# CalSAWS

California Statewide Automated Welfare System

## **Design Document**

CA-218455 ACL 20-87 Revised TNB 4

	DOCUMENT APPROVAL HISTORY		
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DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
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#### 1 OVERVIEW

Per ACL 20-87, Transitional Nutritional Benefit (TNB) households must report all income changes, including an income change caused by a COLA to the Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefit amount. This caused households with increases in SSI/SSP benefits due to COLA to complete a CalFresh application in order to comply with TNB recertification rules. To address this, a \$50 threshold for changes in monthly income will be implemented so that TNB households will not be required to complete a CalFresh application to complete their TNB recertification.

#### 1.1 Current Design

- The form TNB 4 exists in the CalSAWS system. The TNB 4 Recertification Packet exists in the CalSAWS system for LA county only.
- The current version of the forms have verbiage that asks whether the household's total monthly income has changed, either increasing or decreasing. The question does not currently contain a threshold amount.
- The form TNB 4 is available in English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.
- The form TNB 4 Recertification Packet is available in English and Spanish.

#### 1.2 Requests

- 1. Revise the verbiage in Question #4 on form TNB 4 and TNB 4 Recertification Packet to include a 50 dollar threshold amount.
- 2. Add a new TNB 4 Recertification Packet for 57 migrating counties.

#### 1.3 Overview of Recommendations

1. Update the verbiage in Question #4 on form TNB 4 and TNB 4 Recertification Packet in the CalSAWS to include a 50 dollar threshold amount.

#### 1.4 Assumptions

- 1. This update is for the CalSAWS system only. Due to the release date being close to migration, this change will not be required for the C-IV system.
- 2. For both forms, only one line in Question #4 (the change income question) on page 2, will be updated. All else on the form will remain unchanged.

#### 2 RECOMMENDATIONS

#### 2.1 Update Nutrition Benefit form TNB 4

#### 2.1.1 Overview

The existing form TNB 4 – "Notice of Recertification for the Transitional Nutrition Benefit Program" is out of date. The update is only for the CalSAWS system. This form is currently being generated via the Template Repository.

State Form: TNB 4

Current Programs: Nutrition Benefit Current Attached Form(s): None Current Forms Category: Forms

#### **Existing Languages:**

English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

#### 2.1.2 Description of Change

1. Updates to Form XDP

Update the form TNB 4 – "Notice of Recertification for the Transitional Nutrition Benefit Program" with the updated verbiage to match the latest state version (8/20).

#### **Updated Languages:**

English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong (new), Korean, Laos (new), Russian, Tagalog, Vietnamese

Include NA Back 9: N

**Imaging Form Name:** Notice of RE for TNB Program

**Imaging Document Type:** Customer Reporting

Form Mockups/Examples: See Supporting Documents #1

#### 2.2 Update Nutrition Benefit form TNB 4 Recertification Packet for LA county

#### 2.2.1 Overview

The existing form TNB 4 Recertification Packet is out of date. The update is only for the CalSAWS system. This form is currently being generated via batch and the Template Repository for LA county only.

State Form: TNB 4

Current Programs: Nutrition Benefit
Current Attached Form(s): CF 285
Current Forms Category: Application

#### **Existing Languages:**

English and Spanish

#### 2.2.2 Description of Change

1. Updates to Form XDP

Update the form TNB 4 Recertification Packet xdp with the updated verbiage to match the latest state version (8/20). In Section 1, item 4 of the form, the question asks if there has been a total monthly income change, either decreasing or increasing, from a new job. This verbiage has been updated to include a 50 dollar threshold. Please see mockup for the exact wording.

#### **Updated Language:**

English and Spanish

Include NA Back 9: N

Imaging Form Name: TNB 4 Recertification Packet

**Imaging Document Type:** Customer Reporting

Form Mockups/Examples: See Supporting Documents #2

# 2.3 Adding new Nutrition Benefit form TNB 4 Recertification Packet for migrating counties

#### 2.3.1 Overview

The effort is adding a new TNB 4 Recertification Packet for migrating counties. Although this effort is to add a new form to the CalSAWS system, it uses the original version of TNB 4 Recertification Packet as a base. While the original version of TNB 4 Recertification Packet serves only the LA county, this new version of TNB 4 Recertification Packet will service the 57 migrating counties.

State Form: TNB 4

**Programs:** Nutritional Benefit

Attached Forms: CF 285

Forms Category: Application

Template Repository Visibility: 57 Migration Counties

#### Languages:

English and Spanish

#### 2.3.2 Description of Change

#### 1. Create Form XDP

A new Nutritional Benefit form TNB 4 Recertification Packet will be created for use for the 57 migrating counties. This new form will use the original version of TNB 4 Recertification Packet that is currently for the use of LA county as a base. This new TNB 4 will also include the verbiage update for the original TNB 4 form outlined in section 2.2.2.

Form Header: Header\_1

Form Title (Document List Page Displayed Name): Notice of Recertification

for Transitional Nutrition Benefit (TNB) Program

Form Number: TNB 4 Recert Packet

Include NA Back 9: N

Imaging Form Name: TNB 4 Recertification Packet

**Imaging Document Type:** Customer Reporting

Form Mockups/Examples: See Supporting Documents #3

#### 2. Add Form Generation

This form will generate in the same way as the original TNB 4 Recertification Packet, but for the 57 migrating counties.

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

#### 3. Add Form Variable Population

This form will contain all of the same variables as the original TNB 4 Recertification Packet for LA county. Additionally, it will contain all the standard population for the header.

#### 4. Add Form Control

Due Date: Date the form is generated + 30 days, excluding weekends and holidays.

Tracking Barcode	BRM Barcode	Imaging Barcode
Υ	Y	Υ

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

#### 5. Add Form to Template Repository

Add the form TNB 4 Recertification Packet for the 57 migrating counties to the Template Repository with the following Document Parameters:

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

#### 6. Add Form Print Options and Mailing Requirements

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

#### **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: BRM Envelope

## Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: Y

Post to YBN: Yes

## **3 SUPPORTING DOCUMENTS**

Number	Functional Area	Description	Attachment
1	Form	Mockup for form TNB4	See "TNB 4.zip" attached to the SCR
2	Form	Mockup for form TNB4 Recertification Packet for LA county	See "TNB 4 RE (la county).zip" attached to the SCR
3	Form	Mockup for form TNB4 Recerficiation Packet for the 57 counties	See "TNB 4 RE (migrating counties).zip" attached to the SCR

### 4 REQUIREMENTS

## 4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.2 CAR-1206	The LRS shall generate written material, including notices, NOAs, forms, flyers, letters, and stuffers, to applicants, participants, caregivers, sponsors, authorized representatives, and/or any other entities, in English, all threshold languages, and any other language for which the State has provided a translation.	This SCR involves the generation of a form in English as well as each system's respective threshold languages.