse" (see: Section 2.4.2 bullet point#15)

3. The person has an entry on the Homeless Assistance List page for the benefit month EDBC was run and From the "Homeless Assistance Detail - Temporary" page, the "Initiate Extended 16 Day Period" dropdown menu is **not** set to "Yes".
4. There is not a previously existing HA EDBC for the current benefit month or the previous month

or

there is at least one existing HA EDBC for the current Benefit month and in the most recent saved HA EDBC of the existing HA EDBCs for that month the person did not have an active status with role of member or did not have a EDBC run date

that was after the 'created on' date for the Homeless Assistance record of "Expanded Temp-HA for Victims of Domestic Abuse" (see generation condition 3 above)

or

there is not a previously existing HA EDBC for the current Benefit month and there is at least one HA EDBC for the previous month and in the most recent saved HA EDBC for the previous month the person did not have an active status with role of member or did not have a EDBC run date that was after the 'created on' date for the Homeless Assistance record of "Expanded Temp-HA for Victims of Domestic Abuse" (see generation condition 2 above)

Action Fragment:

| Action Type | NOA Reference Name |
|-------------|---|
| Approval | CalWORKs Expanded HA Approval NOA Action Fragment |

Budget Fragment:

| Budget Type | NOA Reference Name |
|-------------|---|
| Approval | CalWORKs Expanded HA Approval NOA Budget Fragment |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.24.2.3 Add Regulations for the new First 16 days Expanded Temp. Shelter Benefits Reason

The following Regulations will be added when the First 16 days Expanded Temp. Shelter Benefits Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.24.2.4 Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: First 16 days Expanded Temp. Shelter Benefits

NOA Title: Expanded Temporary HA for Applicants Fleeing DV

NOA Title Requires Translations: No

NOA Footer: M44-211B

NOA Footer Requires Translations: No

2.25 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Reason Fragment for Expanded Temporary Shelter Final Payment

2.25.1 Overview

This effort is adding the new CalWORKs Expanded HA Expanded Temporary Shelter Final Payment Reason Fragment from text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211B (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Approval

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.25.2 Description of Change

A new CalWORKs Expanded HA Expanded Temporary Shelter Final Payment Reason Fragment will be added via M44-211B from ACL 19-118.

2.25.2.1 Create Expanded Temporary Shelter Final Payment Reason Fragment XDP

Create a new CalWORKs Expanded HA Expanded Temporary Shelter Final Payment Reason Fragment to match the M44-211B (version 12/19).

NOA Mockups/Examples: See Supporting Documents #8

| Description | Text | Formatting* |
|-------------|---|--------------------|
| Static | This is your last payment for expanded temporary homeless assistance for applicants fleeing domestic abuse. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.25.2.2 Add Expanded Temporary Shelter Final Payment Reason Fragment Generation

Generate this fragment from HA EDBC for a program person when the following are true:

1. The program status is active, and there exists at least one person whose status is active with role reason of member on the newly run HA EDBC
2. The newly run HA EDBC has the HA Reason Code of "Expanded Temp-HA for Victims of Domestic Abuse"

Technical NOTE: The new "HA Reason Code" column in the eligibility table is set to "Expanded Temp-HA for Victims of Domestic Abuse" (see: Recommendation 2.4.2 bullet point#15)

3. The person has an entry on the Homeless Assistance List page for the benefit month EDBC was run and From the "Homeless Assistance Detail - Temporary" page, the "Initiate Extended 16 Day Period" dropdown menu is set to "Yes".
4. There is not a previously existing HA EDBC for the current benefit month or the previous month

or

there is at least one existing HA EDBC for the current Benefit month and in the most recent saved HA EDBC of the existing HA EDBCs for that month the person did not have an active status with role of member or did not have a EDBC run date that was after the 'created on' date for the Homeless Assistance record of "Expanded Temp-HA for Victims of Domestic Abuse" (see generation condition 2 above)

or

there is not a previously existing HA EDBC for the current Benefit month and there is at least one HA EDBC for the previous month and in the most recent saved HA EDBC for the previous month the person did not have an active status with role of member or did not have a EDBC run date that was after the 'created on' date for the Homeless Assistance record of "Expanded Temp-HA for Victims of Domestic Abuse" (see generation condition 2 above)

Action Fragment:

| Action Type | NOA Reference Name |
|-------------|---|
| Approval | CalWORKs Expanded HA Approval NOA Action Fragment |

Budget Fragment:

| Budget Type | NOA Reference Name |
|-------------|---|
| Approval | CalWORKs Expanded HA Approval NOA Budget Fragment |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.25.2.3 Add Regulations for new Expanded Temporary Shelter Final Payment Reason

The new Expanded Temporary Shelter Final Payment Reason has associated Regulations. The following Regulations will be added when the Expanded Temporary Shelter Final Payment Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.25.2.4 Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Expanded Temporary Shelter Final Payment

NOA Title: Expanded Temporary HA for Applicants Fleeing DV

NOA Title Requires Translations: No

NOA Footer: M44-211B

NOA Footer Requires Translations: No

2.26 CalSAWS/LRS only: Create a New CalWORKs Expanded HA Approval NOA Budget Fragment

2.26.1 Overview

This effort is adding a new CalWORKs Expanded HA Approval NOA Budget Fragment to match the text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211B (12-01-2019)

NOA Template ID(s): CW_NOA_TEMPLATE (Fragment ID: 3026)

Budget Name: CalWORKs Expanded HA Approval NOA Budget

Program(s): CalWORKs (HA)

Action Type: Approval
Fragment Level: Program
Repeatable: No

Languages:
 English and Spanish

2.26.2 Description of Change

A new CW Expanded HA Approval Budget Fragment M44-211B was created based on ACL 19-118.

2.26.2.1 Create the CalWORKs Expanded HA Approval Budget Fragment XDP

Create a new CalWORKs Expanded HA Budget Fragment to match the M44-211B (version 12/19).

NOA Mockups/Examples: See Supporting Documents #8

| Description | Text | Formatting* |
|-------------|--|--------------------|
| Static | Temporary Shelter Aid per Night: \$ {AmountPerDay} Number of Nights: x 16__ Total Temporary Shelter = \$ {AuthorizedAmount} If you are still homeless after your cash aid application is approved, you may be able to get regular temporary homeless assistance as well as permanent homeless assistance when you find a place to live. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.26.2.2 Add Fragment Generation for new CalWORKs Budget

This fragment will generate for the following reasons:

1. First 16 days Expanded Temp. Shelter Benefits. (See Recommendation 2.24)
2. Expanded Temporary Shelter Final Payment. (See Recommendation 2.25)

2.26.2.3 Add CalWORKs Expanded Approval NOA Action Fragment Variable Population

Create two variables. The first is to indicate the Effective Approval Date. The second is the Homeless Aid amount.

| Variable Name | Population | Formatting* |
|------------------|--|--------------------|
| AmountPerDay | Populate with the amount of temporary shelter aid per night. This information pulls from the Homeless-Temp EDBC page, under the "Aid Payment" block, next to the "Amount per day" field. | Arial Font Size 10 |
| AuthorizedAmount | Populate with the amount of temporary shelter aid in total. This information pulls from the Homeless-Temp EDBC page, under the "Aid Payment" block, next to the "Authorized Amount" field. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: N/A

2.27 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Action Fragment

2.27.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Action Fragment to include Expanded Temporary HA for Applicants Fleeing Domestic Abuse provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Action Fragment Name and ID: CW_DN_ACTION6 (Fragment ID: 4020)

State Form/NOA: M44-211D (12-01-2019)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Languages:

English and Spanish

2.27.2 Description of Change

The existing CW Denial Action Fragment will be updated to dynamically populate the HA Type to reflect the newly added HA Type (Expanded Temp HA) based on M44-211D from ACL 19-118.

2.27.2.1 Update Denial CalWORKs NOA Action Fragment XDP

Update the existing Denial CalWORKs NOA Action Fragment to match the M44-211D (version 12/19).

Updated Languages:

English and Spanish

NOA Mockups/Examples: See Supporting Documents #9

| Description | Existing Text | Updated Text | Formatting* |
|-------------|---|---|--------------------|
| Static | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: | The County has denied your request dated {EffectiveDenialDate} for homeless assistance for: <REQUEST_HA_TYPE> Here's why: | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.27.2.2 Add Denial CalWORKs NOA Action Fragment Variable Population

This recommendation will add one variable to generate based on the type of HA requested.

| Variable Name | Population | Formatting* |
|-------------------|---|--------------------|
| <REQUEST_HA_TYPE> | Populate with the type of homeless assistance request that is being made. Possible outputs include: "Permanent Housing", "Temporary Shelter", and "Expanded Temporary Homeless Assistance for Applicants Fleeing Domestic Abuse". | Arial Font Size 10 |

| | | |
|--|--|--|
| | <p>In the EDBC table, map the PGM_ID field to the PGM table's ID field, and then check the PGM_CODE field.</p> <ul style="list-style-type: none"> • PGM_CODE of "HP" then populate "Permanent Housing". • PGM_CODE of "HT" <ul style="list-style-type: none"> ○ Then HA is of type Expanded HA, then populate "Expanded Temporary Homeless Assistance for Applicants Fleeing Domestic Abuse" ○ Otherwise, populate "Temporary Shelter". | |
|--|--|--|

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: REQUEST_HA_TYPE, to Spanish

2.27.2.3 Update Denial CalWORKs NOA Action Fragment Generation

Update the NOA logic to generate the Denial CalWORKs NOA Action Fragment with the following Reason fragments.

The following are new reason fragments that will be generated with this action fragment.

1. ~~Not Due To Federal/State Declared Natural Disaster (See Recommendation 2.30)~~
2. Already Gotten Expanded 32 Nights (See Recommendation 2.31)
3. Cash Aid Application Already Approved/Denied (See Recommendation 2.32)
4. In Receipt of CalWORKs (See Recommendation 2.33)
5. Living With an HA Family (See Recommendation 2.34)

The following are pre-existing reason fragments that will now be generated with this action fragment.

1. CW_DN_NO_HMELESS_EXPTN_FOUND_A822
2. CW_DN_TEMP_HA_DENY_RECVD_HA_IN_12_MO_A823
3. CW_DN_HMELSS_CRIT_NOT_MET_A825
4. CW_DN_NOPRF_PERHME_SRCH_A826
5. CW_DN_NOT_CMMRL_EST_A828
6. CW_DN_LQDRSRCS_GRT_LMT_A829

Note: Existing NOA reasons that use this Action Fragment will use this dynamic updated Action Fragment.

2.27.2.4 Regression Test for CalWORKs HA Denial NOA Action Fragment

A regression test is needed for this NOA action fragment to verify that it will continue to generate as it did previously for "Permanent Housing".

| Fragment Name and ID | Shared Logic | Existing Text |
|--------------------------------------|---|--|
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_NO_PERM_HOUSE_A834 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_HMELSS_CRIT_NOT_MET_A825 Reason (Use PGM_CODE = "HP") | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_HMELSS_ASS_RCVD_ALRDY_A836 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_PERM_HA_DENY_RECVD_HA_IN_12_MONTHS_A837 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 | Action associated to CW_DN_LQDRSRCS_GRT_LMT_A839 Reason | The County has denied your request dated {EffectiveDenialDate} |

| | | |
|--------------------------------------|---|--|
| (Fragment ID: 4020) | | e} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_HMELESS_UNVERID_A840 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_FAIL_HA_NOT_ELIG_CW_A847 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_COST_EXCEEDS_80_PERC_TMHI_A848 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_BACK_RENT_EXCEEDS_80_PERC_TMHI_A959 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_HA_NOT_COVER_BACK_RENT_A960 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |

| | | |
|--------------------------------------|--|--|
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_NON_PYMNT_RENT_A962 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |
| CW_DN_ACTION6 (Fragment ID: 4020) | Action associated to CW_DN_NOPRF_HMELESS_SUB_A965 Reason | The County has denied your request dated {EffectiveDenialDate} for Homeless assistance for: Permanent Housing Here's why: |

2.28 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Homeless Criteria Not Met

2.28.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Denial Homeless Criteria Not Met Reason Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID: CW_DN_HMELSS_CRIT_NOT_MET_A825
(Fragment ID: 6172)

State Form/NOA: M44-211D (12-01-2019)

Current NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:

English and Spanish

2.28.2 Description of Change

The existing CalWORKs Denial Homeless Criteria Not Met Reason Fragment will be update to the newest version via M44-211D from ACL 19-118. Verbiage was added for fleeing domestic abuse.

2.28.2.1 Update Denial Homeless Criteria Not Met Reason Fragment XDP

Update the existing CalWORKs Denial Homeless Criteria Not Met Reason Fragment to match the M44-211D (version 12/19).

Updated Languages:

English and Spanish

NOA Mockups/Examples: See Supporting Documents #9

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|--|--------------------|
| Static | You are not homeless. To get homeless assistance, you must meet one of these rules: You do not have your own place to stay at night. OR You are staying at night in a shelter that is temporary, OR The place that you are living in is a place that people do not usually live. OR You have not received a notice to pay rent or quit. | You are not homeless. To get homeless assistance, you must meet one of these rules: You do not have your own place to stay at night, OR You are staying at night in a shelter that is temporary, OR The place you are living in is a place that people do not usually live. OR You have received a notice to pay rent or quit. OR You are a CalWORKs applicant and you are fleeing domestic abuse. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.29 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Once Every 12 Months

2.29.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Denial Once Every 12 Months Reason Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID:

CW_DN_NO_HMELESS_EXPTN_FOUND_A822 (Fragment ID: 6171)

State Form/NOA: M44-211D (12-01-2019)

Current NOA Template: CW_NOA_TEMPLATE (Fragment ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:

English and Spanish

2.29.2 Description of Change

The existing CalWORKs Denial Once Every 12 Months Reason Fragment will be update to the newest version via M44-211D from ACL 19-118. With this update, there are minor verbiage changes to this fragment to reflect the updated policy. The “natural disaster” exception was removed.

2.29.2.1 Update Denial Once Every 12 Months Reason Fragment XDP

Update the existing CalWORKs Denial Once Every 12 Months Fragment to match the M44-211D (version 12/19).

Updated Languages:

English and Spanish

NOA Mockups/Examples: See Supporting Documents #10

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|--|--------------------|
| Static | You can get homeless assistance only once every 12 months unless you meet an exception. There is no proof that your homelessness was caused by one of the following 12-month exceptions: - domestic violence - place not livable - medical illness - natural disaster | You can only get homeless assistance once every 12 months unless you meet an exception. There is no proof that your homelessness was caused by one of the following 12-month exceptions: - domestic violence - place not livable - medical illness | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.29.2.2 Update Denial Once Every 12 Months Reason Fragment Generation

Update the existing Fragment generation conditions to suppress this fragment when HA is of type Expanded HA.

2.30 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Not Due To Federal/State Declared Natural Disaster

2.30.1 Overview

This effort is adding a new CalWORKs HA Denial NOA Denial Not Due To Federal/State Declared Natural Disaster Reason Fragment to match the text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211D (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Denial

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.30.2 Description of Change

A new CalWORKs Denial Not Due To Federal/State Declared Natural Disaster Reason Fragment will be added to the newest version via M44-211D from ACL 19-118.

2.30.2.1 Create Denial For Not Due To Federal/State Declared Natural Disaster Reason Fragment XDP

Create a new CalWORKs Denial Not Due To Federal/State Declared Natural Disaster Reason Fragment to match the M44-211D (version 12/19).

NOA Mockups/Examples: See Supporting Documents #11

| Description | Text | Formatting* |
|-------------|--|--------------------|
| Static | Your homelessness was not due to a state or federally declared natural disaster. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.30.2.2 ~~Add Denial For Not Due To Federal/State Declared Natural Disaster Reason Fragment Generation~~

Generate this fragment from HA EDBC for a program person when the following are true:

1. The person status is "Denied" in the newly run EDBC.
2. The person has an entry on the Homeless Assistance list page with the Exception of State/Federal Declared Natural Disaster and the application date falls outside of the State/Federal declared period.
3. There does not exist a HA EDBC for the month prior to the EDBC benefit month

or

there exists at least one HA EDBC for the previous benefit month and in the most recently saved EDBC for that month the person did not have an active status with role of member

Action Fragment:

| Action Type | Fragment | Fragment ID |
|-------------|---------------|-------------|
| Approval | CW_DN_ACTION6 | 4020 |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.30.2.3 ~~Add Regulations for new Denial For Not Due To Federal/State Declared Natural Disaster Reason~~

The new Denial For Not Due To Federal/State Declared Natural Disaster Reason has associated Regulations. The following Regulations will be added when the Denial For Not Due To

Federal/State Declared Natural Disaster Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.30.2.4 **Add NOA Title and Footer Reference for new Reason**

NOA Reference on Document List Page: Denial Not Natural Disaster

NOA Title: Temporary Shelter and Permanent Housing

NOA Title Requires Translations: No

NOA Footer: M44-211D

NOA Footer Requires Translations: No

2.31 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Already Gotten Expanded 32 Nights

2.31.1 Overview

This effort is adding a new CalWORKs HA Approval NOA Denial Already Gotten Expanded 32 Nights Reason Fragment to match the text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211D (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Denial

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.31.2 Description of Change

A new CalWORKs Denial Already Gotten Expanded 32 Nights Reason Fragment will be added to the newest version via M44-211D from ACL 19-118.

2.31.2.1 Create Denial Already Gotten Expanded 32 Nights Reason Fragment XDP

Create a new CalWORKs Denial Already Gotten Expanded 32 Nights Reason Fragment to match the M44-211D (version 12/19).

NOA Mockups/Examples: See Supporting Documents #12

| Description | Text | Formatting* |
|-------------|---|--------------------|
| Static | You have already gotten your 32 nights of expanded temporary homeless assistance for applicants fleeing domestic abuse. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.31.2.2 Add Denial Already Gotten Expanded 32 Nights Reason Fragment Generation

Generate this fragment from HA EDBC for a program person when the following are true:

1. The person status is 'Denied' in the newly run EDBC
2. The EDBC person Status Reason is "Already received Once-in-a-Lifetime".
3. There does not exist a HA EDBC for the month prior to the EDBC benefit month

or

there does exist an HA EDBC for the prior month and in the most recently saved EDBC for that month the person did not have an active status with role of member

Action Fragment:

| Action Type | Fragment | Fragment ID |
|-------------|---------------|-------------|
| Approval | CW_DN_ACTION6 | 4020 |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.31.2.3 Add Regulations for new Denial Already Gotten Expanded 32 Nights Reason

The new Denial Already Gotten Expanded 32 Nights Reason has associated Regulations. The following Regulations will be added when the Denial Already Gotten Expanded 32 Nights Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.31.2.4 Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Denial Already Gotten Expanded 32 Nights

NOA Title: Temporary Shelter and Permanent Housing

NOA Title Requires Translations: No

NOA Footer: M44-211D

NOA Footer Requires Translations: No

2.32 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Cash Aid Application Already Approved/Denied

2.32.1 Overview

This effort is adding a new CalWORKs HA Denial NOA for Cash Aid Application Already Approved/Denied Reason Fragment to match the text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211D (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Denial

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.32.2 Description of Change

A new CalWORKs Denial Cash Aid Application Already Approved/Denied Reason Fragment will be added to the newest version via M44-211D from ACL 19-118.

2.32.2.1 Create Denial Cash Aid Application Already Approved/Denied Reason Fragment XDP

Create a new CalWORKs Denial Cash Aid Application Already Approved/Denied Reason Fragment to match the M44-211D (version 12/19).

NOA Mockups/Examples: See Supporting Documents #13

| Description | Text | Formatting* |
|-------------|--|--------------------|
| Static | Your cash aid application has been <ACTION_TYPE> so you are no longer eligible for expanded temporary homeless assistance for applicants fleeing domestic abuse. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.32.2.2 Add Denial Cash Aid Application Already Approved/Denied Reason Fragment Generation

Generate this fragment from HA EDBC for a program person when the following are true:

1. The person status is 'Denied' in the newly run HA EDBC
2. The EDBC person Status Reason is "Inelig due to CW determination"

Note: EDBC will set the program status reason as "Inelig due to CW determination" if the CW program is not in pending status

3. The CW program has been approved (application month) or denied in the EDBC benefit month for the program person.
4. There does not exist a HA EDBC for the month prior to the EDBC benefit month

or

there exists at least one HA EDBC for the previous benefit month and in the most recently saved EDBC for that month the person did not have an active status with role of member

Action Fragment:

| Action Type | Fragment | Fragment ID |
|-------------|---------------|-------------|
| Approval | CW_DN_ACTION6 | 4020 |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.32.2.3 Add Fragment Variable Population

New variable is created to properly identify whether the previous cash aid application has been approved or denied.

| Variable Name | Population | Formatting |
|---------------|---|--------------------|
| <ACTION_TYPE> | Populates with the outcome of the prior cash aid application. If the CW program has been approved (application month) in the EDBC benefit month for the program person, populate with "approved". If the CW program has been denied (application month) in the EDBC benefit month for the program person, populate with "denied". | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: ACTION_TYPE, to Spanish

2.32.2.4 Add Regulations for new Denial Cash Aid Application Already Approved/Denied Reason

The new Denial Cash Aid Application Already Approved/Denied Reason has associated Regulations. The following Regulations will be added when the Denial Cash Aid Application Already Approved/Denied Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.32.2.5 Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Denial Cash Aid Application Already Approved/Denied

NOA Title: Temporary Shelter and Permanent Housing

NOA Title Requires Translations: No

NOA Footer: M44-211D

NOA Footer Requires Translations: No

2.33 CalSAWS/LRD Only: Create a New CalWORKs HA Denial NOA Reason Fragment for In Receipt of CalWORKs

2.33.1 Overview

This effort is adding a new CalWORKs HA Denial NOA Denial In Receipt of CalWORKs Reason Fragment to match the text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211D (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Denial

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.33.2 Description of Change

A new CalWORKs Denial In Receipt of CalWORKs Reason Fragment will be added to the newest version via M44-211D from ACL 19-118.

2.33.2.1 Create Denial In Receipt of CalWORKs Reason Fragment XDP

Create a new CalWORKs Denial In Receipt of CalWORKs Reason Fragment to match the M44-211D (version 12/19).

NOA Mockups/Examples: See Supporting Documents #14

| Description | Text | Formatting* |
|-------------|---|--------------------|
| Static | You are currently in receipt of CalWORKs and are therefore not eligible for expanded temporary homeless assistance for applicants fleeing domestic abuse. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.33.2.2 Add Denial In Receipt of CalWORKs Reason Fragment Generation

Generate this fragment from HA EDBC for a program person when the following are true:

1. The person's status is 'Denied' in the newly run HA EDBC
2. The person Status reason is "Inelig due to CW determination"
3. The CW program is currently active for the EDBC benefit month and the prior month for the program person
4. There exists at least one HA EDBC for the previous benefit month and in the most recently saved EDBC for that month the person did not have an active status with role of member

Action Fragment:

| Action Type | Fragment | Fragment ID |
|-------------|---------------|-------------|
| Approval | CW_DN_ACTION6 | 4020 |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.33.2.3 Add Regulations for new Denial In Receipt of CalWORKs Reason

The new Denial In Receipt of CalWORKs Reason has associated Regulations. The following Regulations will be added when the Denial In Receipt of CalWORKs Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.33.2.4 Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Denial In Receipt of CalWORKs

NOA Title: Temporary Shelter and Permanent Housing

NOA Title Requires Translations: No

NOA Footer: M44-211D

NOA Footer Requires Translations: No

2.34 CalSAWS/LRS only: Create a New CalWORKs HA Denial NOA Reason Fragment for Living With an HA Family

2.34.1 Overview

This effort is adding a new CalWORKs HA Denial NOA Denial Living With an HA Family Reason Fragment to match the text provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

State Form/NOA: M44-211D (12-01-2019)

NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Program(s): CalWORKs (HA)

Action Type: Denial

Fragment Level: Program

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages:

English and Spanish

2.34.2 Description of Change

A new CalWORKs Denial Living With an HA Family Reason Fragment will be added to the newest version via M44-211D from ACL 19-118.

2.34.2.1 Create Living With an HA Family Reason Fragment XDP

Create a new CalWORKs Living With an HA Family Reason Fragment to match the M44-211D (version 12/19).

NOA Mockups/Examples: See Supporting Documents #15

| Description | Text | Formatting* |
|-------------|------|-------------|
|-------------|------|-------------|

| | | |
|--------|---|-----------------------|
| Static | You were living with a family at the time they got homeless assistance. | Arial Font Size 10 |
|--------|---|-----------------------|

*English only, Spanish and threshold will generate based on project standards for that language.

2.34.2.2 Add Living With an HA Family Reason Fragment Generation

Generate this fragment from HA EDBC for program person when the following are true:

1. The person's status is 'Denied' in the newly run EDBC
2. The person Status Reason is "Already received HA in another AU".
3. There does not exist a HA EDBC for the month prior to the EDBC benefit month

or

there exists at least one HA EDBC for the previous benefit month and in the most recently saved EDBC for that month the person did not have an active status with role of member

Action Fragment:

| Action Type | Fragment | Fragment ID |
|-------------|---------------|-------------|
| Approval | CW_DN_ACTION6 | 4020 |

Ordering on NOA: This fragment will generate immediately following the Action Fragment.

2.34.2.3 Add Regulations for new Denial Living With an HA Family Reason

The new Denial Living With an HA Family Reason has associated Regulations. The following Regulations will be added when the Denial Living With an HA Family Reason is generated on the NOA:

New Regulations: MPP 44-211.5

2.34.2.4 Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Denial Living With an HA Family

NOA Title: Temporary Shelter and Permanent Housing
NOA Title Requires Translations: No
NOA Footer: M44-211D
NOA Footer Requires Translations: No

2.35 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Already Gotten Last 12 Months Due To Exception

2.35.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Denial Already Gotten Last 12 Months Due To Exception Reason Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID:

CW_DN_TEMP_HA_DENY_RECVD_HA_IN_12_MO_A823 (Fragment ID: 6393)

State Form/NOA: M44-211D (12-01-2019)

Current NOA Template: CW_NOA_TEMPLATE (Fragment ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:

English and Spanish

2.35.2 Description of Change

The existing CalWORKs Denial Already Gotten Last 12 Months Due To Exception Reason Fragment will be update to the newest version via M44-211D from ACL 19-118.

2.35.2.1 Update Denial Already Gotten Last 12 Months Due To Exception Reason Fragment XDP

Update the CalWORKs Denial Already Gotten Last 12 Months Due To Exception Reason Fragment to match the M44-211D (version 12/19).

NOA Mockups/Examples: See Supporting Documents #16

| Description | Existing Text | Updated Text | Formatting* |
|-------------|---|--|--------------------|
| Static | You already got homeless aid due to a 12-month exception. | You already got homeless assistance in the last 12 months due to an exception. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.36 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Not Getting Cash Aid Nor Eligible

2.36.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Denial Not Getting Cash Aid Nor Eligible Reason Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID: CW_DN_FAIL_HA_NOT_ELIG_CW_A847 (Fragment ID: 6397)

State Form/NOA: M44-211D (12-01-2019)

Current NOA Template: CW_NOA_TEMPLATE (Fragment ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:

English and Spanish

2.36.2 Description of Change

The existing CalWORKs Denial Not Getting Cash Aid Nor Eligible Reason Fragment will be update to the newest version via M44-211D from ACL 19-118. With this update, there are minor changes to the verbiage to reflect the updated policy.

2.36.2.1 Update Denial Not Getting Cash Aid Nor Eligible Reason Fragment XDP

Update the existing CalWORKs Denial Not Getting Cash Aid Nor Eligible Reason Fragment to match the M44-211D (version 12/19).

Updated Languages:
English and Spanish

NOA Mockups/Examples: See Supporting Documents #17

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|---|--------------------|
| Static | You cannot get homeless assistance because you are not getting cash aid. | You cannot get homeless assistance because you are not getting cash aid and you are not apparently eligible for cash aid. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.37 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Would Not Let Us Verify Homelessness

2.37.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Denial Would Not Let Us Verify Homelessness Reason Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID: CW_DN_HMELESS_UNVERID_A840
(Fragment ID: 6180)

State Form/NOA: M44-211D (12-01-2019)

Current NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:
English and Spanish

2.37.2 Description of Change

The existing CalWORKs Denial Would Not Let Us Verify Homelessness Reason Fragment will be update to the newest version via M44-211D from ACL 19-118.

2.37.2.1 Update Denial Would Not Let Us Verify Homelessness Reason Fragment XDP

Update the existing CalWORKs Denial Would Not Let Us Verify Homelessness Reason Fragment to match the M44-211D (version 12/19).

Updated Languages:
English and Spanish

NOA Mockups/Examples: See Supporting Documents #18

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|---|--------------------|
| Static | We could not verify your homelessness, and you did not agree to sign a statement indicating your homelessness. | You would not agree to let us verify your homelessness. If you do agree to let us verify your homelessness, you may be able to get temporary shelter aid. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.38 CalSAWS/LRS only: Update the CalWORKs HA Denial NOA Reason Fragment for Have Not Shown Proof Seeking Permanent Housing

2.38.1 Overview

This effort is updating the verbiage of the existing CalWORKs HA Denial NOA Denial Have Not Shown Proof Seeking Permanent Housing Reason Fragment to match the latest version provided in ACL 19-118.

Note: C-IV does not have automated NOAs for HA. C-IV counties will inherit the NOAs at migration.

Reason Fragment Name and ID: CW_DN_NOPRF_PERHME_SRCH_A826 (Fragment ID: 6173)

State Form/NOA: M44-211D (12-01-2019)

Current NOA Template: CW_NOA_TEMPLATE (FRAGMENT ID: 3026)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages:
English and Spanish

2.38.2 Description of Change

The existing CalWORKs Denial Have Not Shown Proof Seeking Permanent Housing Reason Fragment will be update to the newest version via M44-211D from ACL 19-118. With this update, there are minor changes to the verbiage to reflect the updated policy. Primarily, remove verbiage related to the good clause portion of the verbiage.

2.38.2.1 Update Denial Have Not Shown Proof Seeking Permanent Housing Reason Fragment XDP

Update the existing CalWORKs Denial Have Not Shown Proof Seeking Permanent Housing Reason Fragment to match the M44-211D (version 12/19).

Updated Languages:

English and Spanish

NOA Mockups/Examples: See Supporting Documents #19

| Description | Existing Text | Updated Text | Formatting* |
|-------------|--|---|--------------------|
| Static | You have to show proof that you are looking for permanent housing or establish good cause to exclude you from this requirement. You have not shown proof or established good cause. You will no longer be able to get Temporary shelter aid. | You have to show proof that you are looking for permanent housing. You have not shown proof. You will no longer be able to get temporary shelter aid. | Arial Font Size 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.39 CalSAWS/LRS only: Remove the CalWORKs HA Denial NOA Action Fragment for only Temporary Shelter

2.39.1 Overview

This effort is to remove the obsolete CalWORKs HA Denial NOA Action Fragment for only Temporary Shelter. The current design has a separate Denial NOA Action for Permanent Housing (CW_DN_ACTION6) and Temporary Shelter (CW_DN_ACTION7). This SCR requests a third Denial NOA Action, for "Expanded Temporary Homeless Assistance for Applicants Fleeing Domestic Abuse". Instead of creating a new Denial NOA Action Fragment, it was decided to change CW_DN_ACTION6 to generate the HA Type dynamically (See Recommendation 2.27), and to remove this Action Fragment (CW_DN_ACTION7) since it will no longer be in use.

Action Fragment Name and ID: CW_DN_ACTION7 (Fragment ID: 4021)

Current Program(s): CalWORKs (HA)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Languages:

English and Spanish


2.39.2 Description of Change

Remove the obsolete Denial NOA Action Fragment for only Temporary Shelter (CW_DN_ACTION7).

The XDPs that are to be removed are as follows:

- CW_DN_ACTION7_AE.xdp
- CW_DN_ACTION7_CA.xdp
- CW_DN_ACTION7_CH.xdp
- CW_DN_ACTION7_EN.xdp
- CW_DN_ACTION7_KO.xdp
- CW_DN_ACTION7_RU.xdp
- CW_DN_ACTION7_SP.xdp
- CW_DN_ACTION7_TG.xdp
- CW_DN_ACTION7_VI.xdp

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|--------------------------------|---|
| 1 | Eligibility | EDBC Example Scenarios |  EDBC Example Scenarios |
| 2 | Form | Updated state version of CW 42 | See "CW 42 mockup.docx" |
| 3 | Form | Updated state version of CW 74 | See "CW 74 mockup.docx" |

| | | | |
|----|------|---|---|
| 4 | Form | Updated state version of CW 215 | See "CW 215 mockup.docx" |
| 5 | NOA | Full NOA Mockup for Reason Temporary Shelter | See "2.19 Temporary Shelter.pdf" |
| 6 | NOA | Full NOA Mockup for Reason Temporary Shelter Final Payment | See "2.20 Temporary Shelter Final Payment.pdf" |
| 7 | NOA | Full NOA Mockup for Reason First 16 days Expanded Temp. Shelter Benefits | See "2.23 First 16 days Expanded Temp. Shelter Benefits.pdf" |
| 8 | NOA | Full NOA Mockup for Reason Expanded Temporary Shelter Final Payment | See "2.24 Expanded Temporary Shelter Final Payment.pdf" |
| 9 | NOA | Full NOA Mockup for Reason Not Homeless | See "2.27 Not Homeless.pdf" |
| 10 | NOA | Full NOA Mockup for Reason Once Every 12 Months | See "2.28 Once Every 12 Months.pdf" |
| 11 | NOA | Full NOA Mockup for Reason Not Due To Federal/State Declared Natural Disaster | See "2.29 Not Due To Federal/State Declared Natural Disaster.pdf" |
| 12 | NOA | Full NOA Mockup for Reason Already Gotten Expanded 32 Nights | See "2.30 Already Gotten Expanded 32 Nights.pdf" |
| 13 | NOA | Full NOA Mockup for Reason Cash Aid Application Already Approved/Denied | See "2.31 Cash Aid Application Already Approved/Denied .pdf" |
| 14 | NOA | Full NOA Mockup for Reason In Receipt of CalWORKs | See "2.32 In Receipt of CalWORKs.pdf" |
| 15 | NOA | Full NOA Mockup for Reason Living With an HA Family | See "2.33 Living With an HA Family .pdf" |
| 16 | NOA | Full NOA Mockup for Reason Already Gotten Last 12 Months Due To Exception | See "2.34 Already Gotten Last 12 Months Due To Exception.pdf" |
| 17 | NOA | Full NOA Mockup for Reason Would Not Let Us Verify Homelessness | See "2.35 Not Getting Cash Aid Nor Eligible.pdf" |

| | | | |
|----|-----|---|---|
| 18 | NOA | Full NOA Mockup for Reason Would Not Let Us Verify Homelessness | See "2.36 Would Not Let Us Verify Homelessness.pdf" |
| 19 | NOA | Full NOA Mockup for Reason Have Not Shown Proof Seeking Permanent Housing | See "2.37 Have Not Shown Proof Seeking Permanent Housing.pdf" |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|---------|--|--|
| 2.8.1.6 | The LRS shall manage all the critical start, end, and effective dates for all ED/BC processes, including adverse action periods, in accordance with all applicable federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures by program type. | LRS system will be updated with the changes related to the ACL 19-118. |

5 MIGRATION IMPACTS

In C-IV system, Homeless Assistance programs are manual EDBC programs. C-IV counties will be adopting this functionality as part of migration.

6 OUTREACH

Job Aid (JA) and Web Base Training (WBT) will be updated based on the requirement of this SCR.

6.1 Lists

None

7 APPENDIX

None

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-214990 | DDID-2578

Add CSF 105 – Appointment Letter

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|------------------|--|---------------|
| 05/12/2020 | 1.0 | Original | Pramukh Karla |
| 05/29/2020 | 2.0 | Update design document to fix DEL comments | Pramukh Karla |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Table of Contents

| | | |
|---|--|----|
| 1 | Overview | 4 |
| | 1.1 Current Design..... | 4 |
| | 1.2 Requests..... | 4 |
| | 1.3 Overview of Recommendations..... | 4 |
| | 1.4 Assumptions | 4 |
| 2 | Recommendations..... | 4 |
| | 2.1 Add CSF 105 – Appointment Letter to Template Repository | 4 |
| | 2.1.1 Overview | 4 |
| | 2.1.2 Description of Changes | 5 |
| | 2.2 Update Customer Appointment Detail page to generate CSF 105 form | 7 |
| | 2.2.1 Overview | 7 |
| | 2.2.2 Description of Changes | 8 |
| 3 | Supporting Documents | 15 |
| 4 | Requirements..... | 16 |
| | 4.1 Migration Requirements..... | 16 |

1 OVERVIEW

The purpose of this change is to add CSF 105 – Appointment Letter to LRS/CalSAWS Template Repository and generate the form from Customer Appointment Detail page for 57 counties excluding Los Angeles county.

1.1 Current Design

CSF 105 – Appointment Letter does not exist in LRS/CalSAWS.

1.2 Requests

Add CSF 105 - Appointment Letter to the LRS/CalSAWS to be able to generate from Template Repository and Customer Appointment Detail page.

1.3 Overview of Recommendations

1. Add CSF 105 form to LRS/CalSAWS Template Repository.
2. Update Customer Appointment Detail page to be able to generate CSF 105 form for 57 counties excluding Los Angeles county.
- ~~3. Imaging barcode on CSF 105 will be added with SCR CA-207108 (DDID 2302 Updates to Standardized Bar Codes)~~

1.4 Assumptions

1. CSF 105 form will have the LRS/CalSAWS Standard Header.
2. Comments section on CSF 105 will not be translated to threshold languages.

2 RECOMMENDATIONS

2.1 Add CSF 105 – Appointment Letter to Template Repository

2.1.1 Overview

This effort is to add CSF 105 to the LRS/CalSAWS Template Repository.

State Form: CSF 105

Programs: All

Attached Forms: N/A

Forms Category: Form

Languages: English, Spanish

2.1.2 Description of Changes

Create a new CSF 105 – Appointment Letter that can be generated from Template Repository.

1. Create CSF 105 form XDP with just 1 impression.

Form Header: LRS/CalSAWS Standard Header

Form Title: Appointment Letter

Form Number: CSF 105

Include NA Back 9: No

Form Mockup/Example: See Supporting Document #1

2. Add the CSF 105 – Appointment Letter to Template Repository. The following document parameters will be required:

Required Form Input: Case Number, Customer Name, Program, and Language.

3. Populate the following elements on the CSF 105 when the form is triggered from Template Repository.

| Section | Field | Description | Comments |
|-----------------------------|-------------|---|---------------------------|
| LRS/CalSAWS Standard Header | Date | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Date form is mailed |
| LRS/CalSAWS Standard Header | Case Name | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Name of Primary applicant |
| LRS/CalSAWS Standard Header | Case Number | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Case number |

| | | | |
|------------------------------------|-------------------------------------|---|---|
| LRS/CalSAWS Standard Header | Worker Name | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Name of the worker |
| LRS/CalSAWS Standard Header | Worker ID | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Worker ID of the worker |
| LRS/CalSAWS Standard Header | Worker Phone number | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Phone number of the worker |
| LRS/CalSAWS Standard Header | Customer ID | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Customer ID |
| LRS/CalSAWS Standard Header | Mailed to Address | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case | Primary applicant's Name and Address |
| LRS/CalSAWS Standard Header | Return Address | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case | Address of the District Office |
| <9> | Text between "Appointment Type" and | Text to populate – English - "If your appointment is in a | CSF 105 form body will only populate this variable when |

Commented [MA1]: Pramukh, so when the user generates it via the Template Repository the user will be responsible for completing <1-8> and <9> will populate the text you mentioned under Description, so this text will be static when triggering through TTemp. Repository correct?

Commented [PK2R1]: @Maria Jensen Yes, that is correct. This is exactly how we have it in C-IV currently.

| | | | |
|--|--|---|--|
| | "Please bring the verification..." Checkbox | County office, please bring this letter with you to your appointment." Spanish – "Si su cita es en una oficina del condado, por favor lleve esta carta a su cita." | the form is generated from Template Repository. This field will be non-editable. |
|--|--|---|--|

4. Add the following barcode options to the CSF 105 Form:

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

5. Add the following print options for the CSF 105 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 Selected Program
 Mailed From (Return): Worker's Office Address
 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

2.2 Update Customer Appointment Detail page to generate CSF 105 form

2.2.1 Overview

With this effort CSF 105 form will be triggered from Customer Appointment Detail Page when checking the "Print Appointment Letter" Checkbox for 57 counties excluding Los Angeles county.

© 2020 CalSAWS. All Rights Reserved.

2.2.2 Description of Changes

Update Customer Appointment Detail page to generate CSF 105 for 57 counties excluding Los Angeles county when "Print Appointment Letter is checked.

1. Populate the following elements dynamically on the CSF 105 when the form is triggered from Customer Appointment Detail page.

| Section | Field | Description | Comments |
|------------------------------------|-------------|---|---------------------------|
| LRS/CalSAWS Standard Header | Date | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Date form is mailed |
| LRS/CalSAWS Standard Header | Case Name | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Name of Primary applicant |
| LRS/CalSAWS Standard Header | Case Number | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Case number |
| LRS/CalSAWS Standard Header | Worker Name | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Name of the worker |
| LRS/CalSAWS Standard Header | Worker ID | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Worker ID of the worker |

Formatted Table

| | | | |
|------------------------------------|---------------------|---|--------------------------------------|
| LRS/CalSAWS Standard Header | Worker Phone number | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Phone number of the worker |
| LRS/CalSAWS Standard Header | Customer ID | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case. | Customer ID |
| LRS/CalSAWS Standard Header | Mailed to Address | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case | Primary applicant's Name and Address |
| LRS/CalSAWS Standard Header | Return Address | Part of Standard Mailing Header. Editable when a blank form is generated. Pre-populated and Static when form is generated in the context of a case | Address of the District Office |

Following variables will be populated on CSF 105 form when generated from Customer Appointment Detail page.

| Section | Field | Description | Editable Y/N |
|---------|-------------------------|--|--------------|
| <1> | Dear | Customer Name | Y |
| <2> | The following Attendees | Attendees from Customer Appointment Detail page. If multiple attendees follow the below format: Attendee 1, Attendee 2, ... | Y |

| | | | | |
|-----|----------------|---|--|---|
| <3> | Appointment on | Begin Date from Customer Appointment Detail page Format: MM/DD/YYYY | Y | |
| <4> | at | Begin Time from Customer Appointment Detail page Format: HH:MM | Y | |
| <5> | with | Staff Name from workers section on Customer Appointment Detail page. If multiple workers exist populate the first worker assigned to the appointment. | Y | |
| <6> | Location | Appointment Categories | Text to Populate | |
| | | Telephone Interview | <p>English - "THIS IS A TELEPHONE INTERVIEW. THERE IS NO NEED TO COME TO THE OFFICE."</p> <p>Spanish - "ESTA ES UNA ENTREVISTA TELEFÓNICA. NO HAY NECESIDAD DE VENIR A LA OFICINA."</p> | Y |
| | | Telephone CW/CF RE Interview | <p>English - "THIS IS A TELEPHONE INTERVIEW. THERE IS NO NEED TO COME TO THE OFFICE. If you prefer to be interviewed in person, please call your worker at the number above for an appointment."</p> <p>Spanish - "ESTA ES UNA</p> | Y |

| | | | | |
|-----|------------------|--|--|---|
| | | | <p>ENTREVISTA TELEFÓNICA. NO HAY NECESIDAD DE VENIR A LA OFICINA.</p> <p>Si usted prefiere ser entrevistado en persona, por favor llame a su trabajador(a) al número mencionado arriba para una cita."</p> | |
| | | If not Telephone Interview or Telephone CW/CF RE Interview | Office and Location values from Customer Appointment Detail page | Y |
| <7> | Duration | Duration from Customer Appointment Detail page | | Y |
| | | Example format: 2 Hours 5 Minutes | | |
| <8> | Appointment Type | <p>Category from Customer Appointment Detail page</p> <p>Populate the Appointment Type Variable in the following format if the Category is "Telephone CW/CF RE Interview": Telephone CW/CF RE Interview <TAB SPACE> <Phone Number></p> <p>Note: If multiple phone numbers exist for a Customer, populate only one phone number. Select the phone number from the following phone number type hierarchy:</p> <p>1) Main 2) Home</p> | | Y |

| | | | | |
|-----|---|---|--|---|
| | | 3) Cell 4) Work | | |
| <9> | Text between "Appointment Type" and "Please bring the verification..." Checkbox | Appointment Category Telephone CW/CF RE Interview | Text to Populate English - "We will call you at the number above. If the number is not correct, you must call us and provide a number where you can be reached for your interview. It is very important that we are able to reach you. You may also want to provide an alternative phone number where you can be reached. County phone numbers may be blocked. If your phone does not accept blocked numbers, you may miss the phone call for your telephone interview, and your benefits may be delayed. You will have to reschedule your interview. If you miss the phone interview, call your worker at the number | N |

| | | | | |
|--|--|--|--|--|
| | | | <p>above or go to the above office to reschedule your interview."</p> <p>Spanish – "Nosotros le llamaremos al número de teléfono mencionado anteriormente. Si el número no es el correcto, usted tiene que llamarnos y proporcionar un número en dónde podemos llamarle para su entrevista. Es muy importante que nosotros nos podamos comunicar con usted. Usted también puede proporcionar un número de teléfono alternativo en donde lo podamos localizar. Es posible que los números de teléfono del Condado estén bloqueados. Si su teléfono no acepta números bloqueados, es</p> | |
|--|--|--|--|--|

| | | | | |
|------|----------|---|--|---|
| | | | <p>posible que pierda la llamada para su entrevista por teléfono, y posiblemente sus beneficios se demoren. Usted tendrá que programar otra vez su entrevista. Si pierde la entrevista por teléfono, llame a su trabajador al número que aparece en la parte superior o vaya a la oficina mencionada anteriormente para volver a programar su entrevista."</p> | |
| | | If not Telephone CW/CF RE Interview | <p>English – "If your appointment is in a County office, please bring this letter with you to your appointment."</p> <p>Spanish – "Si su cita es en una oficina del condado, por favor lleve esta carta a su cita."</p> | N |
| <10> | Comments | Appointment Letter Comments from Customer Appointment Detail page | | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|----------------------------------|
| 1 | Correspondence | CSF 105 | CSF_105_EN.pdf CSF_105_SP.pdf |

4 REQUIREMENTS

4.1 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|--|---|--|
| 2578 | <p>The CONTRACTOR shall migrate the ADM 102 CIV - Appointment Letter to the CalSAWS Software with the following updates:</p> <p>1) Add the CalSAWS standard header information</p> <p>2) Update form title from "ADM 102 C-IV Appointment Letter" to "CalSAWS Appointment Letter"</p> <p>3) Update the sentence "If your appointment is in a County office, please bring this letter with you to your appointment to help with the check in process" to "If your appointment is in a County office, please bring this letter with you to your appointment."</p> <p>4) Update the form number from "ADM 102 CIV" to CalSAWS standard naming/numbering format</p> <p>The CONTRACTOR shall migrate into the</p> | <ol style="list-style-type: none"> 1. Estimate is for migrating the form in English and Spanish along with updating the online trigger for 57 counties. 2. Spanish translations will be provided by the Consortium. 3. See DDID 2664 assumption for listing of the threshold languages included in the estimate. 4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | <p>With SCR CA-214990, CSF 105 – Appointment Letter is being added to the LRS/CalSAWS, where it can be generated from Template Repository page and Customer Appointment Detail page.</p> |

| | | |
|---|--|--|
| <p>CalSAWS Software the C-IV functionality (online trigger) that generates an appointment letter (ADM 102) from the Appointment Detail page using the Print Appointment Letter checkbox on the Customer Appointment Detail page. The ADM 102 will render when the online page is saved. The functionality will be made available for the 57 Counties.</p> <p>NOTE: The CW 2200 will continue to render for Los Angeles county only. See template titled "Updates for ADM 102" for formatting and content.</p> | | |
|---|--|--|

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215032 | DDID 2599

Add MC 609 (05/13) form to the Template
Repository

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-------------|-------------------------|-----------------------------|---------------|
| 05/09/2020 | 1.0 | Initial Revision | Pramukh Karla |
| | | | |
| | | | |

Table of Contents

| | | |
|---|---|---|
| 1 | Overview | 4 |
| | 1.1 Current Design..... | 4 |
| | 1.2 Requests..... | 4 |
| | 1.3 Overview of Recommendations..... | 4 |
| | 1.4 Assumptions | 4 |
| 2 | Recommendations..... | 5 |
| | 2.1 Add MC 609 (05/13) – Confidential Medi-Cal Complaint Report to the Template Repository..... | 5 |
| | 2.1.1 Overview | 5 |
| | 2.1.2 Description of Change..... | 5 |
| 3 | Supporting Documents | 7 |
| 4 | Requirements..... | 8 |
| | 4.1 Migration Requirements..... | 8 |

1 OVERVIEW

1.1 Current Design

The state form MC 609 (05/13) is not available in LRS/CalSAWS system.

1.2 Requests

The system change request will add the new MC 609 (05/13) form to LRS/CalSAWS.

1.3 Overview of Recommendations

1. Add MC 609 (05/13) form to LRS/CalSAWS Template Repository.

1.4 Assumptions

1. MC 609 (05/13) form will not have the LRS/CalSAWS Standard Header.
2. All the prepopulated fields will be editable on the MC 609 (05/13) form.
3. MC 609 (05/13) will only be available in English.

2 RECOMMENDATIONS

2.1 Add MC 609 (05/13) – Confidential Medi-Cal Complaint Report to the Template Repository

2.1.1 Overview

Add the State form MC 609 (05/13) to the LRS/CalSAWS Software. The MC 609 (05/13) will be made available in the Template Repository in the LRS/CalSAWS Software for the 58 Counties.

State Form: MC 609

Program: Medi-Cal

Attached Forms: N/A

Forms Category: Forms

Languages: English

2.1.2 Description of Change

Create a new MC 609 (05/13) - Confidential Medi-Cal Complaint Report form that can be generated from the Template Repository.

1. Create the MC 609 Form XDP with just one impression.

Form Header: N/A

Form Title: Confidential Medi-Cal Complaint Report

Form Number: MC 609

Include NA Back 9: No

Form Mockups: Please refer to Supporting Document #1

2. Add MC 609 (05/13) form to the Template Repository with the following parameters.

Required Form Input: Case Number and Language.

MC 609 form will be blank when generated from the Template Repository.

3. Add the following barcode options to the MC 609 Form:

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

4. Add the following print options to the MC 609 Form:

| Blank Template | Print Local without Save | Print Local and Save | Print Central and Save | Reprint Local | Reprint Central |
|----------------|--------------------------|----------------------|------------------------|---------------|-----------------|
| Y | Y | Y | N | Y | N |

Mailing Requirements:

Mail-To (Recipient): N/A

Mailed From (Return): N/A

Mail-back-to Address: N/A

Outgoing Envelope Type: N/A

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: N/A

Post to YBN/C4Y: No

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------------|-------------|--------------|
| 1 | Client Correspondence | MC 609 | MC609_EN.pdf |

4 REQUIREMENTS

4.1 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|--|--|--|
| 2599 | <p>Original: The CONTRACTOR shall add the most recent version of the State form MC 609 to the CalSAWS Software with the following updates:</p> <p>1) Add the CalSAWS standard header information</p> <p>2) Make the form available in the Template Repository in the CalSAWS Software for the 58 Counties</p> <p>Revised: The CONTRACTOR shall add the most recent version of the State form MC 609 to the CalSAWS Software with the following updates:</p> <p>1) Make the form available in the Template Repository in the CalSAWS Software for the 58 Counties</p> | <p>Original:</p> <ol style="list-style-type: none"> 1. Estimate is for implementing the new form in English and Spanish. 2. Spanish translations will be provided by the State. 3. See DDID 2664 assumption for listing of the threshold languages included in the estimate. 4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. <p>Revised:</p> <ol style="list-style-type: none"> 1. Estimate is for implementing the new form in English. 2. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | With CA-215032 the functionality to generate the MC 609 form from the Template Repository page is added. |

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215774 | CIV-107088

Update Last Month of Reversal for SSI/SSP Cash
Out Population

| | | |
|----------------|----------------------------------|---------------|
| CalSAWS | DOCUMENT APPROVAL HISTORY | |
| | Prepared By | Mark Keehn |
| | Reviewed By | Jason Francis |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-------------|-------------------------|-----------------------------|---------------|
| 4/24/2020 | 1 | Initial write up | Mark Keehn |
| 7/17/2020 | 2 | Content Revision | Mark Keehn |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Table of Contents

| | | |
|--------------|--|-----------|
| 1 | Overview | 5 |
| 1.1 | Current Design..... | 5 |
| 1.2 | Requests..... | 6 |
| 1.3 | Overview of Recommendations..... | 6 |
| 1.4 | Assumptions | 6 |
| 2 | Recommendations..... | 6 |
| 2.1 | Online – Case Summary – CalFresh Yellow Banner | 6 |
| 2.1.1 | Overview | 6 |
| 2.1.2 | Case Summary..... | 7 |
| 2.1.3 | Description of Changes | 7 |
| 2.1.4 | Page Location | 8 |
| 2.1.5 | Security Updates..... | 8 |
| 2.1.6 | Page Mapping..... | 8 |
| 2.1.7 | Page Usage/Data Volume Impacts | 8 |
| 2.2 | Online – CalFresh SSI/SSP Reversal Detail | 8 |
| 2.2.1 | Overview | 8 |
| 2.2.2 | Description of Changes | 8 |
| 2.2.3 | Page Location | 9 |
| 2.2.4 | Security Updates..... | 9 |
| 2.2.5 | Page Mapping..... | 9 |
| 2.2.6 | Page Usage/Data Volume Impacts | 9 |
| 2.3 | Eligibility – Nutrition Benefit EDBC Detail | 9 |
| 2.3.1 | Overview | 9 |
| 2.3.2 | Description of Changes | 9 |
| 2.3.3 | Page Location | 10 |
| 2.3.4 | Security Updates..... | 10 |
| 2.3.5 | Page Mapping..... | 11 |
| 2.3.6 | Page Usage/Data Volume Impacts | 11 |
| 2.4 | Eligibility Rules Update | 11 |
| 2.4.1 | Overview | 11 |
| 2.4.2 | Description of Changes | 11 |
| 2.4.3 | Page Location | 12 |

| | | |
|-------|---|----|
| 2.4.4 | Security Updates | 12 |
| 2.4.5 | Page Mapping | 13 |
| 2.4.6 | Page Usage/Data Volume Impacts | 13 |
| 2.5 | Eligibility – Program Configuration [Override] List | 13 |
| 2.5.1 | Overview | 13 |
| 2.5.2 | Description of Changes | 14 |
| 2.5.3 | Page Location | 15 |
| 2.5.4 | Security Updates | 16 |
| 2.5.5 | Page Mapping | 16 |
| 2.5.6 | Page Usage/Data Volume Impacts | 16 |
| 3 | Supporting Documents | 17 |
| 4 | Requirements | 18 |
| 4.1 | Project Requirements | 18 |
| 5 | Migration Impacts | 18 |
| 6 | Outreach | 18 |

1 OVERVIEW

This SCR will extend the last benefit month for which an SSI/SSP reversal is expected for a CalFresh (CF) program. This change will apply to LRS/CalSAWS and C-IV.

The implementation of the SSI/SSP Cash Out Reversal policy started with **SCR CA-203103/CIV-101471– CalFresh Ending SSI Cash-Out** and **SCR CA-205328/CIV-102568 – TNB Recertification**. When implemented, these SCRs expected the last possible reversal date to be in the benefit month of 10/2020 (i.e., no reversals were expected after 10/2020).

Prior to the CF household's reversal month, an SSI/SSP person would be excluded from the CF program with the role of 'Unaided Person' (UP) and role reason of 'Gets SSI/SSP'. Once the SSI/SSP person has reversed, the SSI/SSP person can be included in the CF program and the system determines whether a Nutrition Benefit (NB) program should be created.

Due to actions taken in response to COVID-19, Recertifications and SAR7s with a due date of March, April, and May of 2020 are not being actioned. Because of this, EDBC will not be reversing CF programs with SSI/SSP persons during those months. This means the auto creation of Supplemental Nutrition Benefit (SNB) and Transitional Nutrition Benefit (TNB) programs will also be suppressed. While EDBC will reverse these cases at the next SAR, SARA, or Recertification, some of these reversals will occur after 10/2020, which was previously expected to be the last month for which it was possible to have a reversal.

1.1 Current Design

While the EDBC logic will automatically reverse a CalFresh program after 10/2020, there were assumptions made in other parts of the system that certain actions should not occur after 10/2020. Sections of the system impacted are as follows:

1. **LSR/CalSAWS Only** – The CalFresh Yellow Banner to indicate that the program was “Eligible for SSI/SSP Reversal Determination” is only available until 10/2020.
2. A page validation on the SSI/SSP Reversal Detail page prevents any Reversal Month greater than 10/2020.
3. The 'Get SSI/SSP' (CT73-25) Status Reason is not valid for a CF program for any month after 10/2020. A user performing an EDBC override would not be able to use this Status Reason after 10/2020.
4. EDBC logic for TNB prevents a Reporting Type of 'Non Reporting' after Sept 2021.
5. A page validation on the Program Configuration page prevents the 'Non Reporting' Reporting Type from being selected for TNB programs after Sept 2021.

1.2 Requests

Change the last expected reversal month from 10/2020 to 10/2021. This shift in the last expected reversal month also changes the last possible due date for a 12-month TNB recertification from Sept 2021 to Sept 2022. By definition, this extends the last month for which a TNB program can have a Reporting Type of 'Non Reporting' which is only valid for the initial 12-month recertification period.

1.3 Overview of Recommendations

1. **LRS/CalSAWS Only:** Update the CF yellow banner logic to account for the last possible reversal month. The yellow banner is used to alert the user when a CalFresh program is eligible for an SSI/SSP reversal determination.
2. Update the validation message and logic which is triggered on the CalFresh SSI/SSP Reversal Detail page to account for the last possible reversal month.
3. Update Code Table 73 to extend the time period for which the 'Gets SSI/SSP' (CT73 - 25) Status Reason is available to account for the last possible reversal month.
4. Update the last possible date for which a TNB program can receive a Reporting Type of 'Non Reporting' when processing a TNB EDBC.
5. Update the last allowable month for which it is possible to have a 12-month TNB program with a Reporting Type of 'Non Reporting' when the user is overriding the Program Configuration for a TNB EDBC.

1.4 Assumptions

1. The State will not extend the initial COVID-19 policy that prevented recertifications and SAR7 determinations for March, April, and May 2020 beyond the May 2020 benefit month.

2 RECOMMENDATIONS

2.1 Online – Case Summary – CalFresh Yellow Banner

2.1.1 Overview

In the LRS/CalSAWS system the yellow banner is used to alert the user when a CalFresh program is eligible for an SSI/SSP reversal determination. The last possible date for an SSI/SSP Reversal Month will be extended to 10/2021.

This updates section 2.1.3.3 in the original implementation of **SCR CA-203103/CIV-101471– CalFresh Ending SSI Cash-Out**.

2.1.2 Case Summary

| ▼ CalFresh [Eligible for SSI/SSP Reversal Determination] | | | |
|--|---------------|-------------------------------------|------------|
| Worker: | James Howlett | Primary Applicant/Recipient: | Clark Kent |

Figure 2.1.1 – Case Summary – CalFresh Yellow Banner (LRS/CalSAWS only)

| ▼ CalFresh [Anticipated program termination for the following month] [Eligible for SSI/SSP Reversal Determination] | | | |
|---|---------------|-------------------------------------|------------|
| Worker: | James Howlett | Primary Applicant/Recipient: | Clark Kent |

Figure 2.1.2 – Case Summary – CalFresh Yellow Banner with system date in RE Due Month (LRS/CalSAWS only)

2.1.3 Description of Changes

Update the following CF yellow banner logic to account for the last possible reversal month.

1. **Current:** Update the CalFresh Notification Banner to display a notification to alert the worker that a person on the CalFresh program has yet to have their SSI/SSP Reversal Determination.
 - a. The notification text will be '[Eligible for SSI/SSP Reversal Determination]'. This will appear after the program termination message if it appears in the notification banner.
 - b. In addition to existing notification banner criteria, the notification banner with this message will display when the following are true:
 - i. A High Dated Active person detail record exists for a CalFresh Program Person with a Role code of 'UP' and a Role Reason code of 'Gets SSI/SSP'.
 - ii. The system date is between 06/01/2019 and 10/31/2020.
2. **Updated:** Update the CalFresh Notification Banner to display a notification to alert the worker that a person on the CalFresh program has yet to have their SSI/SSP Reversal Determination.
 - a. The notification text will be '[Eligible for SSI/SSP Reversal Determination]'. This will appear after the program termination message if it appears in the notification banner.
 - b. In addition to existing notification banner criteria, the notification banner with this message will display when the following are true:

- i. A High Dated Active person detail record exists for a CalFresh Program Person with a Role code of 'UP' and a Role Reason code of 'Gets SSI/SSP'.
- ii. The system date is between 06/01/2019 and **10/31/2021**.

2.1.4 Page Location

- **Global: Case Info**
- **Local: Case Summary**
- **Task: Case Summary**

2.1.5 Security Updates

No changes.

2.1.6 Page Mapping

No changes.

2.1.7 Page Usage/Data Volume Impacts

No impacts to page usage or data volume impacts.

2.2 Online – CalFresh SSI/SSP Reversal Detail

2.2.1 Overview

The CalFresh SSI/SSP Reversal Detail page can be used by the worker to request the SSI/SSP Reversal and view the results of the reversal. This page can be updated by EDBC or by a Worker.

The last possible date for an SSI/SSP Reversal Month will be extended to 10/2021.

This updates section 2.4.4.3 in the original implementation of **SCR CA-203103/CIV-101471– CalFresh Ending SSI Cash-Out**.

2.2.2 Description of Changes

Update the following validation message which is triggered on the CalFresh SSI/SSP Reversal Detail page. Update the logic which displays this message to account for the new date.

1. **Current:** SSI/SSP Reversal Month – Month cannot be after 10/2020.
 - a. Triggered when the SSI/SSP Reversal Month is set to a month after 10/2020
2. **Updated:** SSI/SSP Reversal Month – Month cannot be after 10/2021.

- a. Triggered when the SSI/SSP Reversal Month is set to a month after **10/2021**

2.2.3 Page Location

- **Global: Case Info**
- **Local: Case Summary**
- **Task: Case Summary**

2.2.4 Security Updates

No changes.

2.2.5 Page Mapping

No changes.

2.2.6 Page Usage/Data Volume Impacts

No impacts to page usage or data volume impacts.

2.3 Eligibility – Nutrition Benefit EDBC Detail

2.3.1 Overview

The Nutrition Benefit EDBC Detail page provides a summary of the EDBC and allows the user to override that EDBC if needed. The 'Get SSI/SSP' Status Reason should not be available during overrides after the last possible reversal month.

This updates section 2.27.3.7 in the original implementation of **SCR CA-203103/CIV-101471– CalFresh Ending SSI Cash-Out**.

2.3.2 Description of Changes

Update Code Table 73 to extend the time period for which the 'Gets SSI/SSP' (CT73 - 25) is available.

1. **Current:** Update Code Table 73, Program Reason Codes, to effective date code value 'Gets SSI/SSP' (CT73 - 25) so that 'Gets SSI/SSP' is not valid for the CF program or CF program persons after October 31, 2020. This will prevent 'Gets SSI/SSP' from displaying as a valid selection

if the user chooses to override the EDBC and is setting program person roles and role reasons.

2. **Updated:** Update Code Table 73, Program Reason Codes, to effective date code value 'Gets SSI/SSP' (CT73 - 25) so that 'Gets SSI/SSP' is not valid for the CF program or CF program persons after **October 31, 2021**. This will prevent 'Gets SSI/SSP' from displaying as a valid selection if the user chooses to override the EDBC and is setting program person roles and role reasons.

Note: This code table change is also necessary to allow the Unaided Person (UP) role with a role reason of 'Get SSI/SSP' to continue to be set for excluded SSI/SSP persons that have still not been reversed for benefit months after October 2020.

2.3.3 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: EDBC Results**

2.3.4 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| | | |
| | | |
| | | |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| | | |
| | | |
| | | |

2.3.5 Page Mapping

No new mappings.

2.3.6 Page Usage/Data Volume Impacts

No impacts.

2.4 Eligibility Rules Update

2.4.1 Overview

The 'TNB Non Reporting' Reporting Type is used for all 6-month recertification periods. The initial 12-month TNB recertification period receives a Reporting Type of 'Non Reporting'.

This updates section 2.13.2.1 in the original implementation of **SCR CA-205328/CIV-102568 – TNB Recertification**.

2.4.2 Description of Changes

Update the last possible date for which a TNB program can receive a Reporting Type of 'Non Reporting' when processing a TNB EDBC. Other than the date, no other functionality is changing.

1. **Current:** Define a new Reporting Type, 'TNB Non Reporting' (CT542) to be used as the reporting type for any EDBC or Program Detail defined during a 6-month TNB period (i.e., any TNB period other than the initial 12-month period). The initial 12-month TNB period will continue to use the 'Non Reporting' reporting type.

The new 'TNB Non Reporting' reporting type will allow fiscal logic to identify periods which require period related skip issuances.

The 'Periodic Report Frequency' column (column 10) will be set to 6.

The 'EICT' column (column 9) will be left blank because there is no reporting requirement for TNB. They are only required to complete the recertification.

The Reporting Type will be set to 'TNB Non Reporting' when any of the following conditions have been met for a benefit month:

- a. The EDBC for the benefit month was processed with an 'RE' Run Reason.
- b. The benefit month is greater than September 2021, which is functionally the last possible month for a TNB program to receive the 'Non Reporting' Reporting Type. October 2020 is last possible month for an SSI/SSP Reversal Month to be established.
- c. The difference between the benefit month and the SSI/SSP Reversal Month is greater than 11 months. For example, if the

- SSI/SSP Reversal month were 7/2019 and the benefit month being processed is 7/2020, the difference would be 12 months.
- d. The difference between the SSI/SSP Reversal Month and the RE due date associated with the benefit month is greater than 11 months.
 - e. If the program detail for the benefit month has previously been set to 'TNB Non Reporting'.
2. **Updated:** Define a new Reporting Type, 'TNB Non Reporting' (CT542) to be used as the reporting type for any EDBC or Program Detail defined during a 6-month TNB period (i.e., any TNB period other than the initial 12-month period). The initial 12-month TNB period will continue to use the 'Non Reporting' reporting type.
- The new 'TNB Non Reporting' reporting type will allow fiscal logic to identify periods which require period related skip issuances. The 'Periodic Report Frequency' column (column 10) will be set to 6. The 'EICT' column (column 9) will be left blank because there is no reporting requirement for TNB. They are only required to complete the recertification.
- The Reporting Type will be set to 'TNB Non Reporting' when any of the following conditions have been met for a benefit month:
- a. The EDBC for the benefit month was processed with an 'RE' Run Reason.
 - b. The benefit month is greater than **September 2022**, which is functionally the last possible month for a TNB program to receive the 'Non Reporting' Reporting Type. **October 2021** is last possible month for an SSI/SSP Reversal Month to be established.
 - c. The difference between the benefit month and the SSI/SSP Reversal Month is greater than 11 months. For example, if the SSI/SSP Reversal month were 7/2019 and the benefit month being processed is 7/2020, the difference would be 12 months.
 - d. The difference between the SSI/SSP Reversal Month and the RE due date associated with the benefit month is greater than 11 months.
 - e. If the program detail for the benefit month has previously been set to 'TNB Non Reporting'.

2.4.3 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: EDBC Results**

2.4.4 Security Updates

3. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| | | |
| | | |
| | | |

4. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| | | |
| | | |
| | | |

2.4.5 Page Mapping

No new mappings.

2.4.6 Page Usage/Data Volume Impacts

No impacts.

2.5 Eligibility – Program Configuration [Override] List

2.5.1 Overview

The Program Configuration Override List page is accessed when the user selects the 'Override Program Configuration' button on the EDBC Summary page.

A validation limits which combination of Aid Code, Program Type, Reporting Type, and Reporting Type Reason are allowed and displays a validation message if an incorrect combination is used.

This updates section 2.14.3 in the original implementation of **SCR CA-205328/CIV-102568 – TNB Recertification.**

2.5.2 Description of Changes

Update the last allowable month for which it is possible to have a 12-month TNB program with a Reporting Type of 'Non Reporting' when the user is overriding the Program Configuration for a TNB EDBC. Other than the date, no other functionality is changing.

1. **Current:** Update the existing conditions that display the page validation "Aid Code, Program Type, and Reporting Type/Reason are required to align." For this validation the system is only comparing the 'Aid Code', 'Reporting Type', 'Program Type', and 'Reporting Type Reason' to ensure they are logically consistent for an Nutrition Benefit (NB) program.
 - a. If the override (or manual EDBC) is for a benefit month Prior to 10/2021, the valid combinations of values are listed below. Currently, the system looks for combinations i (SNB) and ii (TNB with 12-month reporting). Combination iii (TNB with 6-month reporting) will be added.
 - i. Combination for SNB
 1. Aid Code: 09 – CalFresh
 2. Program Type: Supplemental Nutrition Benefit
 3. Reporting Type: Non Reporting
 4. Reporting Type Reason: Supplemental Nutrition Benefit
 - ii. Combination for TNB (12-month) - This is the combination that would be selected by the user if they are overriding a TNB EDBC that falls within a 12-month recertification period.
 1. Aid Code: 0H – Transitional Nutrition Benefit
 2. Program Type: Transitional Nutrition Benefit
 3. Reporting Type: Non Reporting
 4. Reporting Type Reason: Transitional Nutrition Benefit
 - iii. Combination for TNB (6-month) - This is the combination that would be selected by the user if they are overriding a TNB EDBC that falls within a 6-month recertification period.
 1. Aid Code: 0H – Transitional Nutrition Benefit
 2. Program Type: Transitional Nutrition Benefit
 3. Reporting Type: TNB Non Reporting
 4. Reporting Type Reason: Transitional Nutrition Benefit
 - b. If the override (or manual EDBC) is for a benefit on or after 10/2021, the valid combinations become limited to point i (SNB) and iii (TNB with 6-month reporting). As of 10/2021, it is no longer possible to have a 12-month TNB program. The last possible SSI/SSP Reversal Month is 10/2020. Therefore, the last possible 12-month recertification period will have a due date of 09/2021.

2. **Updated:** Update the existing conditions that display the page validation "Aid Code, Program Type, and Reporting Type/Reason are required to align." For this validation the system is only comparing the 'Aid Code', 'Reporting Type', 'Program Type', and 'Reporting Type Reason' to ensure they are logically consistent for an Nutrition Benefit (NB) program.
- a. If the override (or manual EDBC) is for a benefit month Prior to 10/2021, the valid combinations of values are listed below. Currently, the system looks for combinations i (SNB) and ii (TNB with 12-month reporting). Combination iii (TNB with 6-month reporting) will be added.
 - i. Combination for SNB
 1. Aid Code: 09 – CalFresh
 2. Program Type: Supplemental Nutrition Benefit
 3. Reporting Type: Non Reporting
 4. Reporting Type Reason: Supplemental Nutrition Benefit
 - ii. Combination for TNB (12-month) - This is the combination that would be selected by the user if they are overriding a TNB EDBC that falls within a 12-month recertification period.
 1. Aid Code: 0H – Transitional Nutrition Benefit
 2. Program Type: Transitional Nutrition Benefit
 3. Reporting Type: Non Reporting
 4. Reporting Type Reason: Transitional Nutrition Benefit
 - iii. Combination for TNB (6-month) - This is the combination that would be selected by the user if they are overriding a TNB EDBC that falls within a 6-month recertification period.
 1. Aid Code: 0H – Transitional Nutrition Benefit
 2. Program Type: Transitional Nutrition Benefit
 3. Reporting Type: TNB Non Reporting
 4. Reporting Type Reason: Transitional Nutrition Benefit
 - b. If the override (or manual EDBC) is for a benefit on or after 10/2021, the valid combinations become limited to point i (SNB) and iii (TNB with 6-month reporting). As of **10/2022**, it is no longer possible to have a 12-month TNB program. The last possible SSI/SSP Reversal Month is **10/2021**. Therefore, the last possible 12-month recertification period will have a due date of **09/2022**.

2.5.3 Page Location

- **Global: Eligibility**
- **Local: Customer Information**

- **Task: Run EDBC**

2.5.4 Security Updates

5. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| | | |
| | | |
| | | |

6. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| | | |
| | | |
| | | |

2.5.5 Page Mapping

No new mappings.

2.5.6 Page Usage/Data Volume Impacts

No impacts.

3 SUPPORTING DOCUMENTS

None

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| | | | |
| | | | |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------|---|--|
| 2.8.1.21 | The LRS shall automate eligibility determination and benefit calculation for certain individual and case changes. | New eligibility logic for SNB/TNB program. |
| | | |

5 MIGRATION IMPACTS

None

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

6 OUTREACH

None.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-204496

Updates to the flow of mixed Non-MAGI/MAGI
NOAs

| | | |
|---------|---------------------------|-----------------|
| CalSAWS | DOCUMENT APPROVAL HISTORY | |
| | Prepared By | Tiffany Huckaby |
| | Reviewed By | Priya Sridharan |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|------------------|--|-----------------|
| 12/18/2018 | 1.0 | Initial Creation | Tiffany Huckaby |
| 1/24/2019 | 1.1 | Updates based on Workgroup feedback | Tiffany Huckaby |
| 2/21/2019 | 1.2 | Updates based on Build/Workgroup review of Draft | Tiffany Huckaby |
| 9/5/2019 | 1.3 | Updated Design Template to newest version | Tiffany Huckaby |
| 6/23/2020 | 1.4 | Updated FDDs to add threshold translations and attached in JIRA | Nithya Chereddy |
| 7/7/2020 | 1.5 | Added assumption 10 and 11, added a note in section 2.11 regarding the MAGI footer. Updated the recommendation references in section 2.8.4 | Nithya Chereddy |
| | | | |
| | | | |
| | | | |

Table of Contents

| | | |
|-------|--|----|
| 1 | Overview | 5 |
| 1.1 | Current Design..... | 5 |
| 1.2 | Requests..... | 6 |
| 1.3 | Overview of Recommendations..... | 6 |
| 1.3.1 | Add a new Combined non-MAGI/MAGI Action statement..... | 7 |
| 1.3.2 | Add new MAGI Individual Action Statements | 7 |
| 1.3.3 | Update the NOA logic for mixed non-MAGI/MAGI NOA generation | 8 |
| 1.3.4 | Separate Program and Person level text in non-MAGI Fragments | 8 |
| 1.3.5 | Add new Common Text Program-Level Message Fragments | 8 |
| 1.3.6 | Update mixed non-MAGI/MAGI NOA Budget Location..... | 8 |
| 1.3.7 | Update MAGI Header Statement for mixed non-MAGI/MAGI NOAs..... | 8 |
| 1.3.8 | Update the order of Medi-Cal NOA fragments | 8 |
| 1.4 | Assumptions | 12 |
| 2 | Recommendations..... | 13 |
| 2.1 | Add a new Combined non-MAGI/MAGI Action statement | 13 |
| 2.1.1 | Overview | 13 |
| 2.1.2 | Description of Change..... | 13 |
| 2.2 | Add new MAGI Individual Approval Fragment | 15 |
| 2.2.1 | Overview | 15 |
| 2.2.2 | Description of Change..... | 15 |
| 2.3 | Add new MAGI Individual Change Fragment | 17 |
| 2.3.1 | Overview | 17 |
| 2.3.2 | Description of Change..... | 18 |
| 2.4 | Add new MAGI Individual Denial Fragment..... | 20 |
| 2.4.1 | Overview | 20 |
| 2.4.2 | Description of Change..... | 20 |
| 2.5 | Add new MAGI Individual Discontinuance Fragment | 21 |
| 2.5.1 | Overview | 21 |
| 2.5.2 | Description of Change..... | 22 |
| 2.6 | Update the NOA logic for mixed non-MAGI/MAGI NOA generation | 24 |
| 2.6.1 | Overview | 24 |
| 2.6.2 | Add Logic to create Flag for mixed non-MAGI/MAGI NOAs | 24 |

| | | |
|--------|--|----|
| 2.6.3 | Add Logic to create Flag for Budget Generation | 24 |
| 2.6.4 | Update MAGI and non-MAGI Fragments Logic | 24 |
| 2.7 | Separate Program and Person level text in non-MAGI Fragments | 25 |
| 2.7.1 | Overview | 25 |
| 2.7.2 | Update non-MAGI Message Fragments..... | 25 |
| 2.7.3 | Update non-MAGI Reason Fragments..... | 31 |
| 2.8 | Add new Common Text Program-Level Message Fragments..... | 40 |
| 2.8.1 | Overview | 40 |
| 2.8.2 | Replace Existing Message Fragments..... | 41 |
| 2.8.3 | Add new mixed non-MAGI/MAGI Common Message Fragments | 41 |
| 2.8.4 | Add Hierarchy to Program-Level Message Fragments..... | 47 |
| 2.9 | Update mixed non-MAGI/MAGI NOA Budgets Location..... | 47 |
| 2.9.1 | Overview | 47 |
| 2.9.2 | Update non-MAGI/MAGI NOA template..... | 47 |
| 2.9.3 | Add Dynamic Variable Population for Budget References..... | 48 |
| 2.10 | Update MAGI Header Statement for mixed non-MAGI/MAGI NOAs | 50 |
| 2.10.1 | Overview | 50 |
| 2.10.2 | Fragment Generation Updates..... | 50 |
| 2.11 | Update the order of Medi-Cal NOA fragments..... | 50 |
| 2.11.1 | Overview | 50 |
| 2.11.2 | Add mixed non-MAGI/MAGI NOA assembly logic..... | 50 |
| 3 | Supporting Documents | 63 |
| 4 | Requirements..... | 72 |
| 4.1 | Project Requirements..... | 72 |
| 4.2 | Migration Requirements..... | 72 |
| 5 | Migration Impacts | 73 |
| 6 | Outreach..... | 74 |
| 6.1 | Lists..... | 74 |
| 7 | Appendix..... | 75 |

1 OVERVIEW

This is a CalSAWS only enhancement for updating the order of fragments on Mixed non-MAGI/MAGI NOAs. Instead of generating MAGI text separately on its own pages, this enhancement will move the MAGI text to flow with the non-MAGI text. This update will require updates to the ordering of the Medi-Cal fragments for Mixed non-MAGI/MAGI NOAs as well as additional new NOA language for transitions between non-MAGI and MAGI fragments.

1.1 Current Design

Mixed non-MAGI/MAGI NOAs currently generate with non-MAGI NOA pages followed by a page break and then the MAGI NOA pages.

Non-MAGI pages:

From Address COUNTY OF STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE:
CASE NAME:
CALHEERS CASE NUMBER:
SAWS CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

NOTICE OF ACTION
MEDI-CAL APPROVAL

To Address

As of June 13, 2017, your application for Medi-Cal benefits has been approved.

The following persons are eligible to receive full Medi-Cal benefits:

Wife Test
Dad Test

The share of cost (if any) for family members listed above is listed on the right side of this notice.

Benefits for your infant child may continue up to age one under Deemed Eligibility.

Within ten days, you must tell the county about any changes in your family's income, property, or any facts you gave us.

You will get a plastic Benefits Identification Card (BIC) in the mail soon, if you do not already have one. If you have family members who are eligible for Medi-Cal they will also receive cards.

Ineligible members of your family may get cards if your family has a share of cost. Take your plastic BIC with you each time you receive medical care. Your plastic card will show your medical provider if you have a share of cost.

Ineligible members of your family should present their plastic BICs to their medical provider to help pay for

Rules: These rules apply; you may review them at your local welfare office. California Code of Regulations, Title 22, Section(s): 50226.50226.1 California Code of Regulations, Title 22, Section(s): 50203.50251

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

| Report Month | 05/2017 | 06/2017 | 07/2017 |
|-----------------------|-----------|-----------|-----------|
| Gross Income | \$0.00 | \$0.00 | \$0.00 |
| Net Non-Exempt Income | \$0.00 | \$0.00 | \$0.00 |
| Maintenance Need | -\$934.00 | -\$934.00 | -\$934.00 |
| Share Of Cost | \$0.00 | \$0.00 | \$0.00 |

MC 351/MC-MAGI-A (11/2015) Page 1 of 5

NOTICE OF ACTION COUNTY OF STATE OF CALIFORNIA
Continuation Page HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE:
CASE NAME:
CALHEERS CASE NUMBER:
SAWS CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

your family's share of cost. Keep your plastic card with you at all times.

Individuals under the age of 19 years with a share of cost (SOC) may be eligible to the Healthy Families insurance program.

If you are interested, please call 1 (800) 880-5305 for information and/or an application. Report this coverage to your Eligibility Worker because your health insurance premium can be used to reduce your SOC.

Pregnant women with a share of cost (SOC) may be eligible to the Access for Infants and Women (AIW) Program. If you are interested, please call 1(800) 433-2611 for information and/or an application.

MC 351/MC-MAGI-A (11/2015) Page 3 of 5

MAGI pages:

NOTICE OF ACTION COUNTY OF STATE OF CALIFORNIA
Continuation Page HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE:
CASE NAME:
CALHEERS CASE NUMBER:
SAWS CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

Dear Dad Test,
We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

ChildOne Test
You qualify for only restricted-scope Medi-Cal because you did not provide written proof of your U.S. Citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted-scope Medical only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, postpartum care, and long-term care service. If you are not sure if a service is covered, ask your medical provider.

Your eligibility for restricted-scope Medi-Cal begins 06/01/2017. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

If you have written proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted-scope to full-scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.

We counted your household size and income to make our decision.

For Medi-Cal, your household size is 4 and your monthly household income is \$2,500.00. The monthly Medi-Cal income limit for your household size is \$2,844.00. Your income is below this limit, so you qualify for Medi-Cal.

42 CFR 435.119, 42 CFR 435.603 is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights"

on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.

ChildTwo Test
You qualify for Medi-Cal because your household income is below the Medi-Cal limit. Your eligibility for Medi-Cal begins 06/01/2017. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

We counted your household size and income to make our decision.

For Medi-Cal, your household size is 4 and your monthly household income is \$2,500.00. The monthly Medi-Cal income limit for your household size is \$2,844.00. Your income is below this limit, so you qualify for Medi-Cal.

Your household size and income requires that you pay a monthly premium to remain eligible for Medi-Cal.

You will receive a separate bill from the Medi-Cal Premium Payment Section. It will tell you the monthly premium amount you must pay and your payment options. Monthly premiums are from \$13 up to \$39 per family. Please allow up to 60 days to receive this information.

Your first premium payment is not due until you receive the first billing statement. You must pay the monthly premium to maintain your eligibility for this program. Until you receive this information, if you have questions on your premium, you can visit:
<http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx>

42 CFR 435.119, 42 CFR 435.603 is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights"

MC 351/MC-MAGI-A (11/2015) Page 4 of 5

NOTICE OF ACTION COUNTY OF STATE OF CALIFORNIA
Continuation Page HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

NOTICE DATE:
CASE NAME:
CALHEERS CASE NUMBER:
SAWS CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.

(989) 456-3221
This notice is required by the Affordable Care Act per regulation 42 C.

Do you have any changes?
Over the next year, you are obligated to report any changes that would affect your health insurance within 10 days of such a change. You are obligated to contact us if:

- You move.
- Your income changes; or
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county office using one of the following ways:

- Telephone: (989) 456-3221
- In person: <ADDRESS_2>
- Fax: <FAX>
- Office Hours: <HOURS>

To report changes, please contact your county office using one of the following ways:

- County Worker: Calheers Tester
- County Worker ID: <ID>

If you already have a Benefits Identification Card (BIC), do not throw it away. You should keep using that card. If you have never received a BIC, one will be mailed to you soon. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.

Questions?
If you have questions or need assistance please contact

MC 351/MC-MAGI-A (11/2015) Page 5 of 5

1.2 Requests

Concerns were raised regarding the mixed non-MAGI/MAGI Notices not clearly stating the action being taken on all the members of the program on the first page. MAGI actioned persons would not be addressed until the start of the MAGI text which generates on a separate page.

There were also concerns around the flow or order of the text on the Notice. It was requested for the non-MAGI and MAGI text generate on the same pages together.

1.3 Overview of Recommendations

This enhancement will add new NOA fragments to mixed non-MAGI/MAGI NOAs to clearly state all program persons that are being actioned in the NOA as well as new NOA fragments to transition non-MAGI and MAGI text. A new combined action statement will be added to the beginning of the NOA that will list all actioned person both non-MAGI and MAGI.

This enhancement will update logic to allow for non-MAGI and MAGI fragments to generate on the same pages and logic to generate the fragments in a consistent order.

This enhancement will update existing non-MAGI fragments and add new Message Fragments to prevent repetitive text from generating on the mixed non-MAGI/MAGI NOAs. Existing Fragments will be updated to support both non-MAGI and MAGI fragment text.

1.3.1 Add a new Combined non-MAGI/MAGI Action statement

A new combined action statement will be added to mixed non-MAGI/MAGI NOAs to list all members on the program that the action pertains to regardless of which Medi-Cal program (MAGI or non-MAGI) that person is being noticed.

Combined Action

As of <DATE>, Medi-Cal eligibility has been approved for the following member(s) of your family:

Name(s):
<LIST_OF_APPROVED_NONMAGI_MAGI_PERSONS>

1.3.2 Add new MAGI Individual Action Statements

New MAGI Individual Action Statements will be added to the beginning of each MAGI program person's determination (action/reason/person-level message block of text). The MAGI Individual Action Statement that generates will depend on the action that is taking place on the program person.

Non-MAGI Text

Medi-Cal benefits are discontinued for:
<LIST_OF_NONMAGI_DISC_PERSONS>

The reason for this discontinuance is: You have left the State of California to live in another State or country. You must live in California to receive Medi-Cal.

MAGI Action

<PERSON_NAME> will no longer receive Medi-Cal services under the MAGI program.

MAGI Text

<NAME>

Your Medi-Cal will end the last day of <MonthYear1> because:

Our information shows you are not a resident of California.

1.3.3 Update the NOA logic for mixed non-MAGI/MAGI NOA generation

NOA logic for non-MAGI and MAGI fragments will be updated so that MAGI fragments will now generate on the same pages as non-MAGI fragments.

1.3.4 Separate Program and Person level text in non-MAGI Fragments

Existing non-MAGI fragments that contain both Person-Level and Program-Level message text will be updated to only include Person-Level message text. The Program-Level text will be provided in new Common Text Message Fragments. This will be done to prevent repetitive text on the NOAs.

1.3.5 Add new Common Text Program-Level Message Fragments

Existing non-MAGI Program-Level message fragments will be replaced with new Common Text Program-Level message fragments to prevent duplicate/redundant noticing.

1.3.6 Update mixed non-MAGI/MAGI NOA Budget Location

When allowing merging of multiple non-MAGI reasons onto a single NOA, this will allow for more than one budget to generate. There is limited space on the right-hand side of the document where the MC Budget generates currently. The Budget for non-MAGI/MAGI NOAs will be updated to generate immediately following the reason. The non-MAGI fragments will be updated to reference the new budget location.

1.3.7 Update MAGI Header Statement for mixed non-MAGI/MAGI NOAs

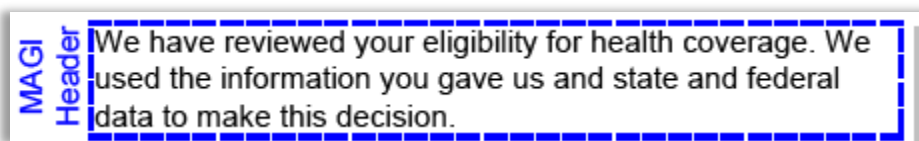
The existing MAGI Header Statement will be updated to no longer address the primary applicant when generated for a mixed non-MAGI/MAGI NOA.

1.3.8 Update the order of Medi-Cal NOA fragments

NOA logic will be updated to assemble non-MAGI and MAGI NOA fragments for mixed non-MAGI/MAGI NOAs in the following order:

1.) MAGI Header Fragment

Example Fragment:



2.) Combined non-MAGI/MAGI Action Statement Fragment

Example Fragment:

Combined Action

As of <DATE>, Medi-Cal eligibility has been discontinued for the following member(s) of your family:

Name(s):
<LIST_OF_DISC_NONMAGI_MAGI_PERSONS>

3.) Non-MAGI Action/Reason/Person-Level Message Fragments:

Below fragments generate in the following order per reason:

- a. Non-MAGI Action Fragment

Example Fragment:

Non-MAGI Action

<LIST_OF_DISC_NONMAGI_MAGI_PERSONS>

Your eligibility to receive Medi-Cal will be discontinued effective <EffectiveDiscontinuanceDate>.

Medi-Cal benefits are discontinued for:

- b. Non-MAGI Reason Fragment

Example Fragment:

Non-MAGI Reason

Medi-Cal benefits are discontinued for:

<LIST_OF_NONMAGI_DISC_PERSONS>

The reason for this discontinuance is: You have left the State of California to live in another State or country. You must live in California to receive Medi-Cal.

- c. Non-MAGI Budget

Example Fragment:

non-MAGI Budget

| Report Month | <MONTH1> | <MONTH2> | <MONTH3> |
|-----------------------|----------|----------|----------|
| Gross Income | \$0.00 | \$0.00 | \$0.00 |
| Net Non-Exempt Income | \$0.00 | \$0.00 | \$0.00 |
| Maintenance Need | -\$0.00 | -\$0.00 | -\$0.00 |
| Share Of Cost | \$0.00 | \$0.00 | \$0.00 |

- d. Non-MAGI Person-level Message Fragment

Example Fragment:

Non-MAGI Message

If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, this means that <DiscontinuanceMonth> is the last month the State will pay your premium for supplementary insurance coverage (Part B Medicare).

You will receive a written notice from the Social Security Administration, or you may call your Social Security District Office if you have any questions about your Medicare status.

4.) MAGI Action/Reason/Person-Level Message Fragments:

Below fragments generate in the following order per person:

- a. MAGI Individual Action/Separator Fragment

Example Fragment:

MAGI Separator

As of <BEG_DATE>, <PERSON_NAME> will get <SCOPE_TYPE> Medi-Cal services under the MAGI program.

- b. MAGI Action Fragment

Example Fragment:

MAGI Action

<NAME>

Your Medi-Cal will end the last day of <MonthYear1> because:

- c. MAGI Reason Fragment

Example Fragment:

MAGI Reason

Our information shows you are not a resident of California.

We used the information you gave us and our records to

- d. MAGI Person-level Message Fragment

Example Fragment:

We used the information you gave us and our records to make our decision. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.

{MagiRegulation} is the regulation or law we relied on for this decision.

MAGI
Message

5.) Non-MAGI Program-Level Message Fragments

Example Fragment:

Non-MAGI
Message

Benefits for your infant child may continue up to age one under Deemed Eligibility.

If your family's income, property, or circumstances

6.) MAGI Program-Level Message/Footer Fragments

Example Fragment:

Do you have any changes? Over the next year, you are obligated to report any changes that would affect your health insurance within 10 days of such a change. You are obligated to contact us if:

- You move.
- Your income changes; or
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county office using one of the following ways:

- Telephone:
- In person:
- Fax:
- Office Hours:

To report changes, please contact your county office using one of the following ways:

- County Worker:
- County Worker ID:

If you already have a Benefits Identification Card (BIC), do not throw it away.
You should keep using that card. If you have never received a BIC, one will be mailed to you soon. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.

Questions? If you have questions or need assistance please contact (989) 456-3221

This notice is required by the Affordable Care Act per regulation 42 C.

MAGI
Footer

1.4 Assumptions

- 1.) MAGI only NOAs will continue to generate with the same order of fragments as they did prior to this update. Non-MAGI fragments will generate in the same order except for changes in order based on the hierarchy of the new Common Message fragments (Recommendation 2.5).
- 2.) No changes to NOA regulations are required.
- 3.) No changes to the text, generation, or population of existing NOA fragments will be required outside of those listed specifically in this design.
- 4.) No changes to the logic that generates MAGI fragments. No changes to the logic that generates non-MAGI fragments outside of updates to the Message Fragments (Recommendation 2.5).
- 5.) The mixed non-MAGI/MAGI NOAs will generate in a columned NOA format.
- 6.) Mixed non-MAGI/MAGI NOAs will not generate in LRS/CalACES for Minor Consent, Domestic Violence, Former Foster Youth, and LTC cases.
- 7.) No updates are required to the NOA title generated on the Document List page.
- 8.) Existing NOA fragments will continue to generate in all currently available languages. No new translations will be added with this effort for existing fragments.
- 9.) CA-202724 is adding a new No Change Renewal NOA for Medi-Cal non-MAGI and MAGI NOAs. This new NOA will generate separately from other NOAs as it is a new No Change action type.
- 10.) When the combined action fragment is for denial action, the first letter of the word following <AS_OF_DATE> will be capitalized and the coma will be removed.
- 11.) Non-MAGI fragments listed under section 2.7 can be generated on both non-MAGI NOAs and mixed non-MAGI/MAGI NOAs.

2 RECOMMENDATIONS

2.1 Add a new Combined non-MAGI/MAGI Action statement

2.1.1 Overview

A new NOA fragment will be created to list out all the program persons that have been actioned on the program.

State Form/NOA: N/A, Committee Created

Program(s): Medi-Cal (non-MAGI/MAGI)

Action Type: Approvals, Changes, Denials, Discontinuances

Fragment Level: Program

Repeatable: No

Languages:

Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese

Note: See Supporting Documents #1 for Threshold translations.

2.1.2 Description of Change

This recommendation will add a new Action Fragment for Medi-Cal to explicitly list the persons that are being actioned in a mixed non-MAGI/MAGI NOA.

2.1.2.1 Create Combined non-MAGI/MAGI Action Fragment XDP

Add a new Fragment that will have variables that allow for the same Fragment to be used across different NOA action types.

NOA Mockups/Examples: See Supporting Documents #32, 33, 34, 35, 36, and 37.

| Description | Text | Formatting* |
|-------------------------------|---|---------------|
| Combined non-MAGI/MAGI Action | <AS_OF_DATE>, Medi-Cal eligibility <OR_SOC_OR_PREMIUM> has been <ACTION_TYPE> for the following member(s) of your family: Name(s): <LIST_OF_PERSONS> | Arial Font 10 |

| | | |
|--|--|--|
| | | |
|--|--|--|

*English only, Spanish and threshold will generate based on project standards for that language.

2.1.2.2 Add Generation for new Action Fragment

Generate this fragment when the NOA being generated is a mixed non-MAGI/MAGI NOA.

Ordering on NOA: This should generate as the first fragment on the non-MAGI NOA and the second under the MAGI Header Fragment for MAGI. See Recommendation 2.11 for assembly logic.

2.1.2.3 Add Fragment Variable Population for new Action Fragment

There will be four variables in the new Action Fragment.

| Variable Name | Variable Population | Formatting* |
|---------------|---|---------------|
| <ACTION_TYPE> | <p>The action being taken on the program persons.</p> <ul style="list-style-type: none"> For persons being Approved: 'approved' For persons with a Change: 'changed' For persons being Denied: 'denied' For persons being Discontinued: 'discontinued' | Arial Font 10 |
| <AS_OF_DATE> | <p>The date of the action.</p> <ul style="list-style-type: none"> For Approval, Changes, and Discontinuances populate with 'As of' concatenated with the effective date (Effective Date for Approvals and Changes: the first day of the month, for Discontinuances: the last day of the prior month). The date will populate with the month, day, and year. For example, 'As of 01/31/2019'. For Denials this variable will be blank. | Arial Font 10 |

| | | |
|---------------------|--|---------------|
| <LIST_OF_PERSONS> | The list of persons that have the same action. First and last name (example 'John Smith') of all the program persons with the same ACTION_TYPE. Name(s) will generate in bold font. | Arial Font 10 |
| <OR_SOC_OR_PREMIUM> | Variable for Change action. <ul style="list-style-type: none"> • For Change Actions populates with: 'or share of cost or premium' • For all other actions variable will be blank. | Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: ACTION_TYPE, OR_SOC_OR_PREMIUM

2.2 Add new MAGI Individual Approval Fragment

2.2.1 Overview

This is a new Individual Action Approval Fragment that will generate as a separator between the non-MAGI and MAGI text as well as a description of the Action taking place on the particular MAGI program person being referenced.

State Form/NOA: N/A, Committee Created

Program(s): Medi-Cal (MAGI)

Action Type: Approval (Individual Approval)

Fragment Level: Person

Repeatable: Yes, this will generate per applicable MAGI program person.

Languages:

Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese

Note: See Supporting Documents #2 for the Threshold translations.

2.2.2 Description of Change

This recommendation will add a new Individual Approval Action Fragment for MAGI Medi-Cal that will generate per approved MAGI program person for mixed non-MAGI/MAGI NOAs.

2.2.2.1 Create Individual Approval Fragment XDP

Add a new Fragment that will have variables that allow for the Fragment to dynamically display the Begin Date, Person Name, and Scope of benefits per approved MAGI program person.

NOA Mockups/Examples: See Supporting Documents #32

| Description | Text | Formatting* |
|---------------------------------|--|---------------|
| MAGI Approval Individual Action | As of <BEG_DATE>, <PERSON> will get <SCOPE_TYPE> Medi-Cal services under the MAGI program. | Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.2.2.2 Add Generation for new Individual Approval Action Fragment

Add this new Fragment on a Medi-Cal NOA for a program person when all the following are true:

- o a mixed non-MAGI/MAGI NOA is being generated
 - o the person has an active status with a role of member in the newly saved Medi-Cal EDBC
 - o there is no previously existing Medi-Cal EDBC for the current Benefit month or the previous month,
- or**
- there is at least one existing Medi-Cal EDBC for the current Benefit month and in the most recent saved Medi-Cal EDBC of the existing Medi-Cal EDBCs for that month the person did not have a MAGI aid code
- or**
- there is not a previously existing Medi-Cal EDBC for the current Benefit month and there is at least one Medi-Cal EDBC for the previous month and in the most recent saved Medi-Cal EDBC for the previous month the person did not have a MAGI aid code.

Ordering on NOA: This should generate prior to the MAGI fragments for the applicable approved MAGI program persons. See Recommendation 2.11 for assembly logic.

2.2.2.3 Add Variable Population for Individual Approval Action Fragment

There will be three variables in the new Individual Approval Action Fragment.

| Variable Name | Population | Formatting* |
|---------------|---|--------------------|
| <BEG_DATE> | The begin date of the action. The first day of the EDBC month, for example '01/01/2019'. | Arial Font 10 |
| <PERSON> | The program person's name. The first and last name of the program person, for example 'John Smith'. The variable will generate in bold font. | Bold Arial Font 10 |
| <SCOPE_TYPE> | The scope of the aid being approved. Populates based on the aid code scope. <ul style="list-style-type: none"> • For full scope aid code: 'full' • For limited scope aid code: 'limited' • For restricted scope aid code: 'restricted' • For MAGI aid code 8E do not populate the variable, leave blank. | Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: SCOPE_TYPE

2.3 Add new MAGI Individual Change Fragment

2.3.1 Overview

This is a new Individual Action Change Fragment that will generate as a separator between the non-MAGI and MAGI text as well as a description of the Action taking place on the particular MAGI program person being referenced.

State Form/NOA: N/A, Committee Created

Program(s): Medi-Cal (MAGI)

Action Type: Change (Individual Change)

Fragment Level: Person

Repeatable: Yes, this will generate per applicable MAGI program person.

Languages:

Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese

Note: See Supporting Documents #2 for the Threshold translations.

2.3.2 Description of Change

This recommendation will add a new Individual Change Action Fragment for MAGI Medi-Cal that will generate per MAGI program person **with change action** for mixed non-MAGI/MAGI NOAs.

2.3.2.1 Create Individual Change Fragment XDP

Add a new Fragment that will have variables that allow for the Fragment to dynamically display the Begin Date and Person Name per MAGI program person with a change in benefits.

NOA Mockups/Examples: See Supporting Documents #33

| Description | Text | Formatting* |
|-------------------------------|---|---------------|
| MAGI Change Individual Action | As of <BEG_DATE>, <PERSON> has a change in eligibility. | Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.3.2.2 Add Generation for new Individual Change Action Fragment

Add this new Fragment on a Medi-Cal NOA for a program person when all the following are true:

- a mixed non-MAGI/MAGI NOA is being generated
- the person has a MAGI aid code and an active status with a role of member in the newly saved Medi-Cal EDBC

- there is at least one existing Medi-Cal EDBC for the current Benefit month and in the most recent saved Medi-Cal EDBC of the existing Medi-Cal EDBCs for that month the person had at least one of the following:
 - a MAGI aid code with a different scope than the newly saved EDBC
 - a MAGI aid code with a Premium and the newly saved EDBC has a MAGI aid code without a Premium
 - a MAGI aid code without a Premium and the newly saved EDBC has a MAGI aid code with a Premium
- or**
- there is not a previously existing Medi-Cal EDBC for the current Benefit month and there is at least one Medi-Cal EDBC for the previous month and in the most recent saved Medi-Cal EDBC for the previous month the person had at least one of the following:
- a MAGI aid code with a different scope than the newly saved EDBC
 - a MAGI aid code with a Premium and the newly saved EDBC has a MAGI aid code without a Premium
 - a MAGI aid code without a Premium and the newly saved EDBC has a MAGI aid code with a Premium

Ordering on NOA: This should generate prior to the MAGI fragments for the applicable MAGI program persons with benefit changes. See Recommendation 2.11 for assembly logic.

2.3.2.3 Add Variable Population for Individual Change Action Fragment

There will be two variables in the new Individual Change Action Fragment.

| Variable Name | Population | Formatting* |
|---------------|---|--------------------|
| <BEG_DATE> | The begin date of the action. The first day of the EDBC month, for example '01/01/2019'. | Arial Font 10 |
| <PERSON> | The program person's name. The first and last name of the program person, for example 'John Smith'. The variable will generate in bold font. | Bold Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: None

2.4 Add new MAGI Individual Denial Fragment

2.4.1 Overview

This is a new Individual Action Denial Fragment that will generate as a separator between the non-MAGI and MAGI text as well as a description of the Action taking place on the particular MAGI program person being referenced.

State Form/NOA: N/A, Committee Created

Program(s): Medi-Cal (MAGI)

Action Type: Denial (Individual Denial)

Fragment Level: Person

Repeatable: Yes, this will generate per applicable MAGI program person.

Languages:

Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese

Note: See Supporting Documents #2 for the Threshold translations.

2.4.2 Description of Change

This recommendation will add a new Individual Denial Action Fragment for MAGI Medi-Cal that will generate per **denied** MAGI program person for mixed non-MAGI/MAGI NOAs.

2.4.2.1 Create Individual Denial Fragment XDP

Add a new Fragment that will have a variable for Person Name.

NOA Mockups/Examples: See Supporting Documents #34

| Description | Text | Formatting* |
|-------------------------------|--|---------------|
| MAGI Denial Individual Action | <PERSON> has been denied Medi-Cal services under the MAGI program. | Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.4.2.2 Add Generation for new Individual Denial Action Fragment

Add this new Fragment on a Medi-Cal NOA for a program person when all the following are true:

- a mixed non-MAGI/MAGI NOA is being generated
 - the Medi-Cal EDBC Benefit month is the same month as the application begin date or later
 - the person is being denied MAGI in the newly saved Medi-Cal EDBC
 - there is no previously existing Medi-Cal EDBC for the current Benefit month
- or**
- there is at least one previously existing Medi-Cal EDBC for the same benefit month and in the most recent saved previously existing Medi-Cal EDBC the person did not have an active status

Ordering on NOA: This should generate prior to the MAGI fragments for the applicable denied MAGI program persons. See Recommendation 2.11 for assembly logic.

2.4.2.3 Add Variable Population for Individual Denial Action Fragment

There will be one new variable in the new Individual Denial Action Fragment.

| Variable Name | Population | Formatting* |
|---------------|---|--------------------|
| <PERSON> | The program person's name. The first and last name of the program person, for example 'John Smith'. The variable will generate in bold font. | Bold Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: None

2.5 Add new MAGI Individual Discontinuance Fragment

2.5.1 Overview

This is a new Individual Action Discontinuance Fragment that will generate as a separator between the non-MAGI and MAGI text as well as a description of the Action taking place on the particular MAGI program person being referenced.

State Form/NOA: N/A, Committee Created

Program(s): Medi-Cal (MAGI)

Action Type: Discontinuance (Individual Discontinuance)

Fragment Level: Person

Repeatable: Yes, this will generate per applicable MAGI program person.

Languages:

Armenian, Cambodian, Chinese, English, Korean, Russian, Spanish, Tagalog, Vietnamese

Note: See Supporting Documents #2 for the Threshold translations.

2.5.2 Description of Change

This recommendation will add a new Individual Discontinuance Action Fragment for MAGI Medi-Cal that will generate per discontinued MAGI program person for mixed non-MAGI/MAGI NOAs.

2.5.2.1 Create Individual Approval Fragment XDP

Add a new Fragment that will have a variable for Person Name.

NOA Mockups/Examples: See Supporting Documents #35

| Description | Text | Formatting* |
|---------------------------------------|---|---------------|
| MAGI Discontinuance Individual Action | <PERSON> will no longer receive Medi-Cal services under the MAGI program. | Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

2.5.2.2 Add Generation for new Individual Discontinuance Action Fragment

Add this new Fragment on a Medi-Cal NOA for a program person when all the following are true:

- a mixed non-MAGI/MAGI NOA is being generated
- the person is being discontinued in the newly saved Medi-Cal EDBC for a Negative Action or Over Income for MAGI.

- there is no previously existing Medi-Cal EDBC for the current Benefit month or the previous month,
or
 there is at least one existing Medi-Cal EDBC for the current Benefit month and in the most recent saved Medi-Cal EDBC of the existing Medi-Cal EDBCs for that month the person had an active status with a role of member and was receiving a MAGI aid code
or
 there is not a previously existing Medi-Cal EDBC for the current Benefit month and there is at least one Medi-Cal EDBC for the previous month and in the most recent saved Medi-Cal EDBC for the previous month the person had an active status with a role of member and was receiving a MAGI aid code

Ordering on NOA: This should generate prior to the MAGI fragments for the applicable discontinued MAGI program persons. See Recommendation 2.11 for assembly logic.

2.5.2.3 Add Variable Population for Individual Approval Action Fragment

There will be one variables in the new Individual Discontinued Action Fragment.

| Variable Name | Population | Formatting* |
|---------------|---|--------------------|
| <PERSON> | The program person's name. The first and last name of the program person, for example 'John Smith'. The variable will generate in bold font. | Bold Arial Font 10 |

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: None

2.6 Update the NOA logic for mixed non-MAGI/MAGI NOA generation

2.6.1 Overview

Update MAGI NOA logic to allow for MAGI fragments to generate on the same pages as the non-MAGI fragments when a mixed non-MAGI/MAGI NOA is being generated.

2.6.2 Add Logic to create Flag for mixed non-MAGI/MAGI NOAs

Add logic that flags when there is at least one program person that is receiving or failing for non-MAGI and one program person that is receiving or failing for MAGI. This will be set before the NOA rules/logic that determine the Medi-Cal fragments that will generate on the NOA.

2.6.3 Add Logic to create Flag for Budget Generation

Add logic that flags when more than one budget is being generated for a mixed non-MAGI/MAGI NOA (use the flag referenced in Recommendation 2.3.2). Use this budget flag to determine what generates on the right column of the first page of the mixed non-MAGI/MAGI NOA.

Note: See Recommendation 2.9 for template updates to support multiple budgets.

2.6.4 Update MAGI and non-MAGI Fragments Logic

When generating a mixed non-MAGI/MAGI (use the flag referenced in Recommendation 2.6.2) update the logic to store or suppress fragments prior to NOA assembly (see Recommendations 2.11).

2.6.4.1 Updates to MAGI Fragment logic

Store the Action, Reason, and Message fragments per person to use for assembly of the NOA. Add logic to exclude the standard MAGI Header (H_STATIC_HEADER) and standard MAGI Footer (H_STATIC_FOOTER). The standard MAGI Header and Footer will be used as the first and last fragments in the NOA and do not need to be stored for assembly of the NOA.

2.6.4.2 Updates to non-MAGI Fragments logic

Store the Action, Reason, Budget, and Message fragments to use for assembly of the NOA per Reason. Add logic to include the following messages below the Reason fragments as they will contain only Person-Level text:

- MC_AP_MESSAGE9 (EN, SP)

- MC_CH_MESSAGE4 (EN, SP)
- MC_CH_MESSAGE6 (EN, SP)
- MC_DN_MESSAGE6 (EN)
- MC_TN_MESSAGE1 (EN, AE, CA, CH, KO, RU, SP, TG, VI)
- MC_TN_MESSAGE5 (EN, AE, CA, CH, KO, RU, SP, TG, VI)

Note: The above fragments will be updated to only contain Person-Level text per Recommendation 2.7.

2.7 Separate Program and Person level text in non-MAGI Fragments

2.7.1 Overview

The following Fragments currently contain both Program Level and Person Level text. The fragments will be updated to no longer include Program level text as the Program Level text will be generated with the new Common Text fragments (see Recommendation 2.8.3).

2.7.2 Update non-MAGI Message Fragments

2.7.2.1 Update the Limited DRA Approval Message

Update Fragment (MC_AP_MESSAGE9) to no longer include Program-level message text in English and Spanish.

Note: The Approval or Change BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|---------------------------------|---|
| <p>Existing Fragment</p> | <p>You can only receive emergency, pregnancy-related, and long-term care services with these limited Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You are eligible for limited benefits instead of full-scope Medi-Cal because you told us you are a United States (U.S.) citizen or national and you did not provide us with acceptable proof of your citizenship/national status and/or identity. A new law says most persons applying to Medi-Cal must show proof of citizenship/national status and proof of identity.</p> <p>If you provide acceptable proof within one year of your application date, and have good cause for not previously providing the proof, your Medi-Cal benefits will be changed to full-scope starting from the date of your application, and in some cases, up to 90 days before the date of your application.</p> <p>If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: <BeneficiaryServicesNumber>.</p> <p>If you have never received a plastic Benefit Identification Card (BIC), you will soon receive one in the mail. If you already have a BIC, you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.</p> |
| <p>Updated Fragment</p> | <p>You can only receive emergency, pregnancy-related, and long-term care services with these limited Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You are eligible for limited benefits instead of full-scope Medi-Cal because you told us you are a United States (U.S.) citizen or national and you did not provide us with acceptable proof of your citizenship/national status and/or identity. A new law says most persons applying to Medi-Cal must show proof of citizenship/national status and proof of identity.</p> <p>If you provide acceptable proof within one year of your application date, and have good cause for not previously providing the proof, your Medi-Cal benefits will be changed to full-scope starting from the date of your application, and in some cases, up to 90 days before the date of your application.</p> |

| | |
|--|---|
| | <p>If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: <BeneficiaryServicesNumber>.</p> |
|--|---|

Note: See Supporting Document 16 for updated FDD and threshold languages.

2.7.2.2 Update the Limited DRA Change Message

Update Fragment (MC_CH_MESSAGE4) to no longer include Program-level message text in English and Spanish.

Note: The Approval or Change BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|---------------------------------|---|
| <p>Existing Fragment</p> | <p>Limited benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You are eligible for limited benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of citizenship/national status or identity. If you provide acceptable proof within one year, your Medi-Cal benefits will be restored to full-scope starting from the month that your limited benefits began.</p> <p>If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: <BeneficiaryServicesNumber>.</p> <p>If you already have a Benefit Identification Card (BIC), you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.</p> |

| | |
|-------------------------|---|
| Updated Fragment | <p>Limited benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long-term care service, contact your medical provider.</p> <p>You are eligible for limited benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of citizenship/national status or identity. If you provide acceptable proof within one year, your Medi-Cal benefits will be restored to full-scope starting from the month that your limited benefits began.</p> <p>If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: <BeneficiaryServicesNumber>.</p> |
|-------------------------|---|

Note: See Supporting Document 17 for updated FDD with threshold languages.

2.7.2.3 Update the Full DRA Change Message

Update Fragment (MC_CH_MESSAGE6) to no longer include Program-level message text in English and Spanish.

Note: The Approval/Change BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | <p>If your eligibility for full-scope Medi-Cal benefits is effective for past months, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: <BeneficiaryServicesNumber>.</p> <p>If you already have a plastic Benefit Identification Card (BIC), you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.</p> |

| | |
|-------------------------|--|
| Updated Fragment | If your eligibility for full-scope Medi-Cal benefits is effective for past months, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: {BeneficiaryServicesNumber}. |
|-------------------------|--|

Note: See Supporting Documents 18 for updated FDD with threshold updates.

2.7.2.4 Update the Retro Verification Denial Message

Update Fragment (MC_DN_MESSAGE6) to no longer include Program-level message text in English.

Note: The Denial or Discontinuance BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | This action does not affect your application for current and continuing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. Keep your plastic Benefits Identification Card (BIC). Please do not throw it away. You can use it if you get Medi-Cal again. |
| Updated Fragment | This action does not affect your application for current and continuing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. |

Note: See Supporting Documents 19 for updated FDD.

2.7.2.5 Update the Discontinued MC Impacted Medicare Message

Update Fragment (MC_TN_MESSAGE1) to no longer include Program-level message text in English and existing threshold languages (Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, Vietnamese).

Note: The Denial or Discontinuance BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | <p>Keep your plastic Benefits Identification Card (BIC). Please do not throw it away. You can use it if you get Medi-Cal again.</p> <p>If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, this means that is the last month the State will pay your premium for supplementary insurance coverage (Part B Medicare).</p> <p>You will receive a written notice from the Social Security Administration, or you may call your Social Security District Office if you have any questions about your Medicare status.</p> |
| Updated Fragment | <p>If you are eligible for Medicare and your Medi-Cal eligibility is discontinued, this means that is the last month the State will pay your premium for supplementary insurance coverage (Part B Medicare).</p> <p>You will receive a written notice from the Social Security Administration, or you may call your Social Security District Office if you have any questions about your Medicare status.</p> |

Note: See Supporting Document 20 for updated FDD with threshold languages. d

2.7.2.6 Update the Deemed Eligible Not in California Discontinuance Message

Update Fragment (MC_TN_MESSAGE5) to no longer include Program-level message text in English and existing threshold languages (Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, Vietnamese).

Note: The Denial or Discontinuance BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|--|
| Existing Fragment | <p>If you have any questions about this action, or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. Please remember that this action pertains only to the circumstances listed above and that you may reapply at any time.</p> <p>DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). Always present your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal.</p> |

| | |
|-------------------------|--|
| Updated Fragment | If you have any questions about this action, or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. Please remember that this action pertains only to the circumstances listed above and that you may reapply at any time. |
|-------------------------|--|

Note: See Supporting Document 21 for updated FDD with threshold languages.

2.7.3 Update non-MAGI Reason Fragments

2.7.3.1 Update the ICT Restricted Aid with SOC Reason

Update Fragment (MC_AP_ICT_RESTRICT_AID_WITH_SOC_M183) to no longer include Program-level message text in English and Spanish.

Note: The Deemed Eligible Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | Emergency and pregnancy-related services with share-of-cost in the amount of <SOC_AMT> for <PERSONS> Benefits for your infant child may continue up to age one under Deemed Eligibility. |
| Updated Fragment | Emergency and pregnancy-related services with share-of-cost in the amount of <SOC_AMT> for <PERSONS> |

Note: See Supporting Document 23 for FDD with threshold languages.

2.7.3.2 Update the ICT Restricted Aid with No SOC Reason

Update Fragment (MC_AP_ICT_RESTRICT_AID_NO_SOC_M184) to no longer include Program-level message text in English and Spanish.

Note: The Deemed Eligible Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|--|
| Existing Fragment | Emergency and pregnancy-related services for <PERSONS> Benefits for your infant child may continue up to age one under Deemed Eligibility. |
| Updated Fragment | Emergency and pregnancy-related services for <PERSONS> |

Note: See Supporting Document 25 for FDD with threshold languages.

2.7.3.3 Update the ICT Full Aid with No SOC Reason

Update Fragment (MC_AP_ICT_FULL_AID_NO_SOC_M185) to no longer include Program-level message text in English and Spanish.

Note: The Deemed Eligible Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | Full benefits with no share-of-cost for <PERSONS> Benefits for your infant child may continue up to age one under Deemed Eligibility. |
| Updated Fragment | Full benefits with no share-of-cost for <PERSONS> |

Note: See Supporting Document 26 for FDD with threshold languages.

2.7.3.4 Update the ICT Full Aid with SOC Reason

Update Fragment (MC_AP_ICT_FULL_AID_WITH_SOC_M186) to no longer include Program-level message text in English and Spanish.

Note: The Deemed Eligible Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | <p>Full benefits with share-of-cost in the amount of <SOC_AMT> for <PERSONS></p> <p>Benefits for your infant child may continue up to age one under Deemed Eligibility.</p> |
| Updated Fragment | <p>Full benefits with share-of-cost in the amount of <SOC_AMT> for <PERSONS></p> |

Note: See Supporting Documents 27 for FDD with threshold languages.

2.7.3.5 Update the Passed Pickle Income Reason

Update Fragment (MC_AP_PASS_PICKLE_INCOME_M127) to no longer include Program-level message text in English and existing Threshold languages (Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, Vietnamese).

Note: The Ineligible Members and Approval/Change BIC Messages will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | <p>Medi-Cal benefits have been approved for: <PERSONS></p> <p>Your eligibility for Medi-Cal benefits, without a share of cost, under the Pickle Amendment has been approved. You are entitled to receive no share of cost Medi-Cal benefits beginning <BEGIN_DATE>.</p> <p>You will get a plastic Benefits Identification Card (BIC) in the mail soon, if you do not already have one.</p> <p>If you have family members who; are eligible for Medi-Cal they will also receive cards. Ineligible members of your family may get cards if your family has a share of cost.</p> <p>Take your plastic BIC with you each time you receive medical care. Your plastic card will show your medical provider if you have a share of cost to pay.</p> |

| | |
|-------------------------|---|
| | Ineligible members of your family should present their plastic BICs to their medical provider to help pay your family's share of cost. Keep your plastic BIC with you at all times. |
| Updated Fragment | <p>Medi-Cal benefits have been approved for: <PERSONS></p> <p>Your eligibility for Medi-Cal benefits, without a share of cost, under the Pickle Amendment has been approved. You are entitled to receive no share of cost Medi-Cal benefits beginning <BEGIN_DATE>.</p> |

Note: See Supporting Document 24 for FDD with threshold languages.

2.7.3.6 Update the Minor Released Reason

Update Fragment (MC_AP_MINOR_RELEASED_FROM_JUVI_M396) to no longer include Program-level message text in English and Spanish.

Note: The Approval/Change BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | <p>RESTORATION OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Medi-Cal benefits have been restored for the child named above.</p> <p>Here's why:</p> <p>The county has received information that the child named above is no longer an inmate of a public institution.</p> <p>The child's Medi-Cal benefits are restored as of <RESTORE_DATE>. This is the date he or she no longer was an inmate. If this child is still an inmate or was released on a different date, you must tell the Eligibility Worker listed above.</p> <p>IF YOU ALREADY HAVE A BENEFITS IDENTIFICATION CARD (BIC) DO NOT THROW IT AWAY.</p> |

| | |
|-------------------------|---|
| | <p>You should keep using that card. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.</p> |
| Updated Fragment | <p>RESTORATION OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Medi-Cal benefits have been restored for the child named above.</p> <p>Here's why:</p> <p>The county has received information that the child named above is no longer an inmate of a public institution.</p> <p>The child's Medi-Cal benefits are restored as of <RESTORE_DATE>. This is the date he or she no longer was an inmate. If this child is still an inmate or was released on a different date, you must tell the Eligibility Worker listed above.</p> |

Note: See Supporting Documents 29 for FDD with threshold languages.

2.7.3.7 Update the Minor in Institution Reason

Update Fragment (MC_TN_IC_MINOR_IN_JUVI_M395) to no longer include Program-level message text in English and Spanish.

Note: The Denial/Discontinuance BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|---|
| Existing Fragment | <p>SUSPENSION OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Beginning on <BEGIN_DATE>, Medi-Cal benefits will be suspended for the child named above.</p> <p>Here's why:</p> |

| | |
|--------------------------------|--|
| | <p>The county has received information that the child named above is an inmate of a public institution. State law requires that when someone on Medi-Cal under the age of 21 becomes an inmate, Medi-Cal benefits must be suspended. Medi-Cal benefits are suspended for up to one year or:</p> <ul style="list-style-type: none"> • until the child is no longer an inmate; • turns 21, or; • becomes ineligible for Medi-Cal for a reason not related to incarceration, whichever is sooner. <p>While benefits are suspended, the child will not receive Medi-Cal eligible services. If the child is released from incarceration while Medi-Cal benefits are suspended, s/he can receive Medi-Cal benefits without a new application. While benefits are suspended, you must still complete the annual redetermination. If Medi-Cal eligibility ends for any reason while this child is an inmate, the county will send a separate notice of action.</p> <p>If this child is not an inmate, please immediately contact the Eligibility Worker listed above to prevent Medi-Cal benefits from being suspended. Questions about this notice can also be directed to the Eligibility Worker listed above.</p> <p>Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.</p> <p>DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). If you already have a plastic Benefits Identification Card (BIC), do not throw it away. You can use it again if you become eligible for Medi-Cal benefits.</p> |
| <p>Updated Fragment</p> | <p>SUSPENSION OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Beginning on <BEGIN_DATE>, Medi-Cal benefits will be suspended for the child named above.</p> <p>Here's why:</p> <p>The county has received information that the child named above is an inmate of a public institution. State law requires that when someone on Medi-Cal under the age of 21 becomes an inmate, Medi-Cal benefits must be suspended. Medi-Cal benefits are suspended for up to one year or:</p> <ul style="list-style-type: none"> • until the child is no longer an inmate; • turns 21, or; |

| | |
|--|---|
| | <ul style="list-style-type: none"> • becomes ineligible for Medi-Cal for a reason not related to incarceration, whichever is sooner. <p>While benefits are suspended, the child will not receive Medi-Cal eligible services. If the child is released from incarceration while Medi-Cal benefits are suspended, s/he can receive Medi-Cal benefits without a new application. While benefits are suspended, you must still complete the annual redetermination. If Medi-Cal eligibility ends for any reason while this child is an inmate, the county will send a separate notice of action.</p> <p>If this child is not an inmate, please immediately contact the Eligibility Worker listed above to prevent Medi-Cal benefits from being suspended. Questions about this notice can also be directed to the Eligibility Worker listed above.</p> <p>Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.</p> |
|--|---|

Note: See Supporting Document 28 for FDD with threshold languages.

2.7.3.8 Update the Minor Over 21 Incarcerated Reason

Update Fragment (MC_TN_JUVI_MINOR_OVER_21_M398) to no longer include Program-level message text in English and Spanish.

Note: The Denial/Discontinuance BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|---------------------------------|--|
| <p>Existing Fragment</p> | <p>DISCONTINUANCE OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Medi-Cal benefits for the child named above will end the last day of <END_DATE>.</p> <p>Here's why:</p> <p>This child's Medi-Cal benefits were suspended. They are now discontinued because: The individual has attained 21 years of age.</p> <p>This means that the child will need to re-apply for Medi-Cal when s/he is no longer incarcerated. You should call or write your worker right away if you have any questions about this action or if the Information in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page.</p> <p>Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.</p> <p>DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC) If you already have a plastic Benefits Identification Card (BIC), do not throw it away. You can use it again if you become eligible for Medi-Cal.</p> |
| <p>Updated Fragment</p> | <p>DISCONTINUANCE OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Medi-Cal benefits for the child named above will end the last day of <END_DATE>.</p> <p>Here's why:</p> <p>This child's Medi-Cal benefits were suspended. They are now discontinued because: The individual has attained 21 years of age.</p> <p>This means that the child will need to re-apply for Medi-Cal when s/he is no longer incarcerated. You should call or write your worker right away if you have any questions about this action or if the Information</p> |

| | |
|--|--|
| | <p>in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page.</p> <p>Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.</p> |
|--|--|

Note: See Supporting Document 30 for FDD with threshold languages.

2.7.3.9 Update the Minor Incarcerated 12 Months Reason

Update Fragment (MC_TN_MINOR_JUVI_OVER_12_MONTHS_M399) to no longer include Program-level message text in English and Spanish.

Note: The Denial/Discontinuance BIC Message will generate after this Fragment for non-MAGI only NOAs and mixed non-MAGI/MAGI NOAs (see Recommendation 2.8.3).

| Description | Text |
|--------------------------|--|
| Existing Fragment | <p>DISCONTINUANCE OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Medi-Cal benefits for the child named above will end the last day of <END_DATE>.</p> <p>Here's why:</p> <p>This child's Medi-Cal benefits were suspended. They are now discontinued because: The child named above has been in a public institution for over 12 months and is no longer eligible to suspended Medi-Cal benefits.</p> <p>This means that the child will need to re-apply for Medi-Cal when s/he is no longer incarcerated.</p> <p>You should call or write your worker right away if you have any questions about this action or if the Information in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page.</p> <p>Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.</p> <p>DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC)</p> |

| | |
|--------------------------------|---|
| | <p>If you already have a plastic Benefits Identification Card (BIC), do not throw it away. You can use it again if you become eligible for Medi-Cal.</p> |
| <p>Updated Fragment</p> | <p>DISCONTINUANCE OF BENEFITS NOTICE FOR: <PERSONS></p> <p>Medi-Cal benefits for the child named above will end the last day of <END_DATE>.</p> <p>Here's why:</p> <p>This child's Medi-Cal benefits were suspended. They are now discontinued because: The child named above has been in a public institution for over 12 months and is no longer eligible to suspended Medi-Cal benefits.</p> <p>This means that the child will need to re-apply for Medi-Cal when s/he is no longer incarcerated.</p> <p>You should call or write your worker right away if you have any questions about this action or if the Information in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page.</p> <p>Please Note: Other family members will receive a separate notice if they lose eligibility because a child is incarcerated.</p> |

Note: See Supporting Document 31 for FDD with threshold languages.

2.8 Add new Common Text Program-Level Message Fragments

2.8.1 Overview

Existing Non-MAGI message fragments contain similar and sometimes the exact same text. To prevent repetitive text generating on a mixed non-MAGI/MAGI NOA when more than one non-MAGI fragment message generates, specific fragments with the information will generate in their place.

Note: The new Common Text fragments will generate for non-MAGI NOAs as well as the mixed non-MAGI/MAGI NOAs.

2.8.2 Replace Existing Message Fragments

Update the logic to no longer generate the existing non-MAGI Program-Level message fragments. The appropriate common NOA fragments (See Recommendation 2.8.3) will generate in place of the non-MAGI message fragments except for the Call Worker fragment (MC_TN_MESSAGE7). The Call Worker fragment should not be replaced as it does not contain any common text.

Existing Program-Level Messages that will be Replaced with Common Text Fragments:

| ID | Fragment Name | Available Languages* |
|------|-----------------|--|
| 5038 | MC_AP_MESSAGE1 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5077 | MC_AP_MESSAGE10 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 5047 | MC_AP_MESSAGE3 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5049 | MC_AP_MESSAGE4 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5048 | MC_AP_MESSAGE5 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5062 | MC_AP_MESSAGE6 | EN |
| 5059 | MC_AP_MESSAGE7 | EN, SP |
| 5043 | MC_CH_MESSAGE1 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5050 | MC_CH_MESSAGE2 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 5061 | MC_CH_MESSAGE3 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5055 | MC_CH_MESSAGE5 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 5039 | MC_DN_MESSAGE1 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5074 | MC_DN_MESSAGE4 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5057 | MC_DN_MESSAGE5 | EN, SP |
| 5088 | MC_DN_MESSAGE7 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 5041 | MC_TN_MESSAGE3 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5042 | MC_TN_MESSAGE4 | EN, SP, AE, CA, CH, KO, RU, TG, VI |

**The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)*

Note: See Supporting Documents #48 for Existing Message Fragment Text.

2.8.3 Add new mixed non-MAGI/MAGI Common Message Fragments

Add new Fragments for text that is common in existing non-MAGI Reason and Message Fragments.

| Description | Fragment Text | Fragment Generation |
|-------------|---------------|---------------------|
|-------------|---------------|---------------------|

| | | |
|---|---|---|
| <p>Deemed Eligible Message</p> | <p>Benefits for your infant child may continue up to age one under Deemed Eligibility.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_AP_MC_PARTIAL_APP_DEN_NOA_M024 • MC_AP_INDIV_OVER_21_IN_MENTAL_HLTH_M092 • MC_AP_RESTRICT_MC_WITH_SOC_M130 • MC_AP_MC_FULL_SCOPE_APP_NOSOC_M131 • MC_AP_MC_FULL_SCOPE_APP_WITH_SOC_M132 • MC_AP_RETRO_MC_APPROVED_FULL_SCOPE_M133 • MC_AP_APPROVED_PRUCOL_M140 • MC_AP_FULL_SCOPE_CEC_NO_SOC_M158 • MC_AP_TMC_FULL_1ST_6_MONTH_M166 • MC_AP_TMC_RESTRICT_1ST_6_MONTH_M167 • MC_AP_TMC_ADDITIONAL_6_MONTH_M168 • MC_AP_4_MONTH_CONT_FULL_BENEFITS_M172 • MC_AP_4_MONTH_CONT_RESTRICT_BENEFITS_M173 • MC_AP_A_AND_D_FPL_FULL_SCOPE_M175 • MC_AP_A_AND_D_FPL_RESTRICTED_M176 • MC_AP_ICT_RESTRICT_AID_WITH_SOC_M183 • MC_AP_ICT_RESTRICT_AID_NO_SOC_M184 • MC_AP_ICT_FULL_AID_NO_SOC_M185 • MC_AP_ICT_FULL_AID_WITH_SOC_M186 • MC_AP_RESTRICT_MC_NO_SOC_M129 • MC_AP_RESTRICT_RETRO_MC_M134 • MC_CH_POSTPARTUM_PERIOD_CMPLT_M075 • MC_CH_INCR_NONEXEMPT_INCOME_M750 • MC_CH_DECR_NONEXEMPT_INCOME_M751 • MC_CH_HH_INCR_SOC_CHNG_M754 • MC_CH_HH_DECR_SOC_CHNG_M764 • MC_CH_HH_DECR_SOC_CHNG_LTC_M765 • MC_CH_SOC_CHANGE_M766 • MC_CH_SOC_CHNG_SSI_RCVNG_M767 • MC_CH_SOC_CHNG-PERS_INSTITUTION_M768 • MC_CH_SOC_CHNG_PERS_TURNED_21_M769 • MC_CH_SOC_CHNG_PERS_LEFT_STATE_M770 |
| <p>Ten Day Reporting Message</p> | <p>If your family's income, property, or circumstances change, you must report this to your worker within ten (10) days. The name and phone number of your worker is listed above on this notice.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_AP_INDIV_OVER_21_IN_MENTAL_HLTH_M092 • MC_AP_RESTRICT_MC_WITH_SOC_M130 • MC_AP_MC_FULL_SCOPE_APP_NOSOC_M131 • MC_AP_MC_FULL_SCOPE_APP_WITH_SOC_M132 • MC_AP_RETRO_MC_APPROVED_FULL_SCOPE_M133 • MC_AP_APPROVED_PRUCOL_M140 |

| | | |
|---------------------------------------|---|---|
| | | <ul style="list-style-type: none"> • MC_AP_TLI_CHILD_WITH_PREM_M222 • MC_AP_RESTRICT_MC_NO_SOC_M129 • MC_AP_RESTRICT_RETRO_MC_M134 |
| Ineligible Members Message | <p>Ineligible members of your family may get Benefits Identification Cards (BICs) if your family has a share of cost. Take your BIC with you each time you receive medical care. Your card will show your medical provider if you have a share of cost.</p> <p>Ineligible members of your family should present their BICs to their medical provider to help pay for your family's share of cost. Keep your plastic card with you at all times.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_AP_INDIV_OVER_21_IN_MENTAL_HLTH_M092 • MC_AP_RESTRICT_MC_WITH_SOC_M130 • MC_AP_MC_FULL_SCOPE_APP_NOSOC_M131 • MC_AP_MC_FULL_SCOPE_APP_WITH_SOC_M132 • MC_AP_RETRO_MC_APPROVED_FULL_SCOPE_M133 • MC_AP_APPROVED_PRUCOL_M140 • MC_AP_RESTRICT_MC_NO_SOC_M129 • MC_AP_RESTRICT_RETRO_MC_M134 • MC_CH_SOC_SEC_BENFT_INCR_SOC_CHANGED_M761 • MC_AP_PASS_PICKLE_INCOME_M127 |
| Child BIC Message | <p>You will receive a plastic Benefits Identification Card (BIC) in the mail soon for each eligible child. TAKE THIS BIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOUR CHILD(REN) NEEDS CARE.</p> <p>This card is good as long as your child(ren) is eligible for Medi-Cal. DO NOT THROW AWAY YOUR CHILD(REN)'S PLASTIC BIC CARD(S).</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_AP_FULL_SCOPE_CEC_NO_SOC_M158 |
| Approval or Change BIC Message | <p>If you have never received a Benefits Identification Card (BIC), you will soon receive one in the mail. If you already have a BIC, you should keep using that card. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_AP_MC_PARTIAL_APP_DEN_NOA_M024 • MC_AP_PASS_PICKLE_INCOME_M127 • MC_AP_TMC_FULL_1ST_6_MONTH_M166 • MC_AP_TMC_RESTRICT_1ST_6_MONTH_M167 • MC_AP_TMC_ADDITIONAL_6_MONTH_M168 • MC_AP_4_MONTH_CONT_FULL_BENEFITS_M172 • MC_AP_4_MONTH_CONT_RESTRICT_BENEFITS_M173 |

| | | |
|--|---|---|
| | <p>medical provider whenever you need care. If you have family members who are eligible for Medi-Cal they will also receive cards.</p> <p>DO NOT THROW AWAY YOUR BIC.</p> <p>Always present your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal.</p> | <ul style="list-style-type: none"> • MC_AP_A_AND_D_FPL_FULL_SCOPE_M175 • MC_AP_A_AND_D_FPL_RESTRICTED_M176 • MC_AP_ICT_RESTRICT_AID_WITH_SOC_M183 • MC_AP_ICT_RESTRICT_AID_NO_SOC_M184 • MC_AP_ICT_FULL_AID_NO_SOC_M185 • MC_AP_ICT_FULL_AID_WITH_SOC_M186 • MC_AP_DRA_RESTRICT_WITH_SOC_M193 • MC_AP_DRA_2_RESTRICT_WITH_SOC_M194 • MC_AP_MINOR_RELEASED_FROM_JUVI_M396 • MC_CH_POSTPARTUM_PERIOD_CMPLT_M075 • MC_CH_CONT_ELIG_UNDER_MN_MI_PROGS_M181 • MC_CH_DRA_RESTRICT_NO_SOC_M195 • MC_CH_DRA_RESTRICT_WITH_SOC_M196 • MC_CH_DRA_FULL_SCOPE_OVER_YEAR_M197 • MC_CH_DRA_FULL_SCOPE_UNDER_YEAR_M198 • MC_CH_INCR_NONEXEMPT_INCOME_M750 • MC_CH_DECR_NONEXEMPT_INCOME_M751 • MC_CH_HH_INCR_SOC_CHNG_M754 • MC_CH_SOC_SEC_BENFT_INCR_SOC_CHANGED_M761 • MC_CH_HH_DECR_SOC_CHNG_M764 • MC_CH_HH_DECR_SOC_CHNG_LTC_M765 • MC_CH_SOC_CHANGE_M766 • MC_CH_SOC_CHNG_SSI_RCVNG_M767 • MC_CH_SOC_CHNG-PERS_INSTITUTION_M768 • MC_CH_SOC_CHNG_PERS_TURNED_21_M769 • MC_CH_SOC_CHNG_PERS_LEFT_STATE_M770 |
| <p>Denial or Discontinuance BIC Message</p> | <p>DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC).</p> <p>You can use it again if you become eligible or are eligible for another Medi-Cal program.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_DN_RETRO_FAIL_DETER_VERIF_M411 • MC_DN_LONGTERM_CARE_INS_VERIF_FAIL_M011 • MC_DN_MC_SSI_DEN_NOA_M024 • MC_DN_NO_ELIG_PERS_M312 • MC_DN_NO_LINKAGE_M325 • MC_DN_NOT_MEET_BLINDNESS_RULES_M327 • MC_DN_FAIL_DETER_VERIF_M410 • MC_TN_BLINDNESS_VERIF_FAIL_M014 • MC_TN_DISCON_SENTENCED_JAIL_OR_INSTITUTION_M020 • MC_TN_SSI_RCPNT_M024 • MC_TN_WHRABTS_UNKNWN_M032 • MC_TN_ICT_OUT_TERM_M033 • MC_TN_STMNT_OF_FACT_NOT_SIGNED_M035 • MC_TN_MC13_NOT_SIGNED_M038 • MC_TN_RSRCES_EXCEED_LIMIT_M052 • MC_TN_COUNTY_RES_VERIF_FAIL_M080 • MC_TN_FAIL_LTCRP_TRANSFER_M095 • MC_TN_TMC_NO_ELIG_CHILD_IN_HOME_M169 • MC_TN_TMC_GROSS_INC_EXD_LIMIT_M170 |

| | | |
|----------------------------|---|---|
| | | <ul style="list-style-type: none"> • MC_TN_TMC_PWE_NOT_EMPLOYED_M171 • MC_TN_4_MONTH_CONT_NO_ELIG_CHILD_M174 • MC_TN_A_AND_D_FPL_INCOME_OVER_LIMIT_M177 • MC_TN_HIC_NUM_VERIF_M301 • MC_TN_OUT_OF_STATE_M319 • MC_TN_MC_SUPP_COOP_FAIL_M320 • MC_TN_NOT_MEET_BLINDNESS_RULES_M327 • MC_TN_NO_CHILD_UNDER_21_M331 • MC_TN_FAIL_RETURN_STATUS_REPORT_M342 • MC_TN_CEC_CHILD_TURNED_19_M352 • MC_TN_CEC_ENDS_CHILD_MOVES_M358 • MC_TN_FAIL_IFDS_NO_SOC_M366 • MC_TN_FAIL_IFDS_WITH_SOC_M367 • MC_TN_FAIL_NHR_NO_SOC_M370 • MC_TN_FAIL_NHR_WITH_SOC_M371 • MC_TN_FAIL_PVS_CHILD_UNDER_19_M385 • MC_TN_FAIL_PVS_M386 • MC_TN_CLIENT-REQ_TERMINATION_M706 • MC_TN_FAIL_VERIF_DETERM_M410 • MC_TN_FAIL_REDETER_RESPONSE_M400 • MC_TN_IC_MINOR_IN_JUVI_M395 • MC_TN_JUVI_MINOR_OVER_21_M398 • MC_TN_MINOR_JUVI_OVER_12_MONTHS_M399 |
| <p>MCAP Message</p> | <p>Pregnant women with a share of cost (SOC) may be eligible to the Medi-Cal Access Program (MCAP). If you are interested, please call 1(800) 433-2611 or visit http://www.coveredca.com information and/or an application.</p> <p>Report this coverage to your Eligibility Worker because your health insurance premium can be used to reduce your SOC.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_AP_MC_PARTIAL_APP_DEN_NOA_M024 • MC_AP_INDIV_OVER_21_IN_MENTAL_HLTH_M092 • MC_AP_RESTRICT_MC_WITH_SOC_M130 • MC_AP_MC_FULL_SCOPE_APP_NOSOC_M131 • MC_AP_MC_FULL_SCOPE_APP_WITH_SOC_M132 • MC_AP_RETRO_MC_APPROVED_FULL_SCOPE_M133 • MC_AP_APPROVED_PRUCOL_M140 • MC_AP_TMC_FULL_1ST_6_MONTH_M166 • MC_AP_TMC_RESTRICT_1ST_6_MONTH_M167 • MC_AP_TMC_ADDITIONAL_6_MONTH_M168 • MC_AP_4_MONTH_CONT_FULL_BENEFITS_M172 • MC_AP_4_MONTH_CONT_RESTRICT_BENEFITS_M173 • MC_AP_A_AND_D_FPL_FULL_SCOPE_M175 • MC_AP_A_AND_D_FPL_RESTRICTED_M176 • MC_AP ICT_RESTRICT_AID_WITH_SOC_M183 • MC_AP ICT_RESTRICT_AID_NO_SOC_M184 • MC_AP ICT_FULL_AID_NO_SOC_M185 • MC_AP ICT_FULL_AID_WITH_SOC_M186 • MC_AP_DRA_2_RESTRICT_WITH_SOC_M194 • MC_AP_RESTRICT_MC_NO_SOC_M129 |

| | | |
|--|---|---|
| | | <ul style="list-style-type: none"> • MC_AP_RESTRICT_RETRO_MC_M134 • MC_CH_DRA_RESTRICT_WITH_SOC_M196 |
| Medi-Cal Managed Care Health Plan Message | <p>Medi-Cal recipients with a share of cost (SOC) cannot be enrolled in a Medi-Cal Managed Care Health plan.</p> <p>If you are currently enrolled in a Medi-Cal Managed Care Health plan, you must ask your provider if they will continue to treat you on a fee-for-service (regular Medi-Cal) basis.</p> <p>If not, you must seek medical/dental care from another provider who accepts regular Medi-Cal.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_CH_POSTPARTUM_PERIOD_CMPLT_M075 • MC_CH_INCR_NONEXEMPT_INCOME_M750 • MC_CH_DECR_NONEXEMPT_INCOME_M751 • MC_CH_HH_INCR_SOC_CHNG_M754 • MC_CH_SOC_SEC_BENFT_INCR_SOC_CHANGED_M761 • MC_CH_HH_DECR_SOC_CHNG_M764 • MC_CH_HH_DECR_SOC_CHNG_LTC_M765 • MC_CH_SOC_CHANGE_M766 • MC_CH_SOC_CHNG_SSI_RCVNG_M767 • MC_CH_SOC_CHNG-PERS_INSTITUTION_M768 • MC_CH_SOC_CHNG_PERS_TURNED_21_M769 • MC_CH_SOC_CHNG_PERS_LEFT_STATE_M770 |
| Title II Message | <p>Please review the amount of the Title II Social Security income we have computed on this notice. If the amount is different than the amount you actually received from Social Security, contact your eligibility worker immediately.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_CH_SOC_SEC_BENFT_INCR_SOC_CHANGED_M761 |
| Separate NOA Message | <p>You will receive another notice if you are eligible for another Medi-Cal program.</p> | <p>Generate this new fragment when a NOA is being generated and one of the following fragments was triggered:</p> <ul style="list-style-type: none"> • MC_DN_LONGTERM_CARE_INS_VERIF_FAIL_M011 • MC_DN_NO_ELIG_PERS_M312 • MC_DN_NO_LINKAGE_M325 • MC_DN_NOT_MEET_BLINDNESS_RULES_M327 • MC_DN_NOT_A_CTZN_M345 • MC_DN_PICKLE_NOT_CITIZEN_M349 • MC_TN_RSRCES_EXCEED_LIMIT_M052 • MC_TN_TMC_NO_ELIG_CHILD_IN_HOME_M169 • MC_TN_TMC_GROSS_INC_EXD_LIMIT_M170 • MC_TN_TMC_PWE_NOT_EMPLOYED_M171 • MC_TN_4_MONTH_CONT_NO_ELIG_CHILD_M174 |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none"> • MC_TN_A_AND_D_FPL_INCOME_OVER_LIMIT_M177 • MC_TN_FAIL_RETURN_STATUS_REPORT_M342 • MC_TN_CEC_CHILD_TURNED_19_M352 • MC_TN_CEC_ENDS_CHILD_MOVES_M358 |
|--|--|---|

Note: See Supporting Documents 6-15 for FDDs with threshold updates.

2.8.4 Add Hierarchy to Program-Level Message Fragments

The program-level fragments will generate in a specific and consistent order.

2.8.4.1 Program-Level Message Order

When more than one Program-Level Message generates order the Message Fragments in the following sequence:

- 1) Deemed (Recommendation 2.8.3)
- 2) 10 days (Recommendation 2.8.3)
- 3) Ineligible (Recommendation 2.8.3)
- 4) Child BIC (Recommendation 2.8.3)
- 5) Approval/Change BIC (Recommendation 2.8.3)
- 6) Denial/Discontinuance BIC (Recommendation 2.8.3)
- 7) MCAP (Recommendation 2.8.3)
- 8) MMCHP (Recommendation 2.8.3)
- 9) Title II (Recommendation 2.8.3)
- 10) Separate NOA (Recommendation 2.8.3)
- 11) Call Worker (Existing MC_TN_MESSAGE7)

2.9 Update mixed non-MAGI/MAGI NOA Budgets Location

2.9.1 Overview


More than one non-MAGI reason can generate on a mixed non-MAGI/MAGI NOA. If there is more than one reason that generates that requires a budget, multiple budgets will be required on the NOA. The budgets for mixed non-MAGI/MAGI NOAs will be updated to generate immediately following the reason fragment instead of the right column of the NOA. The right column will contain the continuation of the text from the left column of the page.

Note: See Recommendation 2.11 regarding order of fragments for Budget location. Non-MAGI NOA budget generation will not be updated with this recommendation and will generate as it does currently.

2.9.2 Update non-MAGI/MAGI NOA template

Update the non-MAGI/MAGI NOA template logic to no longer generate a Budget on the right column and instead flow the text from the left column.

Example:

| <p><LIST_OF_CHANGE_NONMAGI_MAGI_PERSONS></p> <p>Your share of cost is changed to <SOCChangeToAmount> per month beginning <EffectiveSOCDate>.</p> <p>Persons affected by this change:</p> <p><LIST_OF_NON_MAGI_PERSONS></p> <p>This change was made because:</p> <p>Your and /or your family's net nonexempt income has decreased.</p> <table border="1"> <thead> <tr> <th>Report Month</th> <th><MONTH1></th> <th><MONTH2></th> <th><MONTH3></th> </tr> </thead> <tbody> <tr> <td>Gross Income</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>Net Non-Exempt Income</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> </tbody> </table> | Report Month | <MONTH1> | <MONTH2> | <MONTH3> | Gross Income | \$0.00 | \$0.00 | \$0.00 | Net Non-Exempt Income | \$0.00 | \$0.00 | \$0.00 |  | <p>Good news! Your Medi-Cal is changing to full-scope on <MonthDayYear1> because your income and/or household size changed. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <MagiSize> and your household income is <MagiIncome>. The Medi-Cal income limit for your household size is <MagiIncomeLimit>. Your income is below this limit, so you qualify for full-scope Medi-Cal.</p> <p><MagiRegulation> is the regulation or law we relied on for</p> |
|---|--------------|----------|----------|----------|--------------|--------|--------|--------|-----------------------|--------|--------|--------|---|---|
| Report Month | <MONTH1> | <MONTH2> | <MONTH3> | | | | | | | | | | | |
| Gross Income | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |
| Net Non-Exempt Income | \$0.00 | \$0.00 | \$0.00 | | | | | | | | | | | |

2.9.3 Add Dynamic Variable Population for Budget References

Update the following fragments to dynamically list the location of the applicable budget.

List of Impacted Fragments:

| Fragment Name | Current Budget Text | Updated Text |
|---|--|--|
| MC_AP_INDIV_OVER_21_IN_MENTAL_HLTH_M092 | The share of cost (if any) for family members listed above is listed on the right side of this notice. | The share of cost (if any) for family members listed above is listed <BUDGET_LOC>. |
| MC_AP_RESTRICT_MC_NO_SOC_M129 | If you have a share-of-cost, this is listed on the right side of this notice. | If you have a share-of-cost, this is listed <BUDGET_LOC>. |
| MC_AP_RESTRICT_MC_WITH_SOC_M130 | The share of cost (if any) for family members listed above is listed on the right side of this notice. | The share of cost (if any) for family members listed above is listed <BUDGET_LOC>. |
| MC_AP_MC_FULL_SCOPE_APP_NOSOC_M131 | The share of cost (if any) for family members listed above is listed on the right side of this notice. | The share of cost (if any) for family members listed above is listed <BUDGET_LOC>. |
| MC_AP_MC_FULL_SCOPE_APP_WITH_SOC_M132 | The share of cost (if any) for family members listed above is listed on the right side of this notice. | The share of cost (if any) for family members listed above is listed <BUDGET_LOC>. |

| | | |
|---|---|---|
| MC_AP_RETRO_MC_APPROVED _FULL_SCOPE_M133 | The share-of-cost (if any) for family members listed above is listed on the right side of this notice. | The share-of-cost (if any) for family members listed above is listed <BUDGET_LOC>. |
| MC_AP_ELIG_MINOR_CONSENT _PROG_M145 | The share of cost amount that you must pay or obligate to the provider (if any) is listed on the right side of this notice. | The share of cost amount that you must pay or obligate to the provider (if any) is listed <BUDGET_LOC>. |
| MC_AP_DRA_2_RESTRICT_WITH _SOC_M194 | Your share of cost was determined as follows on the right side of this notice. | Your share of cost was determined as follows <BUDGET_LOC>. |
| MC_CH_POSTPARTUM_PERIOD _CMPLT_M075 | Your share of cost (if any) has been re-computed to reflect the change in the number of eligible persons in the household and is listed on the right side of this notice. | Your share of cost (if any) has been re-computed to reflect the change in the number of eligible persons in the household and is listed <BUDGET_LOC>. |
| MC_CH_CONT_ELIG_UNDER _MN_MI_PROGS_M181 | The share of cost (if any) is listed on the right side of this notice. | The share of cost (if any) is listed <BUDGET_LOC>. |
| MC_CH_DRA_RESTRICT_WITH _SOC_M196 | Your share of cost was determined as follows on the right of this notice. | Your share of cost was determined as follows <BUDGET_LOC>. |
| MC_CH_CEC_ENDS_CHILD _CONT_AID_M361 | The share of cost (if any) is listed on the right side of this notice. | The share of cost (if any) is listed <BUDGET_LOC>. |
| MC_DN_RSRCS_EXCEED _LIMIT_M052 | Your property reserve amount is figured on the right side of this notice. | Your property reserve amount is figured <BUDGET_LOC>. |
| MC_TN_RSRCS_EXCEED _LIMIT_M052 | Your property reserve amount is figured on the right side of this notice. | Your property reserve amount is figured <BUDGET_LOC>. |
| MC_CH_CEC_RESOURCE _OVER_LIMIT_M357 | Your property reserve amount is figured on the right side of this notice. | Your property reserve amount is figured <BUDGET_LOC>. |

Note: See Supporting Documents 49 for FDDs with threshold updates.

New Variable Population:

| Variable | Population |
|--------------|---|
| <BUDGET_LOC> | <ul style="list-style-type: none"> For non-MAGI only NOA: "on the right side of this notice" For mixed non-MAGI/MAGI NOA: "below" |

2.10 Update MAGI Header Statement for mixed non-MAGI/MAGI NOAs

2.10.1 Overview

Update the MAGI Header Statement (H_STATIC_HEADER) to not reference the primary applicant when generated for a mixed non-MAGI/MAGI NOA.

2.10.2 Fragment Generation Updates

Add a flag that hides the first line of the header statement when generated for a mixed non-MAGI/MAGI NOA.

| Description | Text |
|---|---|
| When generated for MAGI only NOA | Dear <PERSON_NAME>, We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision. |
| When generated for mixed non-MAGI/MAGI NOA | We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision. |

Note: See Supporting Document 22 for FDD with threshold updates.

2.11 Update the order of Medi-Cal NOA fragments

2.11.1 Overview

Add logic to assemble non-MAGI and MAGI fragments in the following order for mixed non-MAGI/MAGI NOAs:

2.11.2 Add mixed non-MAGI/MAGI NOA assembly logic

Add logic after the existing fragment generation logic to assemble the mixed non-MAGI/MAGI NOA.

2.11.2.1 Add the MAGI Header

Add assembly NOA logic to add as the first fragment in the body of the mixed non-MAGI/MAGI NOA the standard MAGI Header fragment.

| ID | Fragment Name | Available Languages* |
|------|-----------------|--|
| 4093 | H_STATIC_HEADER | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

Note: See Supporting Document 38 for fragment text.

2.11.2.2 Add Combined non-MAGI/MAGI Action Statement Fragment

Add the new Combined non-MAGI/MAGI Action Statement after the MAGI Header. (See Recommendation 2.1)

2.11.2.3 Add the Non-MAGI Determination Fragments

Add the Non-MAGI fragments stored from Recommendation 2.6.4.2 in the following order per reason:

1. Non-MAGI Action Fragment

Approval Action Fragments (5 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---------------|------------------------------------|
| 4044 | MC_AP_ACTION2 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4045 | MC_AP_ACTION3 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4046 | MC_AP_ACTION8 | EN, SP |
| 4048 | MC_AP_ACTION5 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4050 | MC_AP_ACTION4 | EN, SP, AE, CA, CH, KO, RU, TG, VI |

Change Action Fragments (3 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---------------|------------------------------------|
| 4039 | MC_CH_ACTION2 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4042 | MC_CH_ACTION3 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4078 | MC_CH_ACTION4 | EN, SP |

Denial Action Fragments (7 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---------------|------------------------------------|
| 4034 | MC_DN_ACTION1 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4037 | MC_DN_ACTION2 | EN, SP |

| | | |
|------|----------------|--|
| 4038 | MC_DN_ACTION3 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4041 | MC_DN_ACTION4 | EN, SP |
| 4053 | MC_DN_ACTION7 | EN, SP |
| 4095 | MC_DN_ACTION9 | EN |
| 4108 | MC_DN_ACTION10 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

Discontinuance Action Fragments (7 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---------------|--|
| 4035 | MC_TN_ACTION1 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 4043 | MC_TN_ACTION2 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4055 | MC_TN_ACTION5 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4056 | MC_TN_ACTION6 | EN, SP |
| 4057 | MC_TN_ACTION7 | EN, SP |
| 4059 | MC_TN_ACTION4 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 4109 | MC_TN_ACTION9 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

Note: See Supporting Document 38 for fragment text.

2. Non-MAGI Reason Fragment:

Approval Reason Fragments (29 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---|--|
| 6326 | MC_AP_FORMER_FOSTER_YOUTH_M147 | EN |
| 6504 | MC_AP_MC_PARTIAL_APP_DEN_NOA_M024 | EN, SP |
| 6544 | MC_AP_INDIV_OVER_21_IN_MENTAL_HLTH_M092 | EN, SP |
| 6558 | MC_AP_PASS_PICKLE_INCOME_M127 | EN, AE, CA, CH, RU, TG, VI |
| 6559 | MC_AP_RESTRICT_MC_NO_SOC_M129 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6560 | MC_AP_RESTRICT_MC_WITH_SOC_M130 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6561 | MC_AP_MC_FULL_SCOPE_APP_NOSOC_M131 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6562 | MC_AP_MC_FULL_SCOPE_APP_WITH_SOC_M132 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6563 | MC_AP_RETRO_MC_APPROVED_FULL_SCOPE_M133 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6564 | MC_AP_RESTRICT_RETRO_MC_M134 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6565 | MC_AP_APPROVED_PRUCOL_M140 | EN, SP |

| | | |
|------|---|------------------------------------|
| 6566 | MC_AP_POST_PARTUM_APPROVED_M141 | EN, SP |
| 6567 | MC_AP_ELIG_MINOR_CONSENT_PROG_M145 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6572 | MC_AP_FULL_SCOPE_CEC_NO_SOC_M158 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6575 | MC_AP_TMC_FULL_1ST_6_MONTH_M166 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6576 | MC_AP_TMC_RESTRICT_1ST_6_MONTH_M167 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6577 | MC_AP_TMC_ADDITIONAL_6_MONTH_M168 | EN, SP |
| 6581 | MC_AP_4_MONTH_CONT_FULL_BENEFITS_M172 | EN, SP |
| 6582 | MC_AP_4_MONTH_CONT_RESTRICT_BENEFITS_M173 | EN, SP |
| 6584 | MC_AP_A_AND_D_FPL_FULL_SCOPE_M175 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6585 | MC_AP_A_AND_D_FPL_RESTRICTED_M176 | EN, SP |
| 6589 | MC_AP_ICT_RESTRICT_AID_WITH_SOC_M183 | EN, SP |
| 6590 | MC_AP_ICT_RESTRICT_AID_NO_SOC_M184 | EN, SP |
| 6591 | MC_AP_ICT_FULL_AID_NO_SOC_M185 | EN, SP |
| 6592 | MC_AP_ICT_FULL_AID_WITH_SOC_M186 | EN, SP |
| 6596 | MC_AP_DRA_RESTRICT_WITH_SOC_M193 | EN, SP |
| 6597 | MC_AP_DRA_2_RESTRICT_WITH_SOC_M194 | EN, SP |
| 6606 | MC_AP_TLI_CHILD_WITH_PREM_M222 | EN |
| 6658 | MC_AP_MINOR_RELEASED_FROM_JUVI_M396 | EN, SP |

Note: See Supporting Document 39 for fragment text.

Change Reason Fragments (23 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---|--|
| 6327 | MC_CH_FORMER_FOSTER_YOUTH_M147 | EN |
| 6539 | MC_CH_POSTPARTUM_PERIOD_CMPLT_M075 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6574 | MC_CH_CEC_NO_PROOF_INCOME_M161 | EN, SP |
| 6587 | MC_CH_CONT_ELIG_UNDER_MN_MI_PROGS_M181 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6598 | MC_CH_DRA_RESTRICT_NO_SOC_M195 | EN, SP |
| 6599 | MC_CH_DRA_RESTRICT_WITH_SOC_M196 | EN, SP |
| 6600 | MC_CH_DRA_FULL_SCOPE_OVER_YEAR_M197 | EN, SP |
| 6601 | MC_CH_DRA_FULL_SCOPE_UNDER_YEAR_M198 | EN, SP |
| 6603 | MC_CH_CEC_UNVERIF_RESOURCE_M206 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6645 | MC_CH_CEC_ENDS_CHILD_CONT_AID_M361 | EN, SP |
| 6664 | MC_CH_INCR_NONEXEMPT_INCOME_M750 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6665 | MC_CH_DECR_NONEXEMPT_INCOME_M751 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6666 | MC_CH_HH_INCR_SOC_CHNG_M754 | EN, SP |
| 6670 | MC_CH_SOC_SEC_BENFT_INCR_SOC_CHANGED_M761 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6671 | MC_CH_DENY_PRUCOL_NURSING_M762 | EN |
| 6672 | MC_CH_DENY_PRUCOL_RENAL_DIALYSIS_M763 | EN, SP |

| | | |
|------|--------------------------------------|------------------------------------|
| 6673 | MC_CH_HH_DECR_SOC_CHNG_M764 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6674 | MC_CH_HH_DECR_SOC_CHNG_LTC_M765 | EN |
| 6675 | MC_CH_SOC_CHANGE_M766 | EN, SP |
| 6676 | MC_CH_SOC_CHNG_SSI_RCVNG_M767 | EN, SP |
| 6677 | MC_CH_SOC_CHNG_PERS_INSTITUTION_M768 | EN, SP |
| 6678 | MC_CH_SOC_CHNG_PERS_TURNED_21_M769 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6679 | MC_CH_SOC_CHNG_PERS_LEFT_STATE_M770 | EN, SP |

Note: See Supporting Document 41 for fragment text.

Denial Reason Fragments (37 Fragments):

| ID | Fragment Name | Available Languages* |
|-----------|---|--|
| 6314 | MC_DN_RETRO_FAIL_DETER_VERIF_M411 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6499 | MC_DN_LONGTERM_CARE_INS_VERIF_FAIL_M011 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6503 | MC_DN_RCA_RECIPIENT_M023 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6505 | MC_DN_MC_SSI_DEN_NOA_M024 | EN, SP |
| 6507 | MC_DN_NOT_APPLY_MINOR_CONSENT_SERVICES_M026 | EN, SP |
| 6511 | MC_DN_INDIV_APP_NOT_IN_HOME_M030 | EN, SP |
| 6512 | MC_DN_CLIENT_REQ_FOR_DEN_M031 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6513 | MC_DN_WHRABTS_UNKNWN_M032 | EN, SP |
| 6517 | MC_DN_STMNT_OF_FACT_NOT_SIGNED_M035 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6519 | MC_DN_MC13_NOT_SIGNED_M038 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6522 | MC_DN_PERS_AGE_VIOL_M041 | EN, SP |
| 6523 | MC_DN_NO_PRF_MENTAL_HEALTH_SUB_M043 | EN, SP |
| 6524 | MC_DN_NOT_SIGN_MC4026_M044 | EN, SP |
| 6526 | MC_DN_RSRCS_EXCEED_LIMIT_M052 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6570 | MC_DN_SUPP_INCOME_FORM_NOT_RECEIVED_M155 | EN, SP |
| 6608 | MC_DN_HIC_NUM_VERIF_M301 | EN, SP |
| 6614 | MC_DN_NO_ELIG_PERS_M312 | SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6618 | MC_DN_STATE_RSDNCY_REQ_FAIL_M319 | EN, SP |
| 6620 | MC_DN_MC_SUPP_COOP_FAIL_M320 | EN, AE, CA, CH, KO, RU, TG, VI |
| 6621 | MC_DN_NO_LINKAGE_M325 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6622 | MC_DN_NOT_MEET_BLINDNESS_RULES_M327 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6626 | MC_DN_OVERLAP_AID_M333 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6631 | MC_DN_NOT_A_CTZN_M345 | EN, SP |
| 6634 | MC_DN_PICKLE_NOT_CITIZEN_M349 | EN, SP |
| 6648 | MC_DN_HIQ_NOT_RECEIVED_M363 | EN, SP |
| 6895 | MC_DN_FAIL_DETER_VERIF_M410 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7590 | MC_DN_NON_COOP_CHILD_NON_COMP_M424 | |

| | | |
|------|---|--------|
| 7588 | MC_DN_DID_NOT_APPLY_MEDICARE_NON_COMP_M422 | EN, SP |
| 7587 | MC_DN_FTP_THIRD_PARTY_LIABILITY_NON_COMP_M421 | EN, SP |
| 7589 | MC_DN_NAME_IDENTITY_NON_COMP_M423 | EN, SP |
| 7580 | MC_DN_REFUSED_DIB_NON_COMP_M414 | EN, SP |
| 7581 | MC_DN_REFUSED_MILITARY_BENEFITS_NON_COMP_M415 | EN, SP |
| 7582 | MC_DN_REFUSED_RETIREMENT_NON_COMP_M416 | EN, SP |
| 7583 | MC_DN_REFUSED_SDI_NON_COMP_M417 | EN, SP |
| 7584 | MC_DN_REFUSED_UIB_NON_COMP_M418 | EN, SP |
| 7585 | MC_DN_REFUSED_VA_NON_COMP_M419 | EN, SP |
| 7586 | MC_DN_REFUSED_WORKER_COMP_NON_COMP_M420 | EN, SP |

Note: See Supporting Document 43 for fragment text.

Discontinuance Reason Fragments (62 Fragments):

| ID | Fragment Name | Available Languages* |
|-----------|---|--|
| 6498 | MC_TN_LONGTERM_CARE_INS_VERIF_FAIL_M011 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6500 | MC_TN_BLINDNESS_VERIF_FAIL_M014 | EN, SP |
| 6502 | MC_TN_DISCON_SENTENCED_JAIL_OR_INSTITUTION_M020 | EN, SP |
| 6506 | MC_TN_SSI_RCPNT_M024 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6509 | MC_TN_PERS_NOT_LNKD_PROG_M028 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6510 | MC_TN_INDIV_DESCEASED_M029 | EN, SP |
| 6514 | MC_TN_WHRABTS_UNKNWN_M032 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6515 | MC_TN_ICT_OUT_TERM_M033 | EN, SP |
| 6518 | MC_TN_STMNT_OF_FACT_NOT_SIGNED_M035 | EN, SP |
| 6520 | MC_TN_MC13_NOT_SIGNED_M038 | EN, SP |
| 6525 | MC_TN_RSRCS_EXCEED_LIMIT_M052 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6543 | MC_TN_COUNTY_RES_VERIF_FAIL_M080 | EN, SP |
| 6545 | MC_TN_FAIL_LTCRP_TRANSFER_M095 | EN, SP |
| 6569 | MC_TN_SOC_TO_NO_SOC_INCOME_DECREASE_M154 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6578 | MC_TN_TMC_NO_ELIG_CHILD_IN_HOME_M169 | EN, SP |
| 6579 | MC_TN_TMC_GROSS_INC_EXD_LIMIT_M170 | EN, SP |
| 6580 | MC_TN_TMC_PWE_NOT_EMPLOYED_M171 | EN, SP |
| 6583 | MC_TN_4_MONTH_CONT_NO_ELIG_CHILD_M174 | EN |
| 6586 | MC_TN_A_AND_D_FPL_INCOME_OVER_LIMIT_M177 | EN, SP |
| 6609 | MC_TN_HIC_NUM_VERIF_M301 | EN, SP |
| 6615 | MC_TN_NO_ELIG_PERS_M312 | SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6617 | MC_TN_OUT_OF_STATE_M319 | EN, SP |
| 6619 | MC_TN_MC_SUPP_COOP_FAIL_M320 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6623 | MC_TN_NOT_MEET_BLINDNESS_RULES_M327 | EN, SP |

| | | |
|------|---|--|
| 6624 | MC_TN_NO_CHILD_UNDER_21_M331 | EN |
| 6627 | MC_TN_OVERLAP_AID_M333 | EN, SP |
| 6628 | MC_TN_OHC_FORM_NOT_RCVD_M339 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6630 | MC_TN_FAIL_RETURN_STATUS_REPORT_M342 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6636 | MC_TN_CEC_CHILD_TURNED_19_M352 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6637 | MC_TN_CEC_WHREABTS_UNKNOWN_M353 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6640 | MC_TN_CEC_END_OF_PERIOD_M356 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6641 | MC_CH_CEC_RESOURCE_OVER_LIMIT_M357 | EN, SP |
| 6642 | MC_TN_CEC_ENDS_CHILD_MOVES_M358 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6643 | MC_TN_CEC_OVERLAP_AID_M359 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6646 | MC_TN_CEC_CLIENT_REQUEST_M362 | EN, SP |
| 6647 | MC_TN_HIQ_NOT_RECEIVED_M363 | EN, SP |
| 6649 | MC_TN_FAIL_IFDS_NO_SOC_M366 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6650 | MC_TN_FAIL_IFDS_WITH_SOC_M367 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6651 | MC_TN_FAIL_NHR_NO_SOC_M370 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6652 | MC_TN_FAIL_NHR_WITH_SOC_M371 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6653 | MC_TN_FAIL_PVS_CHILD_UNDER_19_M385 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6654 | MC_TN_FAIL_PVS_M386 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6657 | MC_TN_IC_MINOR_IN_JUVI_M395 | EN, SP |
| 6660 | MC_TN_JUVI_MINOR_OVER_21_M398 | EN, SP |
| 6661 | MC_TN_MINOR_JUVI_OVER_12_MONTHS_M399 | EN, SP |
| 6662 | MC_TN_FAIL_PICKLE_REQUIREMENTS_M702 | EN |
| 6663 | MC_TN_CLIENT-REQ_TERMINATION_M706 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 6896 | MC_TN_FAIL_VERIF_DETERM_M410 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6897 | MC_TN_FAIL_REDETER_RESPONSE_M400 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6898 | MC_TN_FAIL_REDETER_VERIF_M401 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7608 | MC_TN_MC355_VERIF_NOT_RECEIVED_M425 | EN, SP |
| 7599 | MC_TN_DID_NOT_APPLY_MEDICARE_NON_COMP_M422 | EN, SP |
| 7598 | MC_TN_FTP_THIRD_PARTY_LIABILITY_NON_COMP_M421 | EN, SP |
| 7600 | MC_TN_NAME_IDENTITY_NON_COMP_M423 | EN, SP |
| 7601 | MC_TN_NON_COOP_CHILD_NON_COMP_M424 | EN, SP |
| 7591 | MC_TN_REFUSED_DIB_NON_COMP_M414 | EN, SP |
| 7592 | MC_TN_REFUSED_MILITARY_BENEFITS_NON_COMP_M415 | EN, SP |
| 7593 | MC_TN_REFUSED_RETIREMENT_NON_COMP_M416 | EN, SP |
| 7594 | MC_TN_REFUSED_SDI_NON_COMP_M417 | EN, SP |
| 7595 | MC_TN_REFUSED_UIB_NON_COMP_M418_EN.xdp | EN, SP |
| 7596 | MC_TN_REFUSED_VA_NON_COMP_M419 | EN, SP |
| 7597 | MC_TN_REFUSED_WORKER_COMP_NON_COMP_M420 | EN, SP |

Note: See Supporting Document 45 for fragment text.

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

3. Non-MAGI Budget Fragment

| ID | Fragment Name | Available Languages* |
|-----|----------------|--|
| 902 | BUDGT_MC_239A | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 903 | BUDGT_MC_239A3 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 904 | BUDGT_MC_340PR | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

Note: See Supporting Document 47 for fragment text.

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

4. Non-MAGI Person-Level Message

| ID | Fragment Name | Available Languages* |
|------|----------------|------------------------------------|
| 5053 | MC_AP_MESSAGE9 | EN, SP |
| 5054 | MC_CH_MESSAGE4 | EN, SP |
| 5056 | MC_CH_MESSAGE6 | EN, SP |
| 5037 | MC_TN_MESSAGE1 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5058 | MC_TN_MESSAGE5 | EN, SP, AE, CA, CH, KO, RU, TG, VI |
| 5084 | MC_DN_MESSAGE6 | EN |

Note: See Recommendation 2.4 for updated fragment text.

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

2.11.2.4 Add the MAGI Determination Fragments

Add the MAGI fragments stored from Recommendation 2.6.4.1 in the following order per reason:

1. MAGI Individual Action Fragment

Add a new MAGI Individual Action before each MAGI determination. (See Recommendations 2.2, 2.3, 2.4, 2.5)

2. MAGI Action Fragment

Denial Action Fragments (2 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---------------|--|
| 4090 | H_DN_ACTION1 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 4091 | H_DN_ACTION2 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

Note: See Supporting Document 38 for fragment text.

Discontinuance Action Fragments (2 Fragments):

| ID | Fragment Name | Available Languages* |
|------|------------------------------------|--|
| 4092 | H_TN_ACTION1 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7609 | H_TN_MC355_VERIF_NOT_RECEIVED_H425 | EN, SP |

Note: See Supporting Document 38 for fragment text.

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Cambodian (CA), Chinese (CH), Farsi (FA), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

Note: Existing MAGI Approvals and MAGI Change actions do not have Person-level Action fragments.

3. MAGI Reason Fragment

Approval Reason Fragments (12 Fragments):

| ID | Fragment Name | Available Languages* |
|------|---|--|
| 7003 | H_AP_FULL_SCOPE_RETRO_H901 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7004 | H_AP_FULL_SCOPE_APP_H902 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7005 | H_AP_RENEWAL_NO_CHANGE_H903 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7006 | H_AP_LIMITED_SCOPE_RETRO_H904 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7007 | H_AP_LIMITED_SCOPE_APP_H905 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7008 | H_AP_RESTRICTED_SCOPE_RETRO_H906 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7009 | H_AP_RESTRICTED_SCOPE_APP_H907 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7010 | H_AP_ACCELERATED_ENROLLMENT_APP_H908 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7011 | H_AP_FULL_SCOPE_APPROVAL_WITH_PREMIUM_APP_H909 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7026 | H_AP_RESTRICTED_SCOPE_APPROVAL_W_PREMIUM_APP_H910 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7453 | H_AP_PREG_TEEN_INC_DISREGARD_H406 | EN, SP |
| 7454 | H_AP_RETRO_PREG_TEEN_INC_DISREGARD_H407 | EN, SP |

Note: See Supporting Document 40 for fragment text.

Change Reason Fragments (8 Fragments):

| ID | Fragment Name | Available Languages* |
|------|--|--|
| 6325 | MC_CH_RESTR_TO_FULL_M160 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6573 | MC_CH_ALIEN_STATUS_VERIF_FAIL_M159 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7027 | H_CH_FULL_SCOPE_TO_RESTRICTED_SCOPE_H801 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7028 | H_CH_RESTRICTED_SCOPE_TO_FULL_SCOPE_H802 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7029 | H_CH_FULL_SCOPE_TO_LIMITED_SCOPE_H803 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7031 | H_CH_LIMITED_SCOPE_TO_FULLED_SCOPE_H804 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7032 | H_CH_PREMIUME_TO_NO_PREMIUM_H805 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7033 | H_CH_NO_PREMIUME_TO_PREMIUM_H806 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |

Note: See Supporting Document 42 for fragment text.

Denial Reason Fragments (31 Fragments):

| ID | Fragment Name | Available Languages* |
|------|--|--|
| 6890 | H_DN_FAIL_REDETER_VERIF_H410 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6891 | H_DN_RETRO_FAIL_DETER_VERIF_H411 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7034 | H_DN_NOT_CA_RESIDENT_H101 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7035 | H_DN_RETRO_NOT_CA_RESIDENT_H201 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7036 | H_DN_WRITTEN_WITHDRAWAL_H102 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7037 | H_DN_RETRO_WRITTEN_WITHDRAWAL_H202 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7038 | H_DN_CHILD_APPLIED_FOR_SELF_H103 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7039 | H_DN_RETRO_CHILD_APPLIED_FOR_SELF_H203 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7040 | H_DN_DUPLICATE_APPLICATION_H104 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7041 | H_DN_RETRO_DUPLICATE_APPLICATION_H204 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7043 | H_DN_ON_AID_ANOTHER_CASE_H105 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7044 | H_DN_RETRO_ON_AID_ANOTHER_CASE_H205 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7045 | H_DN_DECEASED_H106 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |

| | | |
|------|--|--|
| 7046 | H_DN_RETRO_DECEASED_H206 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7047 | H_DN_WHEREABOUTS_UNKNOWN_H107 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7048 | H_DN_RETRO_WHEREABOUTS_UNKNOWN_H207 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7049 | H_DN_RECEIVES_SSI_H108 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7051 | H_DN_RETRO_RECEIVES_SSI_H208 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7450 | H_DN_CAT_INELIG_H403 | EN, SP |
| 7452 | H_DN_RETRO_CAT_INELIG_H404 | EN, SP |
| 7566 | H_DN_DID_NOT_APPLY_MEDICARE_NON_COMP_H422 | EN, SP |
| 7565 | H_DN_FTP_THIRD_PARTY_LIABILITY_NON_COMP_H421 | EN, SP |
| 7567 | H_DN_NAME_IDENTITY_NON_COMP_H423 | EN, SP |
| 7568 | H_DN_NON_COOP_CHILD_NON_COMP_H424 | EN, SP |
| 7602 | H_DN_REFUSED_DIB_NON_COMP_H414 | EN, SP |
| 7603 | H_DN_REFUSED_MILITARY_BENEFITS_NON_COMP_H415 | EN, SP |
| 7560 | H_DN_REFUSED_RETIREMENT_NON_COMP_H416 | EN, SP |
| 7561 | H_DN_REFUSED_SDI_NON_COMP_H417 | EN, SP |
| 7562 | H_DN_REFUSED_UIB_NON_COMP_H418 | EN, SP |
| 7563 | H_DN_REFUSED_VA_NON_COMP_H419 | EN, SP |
| 7564 | H_DN_REFUSED_WORKER_COMP_NON_COMP_H420 | EN, SP |

Note: See Supporting Document 44 for fragment text.

Discontinuance Reason Fragments (27 Fragments):

| ID | Fragment Name | Available Languages* |
|-----------|----------------------------------|--|
| 6322 | H_TN_DECEASED_H106 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6323 | H_TN_WHEREABOUTS_UNKNOWN_H107 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6324 | H_TN_RECEIVES_SSI_H108 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6892 | H_TN_FAIL_DETER_VERIF_H410 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6893 | H_TN_FAIL_REDETERM_RESPONSE_H400 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 6894 | H_TN_FAIL_REDETER_VERIF_H401 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7052 | H_TN_NOT_CA_RESIDENT_H101 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7053 | H_TN_WRITTEN_DISCONTINUANCE_H102 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7054 | H_TN_ON_AID_ANOTHER_CASE_H105 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |

| | | |
|------|--|--|
| 7055 | H_TN_STOP_AID_FOR_OPTIONAL_MEMBER_H109 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7057 | H_TN_TMC_REPORT_INCOMPLETE_H110 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7059 | H_TN_TMC_REPORT_NOT_RECVD_H111 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7067 | H_TN_OVER_MAGI_INCOME_H113 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7068 | H_TN_NON_PAYMENT_OF_PREMIUM_H112 | EN, SP, AE, AR, CA, CH, FA, HM, KO, RU, TG, VI |
| 7474 | H_TN_MCAP_DISCONTINUANCE_H114 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 7577 | H_TN_DID_NOT_APPLY_MEDICARE_NON_COMP_H422 | EN, SP |
| 6892 | H_TN_FAIL_DETER_VERIF_H410 | EN, SP |
| 7576 | H_TN_FTP_THIRD_PARTY_LIABILITY_NON_COMP_H421 | EN, SP |
| 7578 | H_TN_NAME_IDENTITY_NON_COMP_H423 | EN, SP |
| 7579 | H_TN_NON_COOP_CHILD_NON_COMP_H424 | EN, SP |
| 7569 | H_TN_REFUSED_DIB_NON_COMP_H414 | EN, SP |
| 7570 | H_TN_REFUSED_MILITARY_BENEFITS_NON_COMP_H415 | EN, SP |
| 7571 | H_TN_REFUSED_RETIREMENT_NON_COMP_H416 | EN, SP |
| 7572 | H_TN_REFUSED_SDI_NON_COMP_H417 | EN, SP |
| 7573 | H_TN_REFUSED_UIB_NON_COMP_H418 | EN, SP |
| 7574 | H_TN_REFUSED_VA_NON_COMP_H419 | EN, SP |
| 7575 | H_TN_REFUSED_WORKER_COMP_NON_COMP_H420 | EN, SP |

Note: See Supporting Document 46 for fragment text.

**The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Arabic (AR), Cambodian (CA), Chinese (CH), Farsi (FA), Hmong (HM), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)*

4. MAGI Person-level Message

Denial Message Fragment:

| ID | Fragment Name | Available Languages* |
|-----------|----------------------|--|
| 5070 | H_DN_MESSAGE1 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

Note: See Supporting Document 48 for fragment text.

Discontinuance Message Fragment:

| ID | Fragment Name | Available Languages* |
|-----------|----------------------|--|
| 5072 | H_TN_MESSAGE1 | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |

Note: See Supporting Document 48 for fragment text.

*The following are the language abbreviations: English (EN), Spanish (SP), Armenian (AE), Arabic (AR), Cambodian (CA), Chinese (CH), Farsi (FA), Hmong (HM), Korean (KO), Russian (RU), Tagalog (TG), Vietnamese (VI)

Note: Existing MAGI Approvals and MAGI Change actions do not have Person-level Message fragments.

2.11.2.5 Non-MAGI Program-Level Message Fragments

After the Non-MAGI and MAGI Determination Fragments (Person-Level fragments) generate the Non-MAGI Program-Level Fragments. (See Recommendation 2.5 for new Program-Level Messages)

Note: Message Fragments from Recommendation 2.4 are not included within the Program Level Messages as they will be updated to only include Person Level text.

2.11.2.6 MAGI Program-Level Message/Footer Fragments

After the Non-MAGI Program-Level Messages generate the MAGI Program-Level Fragments.

| ID | Fragment Name | Available Languages* |
|------|--------------------------|--|
| 5083 | H_STATIC_FOOTER | EN, SP, AE, CA, CH, FA, KO, RU, TG, VI |
| 5104 | MC_H_AP_CH_STATIC_FOOTER | EN, SP, AE, AR, CA, CH, KO, RU, TG, VI |

Note: See Supporting Documents #48 for fragment text


Note: As per existing functionality H_STATIC_FOOTER will continue to generate on MAGI Denial/Discontinuance NOAs and MC_H_AP_CH_STATIC_FOOTER will continue to generate on MAGI Approval/Change NOAs.






3 SUPPORTING DOCUMENTS





| Number | Functional Area | Description | Attachment |
|--------|-----------------|---|--|
| 1 | NOA | Combined non-MAGI/MAGI Action FDD | NOA_MC_COMBINED_ACTION_FDD.docx |
| 2 | NOA | MAGI Approval Individual Action FDD | NOA_MAGI_APPROVAL_INDIVIDUAL_ACTION_FDD.docx |
| 3 | NOA | MAGI Change Individual Action FDD | NOA_MAGI_CHANGE_INDIVIDUAL_ACTION_FDD.docx |
| 4 | NOA | MAGI Denial Individual Action FDD | NOA_MAGI_DENIAL_INDIVIDUAL_ACTION_FDD.docx |
| 5 | NOA | MAGI Discontinuance Individual Action FDD | MAGI_DISCONTINUANCE_INDIVIDUAL_ACTION_FDD.docx |
| 6 | NOA | MC 10 Day Reporting Message FDD | NOA_MC_10DAYS_FDD.docx |
| 7 | NOA | MC Approval or Change BIC Message FDD | NOA_MC_AP_CH_BIC_FDD.docx |
| 8 | NOA | MC Deemed Eligibility Message FDD | NOA_MC_DEEMED_FDD.docx |
| 9 | NOA | MC Child BIC FDD | NOA_MC_CHILD_BIC_FDD.docx |
| 10 | NOA | MC Denial or Discontinuance BIC Message FDD | NOA_MC_DN_TN_BIC_FDD.docx |
| 11 | NOA | MC Ineligible Members Message FDD | NOA_MC_INELIG_MEMBERS_FDD.docx |
| 12 | NOA | MC MCAP Message FDD | NOA_MC_MCAP_FDD.docx |
| 13 | NOA | Medi-Cal Managed Care Health Plan Message FDD | NOA_MC_MMCHP_FCC.docx |
| 14 | NOA | MC Separate NOA Message FDD | NOA_MC_SEPARATE_NOA_FDD.docx |





| | | | |
|----|-----|---|-------------------------------|
| 15 | NOA | MC Title II Message FDD | NOA_MC_TITLE_II_FDD.docx |
| 16 | NOA | Updated MC_AP_MESSAGE9 FDD (See highlighted text for updates made with this effort) | NOA_AP_MESSAGE9_5053_FDD.docx |
| 17 | NOA | Updated MC_CH_MESSAGE4 FDD (See highlighted text for updates made with this effort) | NOA_CH_MESSAGE4_5054_FDD.docx |
| 18 | NOA | Updated MC_CH_MESSAGE6 FDD (See highlighted text for updates made with this effort) | NOA_CH_MESSAGE6_5056_FDD.docx |
| 19 | NOA | Updated MC_DN_MESSAGE6 FDD (See highlighted text for updates made with this effort) | NOA_DN_MESSAGE6_5084_FDD.docx |
| 20 | NOA | Updated MC_TN_MESSAGE1 FDD (See highlighted text for updates made with this effort) | NOA_TN_MESSAGE1_5037_FDD.docx |
| 21 | NOA | Updated MC_TN_MESSAGE5 FDD (See highlighted text for updates made with this effort) | NOA_TN_MESSAGE5_5058_SPD.docx |




| | | | |
|----|-----|---|------------------------------|
| 22 | NOA | Updated MAGI_STATIC_HEADER FDD (See highlighted text for updates made with this effort) | 4093_MAGI_STATIC_HEADER.docx |
| 23 | NOA | Updated MC_AP_ICT_RESTRICT_AID _WITH_ SOC_M183 FDD (See highlighted text for updates made with this effort) | NOA_M183A_6589_SPD.docx |
| 24 | NOA | Updated MC_AP_PASS_PICKLE_INC OME_M127 FDD (See highlighted text for updates made with this effort) | NOA_M127A_6558_SPD.docx |
| 25 | NOA | Updated MC_AP_ICT_RESTRICT_AID _NO _SOC_M184 FDD (See highlighted text for updates made with this effort) | NOA_M184A_6590_SPD.docx |
| 26 | NOA | Updated MC_AP_ICT_FULL_AID_NO _SOC_M185 FDD (See highlighted text for updates made with this effort) | NOA_M185A_6591_SPD.docx |
| 27 | NOA | Updated MC_AP_ICT_FULL_AID_WIT H_ H_ | NOA_M186A_6592_SPD.docx |

| | | | |
|----|-----|---|---|
| | | SOC_M186 FDD (See highlighted text for updates made with this effort) | |
| 28 | NOA | Updated MC_TN_IC_MINOR_IN_JUVI_M395 FDD (See highlighted text for updates made with this effort) | NOA_M395T_6657_SPD.docx |
| 29 | NOA | Updated MC_AP_MINOR_RELEASED_FROM_JUVI_M396 FDD (See highlighted text for updates made with this effort) | NOA_M396A_6658_SPD.docx |
| 30 | NOA | Updated MC_TN_JUVI_MINOR_OVE R_21_M398 FDD (See highlighted text for updates made with this effort) | NOA_M398T_6660_SPD.docx |
| 31 | NOA | Updated MC_TN_MINOR_JUVI_OVE R_12_MONTHS_M399 FDD (See highlighted text for updates made with this effort) | NOA_M399T_6661_SPD.docx |
| 32 | NOA | Mockup Example of mixed non-MAGI/MAGI Approval NOA |  Phase 2 Approval Example.pdf |

| | | | |
|----|-----|---|---|
| | | (mockup excludes the NA Back 9 that will generate on the back of the first page) | |
| 33 | NOA | Mockup Example of mixed non-MAGI/MAGI Change NOA (mockup excludes the NA Back 9 that will generate on the back of the first page) |  Phase 2 Change Example.pdf |
| 34 | NOA | Mockup Example of mixed non-MAGI/MAGI Denied NOA (mockup excludes the NA Back 9 that will generate on the back of the first page) |  Phase 2 Denial Example.pdf |
| 35 | NOA | Mockup Example of mixed non-MAGI/MAGI Discontinued NOA (mockup excludes the NA Back 9 that will generate on the back of the first page) |  Phase 2 Discontinuance Exam |
| 36 | NOA | Mockup Example of mixed non-MAGI/MAGI NOA with two non-MAGI reasons (mockup excludes the NA Back 9 that will generate on the back of the first page) |  Phase 2 Denial Two Reasons Example.pdf |
| 37 | NOA | Mockup Example of mixed non-MAGI/MAGI NOA with two MAGI reasons |  Phase 2 Denial Two MAGI Reasons Exam |

| | | | |
|----|-----|---|---|
| | | (mockup excludes the NA Back 9 that will generate on the back of the first page) | |
| 38 | NOA | Existing LRS Medi-Cal Header/Action Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MC Action Fragments.pdf |
| 39 | NOA | Existing LRS Medi-Cal Non-MAGI Approval Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MC Approval Reason Fr: |
| 40 | NOA | Existing LRS Medi-Cal MAGI Approval Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MAGI Approval Reason Fr: |
| 41 | NOA | Existing LRS Medi-Cal Non-MAGI Change Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory |  Phase 2 MC Change Reason Fragments.p |

| | | | |
|----|-----|---|---|
| | | of the fragments at the time of this design) | |
| 42 | NOA | Existing LRS Medi-Cal MAGI Change Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MAGI Change Reason Fraç |
| 43 | NOA | Existing LRS Medi-Cal Non-MAGI Denial Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MC Denial Fragments.pdf |
| 44 | NOA | Existing LRS Medi-Cal MAGI Denial Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MAGI Denial Fragments.pr |
| 45 | NOA | Existing LRS Medi-Cal Non-MAGI Discontinuance Reason Fragments (Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design) |  Phase 2 MC Discontinuance Fraç |

| | | | |
|----|-----|--|---|
| 46 | NOA | <p>Existing LRS Medi-Cal MAGI Discontinuance Reason Fragments</p> <p>(Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design)</p> |  <p>Phase 2 MAGI Discontinuance Frag</p> |
| 47 | NOA | <p>Existing LRS Medi-Cal Budget Fragments</p> <p>(Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design)</p> |  <p>Phase 2 MC Budget Fragments.pdf</p> |
| 48 | NOA | <p>Existing LRS Medi-Cal Message/Footer Fragments</p> <p>(Note: this will not contain any fragments that are added in the same release, this is an inventory of the fragments at the time of this design)</p> |  <p>Phase 2 MC Message Fragments</p> |
| 49 | NOA | <p>Updates to Fragment FDDs with Budget References. (See highlighted text for updates made with this effort) <i>Contains 15 Fragment FDDs</i></p> | Budget References |
| 50 | NOA | <p>Updates to Fragment FDDs for updates to MC Messages</p> | Updated Reasons |

| | | | |
|--|--|--|--|
| | | <p>(See highlighted text for updates made with this effort)</p> <p><i>Contains 70 Fragment FDDs, does not include FDDs that are listed in previous Supporting Documents: Budget References #48, Removed Common Text Fragment #22-30.</i></p> | |
|--|--|--|--|

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-------------------------|--|--|
| 2.18.3.11 (CAR-1247) | The LRS shall combine multiple actions within a single NOA, including all appropriate reasons for each proposed action taken, and shall include a single consolidated calculations/computations showing the net result(s) of all changes made by program or combination of programs, as specified by COUNTY. | This effort will be combining the MAGI and non-MAGI text onto one flowed document to show combined results of the Medi-Cal programs. |
| | | |

4.2 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| | | | |
| | | | |

5 MIGRATION IMPACTS

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

6 OUTREACH

N/A

6.1 Lists

N/A

7 APPENDIX

N/A

CalACES Enhancement Request

PPOC: Please send the completed request to your Region 8 RPM.

| | | |
|---------------------------------------|---------------------------------|---|
| Region #: 8 | County: Los Angeles | Date Submitted: December 20, 2018 |
| Submitter's Name: Betty Ong | Phone: (562) 222-6521 | Email: BettyOng@dpss.lacounty.gov |

| | | | |
|---|---|---------------------------------------|------------------------------------|
| Program(s) Impacted: | | | |
| <input type="checkbox"/> Adoptive Services | <input type="checkbox"/> ARC | <input type="checkbox"/> CalFresh | <input type="checkbox"/> Cal-Learn |
| <input checked="" type="checkbox"/> CalWORKS / RCA | <input type="checkbox"/> CAPI | <input type="checkbox"/> Child Care | <input type="checkbox"/> CMSP |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> GA/GR | <input type="checkbox"/> GAIN/REP/WTW | <input type="checkbox"/> GROW |
| <input type="checkbox"/> Kin-GAP | <input type="checkbox"/> Medi-Cal / RMA | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Other – specify Diversion; Immediate Need; Homeless – Perm; Homeless – Temp. | | | |

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

Justification / Request Summary: CA812 Report Enhancement/Modification

Issue:

This request is necessary to comply with the State-mandated instructions and program regulations.

Proposed Enhancements/Modification:

General Requirement:

- Report should include the following recovery programs – claims and collections:
 - (1) CalWORKs
 - (2) Diversion
 - (3) Immediate Need
 - (4) Homeless Assistance – Perm
 - (5) Homeless Assistance – Temp

Mathematical Accuracy of the Report:

- The report should be check for mathematical accuracy, particularly Lines 7, Line 8, and specially Line 9.
- Defect submitted – CA-204476.

Line Details:

- The Detail Backup Reports’ line details/worksheets (tabs) should be properly labeled to identify the contents of the details tabs.
- Counts, RA#, transaction numbers should be presented as numbers with no decimals, and not in text format.
- Amounts should be presented as amounts with 2 decimal places, and not in text format.
- Dates should be presented in date format, and not in text format.
- Include Line Count and Line Amount fields.

Line 1:

- Line 1 Claims and Amounts should match the Line 9 Claims and Amounts ending balances in Prior Quarter’s Report. If not match, provide explanation and details of discrepancies.

Line 1b:

- Line 1b should always be zero, because Line 1 (Balance carried forward from end of last quarter) should always match Line 9 ending balance of previous quarter.
- If Line 1b is not zero, error exists in the CA812 reporting and should be investigated and corrected.and reported in the correct Line. LRS to provide detailsd and explanation of the data discrepancies for review and investigation.
- Samples of Line 1b discrepancies in prior CA812 reports:
 - (1) Disappearing Recovery Accounts, this should not be deleted outright in the application. This should be tracked correctly by “void” transactions;
 - (2) Transfer of receipts that were not processed through “Transfer”. All transfer of transactions should be tracked correctly by ‘transfer” transaction;
 - (3) Transactions should be reported based on posted date, not original create date, or posting date in other program.
 - (4) Additional overpayment added to an existing recovery accounts should not be reported in Line 1b, but in Line 2.

Line 2:

- Add data fields: Recovery Program Type, Aid Code, Create Date, RA Approval date, First Transaction Date, Total Transaction Posted, RA Balance. The requested fields are needed to identify the recovery program, to age the recovery accounts, and to identify duplicates and already reported recovery accounts.
- Do not include recovery accounts already reported in prior quarters.
- Provide separate details on recovery accounts with non-tracked cause code that are not included in Line 2 (overpayments identified during the quarter). This is needed to identify the non-trackable recovery accounts for corrective action.

Line 3a:

- Add data fields: Recovery Program Type, Related Transaction Number, Related Transaction Type, Aid Code, and Benefit Month. The requested fields are needed to validate the transaction accuracy and propriety on this line.
- Include on this line all posted benefit reductions that are currently reported under 8c regardless of effective date. This request is needed to appropriately report all benefit reductions in Line 3a and earn fraud collection incentive.

Line 3b:

- Add data fields: Recovery Program Type, Related Transaction Number, Related Transaction Type, Aid Code, and Benefit Month. The requested fields are needed to validate the transaction accuracy and propriety on this line.
- Include on this line all posted offset transaction that are currently reported under 8c regardless of effective date. This request is needed to appropriately report all offset transactions in Line 3b and earn fraud collection incentive.

Line 4a:

- Add data fields: Recovery Program Type, Related Transaction Number, Related Transaction Type, Aid Code, and Benefit Month, State Cycle Number. The requested fields are needed to validate the transaction accuracy and propriety and for reconciliation to eCAPS Trust Account activities.
- Include on this line all posted cash receipt transaction types that are currently reported under 8c. This request is needed to appropriately report all cash collections in Line 4a and earn fraud collection incentive.

Line 4b:

- Add data fields: Recovery Program Type, Related Transaction Number, Related Transaction Type, Aid Code, and Benefit Month, State Cycle Number. The requested fields are needed to validate the transaction accuracy and propriety and for reconciliation to eCAPS Trust Account activities.
- Include on this line all posted cash receipt transaction types that are currently reported under 8c. This request is needed to appropriately report all cash collections in Line 4a and earn fraud collection incentive.

Line 5 Claims:

- Add data fields: Recovery Program Type, Aid Code, Transaction Number, Transaction Type, Create Date, Terminated Date, RA Balance. The requested fields are needed to validate the transaction accuracy and propriety.

Line 5 Amounts:

- Add data fields: Recovery Program Type, Aid Code, Transaction Number, Transaction Type, Create Date, Termination Date, RA Balance. The requested fields are needed to validate the transaction accuracy and propriety.

Line 6:

- Add data fields: Recovery Program Type, Aid Code, Transaction Number, Transaction Type, Create Date, Termination Date, RA Balance. The requested fields are needed to validate the transaction accuracy and propriety.

Line 8a:

- Add data fields: Recovery Account Type, Aid Code, Transaction Number, Transaction Date, Transferred Outstanding Balance.

Line 8b:

- Add data fields: Recovery Account Type, Aid Code, Transaction Number, Transaction Date, Transferred Outstanding Balance.

Line 8c:

- Add data fields: Recovery Program Type, Related Transaction Number, Related Transaction Type, Aid Code, and Benefit Month, State Cycle Number. The requested fields are needed to validate the transaction accuracy and propriety and for reconciliation to eCAPS Trust Account activities.
- Exclude from this line all posted receipt (cash or non-cash) transactions and move them to the appropriate lines under Lines 3a, 3b, 4a, 4b. This request is needed to appropriately report all cash and non-cash collections in the appropriate lines for data validation, trust account reconciliation, and for fraud collection incentive purposes.

Line 8c – New Void Overpayments

- The line description is confusing, does not reflect what's captured in the line. This Line must be re-evaluated and simplified. This line created and reported transactions that are not existing in LRS. This line created reversals of posted transactions in recovery accounts that were created and voided in the same quarter; report logic is confusing.

Line 8c – Miscellaneous & Transactions

- These 2 lines included all sorts of transactions that were not properly identified and classified. The transaction in these 2 lines must be evaluated for reporting and validation purposes.
- The transactions should be identified and re-grouped as follows:
 - Cash receipt transactions
 - Cash receipt adjustments
 - Non-cash receipt transactions (benefit reduction & offset)
 - Non-cash receipt adjustments
 - Recovery account balance adjustment (void, terminated, etc.
 - Other adjustments??

Line 9:

- Line 9 should always be mathematically checked for accuracy.
- Line 9 Claims and Amounts should always equal “Item 7 plus or minus Line 8.”
- Add data fields: Recovery Program Type, Aid Code, Create Date, RA Approval date, First Transaction Date, Total Transaction Posted, RA Balance. The requested fields are needed to identify the recovery program, to age the recovery accounts, and to identify duplicates and already reported recovery accounts.
- Provide separate details on recovery accounts with non-tracked cause code that are not included in Line 9 recovery account ending balance) for corrective action.
- Provide aging report for recovery account ending balances.

Line details – “Related Transaction Number” data field error

- LRS is capturing the wrong “Related Transaction Number “ for posted transactions in the Transaction Summary Detailed Results Page. The Related Transaction Number should be referred back to the original posted transaction number.
- Ex. RA#28583821, Transaction #858520833, the related transaction number should be #858520784, and not 858520832. The original posted transaction is Transaction #858520784. This was reviewed by C. Cheung.

Priority/Implementation Consideration(s):

URGENT.

CalACES Response:

CER Tracking #: (automatically generate by JIRA)

SCR # **52597**

Rejected By:

Date:

Rejection Reason(s) or other Comments: