



Design Document

CA 51971 – Modify the GR Termination Date
When LRS/MEDS Interface Updates the SSI/SSP
Approval Information



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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	Eligibility Rules Updates	5
2.1.1	Overview.....	5
2.1.2	Description of Changes.....	5
2.1.3	Programs Impacted	5
2.1.4	Performance Impacts	5
2.2	Modify Other Program Assist Sweep (PB00E158) – Exclude GR.....	5
2.2.1	Overview.....	5
2.2.2	Description of Change	6
2.2.3	Execution Frequency	6
2.2.4	Key Scheduling Dependencies.....	6
2.2.5	Counties Impacted	6
2.2.6	Data Volume/Performance	6
2.2.7	Failure Procedure/Operational Instructions.....	6
2.3	New Other Program Assist Sweep – GR Only.....	6
2.3.1	Overview.....	6
2.3.2	Description of Change	6
2.3.3	Execution Frequency	12
2.3.4	Key Scheduling Dependencies.....	12
2.3.5	Counties Impacted	12
2.3.6	Data Volume/Performance	12
2.3.7	Failure Procedure/Operational Instructions.....	12
3	Supporting Documents	12
4	Requirements.....	13
4.1	Project Requirements	13
5	Migration Impacts	13
6	Outreach.....	13

1 OVERVIEW

In LRS system on General Assistance (GA) / General Relief (GR) program for an Other Program Assistance (OPA) approval of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or SSI only, GR participant is ineligible (Role UP) in the same benefit month before the participant receives their first SSI check. As part of this change request ineligibility of GR approved participant to be delayed until the 1st of the month following the month after the OPA record is verified.

1.1 Current Design

Once the LRS/MEDS Interface or worker updates the SSI/SSP or SSI only approval information into the OPA List page, LRS automatically make the approved GR participant ineligible effective 1st of the month without ten-day NOA using the OPA begin date. OPA data sweep creates eligibility triggers for the person receiving SSI/SSP Other Program Assistance.

1.2 Requests

The LRS GR participant receiving SSI/SSP or SSI only must not fail / discontinue until the 1st of the following month after the SSI/SSP benefits are verified in the OPA Page.

1.3 Overview of Recommendations

- Modify EDBC to delay ineligibility of GR approved participant to 1st of the month following the month when the OPA (SSI only or SSI/SSP) record is verified with current 10 day NOA rule.
- Modify EDBC to delay ineligibility in batch and also to online user updates
- Modify existing OPA batch sweep PB00E158 to exclude GR Program
- Create new OPA batch sweep specific to GR Program

1.4 Assumptions

1. Change with this SCR will not impact GR program for other counties.
2. OPA apply date logic for types SSI only and SSI/SSP for other programs (CalWORKs, Cal Fresh, CAPI and Medi-Cal) except LA County GR program will remain unchanged.
3. No impact to existing GR SSI or SSI/SSP discontinuance NOAs.
4. MEDS EW40 will not be affected by these changes.
5. For one person GR Case, if the only GR participant is ineligible with role UP and Role reason "Gets SSI/SSP" or "Gets SSI", the GR Case itself will fail with "No Eligible Mem".
6. The Social Security Administration (SSA) uses the Interim Assistance Reimbursement (IAR) to reimburse the county GR benefits paid to GR participant, while his/her SSI or SSI/SSP application was pending.

2 RECOMMENDATIONS

2.1 Eligibility Rules Updates

2.1.1 Overview

Modify EDBC logic to delay ineligibility of GR approved participant with an OPA type SSI only or SSI/SSP, until the month following the month after the SSI or SSI/SSP benefits are verified. (Note: 2 months from the date of the verification received date).

2.1.2 Description of Changes

- Update EDBC change reason functionality to fail the SSI Only or SSI/SSP GR person the month following the month after the verification received date for the SSI only or SSI/SSP OPA which will consider 10-day NOA.
- Update EDBC logic to apply the change to any SSI/SSP or SSI only OPA records verified after implementation date of this SCR.

Technical Note: Add new mid-period negative change reason type which will only be used for the GR program and

- It is specific to OPA type of SSI/SSP or SSI only.
- It will not use the 'Period Required' check for SSI/SSP or SSI only in order to not determine an overpayment to be recouped.

2.1.3 Programs Impacted

General Assistance/General Relief

2.1.4 Performance Impacts

N/A

2.2 Modify Other Program Assist Sweep (PB00E158) – Exclude GR

2.2.1 Overview

The Other Program Assistance Sweep job performs a data sweep for a person receiving SSP/SSI and creates eligibility triggers for all active programs that have an end date prior to the 10-Day cutoff. LRS will update the Other Program Assistance Sweep Job to exclude GR programs.

2.2.2 Description of Change

Update the Other Program Assistance Sweep (PB00E158) driving query to exclude GR Cases.

2.2.3 Execution Frequency

No Change

2.2.4 Key Scheduling Dependencies

No Change

2.2.5 Counties Impacted

19 – Los Angeles

2.2.6 Data Volume/Performance

No Change

2.2.7 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....)

2.3 New Other Program Assist Sweep – GR Only

2.3.1 Overview

LRS will create a new batch job to run Batch EDBC for GR cases effective the 2nd month following the date in which the system automated SSI Only or SSI/SSP Other Program Assistance record was verified.

2.3.2 Description of Change

Create a new batch job to run Batch EDBC for GR cases effective the 2nd month following the date in which the system automated SSI Only or SSI/SSP Other Program Assistance record was verified. The Sweep Job will run monthly, find OPA records that were verified previous to the batch run month, and run Batch EDBC for the month following the Batch month. New sweep job will run Batch EDBC for GR Cases only when the following conditions are true:

- The Program Person Status is Active and a Member in the month following the Batch Date

- The OPA record is either SSI Only or SSI/SSP
- The OPA Record is either
 - Verified in the month prior to batch run date and OPA verification date is later than the OPA creation date.
 - Verified two or more months prior to the batch run date and the OPA record's creation date is later than the OPA verification date
- Aid Code is not 'Qualified Medicare Beneficiary', 'Simplified Qualified Medicare Beneficiary' or 'Qualified Individual'

Example #1:

For SSI participant on GR, 03/23/2019 System/MEDS interface creates an OPA record of type SSI/SSP with begin date as 03/23/2019. The OPA record is verified on 03/23/2019. The EDBC batch runs on 04/03/2019 and the SSI participant on GR program will be ineligible for benefit month 05/2019.

OPA Record Begin Date	OPA (SSI/SSP or SSI Only) Created On Date	OPA Verification Request Date	OPA Verification Date Received	Batch Runs EDBC	GR Ineligible month
03/23/2019	03/23/2019	03/23/2019	03/23/2019	04/03/2019	05/2019

OPA details for SSI recipient on GR program:

Other Program Assistance Detail

* - Indicates required fields

Edit

Close

Name: *

Test Case

Type of Assistance: *

SSI/SSP

SSI Payment:

SSP Payment:

SSI/SSP Payment Total:

Net Earned Income:

Net Unearned Income:

State:

Re-Evaluation Due Date:

SSI/SSP Suspended/Interrupted

Disposition:

Aid Code:

Date of Last SSI Determination:

Begin Date: *

03/23/2019

End Date:

Is this record for a child who lived with his/her parent(s)?: *

No

Verified: *

Verified

[View](#)

Edit

Close

Last Updated On 03/23/2019 4:08:34 PM By: [527380](#)

Verification details of OPA record can be viewed by clicking view button on OPA detail page:

Verification Detail

*- Indicates required fields Edit Close

Type: *
Other Program Assistance

Name: * Test Case **Status: *** Verified **Postponed for Expedited Service:**

Request Date: * 03/23/2019 **Due Date: *** 04/03/2019 **Date Received: *** 03/23/2019

Description:

Extension Type	Reason	Begin Date	End Date
No Data Found			

Program	Due Date	Received Date
No Data Found		

Last Updated On 03/23/2019 4:08:34 PM By: [527380](#) Edit Close

Note: The GR participant ineligibility will be delayed to 1st of the month following the month when the OPA (SSI only or SSI/SSP) record is verified as shown in the above screen shot.

Example #2:

Case worker creates a GR application with begin date as 02/01/19 and the GR Program made Active and issued the benefits for 02/2019 and 03/2019. An OPA record of type SSI only for SSI participant is received with begin date 02/01/19 but with verification received date is 03/04/2019. LRS will approve and issue benefits for 04/2019 month also and makes the GR participant ineligible with SSI individual/case effective 05/01/2019 for with role UP and role reason "Gets SSI".

OPA Record Begin Date	OPA (SSI/SSP or SSI Only) Created On Date	OPA Verification Request Date	OPA Verification Date Received	Batch EDBC runs	GR Ineligible month
02/01/2019	03/04/2019	03/04/2019	03/04/2019	04/03/2019	05/2019

OPA details for SSI recipient on GR program:

Other Program Assistance Detail

*- Indicates required fields

Edit

Close

Name: *

Test Case

Type of Assistance: *

SSI, Only

SSI Payment:

SSP Payment:

SSI/SSP Payment Total:

Net Earned Income:

Net Unearned Income:

State:

Re-Evaluation Due Date:

SSI/SSP Suspended/Interrupted

Disposition:

Aid Code:

Date of Last SSI Determination:

Begin Date: *

02/01/2019

End Date:

Is this record for a child who lived with his/her parent(s)?: *

No

Verified: *

Verified

View

Edit

Close

Last Updated On 03/04/2019 2:01:49 PM By: [946558](#)

Verification details of OPA record can be viewed by clicking view button on OPA detail page:

Verification Detail

*- Indicates required fields

Edit Close

Type: *
Other Program Assistance

Name: * **Status: *** **Postponed for Expedited Service:**
Verified

Request Date: * **Due Date: *** **Date Received: ***
03/04/2019 03/04/2019 03/04/2019

Description:

Extension Type	Reason	Begin Date	End Date
No Data Found			

Program	Due Date	Received Date
No Data Found		

Edit Close

Last Updated On 03/04/2019 2:01:49 PM By: [946558](#)

Example #3:

In a GR Couple Case, case worker creates a GR application with begin date as 03/02/2019 and the GR Program made Active and issued the benefits for 03/2019 and 04/2019. Case worker creates an OPA record of type SSI only for one SSI participant on GR program with begin date as 03/05/19 but with verification received date as 04/04/2019. LRS will approve and issue benefits for 05/2019 month also and makes the SSI GR participant ineligible effective 06/01/2019 with role UP and role reason "Gets SSI".

OPA Record Begin Date	OPA (SSI/SSP or SSI Only) Created On Date	OPA Verification Request Date	OPA Verification Date Received	Batch EDBC runs	GR Ineligible month
03/05/2019	04/04/2019	04/04/2019	04/04/2019	05/03/2019	06/2019

Example #4:

GR application with begin date as 04/05/19 and the GR Program made Active and issued the benefits for 04/2019 and 05/2019. An OPA record of type SSI only for SSI participant is created by the user with received begin date 04/10/19 but with verification is not received (Pending). LRS will continue to approve and issue benefits and will not take any negative action until the verification is received.

2.3.3 Execution Frequency

Monthly – 3rd Business Day

2.3.4 Key Scheduling Dependencies

Before EDBC

2.3.5 Counties Impacted

19 – Los Angeles

2.3.6 Data Volume/Performance

No Change

2.3.7 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....)

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.13	The LRS shall determine the effective date of change for all eligibility related changes for all individuals for all applicable programs	Currently, LRS automatically discontinues the approved GR case effective 1st of the month without ten-day NOA using the OPA begin date. In this SCR requirement, LRS will be delaying discontinuance of GR approved cases to 1st of the month following the month when the OPA (SSI only or SSI/SSP) record is verified with current 10 day NOA rule.

5 MIGRATION IMPACTS

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

6 OUTREACH

None



CALIFORNIA AUTOMATED CONSORTIUM ELIGIBILITY SYSTEM

Design Document

CA-52219 Supervisor's Approval for Refunds

	DOCUMENT APPROVAL HISTORY	
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DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR

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Table of Contents

1	Overview	5
1.1	Current Design	5
1.2	Requests	5
1.3	Overview of Recommendations	5
2	Recommendations	6
2.1	Recovery Account Detail	6
2.1.1	Overview	6
2.1.2	Recovery Account Detail Page mock-up	7
2.1.3	Description of Changes	7
2.1.4	Page Location	7
2.1.5	Counties Impacted	8
2.1.6	Security Updates	8
2.1.7	Page Mapping	8
2.2	Transaction Detail	8
2.2.1	Overview	8
2.2.2	Transaction Detail Page mock-up	10
2.2.3	Description of Changes	13
2.2.4	Page Location	14
2.2.5	Security Updates	14
2.2.6	Page Mapping	14
2.2.7	Page Usage/Data Volume Impacts	14
2.3	Transaction Transfer Detail	14
2.3.1	Overview	14
2.3.2	Transaction Transfer Detail Page mock-up	15
2.3.3	Description of Changes	20
2.3.4	Page Location	20
2.3.5	Security Updates	20
2.3.6	Page Mapping	21
2.3.7	Page Usage/Data Volume Impacts	21

2.4 Transaction Refund Detail page.....21

2.4.1 Overview21

2.3.3 Description of Changes30

1.3.4 Page Location32

1.3.5 Security Updates.....32

1.3.6 Page Mapping.....35

1.3.7 Validations35

1.4 Task Management.....36

1.4.1 Overview36

1.4.2 Description of Changes36

1.5 Automated Regression Test37

2. Supporting Documents37

3. Requirements.....39

3.4 Project Requirements.....39

3.5 Migration Requirements39

4. Migration Impacts40

5. Outreach.....40

6. Appendix.....40

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1 OVERVIEW

1.1 Current Design

The Recovery Account Payment Refund process allows the user to complete and save the Refund request via the Transaction Detail; Transaction Transfer/ Refund page without a Supervisor approval and create an issuance for the refund through the issuance batch process that generates the warrants overnight. Additionally, the Transaction Detail page allows a user to access and complete a payment Transfer or payment Refund request via the Transfer/Refund command button without having any security restrictions for each type of request on the Transaction Detail page.

1.2 Requests

To avoid violation of County Fiscal internal control requirements of protecting, misappropriation of County assets and preventing fraud, request is hereby made to modify the Recovery Account Transfer/Refund process to

- a. Add Supervisor Approval/Disapproval functionality.
- b. Separate the Transfer/Refund command button into two buttons with separate security rights for the Transfer and Refund process.

1.3 Overview of Recommendations

1. Modify the online Recovery Account Transfer/Refund process to include two separate command buttons for Transfer and Refund transactions. On the Transaction Detail page, remove the Transfer/Refund command button and add the following two new command buttons.
 - a. Transfer
 - b. Refund
2. Add two new pages namely 'Transaction Transfer Detail' and 'Transaction Refund Detail'. The 'Transaction Refund Detail' will allow for Supervisor Authorization or Rejection of the Recovery Account Refund transactions.
3. Update the Transaction Refund page to enable Supervisor Approval for Refund transactions if the request for Approval of a refund transaction is rejected, no transaction will be posted to the Recovery Accounts.
4. Update the existing Security group 'Transaction Transfer' to delete existing security rights associated to it (TransactionTransfer/Refund/Edit & Transaction/Transfer/Refund/View) and add new Security rights for the Transfer button:
 - a. TransactionTransferEdit
 - b. TransactionTransferView
5. Add the following new Security Groups for the "Refund" button
 - a. TransactionRefundEdit

- b. TransactionRefundView
- c. TransactionRefundApprove
- d. TransactionRefundDeputyApprove
- e. TransactionRefundDisapprove
- 6. Add the following new Security Rights for the "Refund" button
 - f. TransactionRefundEdit
 - g. TransactionRefundView
 - h. TransactionRefundApprove
 - i. TransactionRefundDeputyApprove
 - j. TransactionRefundDisapprove
- 7. Update Online Help and page mapping to account for changes being made to the online pages.
- 8. Create a Task for Supervisor or Deputy when a Refund has been initiated by the Worker or approved by a Supervisor respectively. Create a task for the worker when the refund request initiated by the worker is disapproved by a Supervisor or Deputy.

1.4 Assumptions

- 1. The Supervisor approval of Refunds process outlined in this document would also be applicable to Regular recovery accounts for Foster Care, KG and AAP.
- 2. The Supervisor approval of Refunds process outlined in this document would also be applicable to recovery accounts with type 'GR Recoverable'.
- 3. The following programs will be impacted by this SCR: CalWORKS, CalFresh, CAPI, GR, IHSS, RCA/RAM and REP.

2 RECOMMENDATIONS

2.1 Recovery Account Detail

2.1.1 Overview

This update is to add a new field 'External' on the page to identify between the accounts which are created because of System Determinations or External accounts.

2.1.2 Recovery Account Detail Page mock-up

Collections

- Recovery Account Search
- Receipt Search
- Create Receipt
- Receipt Mass Upload Search
- Receipt Mass Upload
- Create External Recovery Account
- Create Levy Account
- Create Foster Care Trust Fund Account
- Create Care and Maintenance Fund Account
- Recovery Account Workload Inventory
- Tax Intercept Account Search
- Treasurer and Tax Collector Account Search

Recovery Account Detail

* Indicates required fields

Save and Continue
Cancel

Recovery Account Number:	Recovery Account Type: Regular	Created By:
Creation Date:	Case Number: * Select	Case Name:
LEADER Claim Number:		

Account Details

Program Type: * CalWORKs	Discovery Date: * 07/14/2019	Assigned To: * Manager Tester Ad Select
Cause: * Cash - Admin Caused	Status: * Pending Approval	Cause Date: 07/14/2019
Reason: * Administrative Error	Status Reason: * In-Process	Expiration Date:
Is this an ICT: * No	Originating County:	Status Date: 07/14/2019
Investigations: * - Select -	Fraud Identification Date:	External: Yes

Account Balance

Original Balance: \$ 0.00

Total Recovered: \$ 0.00

Current Balance: \$ 0.00

Activities

Type	Status	Begin Date	End Date
Select			

Figure 2.1.1 – Recovery Account Detail – Create (External)

2.1.3 Description of Changes

- 1) Add a new field 'External' on the page to identify between the accounts which are created because of System Determinations or External accounts. This will be a Read Only field and will display 'Yes' or 'No' when the recovery account type is 'Regular'.

2.1.4 Page Location

No Change.

2.1.5 Counties Impacted

All CalACES Counties.

2.1.6 Security Updates

No Change.

2.1.7 Page Mapping

Add the page mapping for new 'External' field and map it to PGM_ID from database.

2.2 Transaction Detail

2.2.1 Overview

The Transaction Detail page allows the User to view or post a transaction to a recovery account. This page displays Recovery Account Information and Overpayment Distribution details. Once the required information on the Transaction Detail page is completed and saved, the following buttons are currently displayed in View mode - Generate Form, **Transfer Refund**, Edit, Back Out and Close. The 'Transfer/Refund' button allows a user to complete a payment Transfer and/or payment refund. This SCR will remove the 'Transfer Refund' button and replace it with two new buttons namely 'Transfer' and 'Refund'. Each button will have individual security rights assigned so only the appropriate users can process a transfer or refund transaction respectively. The "Transfer" and "Refund" buttons will only be visible if the following conditions are met:

- a. Recovery Account is Active.
- b. The transaction is not backed out.
- c. The Recovery Account is not a Trust fund Account.
- d. The Transaction Type is NOT one of the following:
 - I. External Refund
 - II. Benefit Reduction
 - III. Payment Reduction (if the Transaction Method is 'System')
 - IV. Spend Down
 - V. F/C Abatement
 - VI. ICT from another County
 - VII. Levy Payment
 - VIII. Offset
 - IX. Prior Collection
 - X. Refund

- XI. R & R Refund
- XII. Returned Warrant
- XIII. Transfer to General Fund
- XIV. Refund Reversal
- XV. Expungement
- XVI. Written-Off
- XVII. Back Out

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2.2.2 Transaction Detail Page mock-up

Transaction Detail

* - Indicates required fields

Generate Form
Transfer
Refund
Back Out
Edit
Close

Transaction Number: [Redacted]	Receipt Number: 12448160	Invoice Number: [Redacted]
Posted Date: 06/18/2019	Effective Month: * 06/2019	Transaction Amount: * 20.00
Posting Type: Manual	Posting Status:	State Cycle Number:
Source Document Number :	Transaction Type: * Cash	Vendor Id:
Responsible Party: * [Redacted]	Transaction Method: * Mail	Created By: 970658
Advance Refund Clearing:	Location: LRS Project Office	
GLDoc ID:		
Comments:		

Recovery Account Information

Recovery Account Number: [Redacted]	Original Balance: \$75.00	Remaining Balance: \$55.00	Program Type: Welfare to Work
-----------------------------------------------	-------------------------------------	--------------------------------------	-----------------------------------------

Overpayment Distribution

Benefit Month	Amount	Ineligible Month

Flags:

Refund Status:

Status	Date	Amt	Worker

.ast Updated On 06/18/2019 2:58:56 PM By: [970658](#)

Generate Form
Transfer
Refund
Back Out
Edit
Close

This Type_1 page took 0.44 seconds to load.

Figure 2.2.1 – Transaction Detail – Create Mode

Transaction Detail

*- Indicates required fields

Generate Form

Close

Transaction Number: [REDACTED]	Receipt Number: 12448160	Invoice Number:	
Posted Date: 06/18/2019	Effective Month: * 06/2019	Transaction Amount: * 20.00	State Cycle Number:
Posting Type: Manual	Posting Status:	Vendor Id:	
Source Document Number :	Transaction Type: * Cash	Transaction Method: * Mail	
Responsible Party: * [REDACTED]	Created By: 970658	Location: LRS Project Office	
Advance Refund Clearing:			
GLDoc ID:			
Comments:			

Recovery Account Information

Recovery Account Number: [REDACTED]	Original Balance: \$75.00	Remaining Balance: \$55.00	Program Type: Welfare to Work
-----------------------------------------------	-------------------------------------	--------------------------------------	-----------------------------------------

Overpayment Distribution

Flags:

Related Transactions:

Recovery Account Number / Payee	Trans. Amount	Source Trans. Number	Source Trans. Type	Target Trans. Number
[REDACTED]	\$10.00	860069459	Transfer	860069460
[REDACTED]	\$10.00	860069461	Refund	N/A

Refund Status:

Status	Date	Amt	Worker
Approved	06/18/2019	\$(10.00)	19DP00G10K

Last Updated On 06/18/2019 2:58:56 PM By: [970658](#)

Generate Form

Close

This Type 1 page took 23.13 seconds to load.

2.2.2 – Transaction Detail (View Mode for Approved Refunds)

Transaction Detail

*- Indicates required fields

Generate Form

Close

Transaction Number: ██████████	Receipt Number: 12448160	Invoice Number:	
Posted Date: 06/18/2019	Effective Month: * 06/2019	Transaction Amount: * 20.00	State Cycle Number:
Posting Type: Manual	Posting Status:	Vendor Id:	
Source Document Number :	Transaction Type: * Cash	Transaction Method: * Mail	
Responsible Party: * F ██████████	Created By: 970658	Location: LRS Project Office	
Advance Refund Clearing:			
GLDoc ID:			
Comments:			

Recovery Account Information

Recovery Account Number: ██████████	Original Balance: \$75.00	Remaining Balance: \$55.00	Program Type: Welfare to Work
-----------------------------------------------	-------------------------------------	--------------------------------------	-----------------------------------------

Overpayment Distribution

Flags:

Refund Status:

Status	Date	Amt	Worker
Pending Approval	06/18/2019	\$(10.00)	19DP00G10K

Last Updated On 06/18/2019 2:58:56 PM By: [970658](#)

Generate Form

Close

This [Type 1](#) page took 23.13 seconds to load.

2.2.3 – Transaction Detail (View Mode for Pending Refunds)

Transaction Summary

Recovery Account Number:

██████████

Recovery Account Status:

Active

Original Balance:

\$75.00

Program Type:

Welfare to Work

Add Transaction

View Detailed Results

Close

Search Results Summary

Results 1 - 4 of 4

Trans Number	Posted Date	Trans Amount	Remaining Balance	Trans Type	Effective Month	Responsible Party	Created By	
██████████	06/18/2019	(10.00)	65.00	Refund	06/19	JAMES, FRANK	19DP00G10K	
██████████	06/18/2019	10.00	55.00	Transfer	06/19	JAMES, FRANK	19DP00G10K	Edit
██████████	06/18/2019	(10.00)	65.00	Transfer	06/19	JAMES, FRANK	19DP00G10K	
██████████	06/18/2019	20.00	55.00	Cash	06/19	JAMES, FRANK	19DP00G10K	

Add Transaction

View Detailed Results

Close

This Type_1 page took 0.46 seconds to load.

2.2.4 – Transaction Summary

2.2.3 Description of Changes

- 1) Remove the 'Transfer Refund' button on the transaction detail page.
- 2) Add a single button 'Transfer' on the transaction detail page. Once this button is clicked, user will be navigated to the "Transaction Transfer Detail" page.
- 3) Add a single button 'Refund' on the transaction detail page. Once this button is clicked, user will be navigated to the "Transaction Refund Detail" page.
- 4) For Recovery Account transactions eligible for a refund, add a "Refund Status" section to the Transaction Detail page. (see Fig 2.2.2 above)
- 5) Add a hyperlink under "Refund Status" section for all the approval statuses to navigate the user to the Transaction Refund Detail page (see Fig-2.2.3 above).

- 6) If the refund status of the related transaction is in "Awaiting Approval (L1)" or "Awaiting Approval (L2)" or "Approved", the 'Refund' button will be hidden on the Transaction Detail page.
- 7) Under the Refund Status section, the 'Worker' field will be populated using the worker number (WRKR_NUM_IDENTIF) that last updated the status.
- 8) Update existing Refund Approval statuses for Foster Care Trust Fund Refunds to reconcile with new statuses being added as part of this SCR (CATGRY 10405).
 - a. Pending Supervisor Approval to Awaiting Approval (L2).
 - b. Refund Approval to Approved.

2.2.4 Page Location

Global: Fiscal

Local: Recovery Account Search

Task: Transaction Summary

2.2.5 Security Updates

No Change.

2.2.6 Page Mapping

Remove existing page mapping for 'Transfer Refund' and add page mappings for the two new fields 'Transfer' and 'Refund' on the 'Transaction Detail' page.

2.2.7 Page Usage/Data Volume Impacts

No Change.

2.3 Transaction Transfer Detail

2.3.1 Overview

This page allows a user to complete a payment Transfer from one Recovery Account to another.

Navigation: When the user clicks on the "transfer" button on the 'Transaction Detail page', they will be navigated to the 'Transaction Transfer Detail' page in create mode. The user can then click on the "Select" button on the page to choose the target Recovery Account for the transfer transaction.

After clicking on 'Select' the user is navigated to the 'Select Recovery Account' page. Once a Recovery Account is selected, the user can click on the 'Add' button to add a 'Transaction Transfer Amount' on the 'Transaction Transfer Detail' page and click save. The 'Transaction Transfer Detail' page will then load in View mode. Clicking on the 'Close' button will bring the user back to 'Transaction Detail' page where all the saved transfer transactions can be viewed. Clicking Close on this page will navigate the user to the 'Transaction Summary' page where all the transactions posted against the Recovery Account can be viewed.

2.3.2 Transaction Transfer Detail Page mock-up

Transaction Transfer Detail

* - Indicates required fields Cancel

Transfer From:		
Recovery Account Number:	Transaction Number:	Transaction Amount:
<input type="text"/>	<input type="text" value="2"/>	\$10.00

Transfer To:				
Recovery Account Number:	Original Balance:	Remaining Balance:	Transaction Amount:	GL Doc ID:
<input type="text"/>			<input type="text"/>	
Select				

Remainder:	
Unused Amount:	\$10.00

Cancel

This Type_1 page took 0.38 seconds to load.

Figure 2.3.1 – Transaction Transfer Detail – Create Mode

Select Recovery Account

* - Indicates required fields Cancel

▶ Refine Your Search

Search Results Summary Results 1 - 1 of 1

[Select](#) [Add Recovery Account](#) [View Detailed Results](#)

Recovery Account Number	Case Number	Case Name	Status	Discovery Date	Cause	Program Type	
<input type="checkbox"/>			Active	10/06/2011	Cash - Admin Caused	CalWORKs	Edit

[Select](#) [Add Recovery Account](#) [View Detailed Results](#)

Figure 2.3.2 Select Recovery Account

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Transaction Transfer Detail

*- Indicates required fields Cancel

Transfer From:

Recovery Account Number:	Transaction Number:	Transaction Amount:
<input type="text"/>	<input type="text"/>	\$10.00

Transfer To:

Recovery Account Number:	Original Balance:	Remaining Balance:	Transaction Amount: Transfer Amount:	GL Doc ID:	Add
<input type="text"/>	\$100.00	\$100.00	<input type="text" value="10.00"/>	<input type="text"/>	

Remainder:

Unused Amount:	\$10.00
----------------	---------

Cancel

This Type_1 page took 0.42 seconds to load.

2.3.3 – Transaction Transfer Detail (Create Mode Before Add)

Transaction Transfer detail

*- Indicates required fields

Save Cancel

Transfer From:

Recovery Account Number:	Transaction Number:	Transaction Amount:
		\$10.00

Transfer To:

Recovery Account Number:	Original Balance:	Remaining Balance:	Transaction Amount: Transfer Amount:	GL Doc ID:
	\$100.00	\$100.00	\$10.00	

Remainder:

Unused Amount:	\$0.00
----------------	--------

Save Cancel

This Type_1 page took 0.65 seconds to load.

Figure 2.3.3 – Transaction Transfer Detail (Create Mode After Add)

Transaction Detail

*- Indicates required fields

Generate Form

Close

Transaction Number: [Redacted]	Receipt Number: [Redacted]	Invoice Number: [Redacted]	
Posted Date: 06/05/2019	Effective Month: * 06/2019	Transaction Amount: * 20.00	State Cycle Number: [Redacted]
Posting Type: Manual	Posting Status:	Vendor Id:	
Source Document Number :	Transaction Type: * Cash	Transaction Method: * Hand	
Responsible Party: * [Redacted]	Created By: 970658	Location: LRS Project Office	
Advance Refund Clearing:			
GLDoc ID:			
Comments:			

Recovery Account Information

Recovery Account Number: [Redacted]	Original Balance: \$75.00	Remaining Balance: \$75.00	Program Type: Welfare to Work
-----------------------------------------------	-------------------------------------	--------------------------------------	-----------------------------------------

Overpayment Distribution

Flags:

Related Transactions:

Recovery Account Number / Payee	Trans. Amount	Source Trans. Number	Source Trans. Type	Target Trans. Number
[Redacted]	\$10.00	[Redacted]	Transfer	[Redacted]

Last Updated On 06/05/2019 11:23:09 AM By: [970658](#)

Generate Form

Close

This Type_1 page took 41.41 seconds to load.

Figure 2.3.4 – Transaction Detail (After Saving the Transfer transaction)

2.3.3 Description of Changes

- 1) Rename existing 'Transaction Transfer/Refund' page to 'Transaction Transfer Detail'.
- 2) Remove Refund section of the existing 'Transaction Transfer/Refund' page so it is no longer visible.
- 3) Add the following validation when the 'Transfer amount' is greater than the 'Transaction Amount': Transfer Amount - Transfer amount cannot be greater than the transaction amount.
NOTE: The Refund section will be moved to a new page – Transaction Refund Detail.

2.3.4 Page Location

Global: Fiscal

Local: Recovery Account Search

Task: Transaction Summary

2.3.5 Security Updates

Security Rights

Existing Security Right	New Security Right	Right Description	Right to Group Mapping
TransactionTransfer/RefundView	TransactionTransferView	This right grants view access to the "Transaction Transfer" page on click of the "Transfer" button on Transaction Detail page.	Transaction Transfer
TransactionTransfer/RefundEdit	TransactionTransferEdit	This right grants create and edit access to the "Transaction Transfer" page on click of the "Transfer" button on Transaction Detail page.	Transaction Transfer

Security Groups

Security Group	Group Description	Group to Right Mapping
Transaction Transfer	This group grants create, view and edit access for the Transaction Transfer pages.	TransactionTransferView TransactionTransferEdit

NOTE: Transaction transfer' is an existing Security group associated to TransactionTransfer/RefundView and TransactionTransfer/RefundEdit rights. Update both the security group and security rights to only be associated to transfers and remove all associations to refunds.

2.3.6 Page Mapping

Remove page mappings for fields associated to the Refund section of the page.

2.3.7 Page Usage/Data Volume Impacts

No Change.

2.4 Transaction Refund Detail page

2.4.1 Overview

This page allows a user to submit a refund request for each transaction. Each request must be approved by the Supervisor & Deputy Supervisor. The Supervisors or Deputy will have the ability to approve or reject a refund request. A task will be generated for the initiated worker when the request is changed from Awaiting Approval (L1)/Awaiting Approval (L2) to Disapproved status. A task will also be generated for the Supervisor when a refund request has been initiated by the worker.

Note:

1. The 'Approve' and 'Disapprove' buttons will only be visible to users with appropriate security rights.
2. There shall only be one refund request approved per transaction.

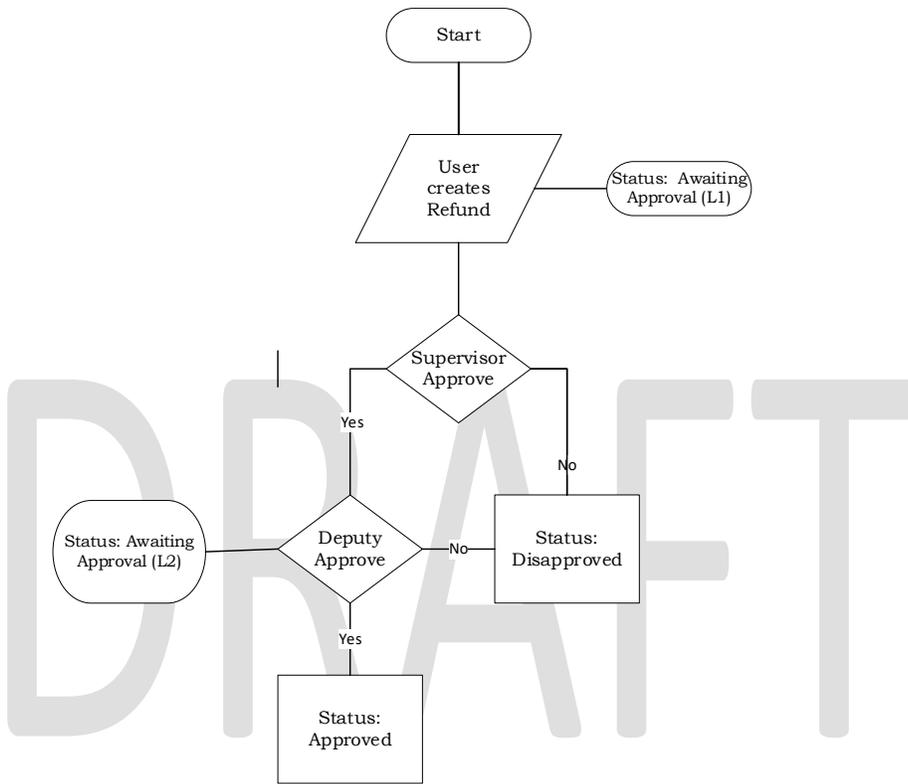
Conditions for Refund:

- a. Recovery Account is Active and not a Trust Fund Account.
- b. Recovery Account transaction type is NOT one of the following:

- I. External Refund
- II. Benefit Reduction
- III. Payment Reduction (if the Transaction Method is 'System')
- IV. Spend Down
- V. F/C Abatement
- VI. ICT from another County
- VII. Levy Payment
- VIII. Offset
- IX. Prior Collection
- X. Refund
- XI. R & R Refund
- XII. Returned Warrant
- XIII. Transfer to General Fund
- XIV. Refund Reversal
- XV. Expungement
- XVI. Written-Off
- XVII. Back Out

Navigation: When a user clicks the "Refund" button on the 'Transaction Detail page', the user will be navigated to the 'Transaction Refund Detail' page. On this page, when the user enters the required fields such as 'Payee for Supplemental ', Transaction Type, 'Refund request Amount' and clicks '~~Add~~' '~~Save~~', an Approval status of 'Awaiting Approval (L1)' is created.

Users with Supervisor/Deputy rights will now be able to view the Approve, Disapprove buttons on the page in View mode and approve/disapprove the refund request accordingly. Once Refund request is saved, the page will load in View mode and clicking the 'Close' button will navigate the user to Transaction Detail page where the Refund transactions initiated by the worker and approved by Supervisor/Deputy, can be viewed. Clicking 'Close' on this page will navigate the user to the Transaction Summary page.



2.3.2 Approval flow based on Security rights:

- a. **'Disapproved'**: The status of a Refund request can change to Disapproved at any point in the Approval process by clicking the 'Disapprove' button. It can change from:
- 'Awaiting Approval (L1)' to 'Disapproved.'
 - 'Awaiting Approval (L2)' to 'Disapproved.'

Note:

Disapprove button will be shown when the status of the refund request is "Awaiting Approval (L1)" or "Awaiting Approval (L2)". See section 2.4.4 for Security updates.

- b. **Supervisor Authorization:** Upon initiation of Refund request by worker, the status is in "Awaiting Approval (L1)". The Supervisor with "TransactionRefundApprove" security right can then click on the Approve or Disapprove button. If the Approve button is clicked, status changes to 'Awaiting Approval (L2)'.
- c. **Deputy Authorization:** When a Deputy with the "TransactionRefundDeputyApprove" security right clicks on the 'Approve' button, the status changes from 'Pending DeputyApproval' to 'Approved'

Transaction Refund Detail

*- Indicates required fields

Cancel

Basic Information:

Recovery Account Number:	Transaction Number:	Transaction Amount:	Effective Month:
XXXXXXXXXX	XXXXXXXXXX	\$17.13	06/2010

Refund:

Payee for Supplemental: *	Transaction Type: *	Refund Request Amount:
<input type="text"/>	<input type="text"/>	17.13 <input type="button" value="Add"/>

Comments:

Remainder:

Unused Amount: \$17.13

Approval Status

Cancel

This Type_1 page took 1.69 seconds to load.

Commented [IK1]: This mock up will be removed and the one following it added in its place.

Figure 2.3.1 – Transaction Refund Detail (Create Mode before Add)

Transaction Refund Detail

*- Indicates required fields

Save

Cancel

Basic Information:

Recovery Account Number:	Transaction Number:	Transaction Amount:	Effective Month:
██████████	██████████	\$17.13	06/2010

Refund:

Payee for Supplemental: *	Transaction Type: *	Refund Request Amount:
---------------------------	---------------------	------------------------

▼

▼

17.13

Comments:

Remainder:

Unused Amount:	\$17.13
----------------	---------

Approval Status

Save

Cancel

This [Type 1](#) page took 1.69 seconds to load.

Figure 2.3.1 – Transaction Refund Detail (Create Mode before Save)

Transaction Refund Detail

*- Indicates required fields

Save Cancel

Basic Information:

Recovery Account Number:	Transaction Number:	Transaction Amount:	Effective Month:
		\$58.96	04/2019

Refund:

Payee for Supplemental: *	Transaction Type: *	Refund Request Amount:
	Refund	\$(10.00)

Address for Payee :

Comments:

Remainder:

Unused Amount:	\$48.96
----------------	---------

Approval Status

Save Cancel

This page took 0.72 seconds to load.

Figure 2.3.1 – Transaction Refund Detail (Create Mode after Add)

Transaction Refund Detail

*- Indicates required fields

Close

Basic Information:

Recovery Account Number:	Transaction Number:	Transaction Amount:	Effective Month:
██████████	8500000055	\$20.00	04/2007

Refund:

Payee for Supplemental: *	Transaction Type: *	Refund Request Amount:
██████████	Refund	\$(15.00)

Address for Payee :

4
E ██████████

Comments:

Reminder:

Unused Amount: \$5.00

Approval Status

Status	Date	Worker
Awaiting Approval (L1)	08/21/2019	19AS00001C

Close

This Type_1 page took 0.47 seconds to load.

Figure 2.3.2 – Transaction Refund Detail (Create Mode After save)

Transaction Refund Detail

*- Indicates required fields

Basic Information:

Recovery Account Number:	Transaction Number:	Transaction Amount:	Effective Month:
		\$20.00	04/2007

Refund:

Payee for Supplemental: *	Transaction Type: *	Refund Request Amount:
	Refund	\$(15.00)

Address for Payee :

Comments:

Remainder:

Unused Amount:	\$5.00
----------------	--------

Approval Status

Status	Date	Worker
Awaiting Approval (L2)	08/21/2019	19AS00001C
Awaiting Approval (L1)	08/21/2019	19AS00001C

This Type_1 page took 0.47 seconds to load.

Figure 2.3.3 – Transaction Refund Detail (View Mode – Pre Approval)

Transaction Refund Detail

*- Indicates required fields

Close

Basic Information:

Recovery Account Number:	Transaction Number:	Transaction Amount:	Effective Month:
██████████	8██████████	\$20.00	04/2007

Refund:

Payee for Supplemental: *	Transaction Type: *	Refund Request Amount:
██████████	Refund	\$(15.00)

Address for Payee :

██████████
██████████

Comments:

Remainder:

Unused Amount: \$5.00

Approval Status

Status	Date	Worker
Approved	08/21/2019	19AS00001C

Close

This Type_1 page took 0.47 seconds to load.

Figure 2.3.3 – Transaction Refund Detail (View Mode – Post Approval)

2.4.2 Description of Changes

1. Create the Transaction Refund Detail page with the following components:
 - a. Approve Button
 - b. Disapprove button
 - c. Save
 - d. Cancel
 - e. Close

Security rights tied to these buttons is described in section 2.4.4

2. The fields on the page are described in section 2.4.5
3. The "Refund Request Amount" field should be equal or less than the "Unused Amount" field (Warning Message: The refund request amount cannot be greater than the unused amount of the related transaction).

Note: A refund transaction will only be posted to the Recovery Account after the refund has been approved by the user with Supervisor & Deputy security rights.

4. Scenario for Refund process:

- a. To initiate a refund, the worker shall click the "Refund" button on the Transaction Detail page. The status will change to "Awaiting Approval (L1)" on Save. To approve the refund, the users with appropriate security rights will be required to authorize the Refund as described below
- b. Firstly, the user with 'Supervisor' rights clicks the 'Approve' button following which status of the refund changes to 'Awaiting Approval (L2)'. Secondly the user with 'Deputy Approve' rights shall click on the "Approve" button again to change the status from "Awaiting Approval (L2)" to "Approved".

Now, after the refund gets approved, refund transaction for the amount requested is posted to the Recovery Account. At the same time, a 'transfer' transaction is made for the remaining unused amount back to the original recovery Account. This is existing functionality which will be extended to the new Transaction Refund Detail page. See Figure 2.2.2 Transaction Detail.

Note: If counties want to opt out of the approval process, they will have to grant the 'TransactionRefundApprove' and 'TransactionRefundApproveDeputy' security rights described in section 2.4.4 to the user that would be approving the refunds. The user would then have to click the Approve button twice to get the refund approved.

5. Add a comments box to the Refund section of the page to allow the user to enter comments regarding the refund transaction. When the refund request gets approved, copy over any comments from the Transaction Refund Detail page to the Transaction Detail page.

6. The following validation will be thrown if more than one refund request is initiated per transaction i.e if the Refund status is "Awaiting Approval (L1)", "Awaiting Approval (L2)"- "A pending refund request for this transaction already exists. There cannot be more than one pending refund request per transaction".

The following values will be available for selection in the "Transaction Type" drop down on the Transaction Refund Detail page:

- External Refund
- Advance Refund
- Refund
- R & R Refund

7. **Tasks:**

- a. Save button: When the Fiscal or Collections worker clicks on "Save" button to initiate a Refund request, create an automated task for the worker's supervisor for authorization.

LRS Task Details	
Trigger Condition	The Refund request has been initiated by the worker.
Task Type	Supervisor Authorization – Awaiting Approval (L1)
Task Category	Transaction Refund
Task Priority	Mid
Task Due Date	30 Calendar Days
Task Expiration Date	None
Task Long Description	Supervisor Authorization – Awaiting Approval (L1)
Office Distribution	No
Task Initial Assignment	Current Program Worker's Supervisor
Task Navigation Template	Transaction Refund Detail

- b. Approve button: When the user with appropriate Supervisor security rights clicks this button, create an automated task for the Supervisor's deputy for authorization.

LRS Task Details	
Trigger Condition	The Refund request has been approved by the worker's supervisor.
Task Type	Deputy Authorization – Approved

Task Category	Transaction Refund
Task Priority	Low
Task Due Date	30 Calendar Days
Task Expiration Date	None
Task Long Description	Deputy Authorization - Approved
Office Distribution	No.
Task Initial Assignment	Current Program Worker's Deputy
Task Navigation Template	Transaction Refund Detail

c. Disapprove Button

- i. When either the Supervisor or Deputy clicks this button, create an automated task for the current program worker to notify them that their refund request has been rejected.

LRS Task Details	
Trigger Condition	The Refund request has been rejected.
Task Type	Disapproved
Task Category	Transaction Refund
Task Priority	Low
Task Due Date	30 Calendar Days
Task Expiration Date	None
Task Long Description	Disapproved
Office Distribution	No
Task Initial Assignment	Current Program Worker
Task Navigation Template	Transaction Refund Detail

2.4.3 Page Location

Global: Fiscal

Local: Recovery Account Search

Task: Transaction Summary

2.4.4 Security Updates

Security Rights

Security Right	Right Description
TransactionRefundView	This right grants view access to the "Transaction Refund" page on the click of "Refund" button on the Transaction Detail page.
TransactionRefundEdit	This right grants create/edit access to the "Transaction Refund" page on the click of "Refund" button on the Transaction Detail page.
TransactionRefundDisApprove	This right grants access to the Disapprove button on the "Transaction Refund" page
TransactionRefundApprove	Access to the Approve and Disapprove buttons for "Awaiting Approval (L1)" by Supervisor on the Transaction Refund Detail page
TransactionRefundApproveDeputy	Access to the Approve and Disapprove buttons for 'Awaiting Approval (L2)' by Deputy on the Transaction Refund Detail page

Security Groups

Security Group	Group Description	Group to Right Mapping
Transaction Refund View	This group grants view access to the Transaction Refund detail page.	TransactionRefundView
Transaction Refund Edit	This group grants create, view and edit access to the Transaction Refund detail page.	TransactionRefundView TransactionRefundEdit
Transaction Refund Approve	This group grants create, view and Supervisor approve rights to the Transaction Refund detail page.	TransactionRefundView TransactionRefundEdit TransactionRefundApprove TransactionRefundDisApprove
Transaction Refund Deputy Approve	This group grants create, view and Deputy approve rights to the Transaction Refund detail page.	TransactionRefundView TransactionRefundEdit TransactionRefundApprove TransactionRefundDeputyApprove TransactionRefundDisApprove

2.4.5 Page Mapping – Transaction Refund Detail

Field Name	Table Name	Column	Description
Transaction Number	RECOV_ACCT_TRANSACT	ID	This is a system-generated unique identifier for an instance of this table to be used as the primary key.
Recovery Account number	RECOV_ACCT	ID	This is a system-generated unique identifier.
Transaction Amount	RECOV_ACCT_TRANSACT_DETL	DOLLAR_AMT	This is the amount being deducted from or added to the recovery account.
Effective Month	RECOV_ACCT_TRANSACT_DETL	EFF_DATE	This is the month to which the overpayment was associated. This attribute pertains to the actual month when the transaction is effective which can be different from when the payment is posted or sent.
Status	RECOV_ACCT_TRANS_REFND_DETL	APPRV_STAT_CODE	This field captures the approval status of the refund.
Status Date	RECOV_ACCT_TRANS_REFND_DETL	APPRV_STAT_DATE	This field captures the status date of the refund.
Payee	RECOV_ACCT_TRANS_REFND	PAYEE_PERS_ID	This field captures the Payee information.
Transaction Type	RECOV_ACCT_TRANS_REFND	TRANSACT_TYPE_CODE	412 - This field captures the transaction type.
Amount	RECOV_ACCT_TRANS_REFND	DOLLAR_AMT	This field captures the refund amount.
Worker	RECOV_ACCT_TRANS_REFND	CREATED_BY	This field captures the worker that requested the refund.

2.4.6 Validations

Display the following validation messages when any of the required fields are missing when saving the page.

Field	Validation	Message
Payee	Required	Payee – Select Payee.
Transaction Type	Required	Transaction Type – Select Transaction Type.
Amount	Required	Amount – Enter the Amount
Amount	Required	Amount – Amount exceeds the Unused amount
Refund	Custom	A pending refund request for this transaction already exists. There cannot be more than one pending refund request per transaction.

2.5 Task Management

2.5.1 Overview

When the refund request initiated by a Fiscal or Collections worker is 'disapproved', a task will be generated for the worker initiating the refund request, to let the worker know that their refund request was not approved. A task will also be generated for the Supervisor and/or Deputy when the refund request is in 'Awaiting Approval (L1)' or 'Awaiting Approval (L2)' status waiting for authorization.

2.5.2 Description of Changes

1. Generate the following 3 tasks associated to Refund Authorizations:
 - a. '**Disapproved**' task is generated when the status changes from:
 - 'Awaiting Approval (L1)' to 'Disapproved.
 - 'Awaiting Approval (L2)' to 'Disapproved.

When the refund request initiated by a worker is 'disapproved', a 'Disapproved' task will be generated for the worker that initiated the refund request, to let the worker know that their refund request was not approved. At any point during the approval process, the task can be Disapproved, which would clear the approval task and create a Disapproved task for the worker that created it.

Note: The Disapproved task can be manually cleared.

- b. **Supervisor Authorization task:** Upon initiation of Refund request by worker, the system checks the approval required, and if the worker has the proper supervisor-to-deputy setup as follows the Supervisor Authorization task is created.
 - the supervisor must share a unit and office with the worker.
 - the deputy must share a section and office with the supervisor.

If both these criteria are NOT met, a task will not be created, and a warning message will display on the page: "Unable to determine supervisor/deputy. Task was not created." Action can still be taken on this refund request as long as the Approve or Disapprove button is clicked by anyone with the appropriate right, but it will not be on anyone's worklist.

- c. **Deputy Authorization task:** when the status of the refund request changes from 'Awaiting Approval (L1)' to 'Awaiting Approval (L2)', a task will be generated for the Deputy if the deputy shares a section and office with the supervisor.

Note: Supervisor Authorization and Deputy Authorization tasks cannot be manually cleared. Tasks remaining in "Awaiting Approval (L1)" status for more than 90 days will be automatically expired via the existing batch process.

2.6 Automated Regression Test

Not required.

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	Security	LRS Security matrix	 LRS_SecurityMatrix_ SCR52219.xlsx
2	Security	C-IV Security matrix	 C-IV_SecurityMatrix _SCR52219.xlsx

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4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
1729	<p>The CONTRACTOR shall migrate the following values in the "Reason" dropdown field when Cal-Learn, REP, WTW is selected as a program on the Recovery Account Detail page:</p> <ol style="list-style-type: none"> 1) Administrative Error 2) Aid Paid Pending - State Hearing 3) Bounce Check Charge 4) Change in Living Arrangements/Household Composition 5) Collection Fee 6) Court Fees 7) Court Ordered Restitution 8) Eligible Person/Child out of Home 9) Failure to Provide Essential Information 10) Financial Sanction Penalty Not Done Timely 11) Fleeing Felon 12) Increased/Changed Earned Income 13) Increased/Changed In-Kind Income 14) Increased/Changed Other Income 15) Increased/Changed Stepparent Income 16) Other 17) Out of County 18) Overpayment Transferred In 19) Sheriffs Service Fee 20) Timing Out/Time Limits 21) Unreported Child Support 22) Unreported Income - IEVS 23) Unreported Income - Other 	<p>This SCR enhances the level of security for refund transactions associated to recovery accounts by adding Supervisor/Deputy approval.</p>

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met

5 MIGRATION IMPACTS

C-IV will adopt LRS' functionality for Recovery Account Transfers and Refunds.

6 OUTREACH

None.

7 APPENDIX

N/A

DRAFT



Design Document

SCR CA-58588/CIV-12021 ACL 18-121 Changes to
Income and Eligibility Verification System (IEVS)
Management Report (DPA 482)



DOCUMENT APPROVAL HISTORY

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DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
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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	DPA 482 Modifications	5
2.1.1	DPA 482 Mockups.....	5
2.1.2	Layout Modifications.....	6
2.1.3	Report Line by Line Description	6
2.1.4	Column Description.....	12
2.1.5	Report Location	14
2.1.6	Counties Impacted	15
2.2	Rename the DPA 482 Report – LRS Only	15
2.3	Deactivate the DPA 482 Backup Report – LRS Only	15
3	Supporting Documents	16
4	Requirements.....	16
4.1	Project Requirements	16
4.2	Migration Requirements.....	16
5	Migration Impacts	17
6	Outreach.....	17
7	Appendix.....	17

1 OVERVIEW

The purpose of this SCR is to update DPA 482 report to comply with All County Letter (ACL) 18-121.

1.1 Current Design

The DPA 482 provides the number of abstracts received and processed, the number of cases and dollar amounts of client-caused CalWORKs overpayments and CalFresh over issuances, and the number of referrals made to Special Investigative Units (SIU).

C-IV: The automated DPA 482 report is a single report file that runs on a quarterly basis and contains a summary sheet which mimics the state report layout as well as detailed backup sheets with information for the specific records that comprise counts on the state layout.

LRS: The automated DPA 482 reports run on a quarterly basis. A summary DPA 482 Report mimics the state report layout and a DPA 482 Backup Report provides the detailed backup information to support the state report counts.

1.2 Requests

The CDSS Welfare Fraud Bureau and the Data Systems and Survey Design Bureau (DSSDB) in conjunction with County Welfare Departments (CWDs), participated in a workgroup to redesign and restructure the DPA 482 report effective on January 1st 2019 per ACL 18-121.

Modify the logic and layout of the automated DPA 482 reports to comply with the ACL.

LRS Only: Combine the DPA 482 Report and the DPA 482 Backup Report into a single DPA 482 report in LRS with a summary worksheet and supporting detailed worksheets. The DPA 482 Backup Report will no longer be required.

1.3 Overview of Recommendations

Update the logic and layout of the DPA 482 reports per ACL 18-121.

LRS Only: Combine the DPA 482 Report and the DPA 482 Backup Report into a single DPA 482 report and deactivate the DPA 482 Backup Report.

1.4 Assumptions

The detailed backup worksheet for the DPA 482 report will not exceed 65,000 rows.

2.1.2 Layout Modifications

C-IV Only: Modify the DPA 482 report summary and detailed worksheets per figures 2.1.1-1 and 2.1.1-2. The logic criteria and column definitions follow in the below sections.

LRS Only: Combine the DPA 482 Report and DPA 482 Backup reports into a single DPA 482 report per figures - 2.1.1-1 and 2.1.1-2.

2.1.3 Report Line by Line Description

The DPA 482 reports categorize the Number of Cases and Dollar Amounts between CalWORKs and CalFresh. The below criteria for each line are written at a general level that is not program specific for each Line and does not speak to the splitting of CalWORKs and CalFresh information. The logic for each line will first be based on the criteria of each line below. The resulting program associated to the IEVS Finding will be evaluated to determine if the count will be considered CalWORKs or CalFresh. Specifically, the following program values for the IEVS Finding will delineate between CalWORKs and CalFresh:

CalWORKs (A):

Code	Category ID	Short Description	LRS/ C-IV
CW	18	CalWORKs	Both

CalFresh (B):

Code	Category ID	Short Description	LRS/ C-IV
NA	18	NACF	Both
PA	18	PACF	Both

Note 1: If a case has both a CalWORKs overpayment and a CalFresh overissuance, it will be counted as one case under each program.

Note 2: If a case and program combination together have multiple matches with discrepancies during the report quarter, the case/program will only be counted a single time.

For example: If Case A has an IEVS Finding that is closed with findings for the CalWORKs program in January; and an additional IEVS Finding is closed with findings for the same case and program in March, Case A will only be counted a single time on the DPA 482 report for the January – March quarter based on the latest finding that was closed in March.

2.1.3.1 Line 1 -Cases with overpayments/overissuances established during the report quarter

Sum of Line 1a (Client caused errors) and 1b (Administrative caused errors). Reference the below sections for criteria for Lines 1a and 1b. A case meeting the criteria of Line 1a or 1b will only be counted in Line 1a or Line 1b; a case cannot be counted in both lines.

Established Overpayment/Overissuance:

The following criteria for Lines 1a and 1b will consider an overpayment or overissuance as established once the Recovery Account that is associated to the IEVS Finding moves from a Pending status into an Active status. During a period in which the Recovery Account status is Pending, the balance may change. A Recovery Account may not become Active on the same day that the IEVS Finding is closed; in this instance, the IEVS Finding information will not be included on a DPA 482 report until the Recovery Account is initially made Active.

For Example:

A worker processes an IEVS Abstract and determines that there are findings on March 25th 2019. An Overpayment is created with a balance of \$300 and associated to a Recovery Account based on the IEVS Finding. The IEVS Finding meets all other criteria to be counted on Line 1a. While the Recovery Account is still in a pending status, the balance is subject to the addition of more overpayment months. The Recovery Account then becomes Active on April 12th 2019 establishing the overpayment balance with all inclusive overpayment months. The IEVS finding case will be counted in the April – June 2019 DPA 482 because the Recovery Account initially became active during this report period.

Similarly, if an IEVS finding is processed in the report quarter to reflect findings and a resulting overpayment/overissuance; if the Recovery Account that becomes associated to the IEVS finding was already in an Active status prior to the report quarter, the IEVS finding will not be counted in the DPA 482 in the quarter that the IEVS finding becomes closed.

2.1.3.2 Line 1a – Client caused errors

Previously Line 8 “Cases with client caused overpayment/overissuances established during the report quarter” on the DPA 482.

- The Recovery Account associated to the IEVS Finding moves from pending to Active to establish the overpayment within the report quarter
- The IEVS Finding Closure Date may be during or before the report quarter
- The IEVS Finding Review Type Code is:

Code	Category ID	Short Description	LRS/ C-IV
EC	1816	C-IV: Earnings Clearance LRS: IFDS	Both

- The IEVS Finding Review Status is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
CF	1814	C-IV: Closed with Findings LRS: Impact	Both

- The IEVS Finding Program is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
NA	18	NACF	Both
PA	18	PACF	Both
CW	18	CalWORKs	Both

- The IEVS Finding 'Discrepancy Code' is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
YF	1813	Fraud	Both
YI	1813	IHE	Both
CC	1813	Client Cause	Both

- The IEVS Finding 'OP/OI Established' value is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
YF	1813	Fraud	Both
YI	1813	IHE	Both
CC	1813	Client Cause	Both

- For the given criteria, the latest IEVS Finding record will be evaluated given a specific Case and Recovery Account. This condition will avoid potential to double count a case and a dollar amount if multiple closed IEVS Findings exist for a Case and Recovery Account within the report quarter.

2.1.3.3 Line 1b- Administrative caused errors

Previously line 10 "Cases with administrative errors identified during the report quarter" on the DPA 482.

- The Recovery Account associated to the IEVS Finding moves from Pending to Active to establish the overpayment within the report quarter
- The IEVS Finding Closure Date may be during or before the report quarter
- The IEVS Finding Review Type Code is:

Code	Category ID	Short Description	LRS/ C-IV
EC	1816	C-IV: Earnings Clearance LRS: IFDS	Both

- The IEVS Finding Review Status is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
CF	1814	C-IV: Closed with Findings LRS: Impact	Both

- The IEVS Finding Program is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
NA	18	NACF	Both
PA	18	PACF	Both
CW	18	CalWORKs	Both

- The IEVS Finding Discrepancy Code is the following:

Code	Category ID	Short Description	LRS/ C-IV
YA	1813	Admin	Both

- The IEVS Finding 'OP/OI Established' value is the following:

Code	Category ID	Short Description	LRS/ C-IV
YA	1813	Admin	Both

- For the given criteria, the latest IEVS Finding record will be evaluated given a specific Case and Recovery Account. This condition will avoid potential to double count a case and a dollar amount if multiple closed IEVS Findings exist for a Case and Recovery Account within the report quarter.

2.1.3.4 Line 2- Cases discontinued during the report quarter

Previously line 11 "Cases discontinued during the report quarter" on the DPA 482. Line 2 is not a direct subset of Line 1.

- The IEVS Finding Review Type Code is:

Code	Category ID	Short Description	LRS/ C-IV
EC	1816	C-IV: Earnings Clearance LRS: IFDS	Both

- The IEVS Finding Review Status is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
CF	1814	C-IV: Closed with Findings LRS: Impact	Both

- The IEVS Finding Program is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
NA	18	NACF	Both
PA	18	PACF	Both
CW	18	CalWORKs	Both

- The program is determined to be Discontinued by satisfying one of the following scenarios:

Scenario 1:

- The IEVS Finding Closure Date is during the report quarter
- The 'Impact to AU' field on the IEVS Review Findings page(C-IV)/IEVS Review Dispositions page(LRS) is 'Program Discontinued':

Code	Category ID	Short Description	LRS/ C-IV
PD	1817	Program Discontinued	Both

Example: The DPA 482 report quarter is April through June 2019. An IEVS Abstract is processed on June 27th for a case with a CalWORKs program that results in IEVS findings. The worker completes the IEVS Review Findings page(C-IV)/IEVS Review Dispositions page(LRS) on the same day and selects a value of 'Program Discontinued' in the 'Impact to AU' field. This scenario will reflect a count for Line 2 in the CalWORKs column of the DPA 482.

Scenario 2:

- The case does not meet Scenario 1; the 'Impact to AU' field is not 'Program Discontinued'
- An EDBC is run to Discontinue the program during the report quarter. If multiple discontinuance EDBC's exist during the report quarter, the earliest discontinuance will be evaluated.
- The IEVS Finding Closure Date is during the report quarter OR within one of the 3 months prior to the month in which the discontinuance action occurred

Example: The DPA 482 report quarter is April through June 2019. An IEVS Abstract is processed on February 27th for a case with a CalWORKs program that results in IEVS findings. The worker fills in the IEVS Review Findings page(C-IV)/IEVS Review Dispositions page(LRS) on the same day and selects a value of 'Benefits Reduced' in the 'Impact to AU' field. On May 12th, the worker runs EDBC to Discontinue the CalWORKs program effective for June 1st. This scenario will reflect a count for Line 2 in the CalWORKs column of the DPA 482.

- For the given criteria, the latest IEVS Finding record will be evaluated given a specific Case and Recovery Account. This condition will avoid potential to double count a case if multiple closed IEVS Findings exist for a Case and Recovery Account for the report quarter based on the above criteria.

2.1.3.5 Line 3- Cases with SIU/DA referrals during the report quarter

Previously line 13 "Cases with SIU/DA referrals during the report quarter" on the DPA 482. Line 3 is not a subset of Line 1, however, cases reported in Line 3 may be reported in Line 1.

- The IEVS Finding Closure Date is during or before the report quarter
- The IEVS Finding Review Type Code is:

Code	Category ID	Short Description	LRS/ C-IV
EC	1816	C-IV: Earnings Clearance LRS: IFDS	Both

- The IEVS Finding Review Status is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
CF	1814	C-IV: Closed with Findings LRS: Impact	Both

- The IEVS Finding Program Code is one of the following:

Code	Category ID	Short Description	LRS/ C-IV
NA	18	NACF	Both
PA	18	PACF	Both
CW	18	CalWORKs	Both

- The IEVS Abstract for the finding is associated to a Special Investigation as displayed in the Special Investigation Unit (SIU) pane of the IEVS Earnings Report page.

Special Investigation Unit	
SIU ID:	Created Date:
Add SIU Referral	

- The Created Date of the association between the IEVS Finding and SIU is within the report quarter.

2.1.4 Column Description

The following table outlines definitions for each row in the header of the “Detail” worksheet of the DPA 482:

Field Name	Field Description
County Name	The name of the County that the report is applicable to.
Run Date	The date and time that the report was run formatted as “Run Date: OCT-02-19 09:08 PM”
Report Quarter	The report quarter that the report is applicable for formatted as “Jul. – Sep. 2019”

Table 2.1.4-1 Header Column Description

The following table outlines the column definitions for each column available in the “Detail” worksheet of the DPA 482:

Field Name	Field Description
Line	<p>The text description of the particular line on the DPA 482 that the detailed row is applicable to.</p> <p>Possible values are:</p> <p>“1a. Cases with client caused overpayments/overissuances”</p> <p>“1b. Cases with administrative caused overpayment/overissuances”</p> <p>“2. Cases discontinued during the report quarter”</p> <p>“3. Cases with SIU/DA referrals during the report quarter”</p>
Program	<p>The program column of the DPA 482 (CalWORKs/CalFresh) that the detailed row is applicable to. Possible values include:</p> <ul style="list-style-type: none"> • CalWORKs • CalFresh
Case Number	<p>The Case Number of the Case associated to the IEVS Finding.</p>
Case Name	<p>The Case Name of the Case associated to the IEVS Finding.</p>
Discrepancy	<p>The Discrepancy value of the IEVS Finding. Possible values include:</p> <ul style="list-style-type: none"> • Admin • Client Cause • Fraud • IHE
Review Status	<p>The Review Status of the IEVS Finding. Possible values include:</p> <p>C-IV:</p> <ul style="list-style-type: none"> • Closed with Findings <p>LRS:</p> <ul style="list-style-type: none"> • Impact <p>The underlying code values for the Review Status is the same between the two systems, however the decoded value differs. The result is that common report logic between the two systems will display different text values in this column.</p>
Finding ID	<p>The ID number of the IEVS finding.</p>
Office	<p>The concatenated number and name of the office associated to the IEVS abstract reviewing worker.</p> <p>For example, Office 01, which has the name “Main Office” will display as “01 Main Office”.</p>

Field Name	Field Description
Reviewer	The worker number assigned to review the IEVS Abstract that resulted in the IEVS Finding.
Closure Date	The Closure Date of the IEVS Finding formatted as mm/dd/yyyy.
Discontinuance Action Date	The date in which the action was taken to Discontinue the program. This column will only be populated for findings that meet the criteria of Scenario 2 in Section 2.3.1.4. This column will only populate for detailed rows associated to Line 2.
SIU Referral Created Date	The Date that an IEVS abstract is referred to SIU formatted as mm/dd/yyyy. This column will only populate for detailed rows associated to Line 3.
Recovery Account Number	The number of the Recovery Account associated to the IEVS Finding. This column will only populate for detailed rows associated to Lines 1a and 1b.
Recovery Account Established Date	The date that the Recovery Account associated to the IEVS Finding moves from a Pending status to an Active status formatted as mm/dd/yyyy. This column will only populate for detailed rows associated to Lines 1a and 1b.
Amount	The Recovery Account amount associated to the IEVS Finding formatted as \$0.00. This column will only populate for detailed rows associated to Lines 1a and 1b.

Table 2.1.4-2 Column Description

The information in the detailed worksheet will be sorted ascending by Line, Program, Case Number and Finding ID.

2.1.5 Report Location

Global: Reports

Local: Scheduled

Task: State

Description: Income and Eligibility Verification System (IEVS) Management Report

2.1.6 Counties Impacted

All counties are impacted by this change.

2.2 Rename the DPA 482 Report – LRS Only

Rename the “DPA 482 Report” to “DPA 482”

2.3 Deactivate the DPA 482 Backup Report – LRS Only

Deactivate the DPA 482 Backup Report because the detailed backup information now exists in the DPA 482 report. Historic versions of the DPA 482 Backup Report will remain available for reference.

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3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	DPA 482 Mockup	 CA-58588 CIV-12021 DPA 482 Mockup.xls
2	Reports	ACL 18-121 – DPA 482 Instructions	 18-121.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.1.11	The LRS shall support all reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures, including statistical, operational, workload, and fiscal reports.	The DPA 482 is a state mandated report. Modifying the automated version of the DPA 482 to comply with the latest instructions meets this requirement.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
N/A		

5 MIGRATION IMPACTS

There are no migration impacts. This SCR will implement changes in both systems for the same release.

6 OUTREACH

N/A

7 APPENDIX

N/A

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CalSAWS

California Statewide Automated Welfare System

Design Document

CA-58612 CIV-100446 – ACL 19-85 Update
CalWORKs Tier 1 IRT Level for 2019-2020

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Dan DeMille
	Reviewed By	Jason Francis

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/29/2019	1.0	Initial Draft	Dan DeMille

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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	Update CalWORKs Tier 1 IRT Level.....	5
2.1.1	Description of Changes.....	5
2.1.2	Programs Impacted.....	5
2.1.3	Performance Impacts.....	5
3	Supporting Documents	6
4	Requirements.....	6
4.1	Project Requirements	6

1 OVERVIEW

This document details the changes necessary in C-IV and LRS to implement the California Work Opportunity And Responsibility To Kids (CalWORKs) Tier 1 Income Reporting Threshold (IRT) levels, to reflect the changes to the Federal Poverty Levels (FPL) for the Federal Fiscal Year (FFY) 2020. These changes are documented in ACL 19-85.

Under the Semi-Annual Reporting (SAR) and Annual Reporting/Child-Only (AR/CO) reporting systems, CalWORKs (CW) recipients are required to report only certain changes in their income or family circumstances mid-period. One such mandatory mid-period report is when the AU's total income exceeds the IRT.

The CalWORKs IRT for an AU is the lower of two tiers. The two tiers include: 1) 55 percent of the FPL for a family of three, plus the amount of income last used to calculate the AU's monthly grant amount, and 2) The amount of income likely to render the AU ineligible for CalWORKs benefits.

This document will outline the recommendations to update the CW Tier 1 IRT value. The one-time batch run details related to the IRT changes for CW and Refugee Cash Assistance (RCA) programs can be found under the SCR's CA-206229 for LRS and CIV-103090 for C-IV Systems.

1.1 Current Design

Currently C-IV and LRS use the CW Tier 1 IRT levels effective 10/1/2018.

1.2 Requests

Per the All County Letter (ACL 19-85), the CW IRT Tier 1 level will increase effective 10/1/2019. The updated values must be implemented in both C-IV and LRS and batch EDBC must run to calculate the new IRT on affected cases.

1.3 Overview of Recommendations

Apply a CTCR in each system to update the 100% FPL for a household of 3 for CalWORKs Tier 1 IRT.

1.4 Assumptions

1. The CW IRT change by itself will not change benefit levels. However, when EDBC is run it will process programs using the most recent data in the system, which could result in a change in benefits if EDBC has not been run recently.
2. The standard notices will be generated if a benefit change occurs on any of the programs where EDBC is run.

2 RECOMMENDATIONS

2.1 Update CalWORKs Tier 1 IRT Level

2.1.1 Description of Changes

Apply a CTCR in each system to update the 100% FPL for a household of 3 as used by the system for CalWORKs Tier 1 IRT (Code Table 335, code AK) effective 10/01/2019 to high date. The existing high-dated value will be end-dated 9/30/2019.

In LRS: the new amount will be **\$1,778** (the system calculates 55% of this value as **\$978** per the ACL).

In C-IV: the new amount will be **\$1,779**. (the system calculates 55% of this value as **\$978** per the ACL due to rounding differences from LRS).

2.1.2 Programs Impacted

CalWORKs

2.1.3 Performance Impacts

N/A

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	ACL	ACL 19-85	

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.	The new CW Tier 1 IRT released by the State will be updated in the system. The new Tier 1 IRT will be used to determine the income reporting requirements for the Assistance Unit.

CalSAWS

California Statewide Automated Welfare System

Design Document

SCR CA-58614 / CIV-100442

ACIN I-54-19

CalFresh COLA FFY 2020

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	William Baretsky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
2019-06-14	.01	Initial Draft	Tom Lazio

DRAFT

Table of Contents

1	Overview	5
1.1	Current Design.....	5
1.2	Requests	5
1.3	Overview of Recommendations	5
1.4	Assumptions	6
2	Recommendations	6
2.1	Eligibility Updates	6
2.1.1	CalFresh Maximum Allotments	6
2.1.2	CalFresh Minimum Allotments.....	7
2.1.3	CalFresh Standard Deduction	7
2.1.4	CalFresh Maximum Shelter Deduction	7
2.1.5	CalFresh Maximum Asset Limits	8
2.1.6	CalFresh Utility Allowances.....	8
2.1.7	CalFresh Homeless Household Shelter Deduction	8
2.1.8	CalFresh Net Monthly Income Eligibility Standards.....	9
2.1.9	CalFresh Gross Monthly Income Eligibility Standards	10
2.1.10	CalFresh COLA Batch Eligibility Sweep Code	10
2.1.11	Programs Impacted	10
2.1.12	Performance Impacts.....	10
2.2	C4Yourself Updates	11
2.2.1	C4Y CF Gross Monthly Income Eligibility Standards.....	11
2.2.2	C4Y CF Maximum Shelter Deduction	11
2.2.3	C4Y CF Maximum Allotments.....	11
2.3	List of CalFresh Cases Skipped for Postponed Verification.....	11
2.3.1	Overview.....	11
2.3.2	Description of Change	11
2.4	Update to EDBC Logic	12
2.4.1	Overview.....	12
2.4.2	Description of Change	12
2.5	Update C-IV CF COLA NOA logic	12
2.5.1	Overview.....	12
2.5.2	Description of Change	12
2.6	Automated Regression Test.....	13

2.6.1 Overview..... 13
2.6.2 Description of Change 13
3 Supporting Documents 13
4 Requirements..... 14
4.1 Project Requirements 14

DRAFT

1 OVERVIEW

This document identifies required changes to LRS and C-IV related to the CalFresh (CF) Cost of Living Adjustments (COLA) for Federal Fiscal Year (FFY) 2020 for the period of October 1, 2019 through September 30, 2020 as informed by the All County Information Notice I-54-19, and United States Department of Agriculture, Food and Nutrition Service SNAP COLA Memo FY 2020.

1.1 Current Design

The maximum CF allotments and other program limits were last adjusted for FFY 2019 in C-IV under CIV-100437, and in LRS under CA-56668.

C-IV and LRS use the FFY 2018-2019 CF amounts for the following values:

- CalFresh Standard Utility Allowance
- CalFresh Limited Utility Allowance
- CalFresh Telephone Utility Allowance
- CalFresh Maximum Allotment
- CalFresh Minimum Allotment
- CalFresh Standard Deduction
- CalFresh Maximum Shelter Deduction
- CalFresh Net Monthly Income Level
- CalFresh Gross Monthly Income Level
- CalFresh Aged Property Limit
- CalFresh Non-Aged Property Limit
- CalFresh Homeless Shelter Deduction
- 165% FPL
- 200% FPL

1.2 Requests

Effective October 1, 2019, benefits for all active CalFresh and TCF programs must be calculated and issued based on the COLA for FFY 2020 as set forth in the following sections.

1.3 Overview of Recommendations

- Update LRS and C-IV code tables with the new CF COLA values for FFY 2020 and end date records from the previous year as of September 30, 2019.
- Update C4Yourself tables with the new CF COLA values for FFY 2020 and end date records from the previous year as of September 30, 2019.
- C-IV only: Update the NOA logic to generate the CF COLA NOA for 10/2019 COLA.

1.4 Assumptions

- Batch EDBC will be run on CF (including TCF) programs, and any active Nutrition Benefit (NB) programs on the same case as the active CF program to issue benefits for the new CF COLA values under separate SCR's CIV- 103090 and CA-206229.
- Tables in this document give values for Household Sizes up to 10 persons to align with the lookup column layout in CT351. The Household Size of "2" in this document applies to both the CT351 column for "2 Persons" and for "2 Adults."
- This SCR will update the existing CF COLA NOA fragment in the C-IV system (see Section 2.3). The LRS CF COLA NOA remains unchanged. Per existing LRS logic, other program changes unrelated to the COLA may generate a related NOA instead of the CF COLA NOA.
- Counties are responsible for providing access to the information in the CF 11 (ENG/SP) CalFresh Mass Change Notice.

2 RECOMMENDATIONS

Insert new values into the code tables as specified below using an effective date from 10/01/2019 to high date. The existing high-dated values will be end-dated effective September 30, 2019.

2.1 Eligibility Updates

2.1.1 CalFresh Maximum Allotments

The following table lists the new CF Maximum Allotments for all households for FFY 2020. These values are stored in CT351, Code 45.

Household Size	Maximum Aid Payment
1	\$ 194
2	\$ 355
3	\$ 509
4	\$ 646
5	\$ 768
6	\$921
7	\$ 1,018
8	\$ 1,164
9	\$ 1,310
10	\$1,456

Household Size	Maximum Aid Payment
Each additional person	\$146

2.1.2 CalFresh Minimum Allotments

The CF Minimum Allotment will increase to \$16. This value is stored in CT 335, Code MA.

2.1.3 CalFresh Standard Deduction

The following table lists the new CF Standard Deductions for FFY 2020. These values are stored in CT351, Code 48.

Household Size	Standard Deductions
1	\$ 167
2	\$ 167
3	\$ 167
4	\$ 178
5	\$ 209
6	\$240
7	\$ 240
8	\$ 240
9	\$ 240
10	\$ 240
Each additional person	\$0*

** all households of six or more get a \$240 deduction with no additional amount added as the household size increases.*

2.1.4 CalFresh Maximum Shelter Deduction

The CF Maximum Shelter Deduction for households without elderly or disabled members increased from \$552 to \$569. This value is stored in CT335, Code 50.

Note: The CF Maximum Shelter Deduction does not apply to elderly or disabled households; the full amount of any excess shelter will be deducted. However, this value will still appear in the EDBC Summary.

2.1.5 CalFresh Maximum Asset Limits

CF Maximum Asset Limits are not changing with this COLA:

- The limit for households with at least one member who is age 60 or older or is disabled will remain at \$3,500. This value is stored in CT 335, Code 85.
- For all other households, the limit will remain at \$2,250. This value is stored in CT 335, Code 86.

2.1.6 CalFresh Utility Allowances

The following table lists the new Utility Allowances for CF for FFY 2020. These values are stored in CT335. The code for each item is identified in the table.

Utility Allowance Type	Code	Old Value	New Value
Standard Utility Allowance (SUA)	49	\$415	\$432
Limited Utility Allowance (LUA)	34	\$130	\$135
Telephone Utility Allowance (TUA)	33	\$18	No change

2.1.7 CalFresh Homeless Household Shelter Deduction

The CF Homeless Household Shelter Deduction will increase in FFY 2020 from \$143 to \$152.06. This value is stored in CT335, Code 48.

2.1.8 CalFresh Net Monthly Income Eligibility Standards

The following table lists the new CF Net Monthly Income Eligibility Standards (100% FPL) for FFY 2020. These values are stored in CT351, Code 46.

Household Size	Maximum Aid Payment
1	\$1,041
2	\$ 1,410
3	\$ 1,778
4	\$ 2,146
5	\$ 2,515
6	\$2,883
7	\$ 3,251
8	\$ 3,620
9	\$ 3,989
10	\$4,358
Each additional person	\$ 369

2.1.9 CalFresh Gross Monthly Income Eligibility Standards

The following table lists the new CF gross Monthly Income Eligibility Standards for FFY 2020. These values are stored in CT351. The code for each item is in the table.

Household Size	IRT for SAR (130% FPL) Code 47	Elderly/Disabled (165% FPL) Code 58	MCE/BBCE (200% FPL) Code 60
1	\$ 1,354	\$ 1,718	\$2,082
2	\$ 1,832	\$2,326	\$ 2,820
3	\$ 2,311	\$ 2,933	\$ 3,556
4	\$ 2,790	\$ 3,541	\$ 4,292
5	\$ 3,269	\$ 4,149	\$ 5,030
6	\$3,748	\$ 4,757	\$5,766
7	\$ 4,227	\$ 5,364	\$ 6,502
8	\$ 4,705	\$ 5,972	\$ 7,240
9	\$ 5,184	\$ 6,580	\$ 7,978
10	\$5,663	\$7,188	\$8,716
Each additional member	\$ 479	\$ 608	\$ 738

2.1.10 CalFresh COLA Batch Eligibility Sweep Code

In LRS only: update the Long Decode Name of the “**10/2018 CF COLA - County initiated Mid-period change has been updated to CF/TCF households**” Batch Eligibility Sweep Code in CT942, Code C3 to contain the following value:

- CF COLA

2.1.11 Programs Impacted

These changes only affect the CalFresh program.

2.1.12 Performance Impacts

No performance Impacts anticipated.

2.2 C4Yourself Updates

2.2.1 C4Y CF Gross Monthly Income Eligibility Standards

Update the C4Yourself CF Gross Monthly Income Eligibility Standards for 130% FPL in CT351, Code 47 with the same values applied to C-IV in section 2.1.9.

2.2.2 C4Y CF Maximum Shelter Deduction

Update the C4Yourself CF Maximum Shelter Deduction in CT335, Code 50 with the same value applied to C-IV in section 2.1.4.

2.2.3 C4Y CF Maximum Allotments

Update the C4Yourself CF Maximum Allotments in CT351, Code 45 with the same values applied to C-IV in section 2.1.1.

2.3 List of CalFresh Cases With Postponed Verifications

2.3.1 Overview

Generate list of cases that might be skipped in EDBC batch run due to Postponed Verifications data. This list will be provided to the counties in advanced of the CF COLA EDBC Run for review.

2.3.2 Description of Change

Generate list of cases that may be skipped based on the following criteria:

- a) 'Postponed Verifications Authorized' is set to 'Yes'
- b) 'Postponed Verifications Due Date' is prior to the CF COLA EDBC Batch Run date (9/14/2019).
- c) 'Postponed Verifications received' is set to 'No'.
- d) There are no pending verifications for active members on the CF program where the 'Postponed for Expedited Service' is set to 'Yes'.

The lists will include the following Standard List Columns:

Case Name
Case Number
County
Unit
Unit Name
Office Name
Worker ID

2.4 Update to EDBC Logic

2.4.1 Overview

Current EDBC restricts programs based on the run reason. Update EDBC logic to remove program restrictions based on run reason.

2.4.2 Description of Change

In LRS Only: Update EDBC logic to remove program restrictions for the following run reasons:

- 'CW/CF COLA' (CT744_CF).
- 'CF COLA' (CT744_FS)

Note: The driving query used to run CF COLA Batch EDBC controls the programs that are included in the EDBC when running in targeted programs mode.

2.5 Update C-IV CF COLA NOA logic

2.5.1 Overview

The existing English and Spanish fragments will be updated in C-IV for the CF COLA to be generated by this change.

2.5.2 Description of Change

C-IV only:

Update the existing COLA fragment logic for RSN_COLA_CHANGE to generate for the EDBC benefit month/year of 10/2019.

Existing Fragment (English):

"Your change in CalFresh benefits are due to the annual CalFresh Cost of Living Adjustment that is effective <BenefitMonth>. This is due to Federal and State regulations."

Existing Fragment (Spanish):

"Su cambio en los beneficios de CalFresh se debe al ajuste anual del costo de vida de CalFresh que es efectivo el <BenefitMonth>. Esto se debe a las regulaciones federales y estatales."

NOTE: This fragment will generate the following regulations:

63-502, 63-504.26, 63-504.39, ACL 12-25, 12-25E

2.6 Automated Regression Test

2.6.1 Overview

Update existing automated test scripts and create new automated test scripts to verify EDBC results for the given Eligibility updates.

2.6.2 Description of Change

Update the existing **CF – Benefit Amount** scripts to include validation of the following values

- CalFresh Maximum Allotments
- CalFresh Standard Deduction
- CalFresh Maximum Shelter Deduction
- CalFresh Maximum Asset Limits
- CalFresh Net Monthly Income Eligibility Standards

Create new scripts to validate the following values

- CalFresh Minimum Allotments
- CalFresh Utility Allowances
- CalFresh Homeless Household Shelter Deduction - Database
- CalFresh Gross Monthly Income Eligibility Standards - Database

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1		CA FY 2020 SUA Approval	 CA FY 2020 SUA Approval.pdf
2		SNAP COLA Memo FY2020	 SNAP COLA Memo FY2020.pdf

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.	This SCR updates the CF COLA values for eligibility determination and benefit calculation FFY 2020.

DRAFT



Design Document

SCR 200547 – Your Benefits Now Online Medi-Cal Renewal Process form MC604 IPS (Mixed HH) in all Threshold Language Phase IV

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Table of Contents

1	Overview	8
1.1	Current Design.....	8
1.2	Requests	8
1.3	Overview of Recommendations	8
1.4	Assumptions	9
2	Recommendations	10
2.1	YBN Homepage	10
2.1.1	Overview.....	10
2.1.2	YBN Homepage Mockup	10
2.1.3	Description of Changes.....	10
2.1.4	Page Location	11
2.1.5	Security Updates.....	11
2.1.6	Page Mapping.....	11
2.1.7	Page Usage/Data Volume Impacts	11
2.2	YBN Annual Redetermination/Recertification	11
2.2.1	Overview.....	11
2.2.2	YBN Annual Redetermination/Recertification Mockup	12
2.2.3	Description of Changes.....	16
2.2.4	Page Location	17
2.2.5	Security Updates.....	17
2.2.6	Page Mapping.....	18
2.2.7	Page Usage/Data Volume Impacts	18
2.3	YBN MC 604 IPS Additional Household Information	18
2.3.1	Overview.....	18
2.3.2	YBN MC 604 IPS Additional Household Information Mockup	18
2.3.3	Description of Changes.....	19
2.3.4	Page Location	22
2.3.5	Security Updates.....	22
2.3.6	Page Mapping.....	22
2.3.7	Page Usage/Data Volume Impacts	22
2.4	YBN MC 604 IPS Section 1	22
2.4.1	Overview.....	22

2.4.2	YBN MC 604 IPS Section 1 Mockup	23
2.4.3	Description of Changes.....	23
2.4.4	Page Location	24
2.4.5	Security Updates.....	24
2.4.6	Page Mapping.....	25
2.4.7	Page Usage/Data Volume Impacts	25
2.5	YBN MC 604 IPS Section 2	25
2.5.1	Overview.....	25
2.5.2	YBN MC 604 IPS Section 2 Mockup	26
2.5.3	Description of Changes.....	26
2.5.4	Page Location	28
2.5.5	Security Updates.....	28
2.5.6	Page Mapping.....	28
2.5.7	Page Usage/Data Volume Impacts	28
2.6	YBN MC 604 IPS Section 2 Continued	29
2.6.1	Overview.....	29
2.6.2	YBN MC 604 IPS Section 2 Continued Mockup	29
2.6.3	Description of Changes.....	30
2.6.4	Page Location	34
2.6.5	Security Updates.....	34
2.6.6	Page Mapping.....	34
2.6.7	Page Usage/Data Volume Impacts	34
2.7	YBN MC 604 IPS Section 3	34
2.7.1	Overview.....	34
2.7.2	YBN MC 604 IPS Section 3 Mockup	35
2.7.3	Description of Changes.....	35
2.7.4	Page Location	36
2.7.5	Security Updates.....	37
2.7.6	Page Mapping.....	37
2.7.7	Page Usage/Data Volume Impacts	37
2.8	YBN MC 604 IPS Signature Page	37
2.8.1	Overview.....	37
2.8.2	YBN MC 604 IPS Signature Page Mockup	38
2.8.3	Description of Changes.....	41
2.8.4	Page Location	42

2.8.5	Security Updates.....	42
2.8.6	Page Mapping.....	43
2.8.7	Page Usage/Data Volume Impacts	43
2.9	YBN MC 604 IPS Confirmation Page	43
2.9.1	Overview.....	43
2.9.2	YBN MC 604 IPS Confirmation Page Mockup.....	43
2.9.3	Description of Changes.....	43
2.9.4	Page Location	44
2.9.5	Security Updates.....	44
2.9.6	Page Mapping.....	45
2.9.7	Page Usage/Data Volume Impacts	45
2.10	YBN Verification Upload Page	45
2.10.1	Overview.....	45
2.10.2	YBN Verification Upload Page Mockup	46
2.10.3	Description of Changes.....	46
2.10.4	Page Location	47
2.10.5	Security Updates.....	47
2.10.6	Page Mapping.....	47
2.10.7	Page Usage/Data Volume Impacts	47
2.11	Update Form Sender Thread Writer job (PO19C491) to include the new Packets into the trigger condition.....	48
2.11.1	Overview.....	48
2.11.2	Description of Change	48
2.11.3	Execution Frequency	48
2.11.4	Key Scheduling Dependencies.....	48
2.11.5	Counties Impacted	48
2.11.6	Data Volume/Performance	48
2.11.7	Failure Procedure/Operational Instructions.....	48
2.12	Update the existing Form Sender Thread Processing Batch job (PO19C44X) to send the new Packets to YBN with the Form link available and drop off dates.	49
2.12.1	Overview.....	49
2.12.2	Description of Change	49
2.12.3	Execution Frequency	50
2.12.4	Key Scheduling Dependencies.....	50
2.12.5	Counties Impacted	50

2.12.6	Data Volume/Performance	50
2.12.7	Failure Procedure/Operational Instructions.....	50
2.13	Modify generateForm and submitForm web services to be able to generate the new Packets.	51
2.13.1	Overview.....	51
2.13.2	Description of Change	51
2.13.3	Execution Frequency	52
2.13.4	Key Scheduling Dependencies.....	52
2.13.5	Counties Impacted	52
2.13.6	Data Volume/Performance	52
2.13.7	Interface Partner.....	52
2.13.8	Failure Procedure/Operational Instructions.....	53
2.14	Modify submitForm web service to create journal entry.	53
2.14.1	Overview.....	53
2.14.2	Description of Change	53
2.14.3	Execution Frequency	54
2.14.4	Key Scheduling Dependencies.....	54
2.14.5	Counties Impacted	54
2.14.6	Data Volume/Performance	54
2.14.7	Interface Partner.....	54
2.14.8	Failure Procedure/Operational Instructions.....	54
2.15	Add a CTCR for the new Form IDs.....	54
2.15.1	Overview.....	54
2.15.2	Description of Change	55
2.15.3	Execution Frequency	55
2.15.4	Key Scheduling Dependencies.....	55
2.15.5	Counties Impacted	55
2.15.6	Data Volume/Performance	55
2.15.7	Interface Partner.....	56
2.16	MC 604 IPS Data Mapping	56
2.16.1	Overview.....	56
2.16.2	Description of Change	56
3	Supporting Documents	57
4	Requirements.....	58
4.1	Project Requirements	58

4.2 Migration Requirements..... 58
5 Migration Impacts 59
6 Appendix..... 60

DRAFT

1 OVERVIEW

This System Change Request (SCR) will document the addition of the MC 604 IPS form which is part of the Medi-Cal (MC) Re-evaluation (RE) packet to the Your Benefits Now (YBN) portal.

1.1 Current Design

Currently, the YBN portal allows the users to fill out and submit their MC 210 RV and MC 216 forms. These forms were implemented to be available in all YBN-supported threshold languages. When the MC RE packet has been generated and sent for the participant, these forms will be available in the YBN portal. The user can also upload verification documents for these forms. Once submitted through YBN, the RE packet is marked as received in the CalACES system and will be available for the worker to review through EDMS.

1.2 Requests

- The MC RE packet contains additional forms for the participant. This SCR shall add the MC 604 IPS form into the YBN portal.
- Update Form Sender Thread Writer job (PO19C491) to include MC 604 IPS packet, MC RE Mixed Household packet, Non-MAGI Screening Packet and Non-MAGI Turning 65 Packet into the trigger condition.
- Modify Form Sender Thread Processing (PO19C44X) batch job to send packet information to YBN when MC 604 IPS packet/ MC RE Mixed Household packet/ Non-MAGI Screening Packet/ Non-MAGI Turning 65 Packet is generated for a participant (LRS only).
- Modify the existing YBN web services to be able to generate and receive MC 604 IPS packet, Mixed MC packet, Non-MAGI Screening Packet and Non-MAGI Turning 65 Packet (LRS only).
- Modify the existing YBN submitForm web service to create journal entry (LRS only).

1.3 Overview of Recommendations

The following recommendations to implement the MC 604 IPS will be as follows:

1. Create the pages to allow the participant to fill out and submit their MC 604 IPS form and other packets that include this form on the YBN portal.
2. Translate the MC 604 IPS form and other packets that include this form in all YBN-supported threshold languages.
3. Notify the participant on the homepage when the MC 604 IPS form and other packets that include this form is available for submission.
4. Create a link to allow the participant to access the MC 604 IPS form and other packets that include this form.
5. Allow the participant to upload their verification documents for the MC 604 IPS form and other packets that include this form.

6. Modify Form Sender Thread Writer job (PO19C491) to include MC 604 IPS packet, Mixed MC packet, Non-MAGI Screening Packet and Non-MAGI Turning 65 Packet.
7. Modify Form Sender Thread Processing job (PO19C44X) to send packet link information to YBN when MC 604 IPS packet/ Mixed MC Packet/ Non-MAGI Screening Packet/ Non-MAGI Turning 65 Packet is generated for a participant in LRS.
8. Modify the existing YBN (generateForm, submitForm) web services to be able to generate and receive MC 604 IPS packet, Mixed MC packet, Non-MAGI Screening Packet and Non-MAGI Turning 65 Packet.
9. Modify the existing YBN-submitForm web service to create a journal entry.

1.4 Assumptions

1. The existing validations and buttons available to the MC 210 RV and MC 216 forms will be extended to the MC 604 IPS form.
2. The existing logic for the Verification Upload process for the SAR 7 and QR 7 forms will remain unless it is noted in this SCR.
3. The Form mockups only show for MC 604 IPS for simplicity's sake. The same pages are also accessible through the following form links: MC Renewal Mixed, Non-MAGI Screening Packet, and Non-MAGI Turning 65 Packet.
4. The participant's answers for all questions including the non-mandatory questions will be mapped to the MC 604 IPS, MC Renewal Mixed, Non-MAGI Screening Packet, and Non-MAGI Turning 65 Packet.

2 RECOMMENDATIONS

2.1 YBN Homepage

2.1.1 Overview

The user will be notified when the MC 604 IPS form and other packets that include this form is available for submission when they log-in to the YBN portal. The alert is only available on the YBN portal homepage when the user logs in.

2.1.2 YBN Homepage Mockup

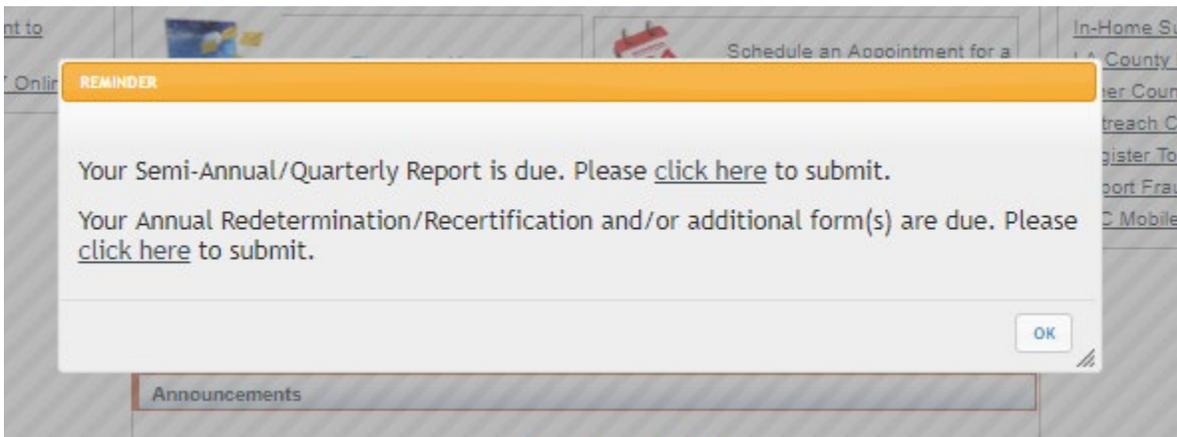


Figure 2.1.1 – Homepage Reminder Pop-up

2.1.3 Description of Changes

1. Update the existing alert (as seen in Figure 2.1.1) for annual redetermination/recertification forms with the following message: 'Your Annual Redetermination/Recertification and/or additional form(s) are due. Please click here to submit.' when the MC 604 IPS form has been generated and is available for submission in the YBN portal for the user.
 - a. The 'click here' link will redirect the participant to the Annual Redetermination/Recertification page where they can access the MC 604 IPS form.
 - b. This change also applies to the Mixed MC RE packet, Non-MAGI Screening packet and/or the Non-MAGI Turning 65 packet.
 - c. This change is applied to all threshold languages.
2. Add an additional space after each alert message when the user has multiple forms available for submission (as seen in Figure 2.1).

Note: The messages displayed on the alert are dependent on the type of forms available for submission. In the Figure 2.1 example, the two alert messages are displayed to remind the participant that they need to submit a SAR 7 and a Non-MAGI

Screening Packet. As per existing functionality, once the user submitted a form, the corresponding message will not display when they log back in to the YBN portal.

2.1.4 Page Location

Global:

Local:

Task:

2.1.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.1.6 Page Mapping

No impact to this section.

2.1.7 Page Usage/Data Volume Impacts

No impact to this section.

2.2 YBN Annual Redetermination/Recertification

2.2.1 Overview

The user will be able to access the MC 604 IPS form and other packets that include this form through a hyperlink on the Annual Redetermination/Recertification page.

2.2.2 YBN Annual Redetermination/Recertification Mockup

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Forms for Electronic Submission

Form Name	Due Date
MC Renewal (MC 604 IPS)	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>MC Renewal (MC 604 IPS)</i>	06/07/2018

Figure 2.2.1 – Annual Redetermination/Recertification for MC 604 IPS

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Forms for Electronic Submission

Form Name	Due Date
MC Renewal Mixed (MC 216 and MC 604 IPS)	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>MC Renewal Mixed (MC 216 and MC 604 IPS)</i>	06/07/2018

Figure 2.2.2 – Annual Redetermination/Recertification for Mixed MC RE Packet

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Forms for Electronic Submission

Form Name	Due Date
Non-MAGI Screening Packet	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>Non-MAGI Screening Packet</i>	06/07/2018

Figure 2.2.3 – Annual Redetermination/Recertification for Non-MAGI Screening Packet

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Forms for Electronic Submission

Form Name	Due Date
Non-MAGI Turning 65 Packet	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>Non-MAGI Turning 65 Packet</i>	06/07/2018

Figure 2.2.4 – Annual Redetermination/Recertification for Non-MAGI Turning 65 Packet

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Verification for Electronic Submission

Verifications for	Due Date
Verification for MC 604 IPS	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>MC Renewal (MC 604 IPS)</i>	05/17/2019
<i>Redetermination SAWS2Plus - CalWORKs and CalFresh</i>	06/08/2018

Figure 2.2.5 – Annual Redetermination/Recertification Verification for MC 604 IPS

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Verification for Electronic Submission

Verifications for	Due Date
Verification for MC Renewal Mixed (MC 216 and MC 604 IPS)	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>MC Renewal Mixed (MC 216 and MC 604 IPS)</i>	05/17/2019
<i>Redetermination SAWS2Plus - CalWORKs and CalFresh</i>	06/08/2018

Figure 2.2.6 – Annual Redetermination/Recertification Verification for Mixed MC RE Packet

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Verification for Electronic Submission

Verifications for	Due Date
Verification for Non-MAGI Screening Packet	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>Non-MAGI Screening Packet</i>	05/17/2019
<i>Redetermination SAWS2Plus - CalWORKs and CalFresh</i>	06/08/2018

Figure 2.2.7 – Annual Redetermination/Recertification Verification for Non-MAGI Screening Packet

Annual Redetermination/Recertification

Below you will find certain electronically available forms for your case, along with records of some older forms tied to your case.

▼ **B000000(1)**

Available Verification for Electronic Submission

Verifications for	Due Date
Verification for Non-MAGI Turning 65 Packet	06/10/2019

Previously Submitted Forms

Form Name	Date
<i>Non-MAGI Turning 65 Packet</i>	05/17/2019
<i>Redetermination SAWS2Plus - CalWORKs and CalFresh</i>	06/08/2018

Figure 2.2.8 – Annual Redetermination/Recertification Verification for Non-MAGI Turning 65 Packet

2.2.3 Description of Changes

1. Display 'MC Renewal (MC 604 IPS)' hyperlink when the MC 604 IPS Packet for the participant has been marked with a 'Sent' status in the CalACES system (as seen in Figure 2.2.1).
 - a. Clicking on the hyperlink will navigate the user to the MC 604 IPS page.
 - b. The hyperlink will be available up to 90 calendar days after the submit month. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day.
 - c. When the participant has submitted the MC 604 IPS Packet, the verification link will be available as shown in Figure 2.2.5. This verification link will be available up to 90 calendar days after the submit month of the MC 604 IPS. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day. Clicking this link will navigate the user to the Verification Upload page mentioned in Section 2.10.
2. Display 'MC Renewal Mixed (MC 216 and MC 604 IPS)' hyperlink when the Mixed MC RE Packet for the participant has been marked with a 'Sent' status in the CalACES system (as seen in Figure 2.2.2).
 - a. Clicking on the hyperlink will navigate the user to the MC 216 form and MC 604 IPS form pages. The sequence of these pages will be as follows:
 - i. MC 216 Sections 1-7
 - ii. MC 604 IPS Sections 1-3
 - iii. MC 216 Section 8 and MC 604 IPS Signature page
 - b. The hyperlink will be available up to 90 calendar days after the submit month. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day.
 - c. When the participant has submitted the Mixed MC RE Packet, the verification link will be available as shown in Figure 2.2.7. This verification link will be available up to 90 calendar days after the submit month of the Mixed MC RE Packet. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day. Clicking this link will navigate the user to the Verification Upload page mentioned in Section 2.10.
3. Display 'Non-MAGI Screening Packet' hyperlink when the Non-MAGI Screening Packet for the participant has been marked with a 'Sent' status in the CalACES system (as seen in Figure 2.2.3).
 - a. Clicking on the hyperlink will navigate the user to the MC 604 IPS page.
 - b. The hyperlink will be available up to 90 calendar days after the submit month. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day.
 - c. When the participant has submitted the Non-MAGI Screening Packet, the verification link will be available as shown in Figure 2.2.7. This verification link will be available up to 90 calendar days after the submit month of the Non-MAGI Screening Packet. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the

90th calendar day. Clicking this link will navigate the user to the Verification Upload page mentioned in Section 2.10.

4. Display 'Non-MAGI Turning 65 Packet' hyperlink when the Non-MAGI Turning 65 Packet for the participant has been marked with a 'Sent' status in the CalACES system (as seen in Figure 2.2.4).
 - a. Clicking on the hyperlink will navigate the user to the MC 604 IPS page.
 - b. The hyperlink will be available up to 90 calendar days after the submit month. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day.
 - c. When the participant has submitted the Non-MAGI Turning 65 Packet, the verification link will be available as shown in Figure 2.2.8. This verification link will be available up to 90 calendar days after the submit month of the Non-MAGI Turning 65 Packet. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day after the 90th calendar day. Clicking this link will navigate the user to the Verification Upload page mentioned in Section 2.10.
5. The updates on this page will be translated for all threshold languages.

Note: When the customer reporting record in LRS pertaining to one of the forms mentioned in this SCR is marked as 'Not Applicable', the PO19C435 batch job will drop the hyperlink in the YBN portal.

2.2.4 Page Location

Global:

Local:

Task:

2.2.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.2.6 Page Mapping

No impact to this section.

2.2.7 Page Usage/Data Volume Impacts

No impact to this section.

2.3 YBN MC 604 IPS Additional Household Information

2.3.1 Overview

The user will be able to access the MC 604 IPS pages once they clicked on any of the added hyperlinks mentioned in Section 2.2 found on the Annual Redetermination/Recertification page. Depending on the hyperlink that the user has clicked, the form page header will reflect the corresponding packet or form name.

2.3.2 YBN MC 604 IPS Additional Household Information Mockup

The screenshot shows a web form titled "MC 604 IPS". At the top, it displays case information: "Case Name : Jane Doe", "Worker's Name : Tammy Worker", "Date Sent : 02/01/2019", "Case Number : B000000", and "Worker's Phone Number : 800-000-000". Below this is a section titled "Additional Household Information Needed" with the instruction: "The following additional information is needed. Answer only if the questions on this page apply to you or a member of your household." There are three main sections, each starting with a checkbox and a question:

- Please check here if you, or a member of your household, are legally married but currently living apart from the spouse. If you checked the box, please list the name of the person in your household who is living apart from his or her spouse. Household member:
- Please check here if you or a member of the household is a step-parent. If you checked the box, please list: Name of the Step-parent This Step-parent's children
- Please check here if a member of the household is a child who is being cared for by a relative, other than a parent, who also lives in the household. If you checked the box, please list: Name of the Caretaker Relative The children being cared for

Figure 2.3.1 – MC 604 IPS Additional Household Information

Tell Us About Your Income and Expenses

Tell us about your income and expenses for you, your spouse and any of your children under 21 years of age who are living in the home, or temporarily absent from the home for reasons such as attending school or work or is hospitalized.

Income
Please check **Yes** or **No** if anyone in your household receives the type of income listed below.
Check a box for each income type.

Disability Benefits	Yes	No
Veteran's Benefits	Yes	No
Child Support	Yes	No
Gifts	Yes	No

If you answered **Yes** to any of the above, please send proof of that income with this form. Examples of the documents that can be used include: letters or statements from the Social Security Administration, Veteran's Administration, Employment Development Department, court orders for child support, or other written documents that have specific information about the income.

Expenses
Please check **Yes** or **No** if anyone in your household receives the type of expense listed below.
Check a box for each expense type.

Child Support Paid	Yes	No
Other Health Premiums	Yes	No
Medicare Premiums	Yes	No
Childcare Expenses	Yes	No
Adult Care Expenses	Yes	No
Educational Expenses	Yes	No

If you answered **Yes** to any of the above, please send proof of that expense with this form. Examples of the documents that can be used include: court orders for child support, tuition statements, statements from Medicare or insurance company, invoices or receipts of payment, or other written documents that have specific information about the expense.

[Back](#)
[Save Progress](#)
[Next](#)

Figure 2.3.2 – MC 604 IPS Additional Household Information (continued)

2.3.3 Description of Changes

1. Create a new page to capture the following sections of on the page (as seen on Figures 2.3.1 and 2.3.2):
 - a. Case Name
 - i. This is a pre-populated and un-editable field containing the Case Name of the case in which the form is generated for.
 - b. Case Number
 - i. This is a pre-populated and un-editable field containing the Case Number of the case in which the form is generated for.
 - c. Worker's Name
 - i. This is a pre-populated and un-editable field containing the name of the worker who is assigned to the Medi-Cal program of the case.
 - d. Worker's Phone Number
 - i. This is a pre-populated and un-editable field containing the phone number of the worker.
 - e. Date Sent

i. This is a pre-populated and un-editable field containing the date when the MC 604 IPS form was sent.

f. Additional Household Information Needed Section

i. Please check here if you, or a member of your household, are legally married but currently living apart from the spouse.

1. When the user checks this box, display the following:

a. If you checked the box, please list the name of the person in your household who is living apart from his or her spouse.

b. Household member

i. The dropdown will contain the names of the case members.

1. The names only contain the first and last names of the household member.

ii. The 'Add Individual' option allows the user to enter the name of an additional member of the household.

c. Add More

i. This button will allow the user to add more household members from the dropdown in response to the question. The user can only add up to 3 household members for this question.

ii. Please check here if you or a member of the household is a step-parent.

1. When the user checks this box, display the following:

a. If you checked the box, please list:

b. Name of the Step-parent

i. The dropdown will contain the names of the case members.

ii. The 'Add Individual' option allows the user to enter the name of an additional member of the household.

c. This Step-parent's children

i. A free-text box will be available to allow the user to type all the children's names.

ii. The maximum number of characters is 130.

iii. Please check here if a member of the household is a child who is being cared for by a relative, other than a parent, who also lives in the household.

1. When the user checks this box, display the following:

a. If you checked the box, please list:

b. Name of the Caretaker Relative

i. The dropdown will contain the names of the case members.

ii. The 'Add Individual' option allows the user to enter the name of an additional member of the household.

- c. The children being cared for
 - i. A free-text box will be available to allow the user to type all the children's names.
 - ii. The maximum number of characters is 130.
- g. Tell Us About Your Income and Expenses
 - i. Disability Benefits
 - 1. Yes/No button
 - 2. This question is mandatory.
 - ii. Veteran's Benefits
 - 1. Yes/No button
 - 2. This question is mandatory.
 - iii. Child Support
 - 1. Yes/No button
 - 2. This question is mandatory.
 - iv. Gifts
 - 1. Yes/No button
 - 2. This question is mandatory.
 - v. Child Support Paid
 - 1. Yes/No button
 - 2. This question is mandatory.
 - vi. Other Health Premiums
 - 1. Yes/No button
 - 2. This question is mandatory.
 - vii. Medicare Premiums
 - 1. Yes/No button
 - 2. This question is mandatory.
 - viii. Childcare Expenses
 - 1. Yes/No button
 - 2. This question is mandatory.
 - ix. Adult Care Expenses
 - 1. Yes/No button
 - 2. This question is mandatory.
 - x. Educational Expenses
 - 1. Yes/No button
 - 2. This question is mandatory.
- h. Back button
 - i. This button will navigate the user back to the Annual Redetermination/Recertification page. This does not save the user's answers.
 - i. Save Progress button
 - i. This button will save the information that the user has inputted and the page they are currently at. The information saved will be available when the user goes back to finish the MC 604 IPS form.
 - j. Next button
 - i. This button will navigate the user to the second page of the MC 604 IPS. This button saves the user's answers and will trigger the page validations such as the mandatory questions and character limitations.
 - k. This page will be translated in all threshold languages.

Note: The page will utilize the existing field validation messages and the 'Add Individual' functionality found on other forms available for submission on the YBN portal.

2.3.4 Page Location

Global:

Local:

Task:

2.3.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.3.6 Page Mapping

No impact to this section.

2.3.7 Page Usage/Data Volume Impacts

No impact to this section.

2.4 YBN MC 604 IPS Section 1

2.4.1 Overview

The user will be able to access the MC 604 IPS pages once they clicked on any of the added hyperlinks mentioned in Section 2.2 found on the Annual Redetermination/Recertification page. Depending on the hyperlink that the user has clicked, the form page header will reflect the corresponding packet or form name.

2.4.2 YBN MC 604 IPS Section 1 Mockup

MC 604 IPS

Tell Us About Your Property and Possessions
Please click **Yes** or **No** if anyone in your household has or owns this type of property.

Section 1

1. Cash or uncashed checks Yes No

If Yes, list amount here \$

2. Checking account or savings account Yes No

If Yes, send copies of account statements showing the current balances.

3. Do you or a member of your household own more than one vehicle (cars, motorcycles, trucks)? Yes No

4. Do you or a member of your own household own boats, recreational vehicles or trailers? Yes No

If you answered **Yes** to question 3 or 4, please send copies of the ownership documents or most recent registrations, purchase agreements, sales receipts, or estimates of value.

5. Please review the list of property below.

Check this box if any member of your household owns or is named in one or more of the following items.
Real estate other than the home you live in (houses, condominiums, buildings, mobile homes, life estates, timeshares), shares of stock, mutual funds, Individual Retirement Accounts (IRAs), Keoghs, or work-related pension funds, trusts, blocked accounts or agreements (where money or property is held for the benefit of any family member in the home), judgments, settlement agreements, orders for support, prenuptial or postnuptial agreements, promissory notes, mortgages or deeds of trust, business accounts, business property, oil and mineral rights, jewelry worth more than \$100.00 (but not wedding rings, engagement rings, or heirlooms), any other real or personal property, asset, or resource worth \$500 or more.
If you **DID** check the box, please go to **SECTION 2**.
If you **DID NOT** check this box, go to **SECTION 3**.

Back Save Progress Next

Figure 2.4.1 – MC 604 IPS Section 1

2.4.3 Description of Changes

1. Create a new page to capture the following section on the page (as seen on Figure 2.4.1):
 - a. **Tell Us About Your Property and Possessions**
 - i. 1. Cash or uncashed checks
 1. Yes/No button
 2. This question is mandatory.
 3. If the user clicked 'Yes', display the following:
 - a. If Yes, list amount here \$
 - b. Amount field will only allow decimal numbers.
 - c. Amount field is mandatory when displayed.
 - d. The maximum number of characters is 10.
 - ii. 2. Checking account or savings account
 1. Yes/No button
 2. This question is mandatory.
 3. If the user clicked 'Yes', display the following:
 - a. If Yes, send copies of account statements showing the current balances.

- iii. 3. Do you or a member of your household own more than one vehicle (cars, motorcycles, trucks)?
 - 1. Yes/No button
 - 2. This question is mandatory.
- iv. 4. Do you or a member of your own household own boats, recreational vehicles or trailers?
 - 1. Yes/No button
 - 2. This question is mandatory.
 - 3. If the user clicked 'Yes' to questions 3 and/or 4, display the following:
 - a. If you answered Yes to question 3 or 4, please send copies of the ownership documents or most recent registrations, purchase agreements, sales receipts, or estimates of value.
- v. 5. Please review the list of property below.
 - 1. Checkbox
 - 2. If checkbox is checked, questions in Section 2 will be mandatory.
 - 3. If checkbox is not checked, questions in Section 3 will be mandatory.
- b. Back button
 - i. This button will navigate the user to the previous page. This does not save the user's answers.
- c. Save Progress button
 - i. This button will save the information that the user has inputted and the page they are currently at. The information saved will be available when the user goes back to finish the MC 604 IPS form.
- d. Next button
 - i. This button will navigate the user to the third page of the MC 604 IPS. This button saves the user's answers and will trigger the page validations such as the mandatory questions and character limitations.
- e. This page will be translated in all threshold languages.

Note: The page will utilize the existing field validation messages found on other forms available for submission on the YBN portal.

2.4.4 Page Location

Global:

Local:

Task:

2.4.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.4.6 Page Mapping

No impact to this section.

2.4.7 Page Usage/Data Volume Impacts

No impact to this section.

2.5 YBN MC 604 IPS Section 2

2.5.1 Overview

The user will be able to access the MC 604 IPS pages once they clicked on any of the added hyperlinks mentioned in Section 2.2 found on the Annual Redetermination/Recertification page. Depending on the hyperlink that the user has clicked, the form page header will reflect the corresponding packet or form name.

2.5.2 YBN MC 604 IPS Section 2 Mockup

MC 604 IPS

If you checked the box in **Number 5** above, please complete this section and **answer ALL questions**. Please provide written documentation with this form for any of the categories below to which you answer **Yes**. Examples of documents include: policies, contracts, trusts, purchase agreements, court orders, settlement agreements, financial statements, business tax returns, invoices, receipts, licenses, profit-and-loss statements, or other documents showing ownership or other legal interest.

Section 2

6. Shares of Stock or Mutual Funds

If **Yes**, please send a copy of the statements, or stock or mutual fund certificates showing the number of shares

7. Individual Retirement Accounts (IRAs), Keoghs, Work-Related Pension Funds or retirement accounts, such as 401k or 457 accounts.

If **Yes**, please send the most recent statements from your employer, financial institution, or brokerage showing the amount of principal and interest you are receiving or the cash value of the account (after penalties for early withdrawal).

8. Annuities or Life Insurance

9. Burial Plots, Trusts, Burial Contracts or Burial insurance

10. Trusts, blocked accounts or agreements (where money or property is held for the benefit of any family member in the home)

11. Judgments, settlement agreements, orders for support, prenuptial or postnuptial agreements

12. Promissory notes, mortgages, or deeds of trust

If you answered **Yes** to any of the questions **6 through 12** (above), please provide copies of policies, contracts, trusts, purchase agreements, court orders, settlement agreements, or account documents showing payments, current market values, cash surrender values, balances, investments, and distributions.

13. Jewelry worth more than \$100.00 (but not wedding rings, engagement rings, or heirlooms)

If **Yes**, please send copies of sales receipts, appraisals, estimates of value or insurance documents.

Figure 2.5.1 – MC 604 IPS Section 2

2.5.3 Description of Changes

1. Create a new page to capture the following section on the page (as seen on Figure 2.5.1):
 - a. **Section 2**
 - i. 6. Shares of Stock or Mutual Funds
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
 3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send a copy of the statements, or stock or mutual fund certificates showing the number of shares
 - ii. 7. Individual Retirement Accounts (IRAs), Keoghs, Work-Related Pension Funds or retirement accounts, such as 401k or 457 accounts.
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.

3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send the most recent statements from your employer, financial institution, or brokerage showing the amount of principal and interest you are receiving or the cash value of the account (after penalties for early withdrawal).
- iii. 8. Annuities or Life Insurance
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
- iv. 9. Burial Plots, Trusts, Burial Contracts or Burial insurance
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
- v. 10. Trusts, blocked accounts or agreements (where money or property is held for the benefit of any family member in the home)
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
- vi. 11. Judgments, settlement agreements, orders for support, prenuptial or postnuptial agreements
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
- vii. 12. Promissory notes, mortgages, or deeds of trust
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
 3. If the user clicked 'Yes' to any of the questions from 6 through 12, display the following:
 - a. If you answered Yes to any of the questions 6 through 12 (above), please provide copies of policies, contracts, trusts, purchase agreements, court orders, settlement agreements, or account documents showing payments, current market values, cash surrender values, balances, investments, and distributions.
- viii. 13. Jewelry worth more than \$100.00 (but not wedding rings, engagement rings, or heirlooms)
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
 3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send copies of sales receipts, appraisals, estimates of value or insurance documents.
- ix. Back Button
 1. This button will navigate the user back to the previous page. This does not save the user's answers.
- x. Save Progress button
 1. This button will save the information that the user has inputted and the page they are currently at. The information saved will be available when the user goes back to finish the MC 604 IPS form.
- xi. Next button

1. This button will navigate the user to the fourth page of the MC 604 IPS. This button saves the user's answers and will trigger the page validations such as the mandatory questions and character limitations.
- b. This page will be translated in all threshold languages.

Note: The page will utilize the existing field validation messages found on other forms available for submission on the YBN portal.

2.5.4 Page Location

Global:

Local:

Task:

2.5.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.5.6 Page Mapping

No impact to this section.

2.5.7 Page Usage/Data Volume Impacts

No impact to this section.

2.6 YBN MC 604 IPS Section 2 Continued

2.6.1 Overview

The user will be able to access the MC 604 IPS pages once they clicked on any of the added hyperlinks mentioned in Section 2.2 found on the Annual Redetermination/Recertification page. Depending on the hyperlink that the user has clicked, the form page header will reflect the corresponding packet or form name.

2.6.2 YBN MC 604 IPS Section 2 Continued Mockup

MC 604 IPS

Section 2

14. Business Accounts and Property Yes No

If Yes, please send tax returns, invoices, receipts, licenses, profit-and-loss statements, or other documents showing ownership, income and/or expenses.

15. Do you currently own a house, condominium, multiple dwelling unit, ranch, land, mobile home, or life estate (right to the use of) in the property which is currently or was previously your home? Yes No

If Yes, do you live in the property now? Yes No

If Yes, write please the address of the property here and go to question 16.

If you do not currently live in the property, did you live in it and do you hope to use it as your home someday in the future? Yes No

If you answered Yes go to question 16.

If you answered No, does one or more of your family members, listed below, currently live in that property?

- Your spouse
- A child under 21
- A disabled son or daughter
- A dependent relative who is a tax dependent
- A sibling who also owns the property and who has lived there for at least a year before you went into a nursing home
- Another family member who has lived on the property for at least two years with you to care for you so that you could stay home immediately before you went into a nursing home

Yes No

If you answered Yes, go to question 16.

If you answered No, please send a copy of the most recent tax assessment, or an appraisal from a qualified real estate appraiser. We will use the lowest property value.

16. Other real estate that you own but don't live in (e.g., condominiums, buildings, mobile homes, life estates, time-shares) Yes No

If Yes, is any of the real estate producing income? Yes No

If you answered Yes, please send copies of any rent receipts and bills for utilities, property taxes, insurance, maintenance and repairs.

Figure 2.6.1 – MC 604 IPS Section 2 Continued

17. Oil and Mineral Rights Yes No

If you answered Yes to questions 15, 16 or 17, please send copies of the mortgage papers, most recent tax assessment, registration, and ownership documents.

18. Any other real or personal property, asset, or resource worth \$500 or more. Yes No

If Yes, please send statements about the property and its worth.

19. Have any of the items listed above in questions 2 through 18 been used to help finance or to guarantee payment for medical services? Yes No

If Yes, please explain in the "Additional comments or information section" at the end of this form, and attach proof of the lien, loan or security documents. Yes No

20. Do you owe money on anything listed above in questions 2 through 18? Yes No

If Yes please send copies of the lien, loan, or security documents.

21. Certified California Partnership for Long-Term Care Insurance Policy Yes No

If Yes, please send a copy of your policy. If you have received benefits under the policy, please send a copy of your most recent benefit statement.

Back
Save Progress
Next

Figure 2.6.2 – MC 604 IPS Section 2 Continued (continued)

2.6.3 Description of Changes

1. Create a new page to capture the following section on the page (as seen on Figures 2.6.1 and 2.6.2):
 - a. **Section 2**
 - i. 14. Business Accounts and Property
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
 3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send tax returns, invoices, receipts, licenses, profit-and-loss statements, or other documents showing ownership, income and/or expenses.
 - ii. 15. Do you currently own a house, condominium, multiple dwelling unit, ranch, land, mobile home, or life estate (right to the use of) in the property which is currently or was previously your home?
 1. Yes/No button
 2. This question is mandatory if Question 5 is checked.
 3. If the user clicked 'Yes', display the following:
 - a. If Yes, do you live in the property now?
 - b. Yes/No button
 - c. If the user clicked 'Yes', display the following:
 - i. If Yes, please write the address of the property here and go to question 16

DRAFT

1. Field will allow alphanumeric characters.
 2. Field will be mandatory when the question 'If Yes, do you live in the property now?' is answered 'Yes'.
 3. The maximum number of characters is 80.
- d. If the user clicked 'No', display the following:
- i. If you do not currently live in the property, did you live in it and do you hope to use it as your home someday in the future?
 1. Yes/No button
 2. This question will be mandatory when the question 'If Yes, do you live in the property now?' is answered 'No'.
 3. If the user clicked 'Yes', display the following:
 - a. If you answered Yes, go to question 16.
 4. If the user clicked 'No', display the following question:
 - a. If you answered No, does one or more of your family members, listed below, currently live in that property? (with list of examples)
 - i. Yes/No button
 - ii. This question will be mandatory when the question 'If you do not currently live in the property, did you live in it and do you hope to use it as your home someday in the future?' is answered 'No'.
 1. If answered 'Yes', display the following:
 - a. If you answered Yes, go to question 16.
 2. If answered 'No', display the following:
 - a. If you answered No, please

send a copy of the most recent tax assessment, or an appraisal from a qualified real estate appraiser. We will use the lowest property value.

- iii. 16. Other real estate that you own but don't live in (e.g., condominiums, buildings, mobile homes, life estates, time-shares)
 - 1. Yes/No button
 - 2. This question is mandatory if any of the questions on Question 15 is answered 'Yes'.
 - 3. If the user clicked 'Yes', display the following:
 - a. If Yes, is any of the real estate producing income?
 - i. Yes/No button
 - ii. This question is mandatory when the question 'Other real estate that you own but don't live in (e.g., condominiums, buildings, mobile homes, life estates, time-shares)' is answered 'Yes'.
 - iii. If the user clicked 'Yes', display the following:
 - 1. If you answered Yes, please send copies of any rent receipts and bills for utilities, property taxes, insurance, maintenance and repairs.
- iv. 17. Oil and Mineral Rights
 - 1. Yes/No button
 - 2. This question is mandatory if Question 5 is checked.
 - 3. If the user clicked 'Yes' to any of the questions from 15 through 17, display the following:
 - a. If you answered Yes to questions 15, 16 or 17, please send copies of the mortgage papers, most recent tax assessment, registration, and ownership documents.
- v. 18. Any other real or personal property, asset, or resource worth \$500 or more.
 - 1. Yes/No button
 - 2. This question is mandatory if Question 5 is checked.
 - 3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send statements about the property and its worth.

vi. 19. Have any of the items listed above in questions 2 through 18 been used to help finance or to guarantee payment for medical services?

1. Yes/No button
2. This question is mandatory if Question 5 is checked.
3. If the user clicked 'Yes', display the following:
 - a. If Yes, please explain in the "Additional comments or information section" at the end of this form, and attach proof of the lien, loan or security documents.
 - b. Yes/No button
 - c. The button is mandatory when the user clicked 'Yes' to question 19.
 - d. If the user clicked 'Yes', the Additional Comments or Information field will be mandatory.

vii. 20. Do you owe money on anything listed above in questions 2 through 18?

1. Yes/No button
2. This question is mandatory if Question 5 is checked.
3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send copies of the lien, loan, or security documents.

viii. 21. Certified California Partnership for Long-Term Care Insurance Policy

1. Yes/No button
2. This question is mandatory if Question 5 is checked.
3. If the user clicked 'Yes', display the following:
 - a. If Yes, please send a copy of your policy. If you have received benefits under the policy, please send a copy of your most recent benefit statement.

i. Back Button

1. This button will navigate the user back to the previous page. This does not save the user's answers.

ii. Save Progress button

1. This button will save the information that the user has inputted and the page they are currently at. The information saved will be available when the user goes back to finish the MC 604 IPS form.

iii. Next button

1. This button will navigate the user to the fifth page of the MC 604 IPS. This button saves the user's answers and will trigger the page validations such as the mandatory questions and character limitations.

c. This page will be translated in all threshold languages.

Note: The page will utilize the existing field validation messages found on other forms available for submission on the YBN portal.

2.6.4 Page Location

Global:

Local:

Task:

2.6.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.6.6 Page Mapping

No impact to this section.

2.6.7 Page Usage/Data Volume Impacts

No impact to this section.

2.7 YBN MC 604 IPS Section 3

2.7.1 Overview

The user will be able to access the MC 604 IPS pages once they clicked on any of the added hyperlinks mentioned in Section 2.2 found on the Annual Redetermination/Recertification page. Depending on the hyperlink that the user has clicked, the form page header will reflect the corresponding packet or form name.

2.7.2 YBN MC 604 IPS Section 3 Mockup

MC 604 IPS

Answer questions 22-23 below **ONLY** if you or a member of your household is applying for or currently resides in long-term care or a nursing facility. If **Not**, go to the next page, read it and sign this form.

Section 3

22. If you are receiving Medi-Cal now for nursing facility level of care, did you or any family member in the home sell or give away any money or property in the past 12 months?

If **Yes**, please explain in the "Additional Comments or Information" section at the end of this form, and attach proof.

23. If you are applying for Medi-Cal for nursing facility level of care, did you or your spouse:

A. Sell or give away any money or property in the past 30 months (or 2 ½ years)

If **Yes**, please explain in the "Additional comments or information" section at the end of this form, and attach proof.

B. Put money or property into a trust or other arrangement for the benefit of someone else in the past 30 months (or 2 ½ years)

If **Yes**, please explain in the "Additional comments or information" section at the end of this form, and attach proof.

C. Take money or property out of a trust or other arrangement for the benefit of someone else in the last 30 months.

If **Yes**, please explain in the "Additional comments or information" section at the end of this form, and attach proof.

Additional Comments or Information:

Figure 2.7.1 – MC 604 IPS Section 3

2.7.3 Description of Changes

1. Create a new page to capture the following section on the page (as seen on Figure 2.7.1):
 - a. **Section 3**
 - i. 22. If you are receiving Medi-Cal now for nursing facility level of care, did you or any family member in the home sell or give away any money or property in the past 12 months?
 1. Yes/No button
 2. If the user clicked 'Yes', display the following:
 - a. If Yes, please explain in the "Additional Comments or Information" section at the end of this form, and attach proof.
 - ii. 23. If you are applying for Medi-Cal for nursing facility level of care, did you or your spouse:
 1. A. Sell or give away any money or property in the past 30 months (or 2 ½ years)
 - a. Yes/No button
 - b. If the user clicked 'Yes', display the following:

- i. If Yes, please explain in the “Additional comments or information” section at the end of this form, and attach proof.
 - ii. The Additional Comments or Information field will be mandatory.
 - 2. B. Put money or property into a trust or other arrangement for the benefit of someone else in the past 30 months (or 2 ½ years)
 - a. Yes/No button
 - b. If the user clicked ‘Yes’, display the following:
 - i. If Yes, please explain in the “Additional comments or information” section at the end of this form, and attach proof.
 - ii. The Additional Comments or Information field will be mandatory.
 - 3. C. Take money or property out of a trust or other arrangement for the benefit of someone else in the last 30 months.
 - a. Yes/No button
 - b. If the user clicked ‘Yes’, display the following:
 - i. If Yes, please explain in the “Additional comments or information” section at the end of this form, and attach proof.
 - ii. The Additional Comments or Information field will be mandatory.
 - iii. Additional Comments or Information
 - 1. Free-format text box with a 1000-character limit
 - iv. Back Button
 - 1. This button will navigate the user back to the previous page. This does not save the user's answers.
 - v. Save Progress button
 - 1. This button will save the information that the user has inputted and the page they are currently at. The information saved will be available when the user goes back to finish the MC 604 IPS form.
 - vi. Next button
 - 1. This button will navigate the user to the fifth page of the MC 604 IPS. This button saves the user's answers and will trigger the page validations such as the mandatory questions and character limitations.
- b. This page will be translated in all threshold languages.

Note: The page will utilize the existing field validation messages found on other forms available for submission on the YBN portal.

2.7.4 Page Location

Global:

Local:

Task:

2.7.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.7.6 Page Mapping

No impact to this section.

2.7.7 Page Usage/Data Volume Impacts

No impact to this section.

2.8 YBN MC 604 IPS Signature Page

2.8.1 Overview

The user will be able to access the MC 604 IPS signature page once they have completed the previous pages of the MC 604 IPS. Depending on the hyperlink that the user has clicked, the form page header will reflect the corresponding packet or form name. The signature page will have a preview of the MC 604 IPS form with the user's answers mapped to the question. The packet or form will be submitted upon completion.

2.8.2 YBN MC 604 IPS Signature Page Mockup

MC 604 IPS

xxx

TEST

LIFE

THIS REDETERMINATION FORM IS DUE BACK TO US BY

ONLY

Please complete and return the enclosed Medi-Cal Redetermination Form(s). The information requested is needed to establish your continued eligibility to Medi-Cal benefits and your benefit level. Please return the form(s) to us in the enclosed envelope. Place this coversheet on top of the form so that the DPSS office address shows through the window in the enclosed envelope.

THE DOCUMENT(S) MUST BE RECEIVED BY THE COUNTY BY THE DUE DATE SHOWN ABOVE OR YOUR MEDI-CAL BENEFITS MAY BE TERMINATED

←
REMEMBER
→

Even if you are employed you may be eligible to receive Medi-Cal benefits.

Receipt of Medi-Cal does not count against any CalWORKs time limits.

You do not have to receive CalWORKs to receive Medi-Cal benefits.

Please Read and Sign Below

ELECTRONIC SIGNATURE AGREEMENT:

When I sign below, it means that:

I declare under penalty of perjury under the laws of the State of California the following:

- I understand all the questions on this application, and my answers are true and correct to the best of my knowledge. If I did not know the answer, I tried to confirm the information with someone who did know the answer.
- I know that if I do not tell the truth, I may have civil or criminal penalties, including up to four years in jail.
- This is the law: California Penal Code Section 126
- I know that all information on this application will be used to decide whether individuals in my household who are applying for health coverage qualify. The information will be kept private as required by federal and California law.
- I agree to tell the county worker within 10 days (in person, over the phone, by email or by fax) if any of the information I've provided on this form changes or is different from what I have written.

SIGNATURE OF THE APPLICANT, RESPONSIBLE PARTY OR AUTHORIZED REPRESENTATIVE		DATE SIGNED:	06-15-2019
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Back

Submit

Figure 2.8.1 – MC 604 IPS Signature Page

<p>You can renew your Medi-Cal in any one of these ways:</p>	<ul style="list-style-type: none"> By mail: Complete this form and mail it to: DPSS - CSU III - NORTHRIDGE 9451 CORBIN AVE STE 200 NORTHRIDGE, CA 91324-9935 In person: Visit our office at DPSS - CSU III - NORTHRIDGE 9451 CORBIN AVE STE 200 NORTHRIDGE, CA 91324-9935 <p>Office hours are 8:00 AM to 5:00 PM Monday to Friday.</p>
<p>How to complete this form:</p>	<p>To make sure you or your family continue to have Medi-Cal coverage, you must let us know if there are any changes or not to the information on this form.</p> <ol style="list-style-type: none"> Please review the information about you and members of your household and let us know about any changes. Send us copies of documents that show your most current information for information even if your information has not changed. Return this form by <u>06/10/2019</u> If you return this form by mail, please make sure to sign the form on the last page.
<p>Whose information we need:</p>	<p>We need the most current information about every member of your household who is living with you or is listed on your tax return, if you file taxes. We need information from:</p> <ul style="list-style-type: none"> People in your household who currently have Medi-Cal, People in your household who would like to apply.

Person completing this form must read and sign below.

PRIVACY STATEMENT

This renewal form is for renewing benefits through the Department of Health Care Services (DHCS) and determining eligibility for health insurance through Covered California. The personal and medical information you provide on it is private and confidential. Covered California or DHCS needs it to identify you and the other people on this renewal form and to administer our programs. We will share your information with other state, federal, and local agencies, contractors, health plans, and programs only to enroll you in a plan or program or to administer programs, and with other state and federal agencies as required by law.

You must answer all of the questions on this renewal form unless they are marked "optional." If your renewal form is missing anything that we require, we will contact you to get it. If you do not provide it, we will not be able to make a decision on your renewal. You may have to submit a new application, or you may not be able to get health insurance through Covered California, or your application for benefits renewal may be denied.

In most cases, you have the right to see personal information about you that is in federal and state records. You can see it in an alternative format (such as large print) if you need that. For more information or to see Covered California records, contact the Privacy Officer at:

Covered California Attn:Privacy Office P.O.Box 989725 West Sacramento, CA 95798-9725 Phone: 1-800-300-1506 TTY: 1-888-889-4500

For the Department of Health Care Services, contact the Information Protection Unit at: P.O. Box 997413, MS 4721 Sacramento, CA 95899-7413 Phone: 1-866-866-0602 TTY: 1-877-735-2929

These state and federal laws give us the right to collect and keep the information on the renewal form: Covered CA: 42 U.S.C. § 18031; CA Government Code §§ 100502(k) and 100503(a) DHCS: CA Welfare and Institutions Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9. We must give you this Privacy Statement under CA Civil Code § 1798.17.

You can find the Notices of Privacy Practices for the Medi-Cal program at www.dhcs.ca.gov and for Covered California at www.CoveredCA.com.

RIGHT AND RESPONSIBILITIES:

The information I gave on this renewal form is true as far as I know. I know that I may be subject to a penalty if I do not tell the truth.

I understand that the information I give will be used only to see if those in my family who are applying to renew health insurance will qualify.

I understand that Covered California and the Medi-Cal program will keep my information private, as the law requires. For more information, or access to personal information in records maintained by the Medi-Cal program and Covered California, I can contact my county social services office or I can contact the Covered California Privacy Officer at 1-800-300-1506 (TTY: 1-888-889-4500).

I understand that to be eligible for Medi-Cal, I am required to apply for other income or benefits to which I or any member of my household is entitled, unless he or she has good cause for not doing so. Examples of such income or benefits are pensions, government benefits, retirement income, veteran's benefits, annuities, disability benefits, Social Security benefits (also called OASDI or Old Age, Survivors, and Disability Insurance), and unemployment benefits. But such income or benefits do not include public assistance benefits, such as CalWORKs or CalFresh. If I have a question about a possible source of income, I can call my county social services office or Covered California at 1-800-300-1506 (TTY: 1-888-889-4500) for help.

I know that I must tell Covered California or my Medi-Cal county social services office about changes to anything I stated in this renewal form. To report changes, I can call my county social services office. Or I can call Covered California at 1-800-300-1506 (TTY: 1-888-889-4500) or visit CoveredCA.com.

Figure 2.8.2 – MC Renewal Mixed (MC 216 and MC 604 IPS) Signature Page

I know that Covered California or the Medi-Cal program must not discriminate against me or anyone on this renewal form because of race, color, national origin, religion, age, sex, sexual orientation, marital status, veteran's status, or disability. If I think Covered California or the Medi-Cal program has discriminated against me, including the failure to provide reasonable accommodations as required under state and federal law, I can make a complaint by contacting the U.S. Department of Health & Human Services at www.hhs.gov/ocr/office/file or the California Office of the Attorney General at <http://oag.ca.gov/contact/general-comment-question-or-complaint-form>.

If I believe that Covered California or the Medi-Cal program has discriminated against me or anyone else on this renewal form in connection with a Medi-Cal eligibility determination, I can also file a complaint with the Department of Health Care Services, Office of Civil Rights by calling 1-916-440-7370 (TTY: 1-916-440-7399).

I understand that any changes in my information or information of any member(s) in the applicant's household may affect the eligibility of other members of the household.

By applying for Medi-Cal, I confirm that no one applying for health insurance on this renewal form is confined, after the disposition of charges (judgment), in a jail, prison, or similar penal institution or correctional facility.

I understand that I must report income changes to my Medi-Cal county social services office or Covered California because it may affect the eligibility for Medi-Cal benefits or the amount of premium assistance (or tax credits) that I may be eligible to receive. I also understand if I receive too much premium assistance (or tax credits) during the benefit year, I will have to repay the extra premium assistance back to the IRS when I file my federal income taxes for the benefit year.

I give my permission to the Medi-Cal program or Covered California to check other agencies' computer records to verify citizenship, satisfactory immigration status, tax information, and other information related only to eligibility to see if I and other people on this renewal form qualify for health insurance. If someone on the renewal form qualifies for Medi-Cal:

I know that if Medi-Cal pays for a medical expense, any money I or anyone on this renewal form get from other health insurance or legal settlements related to that expense will go to Medi-Cal as payment for the expense until the expense is paid in full. For parents whose child or children qualify for Medi-Cal:

I know I will be asked to help the agency that collects medical support from any parent on this renewal form who does not live with the child and does not send support for the child. If I think that helping will harm me or my children, I can tell the Medi-Cal program and I will not have to help.

Your right to appeal:

If I think Covered California or the Medi-Cal program has made a mistake, I can appeal its decision. To appeal means to tell someone at Covered California or the Medi-Cal program that I think its decision is wrong and ask for a fair review of the action.

I know that I can find out how to appeal by calling 1-855-795-0634 (TTY: 1-800-952-8349) for the Medi-Cal program or calling 1-800-300-1506 (TTY: 1-888-889-4500) for Covered California enrollees. I know that I must file an appeal within 90 days of the decision. I know that I can represent myself or have someone else represent me in my appeal, such as an authorized representative, a friend, a relative, or a lawyer.

I know that if I need help, someone at Covered California, the Medi-Cal program, or the county social services office can explain my case to me.

DECLARATION:

I declare under penalty of perjury under the laws of the State of California that what I say below is true and correct.

I understood all questions on this renewal form and gave true and correct answers as far as I know. Where I did not know the answer myself, I made every reasonable attempt to confirm the answer with someone who did know.

I know that if I do not tell the truth on this renewal form, there may be a civil or criminal penalty for perjury that may include up to four years in jail. (See California Penal Code Section 126.)

I know that the information in this renewal form will be used to decide if the people who are applying qualify for health insurance. The Medi-Cal program and Covered California will keep the information private, as required by federal and California law.

I agree to notify the Medi-Cal program or my Medi-Cal county social services offices or Covered California by calling 1-800-300-1506 (TTY: 1-888-889-4500) or visiting CoveredCA.com if anything changes on this renewal form for any person applying for health insurance.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

PLACE:			
SIGNATURE:		DATE SIGNED:	06-15-2019

Figure 2.8.2 – MC Renewal Mixed (MC 216 and MC 604 IPS) Signature Page (continued)

ELECTRONIC SIGNATURE AGREEMENT:
 When I sign below, it means that:
 I declare under penalty of perjury under the laws of the State of California the following:

- I understand all the questions on this application, and my answers are true and correct to the best of my knowledge. If I did not know the answer, I tried to confirm the information with someone who did know the answer.
- I know that if I do not tell the truth, I may have civil or criminal penalties, including up to four years in jail.
- This is the law: California Penal Code Section 126
- I know that all information on this application will be used to decide whether individuals in my household who are applying for health coverage qualify. The information will be kept private as required by federal and California law.
- I agree to tell the county worker within 10 days (in person, over the phone, by email or by fax) if any of the information I've provided on this form changes or is different from what I have written.

SIGNATURE OF THE APPLICANT, RESPONSIBLE PARTY OR AUTHORIZED REPRESENTATIVE

		DATE SIGNED:	06-15-2019
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[Back](#)
[Submit](#)

Figure 2.8.3 – MC Renewal Mixed (MC 216 and MC 604 IPS) Signature Page (continued)

2.8.3 Description of Changes

1. Create a new page to capture the signature of the participant and provide a preview of their form (as seen on Figure 2.8.1):
 - a. Form Preview
 - i. This section will display a preview of the MC 604 IPS, Non-MAGI Screening Packet, or Non-MAGI Turning 65 Packet with the user's answers mapped to the questions.
 - ii. The form will have the 'Preview' watermark.
 - iii. The form displayed will be in the threshold language in which the page is rendered for the MC 604 IPS form.
 - iv. The form displayed will be in English or Spanish in which the page is rendered for Non-MAGI Screening Packet and Non-MAGI Turning 65 Packet. If the user renders the page in any other language other than English and Spanish, the form will be defaulted to the English version.
 - b. Signature of the Applicant, Responsible Party or Authorized Representative
 - i. This field will capture the signature of the user.
 - ii. This field will only allow alphabetic characters with maximum of 20 characters.
 - iii. This field will be mandatory.
 - c. Date Signed
 - i. This field will be uneditable and contain the date in which this page is accessed.
 - d. Back Button
 - i. This button will navigate the user back to the previous page. This does not save the user's answers.
 - e. Submit button
 - i. This button will navigate the user to the congratulations page for the MC 604 IPS. It will submit the form to the CalACES system.
 - f. This page will be translated in all threshold languages.
2. Create a new page to capture the signature of the participant and provide a preview of their form for the MC Renewal Mixed packet (as seen on Figures 2.8.2 and 2.8.3):
 - a. Form Preview
 - i. This section will display a preview of the MC 216 and MC 604 IPS forms with the user's answers mapped to the questions.
 - ii. The form will have the 'Preview' watermark.
 - iii. The form displayed will be in the threshold language in which the page is rendered for the MC Renewal Mixed packet.
 - b. Place
 - i. This field will capture the place where the signature takes place.
 - ii. This field will only allow alphabetic characters with maximum of 20 characters.
 - iii. This field will be mandatory.
 - c. Signature

- i. This field will capture the signature of the user for the MC 216 form.
- ii. This field will only allow alphabetic characters with maximum of 20 characters.
- iii. This field will be mandatory.
- d. Date Signed
 - i. This field will be uneditable and contain the date in which this page is accessed.
- e. Signature of the Applicant, Responsible Party or Authorized Representative
 - i. This field will capture the signature of the user for the MC 604 IPS form.
 - ii. This field will only allow alphabetic characters with maximum of 20 characters.
 - iii. This field will be mandatory.
- f. Date Signed
 - i. This field will be uneditable and contain the date in which this page is accessed.
- g. Back Button
 - i. This button will navigate the user back to the previous page. This does not save the user's answers.
- h. Submit button
 - i. This button will navigate the user to the congratulations page for the MC 604 IPS. It will trigger the validations for the page and submit the form to the LRS system.

Note: The page will utilize the existing field validation messages found on other forms available for submission on the YBN portal.

2.8.4 Page Location

Global:

Local:

Task:

2.8.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.8.6 Page Mapping

No impact to this section.

2.8.7 Page Usage/Data Volume Impacts

No impact to this section.

2.9 YBN MC 604 IPS Confirmation Page

2.9.1 Overview

The user will be able to access the confirmation page once the form or packet has been successfully submitted.

2.9.2 YBN MC 604 IPS Confirmation Page Mockup

Confirmation

Congratulations!

Your MC Renewal (MC 604 IPS) has been submitted successfully. Your confirmation number is MCRE604B10000022119.

You can download a copy of your submitted document [here](#)

Please note that any application submitted during regular business hours will be received on the same day (excluding weekends and holidays). Any application sent after business hours or on weekends and holidays will be received the following business day.

Please come back and [check your case status online](#). Thank you for your electronic submission.

Although your MC Renewal (MC 604 IPS) was submitted, it is considered incomplete until all verifications are provided. Select the button below to submit your verifications now

[Start Submitting Verifications Now](#)

Figure 2.9.1 – MC 604 IPS Confirmation Page

2.9.3 Description of Changes

1. Create a new page to confirm that the MC 604 IPS, MC Renewal Mixed, Non-MAGI Screening Packet, or Non-MAGI Turning 65 Packet has been successfully submitted to the CalACES system (as seen on Figure 2.9.1):
 - a. Confirmation Number
 - i. This is a system-generated number with the following format:

1. MCRE + Form Type/Number + 7 Digit Case Number + 6 Digit Date of Submission (For example, MCRE604B10000022119)
 - a. The form type/Number will be the following:
 - i. MC 210 RV – 210
 - ii. MC 216 – 216
 - iii. MC 604 IPS – 604
 - iv. MC Renewal Mixed – Mixed
 - v. Non-MAGI Screening Packet – PRSCNPKT
 - vi. Non-MAGI Turning 65 Packet - PR-AGE65
 2. The confirmation page of the MC 210 RV and MC 216 forms will follow this new confirmation number format.
- b. Preview Link
 - i. The 'here' will contain a hyperlink and will navigate the user to a preview of the MC 604 IPS, MC Renewal Mixed, Non-MAGI Screening Packet, or Non-MAGI Turning 65 Packet with the user's answers mapped to the questions. The PDF document loaded will have a 'Submitted' watermark.
 - ii. The form displayed will be in the threshold language in which the form was submitted in. For the Non-MAGI Screening Packet and the Non-MAGI Turning 65 Packet, they will only be available in English or Spanish language.
- c. Check Your Case Status Online link
 - i. This link will navigate the user to the Case Status Information page.
- d. Start Submitting Verifications Now button
 - i. This button will navigate the user to the reporting version of the verification upload page.
- e. This page will be translated in all threshold languages.

2.9.4 Page Location

Global:

Local:

Task:

2.9.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.9.6 Page Mapping

No impact to this section.

2.9.7 Page Usage/Data Volume Impacts

No impact to this section.

2.10 YBN Verification Upload Page

2.10.1 Overview

The verification upload page used for the MC 210 RV and MC 216 forms will be updated to support the submission of verification documents for the MC 604 IPS form, MC Renewal Mixed, Non-MAGI Screening Packet, and Non-MAGI Turning 65 Packet.

2.10.2 YBN Verification Upload Page Mockup

Verifications Upload

Upload Form



Your form requires verifications. You can choose to upload those documents as images by selecting the "Add a Verification Document" for each of your reported change(s). Please be aware, to expedite your report, we encourage you to use this page to upload your verification documents and submit them electronically.

Your verification documents have been determined based on the information you entered. For each document/file you choose to upload, please select a file, document type, and who this verification is associated with. Individual files cannot exceed 8 megabytes in size and must be a .jpg, .png, .gif, .tif, or .pdf.

File	Document Type	Document Owner
<input type="button" value="Add a Verification Document"/>		

Figure 2.10.1 – Verification Upload Page

2.10.3 Description of Changes

1. Create the Verification Upload page for the MC 604 IPS, MC Renewal Mixed, Non-MAGI Screening Packet, or Non-MAGI Turning 65 Packet forms to allow for the upload of verification documents. This Verification Upload page will follow the Verification Upload page for the MC 210 RV and MC 216 forms.
 - a. The verbiage and formatting will follow Figure 2.10.1. The verbiage change will also be applied to the MC 210 RV and MC 216 Verification Upload pages.
 - i. This will be translated in all threshold languages.
 - b. The 'Document Owner' dropdown that displays when the user clicks on the 'Add Verification Document' button will contain the names of the household members.
 - c. The 'Document Type' dropdown that displays when the user clicks on the 'Add Verification Document' button will contain the following values:
 - i. Birth Certificate
 - ii. Child Support Expense
 - iii. Disability Documents
 - iv. Identification

- v. Income Verification
- vi. Mortgage & Rent Verification
- vii. Pregnancy Verification
- viii. Residency
- ix. Social Security Card
- x. Utility Verification

2.10.4 Page Location

Global:

Local:

Task:

2.10.5 Security Updates

Security Rights

Security Right	Right Description	Right to Group Mapping

Security Groups

Security Group	Group Description	Group to Role Mapping

2.10.6 Page Mapping

No impact to this section.

2.10.7 Page Usage/Data Volume Impacts

No impact to this section.

2.11 Update Form Sender Thread Writer job (PO19C491) to include the new Packets into the trigger condition.

2.11.1 Overview

Form Sender Thread Writer job (PO19C491) insert records into Eapp_Sent_Doc table when a YBN Form/Packet is generated in LRS. As part of this SCR, PO19C491 will be modified to include the new packets into the trigger condition.

2.11.2 Description of Change

Update PO19C491 Batch trigger conditions to include the following packet types.

1. Mixed MC RE Packet.
2. MC 604 IPS Packet.
3. Non-MAGI Screening Packet.
4. Non-MAGI Turning 65 Packet.

2.11.3 Execution Frequency

No Change.

2.11.4 Key Scheduling Dependencies

No Change.

2.11.5 Counties Impacted

Los Angeles County only.

2.11.6 Data Volume/Performance

N/A.

2.11.7 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...)

2.12 Update the existing Form Sender Thread Processing Batch job (PO19C44X) to send the new Packets to YBN with the Form link available and drop off dates.

2.12.1 Overview

Form Sender thread processing job (PO19C44X) send form information including the YBN link available or drop off dates when a form is generated and sent out to participants.

2.12.2 Description of Change

- Create a CTRC to update the Barcode Form Type Code value in code category 329 – ‘Customer Reporting Type Code’ for the following packets. These codes are used to identify the form type while sending the form information to YBN.
 - MC 604 IPS Packet.
 - Mixed MC RE Packet.
- Update the PO19C44X to send the 4 new Packets (Mixed MC RE Packet, MC 604 IPS Packet, Non-MAGI Screening Packet, Non-MAGI Turning 65 Packet) with the Form link available and drop off dates as specify below.
 - The Form link will be available in YBN based on the print date or the day after.
 - The Form link will be available up to 90 calendar days after the last day of the form submit month. If the 90th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day.

For example:

Form ID	Print Month	submit month	Link-Available	Link-Drop off
Mc 604 IPS Packet	Jan	Mar	print date or the day after.	90th calendar day after last day of the submit month. If the 90 th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day.
Mixed MC RE Packet	Jan	Mar	print date or the day after.	90th calendar day after last day of the submit month. If the

				90 th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day.
Non-MAGI Screening Packet	Jan	Mar	print date or the day after.	90 th calendar day after last day of the submit month. If the 90 th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day.
Non-MAGI Turning 65 Packet	Jan	Mar	print date or the day after.	90 th calendar day after last day of the submit month. If the 90 th calendar day is on a Sunday or a Holiday, the link drop date will be the next business day.

2.12.3 Execution Frequency

No Change.

2.12.4 Key Scheduling Dependencies

No Change.

2.12.5 Counties Impacted

Los Angeles County only.

2.12.6 Data Volume/Performance

N/A.

2.12.7 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...)

2.13 Modify generateForm and submitForm web services to be able to generate the new Packets.

2.13.1 Overview

YBN system calls LRS generateForm and submitForm web services to generate or submit a Form or Packet to LRS. The scenarios including when YBN generates the preview version of the form or when YBN submits the form with the signature and sign date to LRS.

2.13.2 Description of Change

- Modify generateForm and submitForm web services to be able to generate Mixed MC RE Packet, MC 604 IPS packet in all below threshold languages.

1. English
2. Spanish
3. Cambodian
4. Chinese
5. Armenian
6. Tagalog
7. Korean
8. Russian
9. Vietnamese

Note:

- When Chinese language is selected on YBN portal, the web service will generate the form in the Traditional Chinese language.
 - The Interface only pass the fields mapping values to the Form generation logic to create the PDF.
- Modify generateForm and submitForm web services to be able to generate Non-MAGI Screening Packet and Non-MAGI Turning 65 Packet in all below threshold languages. When the Interface receives the language code parameter other than English or Spanish, the Interface will default the threshold language to English for these 2 packets.
 1. English
 2. Spanish

Note: The information that user filled in the form will not be changed.

- Task – the web service will create task when the new packets are submitted through YBN. There is no code change on this Task section. This section is added into the document for testing purpose.
 - For MC 604 IPS Packet and Mixed MC RE Packet, the web service will create task 'MC RD Packet Received' when MC 604 IPS Packet or Mixed MC RE Packet is submitted through YBN. The code detail change is already in the system.

- For the Non-MAGI Screening Packet and Non-MAGI Turning 65, the task details are specified in CA-203981. When worker click on the 'View Images' button on the Task Detail page, the EDMS page will pop up showing the images that are associated to this task.

Example of the 'MC RD Packet Received':

The screenshot shows the LRS (Los Angeles Resource System) interface. The main content area is titled 'Task Detail' and displays the following information:

- Case Number:** *TEST (with a 'Go' button)
- Buttons:** View Images, Save and Return, Cancel
- Type:** MC RD Packet Received
- Category:** Redetermination
- Status:** Assigned
- Created Date:** 05/07/2019
- Worker Assigned:** * 12345678
- Assigned Date:** 05/07/2019
- Due Date:** * 05/10/2019
- Expiration Date:** 06/06/2019
- Long Description:** MC RD Packet Received for MC
- Task History:** (expandable section)
- Buttons:** View Images, Save and Return, Cancel
- Footer:** This Type_1 page took 0.12 seconds to load.

2.13.3 Execution Frequency

N/A.

2.13.4 Key Scheduling Dependencies

N/A.

2.13.5 Counties Impacted

Los Angeles County only.

2.13.6 Data Volume/Performance

N/A.

2.13.7 Interface Partner

YBN.

2.13.8 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...).

2.14 Modify submitForm web service to create journal entry.

2.14.1 Overview

When participant submits a form in YBN portal. LRS receives the form through a web service call (submitForm) which marks the form or packet status as received in the system.

LRS does not create a journal entry with a confirmation number when a packet is received from YBN.

2.14.2 Description of Change

- Add new web service element 'Confirmation Number' into the submitForm web service. 'Confirmation Number' will be displayed in the journal entry.
- Modify submitForm web services to be able to create journal entry when the following Forms or Packets is received through YBN portal.
 1. MC 210 RV.
 2. MC 216.
 3. MC 604 IPS Packet.
 4. Mixed MC RE Packet.
 5. Non-MAGI Screening Packet
 6. Non-MAGI Turning 65 Packet

Journal Entry Details:

Journal Entry	Description
Category	All
New/Update	New
Type	Narrative
Short Description	<Form/Packet name> is received.

Long Description	<Form/Packet name> is received. <CASE #>, <Confirmation #>, < Time# and Date>.
Trigger Condition	When MC 210 RV, MC 216, MC 604 IPS packet, Mixed MC RE packet, Non-MAGI Screening packet, Non-MAGI Turning 65 packet is received through the web service from YBN.

2.14.3 Execution Frequency

N/A.

2.14.4 Key Scheduling Dependencies

N/A.

2.14.5 Counties Impacted

Los Angeles County only.

2.14.6 Data Volume/Performance

N/A.

2.14.7 Interface Partner

YBN.

2.14.8 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...).

2.15 Add a CTCR for the new Form IDs.

2.15.1 Overview

When LRS receives an image from YBN, LRS forward the image to EDMS through a batch process. As part of this SCR, the 4 new form IDs will be added into the

System to create the new Form IDs. The Batch will use the new Form ID when sending the image to EDMS.

2.15.2 Description of Change

Create CTCR for the following category ID to add the new Form ID the 4 packets that will be added to YBN (MC 604 IPS packet, Mixed MC RE packet, Non-MAGI Screening packet, Non-MAGI Turning 65 packet).

- Category 452 - Image Document Type Code
- Category 10027- EDMS Document

Form ID	Form Name
PRMC604	MC 604 IPS Packet
PRMCMix	Mixed MC Packet
PRSCNPKT	Non-MAGI Screening Packet
PR-AGE65	Non-MAGI Turning 65 Packet

Note: When worker clicked on the 'View Image' button on the Task Detail page, the Form ID and Form name will be shown on the popup screen.

Example:

Form ID	Form Name
PR SAR7	Semi Annual Report 7

2.15.3 Execution Frequency

N/A.

2.15.4 Key Scheduling Dependencies

N/A.

2.15.5 Counties Impacted

Los Angeles County only.

2.15.6 Data Volume/Performance

N/A.

2.15.7 Interface Partner

ITD.

2.16 MC 604 IPS Data Mapping

2.16.1 Overview

MC 604 IPS packet, Non-MAGI Screening Packet and Non-MAGI Turning 65 packet contains MC 604 IPS forms.

MC RE Mixed Household packet contains MC 216(which is already available in YBN) and MC 604 IPS form (which is added through this SCR).

To accommodate the data population for the Generate Form webservice updates will need to be made on all MC 604 IPS English/threshold forms and Mixed MC RE packet to allow the mapping of variables/data elements.

2.16.2 Description of Change

1. Update the following form xdp files to allow data mapping on the English, Spanish, Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese versions for MC 604 IPS packet.
2. Update the following form xdp files to allow data mapping on the English and Spanish versions for the following.
 - a. Non-MAGI Screening Packet
 - b. Non-MAGI Turning 65 Packet
3. Update the following form xdp files to allow data mapping on the English, Spanish, Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese versions for MC 604 IPS packet, Non-MAGI Screening Packet and Non-MAGI Turning 65 packet:
 - a. Mixed MC RE packet

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

DRAFT

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.27.1.23	The LRS shall expose an interface to allow the Los Angeles Self Service Portal generation and submission of complete yearly Redetermination, Recertification, and Annual Agreement forms.	This SCR is adding the electronic submission of the MC 604 IPS which is a Renewal form.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met

5 MIGRATION IMPACTS

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

DRAFT

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CalSAWS

California Statewide Automated Welfare System

Design Document

CA-201424

DDCR 3110: Add More Program Options to the
Reception Log Detail Page

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sadia Islam
	Reviewed By	Himanshu Jain, Long Nguyen, Michael Wu

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/19/2019	1.0	Initial Revision	Sadia Islam

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	Reception Log Detail	5
2.1.1	Overview.....	5
2.1.2	Reception Log Detail Mockup	5
2.1.3	Description of Changes.....	5
2.1.4	Page Location	5
2.1.5	Page Usage/Data Volume Impacts	6
3	Requirements.....	7
3.1	Project Requirements.....	7

1 OVERVIEW

This System Change Request (SCR) will document the changes required for the Reception Log Detail page in the Leader Replacement System (LRS). This SCR closes a design difference between the LRS and C-IV systems as the changes were implemented with Tracker-55252 in C-IV.

1.1 Current Design

When a customer visits a county office, the worker will add a record of the visit in the Reception Log of LRS.

1.2 Requests

In order to align the programs offered between C-IV and LRS, add four new program options in the Reception Log Detail page of LRS.

1.3 Overview of Recommendations

The following programs will be added to enhance the Reception Log Detail page of LRS:

1. Adult Protective Services (APS)
2. Cal-Learn
3. Cash Assistance Program for Immigrants (CAPI)
4. Supplemental Security Income and/or California State Supplementary Payment (SSI/SSP)

1.4 Assumptions

1. Fields not mentioned to be modified within the description of changes will retain their current functionality.

2 RECOMMENDATIONS

2.1 Reception Log Detail

2.1.1 Overview

The Reception Log Detail page allows the user to create, edit and view details of customer visits to county offices. The Reception Log Detail page has a dropdown field to select the programs associated to the customer's visit. This page will be updated to include four new options in the 'Program' dropdown field.

2.1.2 Reception Log Detail Mockup

Reception Log Detail

* - Indicates required fields

Save and Add Another Save Cancel

Case Number: [Select] Application Number: [Select] Person Name: * [Select] Office: 060 Rancho Park Date: 07/22/2019 Interpreter Hide From Monitor

Description: [Text Area]

Individual Type: [Dropdown] Emergency Requests: [Dropdown]

Language: [Dropdown] Special Needs: [Dropdown]

Visit Information

Initial Time	Purpose*	Detail	Appt. Time	Program	Status	Number Assigned	Worker ID	Additional E-mail
[Select-]	[Dropdown]	[Dropdown]	[Dropdown]	[Dropdown]			[Select]	[Text]

Remove [Add]

Save and Add Another Save Cancel

Program Options: APS, CAPI, CC, CF, CPS, CW, Cal-Learn, FC, GA, GW, HA, IHSS, MC, NB, RG, RE, SSI/SSP, TT, WTW

Figure 2.1.1 – Reception Log Detail – Edit Mode

2.1.3 Description of Changes

1. Add the following options to the 'Program' dropdown field within the existing menu options per Figure 2.1.1:
 - a. APS
 - b. Cal-Learn
 - c. CAPI
 - d. SSI/SSP

2.1.4 Page Location

LRS Quick Links > Reception Log

2.1.5 Page Usage/Data Volume Impacts

No expected impacts to page usage or data volume impacts.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.2.2.1	<p>The LRS shall provide a method of tracking the following contacts via the traffic log:</p> <ul style="list-style-type: none">a. Face-to-face contacts;d. Inter-County transfer contacts;e. Traffic in the traditional office setting;f. Outreach User contacts in both fixed and non-fixed locations;g. Non-DPSS COUNTY Users;h. Non-COUNTY agencies;i. General public contacts, including e-Government; andj. Other contacts.	<p>Allows tracking of traffic in the traditional office setting.</p>



Design Document

SCR CA-203060/CIV-9838 - ACL 17-61 -
Achieving a Better Life Experience (ABLE)
Accounts



DOCUMENT APPROVAL HISTORY

Prepared By Tom Lazio

Reviewed By

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
5/24/2019	1.0		Tom Lazio
7/17/2019	2.0	Committee Approved	Tom Lazio

DRAFT

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	Liquid Property Detail	5
2.1.1	Overview.....	5
2.1.2	Liquid Property Detail Mockup	5
2.1.3	Description of Changes.....	6
2.1.4	Page Location	6
2.2	Income Detail.....	7
2.2.1	Overview.....	7
2.2.2	Income Detail Mockup.....	7
2.2.3	Description of Changes.....	8
2.2.4	Page Location	8
2.3	EDBC Updates.....	9
2.3.1	Overview.....	9
2.3.2	Description of Changes.....	9
2.3.3	Programs Impacted	11
2.4	Threshold Language Translations.....	11
2.4.1	Overview.....	11
2.4.2	Description of Change	11
2.5	Automated Regression Test.....	11
2.5.1	Overview.....	11
2.5.2	Description of Change	11
3	Supporting Documents	12
4	Requirements.....	13
4.1	Project Requirements	13

1 OVERVIEW

Per ACL 17-61, Achieving a Better Life Experience (ABLE) Act, allows individuals with disabilities to open an ABLE/California ABLE (CalABLE) Account for qualified disability expenses, which include basic living costs such as transportation and housing, without losing eligibility to public benefit programs. This SCR will accommodate the need of adding new ABLE/CalABLE accounts as property as well as non-qualified withdrawals as income. This SCR will also make eligibility determination updates based on the new property and income types.

1.1 Current Design

There is no option to select ABLE/CalABLE accounts as a property type and no option for non-qualified withdrawals from such accounts as an income type. Savings and investments for disability-related expenses are treated as countable property and income for means-tested public benefits programs such as CalWORKs (CW), which may result in losing program eligibility or lower benefits for the individuals with disabilities.

1.2 Requests

Per ACL 17-61, individual ABLE/CalABLE accounts are excluded as property in determining eligibility for CalFresh (CF) and disregarded up to \$100,000 as property in determining eligibility for CW. ACL 17-61 also states that withdrawals from ABLE/CalABLE accounts for qualified expenses are excluded as income for both CF and CW programs.

Per CRPC 2120, a non-qualified withdrawal from an ABLE/CalABLE account would be considered unearned income and would be counted against the individual for determining eligibility for means-tested public benefits programs.

1.3 Overview of Recommendations

Update the Liquid Property Type field on Liquid Property Detail page to allow the entry of 'ABLE/CalABLE Account'.

Update the Type field of Miscellaneous income category on Income Detail page to allow the entry of 'ABLE/CalABLE Non-Qualified Withdrawals'.

Make updates to the EDBC logic for the treatment of new property and income types across different programs.

1.4 Assumptions

- User is responsible for verifying that the individual is eligible for an ABLE/CalABLE account.
- User is responsible for adding/updating the value of ABLE/CalABLE account.
- User is responsible for determining and entering ABLE/CalABLE Non-Qualified Withdrawals.
- User is responsible to add/update an unearned income by deducting the contributions made to an ABLE/CalABLE account if applicable.

Liquid Property Detail

* - Indicates required fields

Save and Add Another Save and Return Cancel

Liquid Property Type: * **Received Date:**

Considered by SSA (1931b only):

Account Number:

Percentage

100

Add

Property History *

From: **To:** **View**

Value	Status	Usage	Begin Date	End Date	Verified

Figure 2.1.2 – Liquid Property Detail – C-IV

2.1.3 Description of Changes

Add the following value to the Liquid Property Type field of the Liquid property category:

- ABL/CalABLE Account

2.1.4 Page Location

Global: Eligibility

Local: Customer Information

Task: Property

2.2 Income Detail

2.2.1 Overview

The Income Detail page allows the User to add, edit, or view the details of a Customer's income record.

Update the Type field of Miscellaneous income category to allow the entry of 'ABLE/CalABLE Non-Qualified Withdrawal'.

2.2.2 Income Detail Mockup

Income Detail

* - Indicates required fields

Save and Add Another Save and Return Cancel

Name: *
- Select - Retrieve Information

Category:
Miscellaneous

Source:

Frequency: *
- Select -

Description:

Type: *

- Select -
- ABLE/CalABLE Non-Qualified Withdrawal
- Blood/Plasma
- Relocation Assistance - Govt.
- Disaster/Emergency Assistance
- Relocation Assistance - Private
- Jury Duty - Per Diem
- Jury Duty - Mileage
- Prison Release Funds - Transition
- Prison Release Funds - Earnings
- Tax Refunds/Rebates/Credits
- Winnings
- LTC Indemnity/Per Diem
- Community Services
- DHS/DSS Advisory Group
- GR Other
- Independent Living Programs (ILP)
- Modified Grant Diversion
- Other Unearned All
- SCORE or ACE
- Senior Citizens Rent Assistance
- Services-Wage-Based Community

Shared with RDP

Pickle Eligibility

Income Amounts *

Display Program: *
- Select -

Save and Add Another Save and Return Cancel

This Type_1 page took 0.59 seconds to load.

Figure 2.2.1 – Income Detail – LRS

Income Detail

* - Indicates required fields

Save and Add Another
Save and Return
Cancel

Name: *
- Select - Retrieve Information

Category:
Miscellaneous

Source:

Frequency: *
- Select -

Description:

Type: *

- Select -

ABLE/CalABLE Non-Qualified Withdrawal

Blood/Plasma

Relocation Assistance - Govt.

Disaster/Emergency Assistance

Relocation Assistance - Private

Jury Duty - Per Diem

Jury Duty - Mileage

Prison Release Funds - Transition

Prison Release Funds - Earnings

Tax Refunds/Rebates/Credits

Winnings

LTC Indemnity/Per Diem

▶ Pickle Eligibility

▶ Shared with RDP

Income Amounts *

Display Program: *
- Select -

Figure 2.2.2 – Income Detail – C-IV

2.2.3 Description of Changes

Add the following value to the Type field of the Miscellaneous income category:

- ABLE/CalABLE Non-Qualified Withdrawal

2.2.4 Page Location

Global: Eligibility
Local: Customer Information
Task: Income

2.3 EDBC Updates

2.3.1 Overview

Update the EDBC logic for the treatment of new property and income types across different programs.

2.3.2 Description of Changes

2.3.2.1 Liquid Property Type

For the new Liquid property type of 'ABLE/CalABLE Account', please see below for the treatment of property across the different programs in the EDBC logic:

Program	Treatment
CW	Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.
CF	Exclude each 'ABLE/CalABLE Account' from property test
RCA	Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.
Foster Care	Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.
Kin-GAP	Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.

Program	Treatment
CAPI	LRS Only: Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.
Medi-Cal	Exclude each 'ABLE/CalABLE Account' from property test.
General Assistance	LRS Only: Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.
Immediate Need	Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000 If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.
Diversion	Disregard each 'ABLE/CalABLE Account' from property test up to \$100,000. If the ABLE/CalABLE Account value for the benefit month is greater than \$100,000, the difference would be counted as part of the property test.

2.3.2.2 Miscellaneous Income Type

For the new Miscellaneous income type of 'ABLE/CalABLE Non-Qualified Withdrawal', please see below for the treatment of income across the different programs in the EDBC logic:

Program	Treatment
CW	Unearned Income
CF	Unearned Income
RCA	Unearned Income
Foster Care	Unearned Income
Kin-GAP	Unearned Income
CAPI	Unearned Income

Medi-Cal	Unearned Income
General Assistance	Unearned Income
Immediate Need	Unearned Income
Diversion	Unearned Income

The Miscellaneous income type 'ABLE/CalABLE Non-Qualified Withdrawal' will have an eICT Outbound code of 'LOT'.

The Miscellaneous income type 'ABLE/CalABLE Non-Qualified Withdrawal' will have a CalHEERS Outbound code of 'MS'.

2.3.3 Programs Impacted

CW, CF, MC, RCA, KG, IN, CAPI, GA, FC

2.4 Threshold Language Translations

2.4.1 Overview

LRS Only: In LRS, a NOA fragment may display an income type. New income types added to the system must include threshold language translations for accurate NOA text.

2.4.2 Description of Change

LRS Only: Add threshold language translations for the added Miscellaneous income type of 'ABLE/CalABLE Non-Qualified Withdrawal'. These translations are found in the Supporting Documents section below.

2.5 Automated Regression Test

2.5.1 Overview

Create new automated scripts to create new property and income records of the new types, and confirm the EDBC impact to at least the following programs: CalWORKs, CalFresh, Medi-Cal.

2.5.2 Description of Change

Create new scripts to cover the following scenarios:

- Submit a new application for an impacted program
- Add a new property and/or income record with each of the following configurations:
 - Property above threshold
 - Income above threshold

- Property below threshold
- Income below threshold
- Run EDBC and verify that the property and/or income is treated accordingly

Required programs to be covered:

- CalWORKs
- CalFresh
- Medi-Cal

Secondary programs, to be covered if time allows:

- RCA
- Foster Care

Tertiary programs, to be covered if time allows:

- Kin-GAP
- CAPI (LRS only)
- General Assistance (LRS only)
- Immediate Need

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Online, Eligibility	ACL 17-61 – All County Letter regarding Achieving A Better Life Experience (ABLE) accounts for individuals with disabilities in California.	 17-61.pdf
2	Online, Eligibility	CRPC 2120 – Consortium Request For Research And Analysis regarding ACL 17-61 clarification questions with responses.	 CRPC 2120_ABLE Acct_CalWORKs Res
3	Correspondence	Translation of new income type	

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.11	The LRS shall treat income and resources based on program-specific rules.	<p>The LRS will include Non-Qualified withdrawals from ABLE/CalABLE accounts as unearned income for both CalFresh (CF) and CalWORKs (CW) programs.</p> <p>The LRS will exclude ABLE/CalABLE accounts as property for CF and exclude up to \$100,000 from property for CW programs.</p>
2.5.2.15	The LRS shall allow COUNTY-specified Users to collect personal property resources and liquid resources information at the individual level.	The LRS will allow users to enter in ABLE/CalABLE Accounts as liquid property.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-204326 | CIV-102404

Transitional CalFresh Eligibility Updates

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
6/6/2019	1.0		Tom Lazio

DRAFT

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	EDBC Updates	5
2.1.1	Overview.....	5
2.1.2	Description of Changes.....	5
2.1.3	Programs Impacted	9
3	Requirements.....	9
3.1	Project Requirements	9

DRAFT

1 OVERVIEW

This SCR will accommodate the need to copy the appropriate program person(s) Role and Role Reason when a recertification denial of a discontinued Transitional CalFresh (TCF) program is saved/authorized.

1.1 Current Design

Currently, for a case where the TCF program has been previously discontinued and a recertification CF EDBC is run in the month following the RE Due Month, a denial will force the program and program persons to have a 'MEM' Role code and no Role Reason. If a program person was previously given a different Role and Role Reason as part of the TCF discontinuance, that Role and Role Reason are not preserved in the CalFresh Detail page after the EDBC is saved/authorized.

1.2 Requests

The Role and Role Reason for the program person(s) from the prior TCF discontinuance EDBC should be preserved on the CalFresh Detail page after the denied recertification EDBC is saved/authorized to be consistent with the original discontinuance details.

1.3 Overview of Recommendations

Update CF EDBC save/authorize logic to copy the Role and Role Reason of the previous TCF discontinuance EDBC when a current recertification EDBC denial result is saved/authorized.

1.4 Assumptions

- The user is responsible for setting the Role and Role Reason of the program person(s) for a Manual EDBC.

2 RECOMMENDATIONS

2.1 EDBC Updates

2.1.1 Overview

Update CF EDBC save/authorize logic to copy the Role and Role Reason of the previous TCF discontinuance EDBC when a current recertification EDBC denial result is saved/authorized.

2.1.2 Description of Changes

Update CF EDBC logic to copy the Role and Role Reason from the previous denied/discontinued TCF EDBC (See Figures 2.1.5 and 2.1.6) when the following occurs:

1. There exists a CF EDBC for the benefit month following the RE Due Month which resulted in a TCF program discontinuance (See Figures 2.1.1 and 2.1.2).
2. The user is running a CF EDBC with a pending recertification application for the benefit month following the RE Due Month and that program and program person(s) are being denied (See Figures 2.1.3 and 2.1.4).

▼ CalFresh

Worker: Nick Smith **Primary Applicant/Recipient:** Tom Johnson
Worker ID: [36LS339C0H](#) **Language:** English
Program Status: **Discontinued** **Phone Number:**
Discontinued Date: 06/01/2019 **Payee:** Tom Johnson
RE Due Month: 05/2019 **Application Date:** 12/03/2018
Aid Code: 0F - TCF
Meets ESAP Criteria:
Public Assistance Indicator: No
FBU: 1

Name	Role	Role Reason	Status	Status Reason
Sam Johnson	MEM		Discontinued	CF Recert Expired
Tom Johnson	FRE	Fleeing Felon	Discontinued	CF Recert Expired

[View Details](#)

Figure 2.1.1 – C-IV: Program Persons on Previous TCF Discontinuance

▼ CalFresh

Worker: ScUsr EligSupervisor **Primary Applicant/Recipient:** Johnny Walker
Worker ID: [19DP97A101](#) **Language:** English
Program Status: **Discontinued** **Phone Number:**
Discontinued Date: 06/01/2019 **Email:**
RE Due Month: 05/2019 **Payee:** Johnny Walker
Aid Code: 0F - TCF **Application Date:** 12/03/2018
Meets ESAP Criteria:
Public Assistance Indicator: No
FBU: 1

Name	Role	Role Reason	Status	Status Reason
Danny Walker	MEM		Discontinued	CF Recert Expired
Johnny Walker	FRE	Fleeing Felon	Discontinued	CF Recert Expired

[View Details](#)

Figure 2.1.2 – LRS: Program Persons on Previous TCF Discontinuance

Begin Month	End Month	Run Date	Run Status	Accepted By
06/2019		06/07/2019	Not Accepted	Thomas Lazio

EDBC Information

Semi-Annual Reporting Period Begin Month: 06/2019 EDBC Run Reason: RE

Type:
Regular

Recalculation:
No

Regular Program Configuration

System Determination
EDBC Source: Online EDBC Rules
Aid Code: 09 - CalFresh
Program Status: Denied
Program Type: Regular
Program Status Reason: Over Income

Note: Overridden rows are in bold.

Name	DOB	Role	Role Reason	Status	Status Reason
Johnson, Tom	02/01/1976	FRE	Fleeing Felon	Denied	Over Income
Johnson, Sam	08/08/2014	MEM		Denied	Over Income

[Override Program Configuration](#)

Figure 2.1.3 – C-IV: Recertification EDBC with Denial Result

Begin Month	End Month	Run Date	Run Status	Accepted By
06/2019		07/05/2019	Not Accepted	Test User One

EDBC Information

Semi-Annual Reporting Period Begin Month: 06/2019

EDBC Run Reason: Elect Regular

Reporting Type Reason:
Type: Regular

Recalculation: No

Regular Program Configuration

System Determination
EDBC Source: Online EDBC Rules
Aid Code: 09 - CalFresh
Program Status: Denied
SUAS Eligible: No
Program Type: Regular
Program Status Reason: Over Income [View All](#)

Note: Overridden rows are in bold.

Name	DOB	Role	Role Reason	Status	Status Reason
Walker, Johnny	12/04/1975	FRE	Fleeing Felon	Denied	Over Income
Walker, Danny	06/09/2015	MEM		Denied	Over Income

Figure 2.1.4 – LRS: Recertification EDBC with Denial Result

CalFresh Detail

*- Indicates required fields

[View History](#) [Issuance Method](#) [Edit](#) [Close](#)

Date: *
07/01/2019

Program Information

Status: * Status Reason: Source: *
Discontinued CF Recert Expired In Person

Application Date: * RE Begin Month: RE Due Month: *
12/03/2018 01/2019 05/2019

SSI/SSP Reversal Month:

Reporting Type:
Semi-Annual Reporting

Automatically Reassign When Activated:

Administrative Roles

Name	Administrative Role	Begin Date	End Date
Tom Johnson	Primary Applicant/Recipient	12/01/2018	
Tom Johnson	Payee	12/01/2018	

Program Persons

Name	Role	Reason	Status	Status Reason
Sam Johnson	MEM		Discontinued	CF Recert Expired
Tom Johnson	FRE	Fleeing Felon	Discontinued	CF Recert Expired

Figure 2.1.5 – C-IV: After SCR is implemented: Program Persons After Recertification EDBC Is Saved

CalFresh Detail

*- Indicates required fields

[View History](#) [Issuance Method](#) [Edit](#) [Close](#)

Date: *
07/01/2019

Program Information

Status: * Status Reason: Source: *
Discontinued CF Recert Expired In Person

Application Date: * RE Begin Month: RE Due Month: *
12/03/2018 01/2019 05/2019

SSI/SSP Reversal Month:

Reporting Type: SAR Due Month:
Semi-Annual Reporting 11/2018

Public Assistance Indicator:
N

Administrative Roles

Name	Administrative Role	Begin Date	End Date
Johnny Walker	Primary Applicant/Recipient	12/01/2018	
Johnny Walker	Payee	12/01/2018	

Program Persons

Name	Role	Role Reason	Status	Status Reason
Danny Walker	MEM		Discontinued	CF Recert Expired
Johnny Walker	FRE	Fleeing Felon	Discontinued	CF Recert Expired

Figure 2.1.6 – LRS: After SCR is implemented: Program Persons After Recertification EDBC Is Authorized

2.1.3 Programs Impacted

CF

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.6.2	The LRS shall display the results of the eligibility determination to COUNTY-specified Users by individual(s) and by case.	This SCR modifies the CF EDBC save/authorize logic to carry forward the appropriate Role and Role Reason of the program person(s).

DRAFT



Design Document

SCR CA-206310 CIV-100485 ACL 19-70 Foster
Care and Kin-GAP COLA Rate Increase for Year
2019



DOCUMENT APPROVAL HISTORY

Prepared By	Dan DeMille, Anand Kulkarni
Reviewed By	Girish Chakkingal

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
6/13/2019	1.0	Initial Design	Dan DeMille
6/18/2019	1.1	Correspondence updates	Anand Kulkarni
6/28/2019	1.2	Formatting and feedback updates	Dan DeMille
6/28/2019	1.3	Added FC/KG COLA NOA in C-IV system.	Anand Kulkarni
7/15/2019	1.4	Updated with Final rates	Dan DeMille
7/25/2019	1.5	Added Spanish translations for FC and KG COLA NOAs	Anand Kulkarni

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Table of Contents

1	Overview	5
1.1	Current Design.....	5
1.2	Requests.....	5
1.3	Overview of Recommendations	5
1.4	Assumptions.....	6
2	Recommendations.....	6
2.1	Schedule A Basic rates for HBFC Homes (C-IV and LRS)	6
2.1.1	Description of Changes	7
2.2	Schedule A specialized Rates for HBFC Homes (LRS Only)	7
2.3	Schedule B Basic Rates for HBFC Homes (C-IV and LRS)	7
2.3.1	Description of Changes	8
2.4	Schedule B specialized Rates for HBFC Homes (LRS Only)	8
2.5	Level of Care Basic Rates for HBFC Homes (C-IV and LRS)	8
2.5.1	Description of Changes	8
2.6	Level of Care specialized Rates for HBFC Homes (LRS Only)	9
2.7	Dual Agency / Regional Center Rates (C-IV Only)	9
2.7.1	Description of Changes	9
2.8	Dual Agency / Regional Center Rates (LRS Only)	10
2.8.1	Description of Changes	10
2.9	Foster Family Agencies (FFAs) age based Rates (C-IV and LRS)	10
2.9.1	Description of Changes	10
2.10	Foster Family Agencies (FFAs) Level of Care Rates (C-IV and LRS)	10
2.10.1	Description of Changes	10
2.11	Intensive Services Foster Care (ISFC) Rates (C-IV and LRS).....	11
2.11.1	Description of Changes	11
2.12	Group Homes (C-IV and LRS)	11
2.12.1	Description of Changes	12
2.13	Short-Term Residential Therapeutic Program (STRTP) Rate Type (C-IV and LRS) .	12
2.13.1	Description of Changes	12
2.14	Transitional Housing Placement – Plus – Foster Care (THP+FC) (C-IV and LRS)	13
2.14.1	Description of Changes	13
2.15	Journal Entry Updates (LRS only).....	13

2.15.1	Foster Care Journal Entry	13
2.15.2	Kin-GAP Journal Entry	13
2.16	NOA Changes	14
2.16.1	Add/Update FC/KG COLA NOA:	14
2.16.2	Add New Action Fragment for FC and KG COLA NOA:	14
2.16.3	Add/Update FC/KG COLA NOA Reason Fragment:.....	15
2.16.4	Add Regulations to the Reason Fragment:	Error! Bookmark not defined.
2.16.5	NOA Title on Document List/Distributed Documents Search Page:.....	Error! Bookmark not defined.
2.16.6	NOA Title on FC/KG COLA NOA:	Error! Bookmark not defined.
2.16.7	Add FC and KG COLA NOA to the Template Repository.	Error! Bookmark not defined.
2.16.8	Suppress CCR Rate Change NOA (LRS Only)	18
2.17	Counties Interface Testing	18
2.17.1	Overview	18
2.17.2	Description of Changes	18
3	Supporting Documents	19
4	Requirements.....	20
4.1	Project Requirements	20
5	Migration Impacts	20
6	Outreach.....	20
7	Appendix.....	21

1 OVERVIEW

This document details the changes necessary in C-IV and LRS to implement the adjusted schedules of rates that reflect the California Necessities Index (CNI) increase of 4.15% for Fiscal Year (FY) 2019-20 for Foster Care (FC) and Kin-GAP (KG) programs.

In LRS, ARC is a subset of the Foster Care program, so the rates for ARC are implicitly updated by updating the Foster Care rates to the new levels for the FY 2019-20.

The CNI increase is applicable to out-of-home placements and the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program.

This document also reflects the CNI increase to be applied to Dual Agency and other additional rates applicable to FC programs effective July 1, 2019.

The one-time batch run details related to the CNI COLA Rate increase for FC/KG programs can be found under the SCR's CA-206317 for LRS and CIV-103141 for C-IV Systems.

1.1 Current Design

Currently C-IV and LRS use the CNI rates of FY 2018-19 that are effective from July 1, 2018. C-IV uses Rate change NOA to notify FC/KG vendors when FC/KG Monthly rate changes due to COLA or any other reason.

1.2 Requests

- As per the ACL 19-70, the new CNI rate increase for the FY 2019-20 will be implemented in C-IV and LRS effective July 1, 2019.
- Update Foster Care and Kin-GAP COLA NOAs in LRS to add/update new Action and Reason fragments and regulations for FY 2019-20.
- Implement FC and KG COLA NOAs in C-IV system.

1.3 Overview of Recommendations

- The Code detail tables that reflect the CNI rates will be updated for all the applicable placement types.
- A new Action fragment will be added to both LRS and C-IV systems for FC and KG COLA NOA.
- Existing Reason fragment for FC and KG COLA NOAs will be updated in LRS.
- A new Reason fragment will be added in C-IV for FC and KG COLA NOAs.
- Existing trigger conditions for FC and KG COLA NOAs will be updated in LRS.
- New trigger conditions will be added in C-IV for FC and KG COLA NOA Action and Reason fragments.
- Existing regulations for FC and KG COLA NOA will be updated with new regulations for 2019 COLA.
- New Regulations will be added in C-IV for FC and KG COLA NOA.

1.4 Assumptions

- Under this SCR, Eligibility is only updating the amounts and effective dates of CNI rates in the Code Tables.
- COLA Rate in rate/code table updates are only the scope of this SCR.
- No change will be made to Rate determination logic in this SCR.
- Home Based Family Care (HBFC) Providers list referred in this SCR can be found at the end of design document.
- Foster Family Agency (FFA) facility types list referred in this SCR can be found at the end of design document.
- During the batch EDBC COLA run, the CCR Rate Change NOA will not be generated for EDBCs that have a rate change and are run for COLA month (LRS Only).
- LRS and C-IV will continue to use the existing FC/KG NOA templates for FC and KG COLA NOAs.
- FC/KG Monthly rates that are changed manually by worker may result into generation of FC/KG COLA NOA if the Rate change effective month is same as COLA effective month for the program and EDBC is run for that month. Workers may suppress the generated COLA NOA in such cases and generate a manual NOA for FC/KG Rate change.
- FC/KG COLA NOA will be added to template repository by a future SCR CA-209638/CIV-104665
- Under this SCR, there will be no impact to Fiscal process such as creating the issuances and then sending those issuances to the Auditor Controller in a separate COLA file.
- No COLA changes will be made to the Infant Supplement.
- Batch EDBC will continue to use the run reason "DCFS Annual COLA" for the Fiscal COLA payment file (LRS Only).
- Batch EDBC will have a run reason for every month of COLA run (i.e. July, Aug, Sept).(LRS Only).

2 RECOMMENDATIONS

The CNI rates will be updated in C-IV and LRS code tables for all the applicable placement types for Foster Care (FC) and Kin-GAP (KG) Programs.

2.1 Schedule A Basic rates for HBFC Homes (C-IV and LRS)

- Schedule A Basic rates are applicable to both C-IV and LRS systems.
- Schedule A rates apply to Kin-GAP cases in which dependency was dismissed and NRLG cases including probate whose guardianship was established, prior to May 1, 2011.
- For Foster Care programs these rates are paid when the child is in a Facility that receives the Home-Based Family Care (HBFC) rates and the selected Basic Rate Code in the rate detail page is Schedule A (LRS Only; automatically set in C-IV).
- For Kin-GAP programs these rates are paid when the "Date of Legal Guardianship" is prior to May 1, 2011 in LRS or Case Dismissal Date is prior to May 1, 2011 in C-IV.

2.1.1 Description of Changes

- Update HBFC Homes age-based standard state rates in C-IV and LRS for Schedule A by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 and Over
Basic	\$581	\$632	\$677	\$746*	\$819

*Effective July 1, 2019, a 2.08 percent CNI increase applies only to the 12-14 age column of the Orange County grandfathered FFH basic rate (see ACL 19-70, Table A-1) resulting in a rate of \$753. This will be updated in the C-IV and LRS rate tables and will only apply to cases eligible to this rate where the County Code is 30 (Orange).

2.2 Schedule A specialized Rates for HBFC Homes (LRS Only)

- Schedule A LRS only specialized rates.
- The D, F1 thru F4 rates for Schedule A are only applicable to LRS and these rates need to be updated in LRS only.

Age	0-4	5-8	9-11	12-14	15 and Over
D Rate	\$1,357	\$1,346	\$1,340	\$1,361	\$1,381
F1 Rate	\$950	\$935	\$931	\$952	\$969
F2 Rate	\$1,096	\$1,084	\$1,078	\$1,100	\$1,116
F3 Rate	\$1,357	\$1,346	\$1,340	\$1,361	\$1,381
F4 Rate	\$1,579	\$1,564	\$1,560	\$1,583	\$1,596

2.3 Schedule B Basic Rates for HBFC Homes (C-IV and LRS)

- Schedule B Basic rates are applicable to both C-IV and LRS systems.
- Schedule B rates applies to Kin-GAP cases where dependency was dismissed and NRLG cases including probate guardianship and guardianships established by the juvenile court, between May 1, 2011 and December 31, 2016.
- For Foster Care programs these rates are paid when the child is in a Facility that receives the Home Based Family Care (HBFC) rates and the selected Basic Rate Code in the rate detail page is Schedule B (LRS Only; automatically set in C-IV).
- For Kin-GAP programs these rates are paid when the "Date of Legal Guardianship" is on / after May 1, 2011 but KG Summary begin date is prior to January 1, 2017 in LRS or Case Dismissal Date is on / after May 1, 2011 but prior to January 1, 2017 in C-IV.

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2.3.1 Description of Changes

- Update HBFC Homes age-based standard state rates in C-IV and LRS for Schedule B by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 and Over
Basic	\$795	\$859	\$905	\$948	\$993

2.4 Schedule B specialized Rates for HBFC Homes (LRS Only)

- Schedule B LRS only specialized rates.
- The D, F1 thru F4 rates for Schedule B are only applicable to LRS and these rates need to be updated in LRS only.

Age	0-4	5-8	9-11	12-14	15 and Over
D Rate	\$1,571	\$1,573	\$1,568	\$1,563	\$1,555
F1 Rate	\$1,164	\$1,162	\$1,159	\$1,154	\$1,143
F2 Rate	\$1,310	\$1,311	\$1,306	\$1,302	\$1,290
F3 Rate	\$1,571	\$1,573	\$1,568	\$1,563	\$1,555
F4 Rate	\$1,793	\$1,791	\$1,788	\$1,785	\$1,770

2.5 Level of Care Basic Rates for HBFC Homes (C-IV and LRS)

- Level of Care Basic rates are applicable to both C-IV and LRS systems.
- For Foster Care programs these rates are paid when the child is in a Facility that receives the Level of Care rate and the Benefit Month is on or after January 2017.
- For Kin-GAP programs these rates are paid when the Case Dismissal Date is on or after January 1, 2017 in C-IV or Kin-GAP Summary Begin Date is on or after January 1, 2017 in LRS.

2.5.1 Description of Changes

- Update the HBFC Homes LOC1 (Basic Level) Rate by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following LOC1 rate:
- Update the HBFC Homes LOC2 thru LOC4 rates by end-dating the rate/code table records that began 07/01/2018 with an end date of

06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
Basic	\$1,000	\$1,112	\$1,225	\$1,337

2.6 Level of Care specialized Rates for HBFC Homes (LRS Only)

- Level of Care Rates LRS only specialized rates.
- The D, F1 thru F4 rates for HBFC Homes LOC rates are only applicable to LRS and these rates need to be updated in LRS only.

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
D Rate	\$1,601	\$1,601	\$1,601	\$1,601
F1 Rate	\$1,191	\$1,191	\$1,225	\$1,337
F2 Rate	\$1,341	\$1,341	\$1,341	\$1,341
F3 Rate	\$1,601	\$1,601	\$1,601	\$1,601
F4 Rate	\$1,821	\$1,821	\$1,821	\$1,821

2.7 Dual Agency / Regional Center Rates (C-IV Only)

- In C-IV system, Birth up to 3 years is California Early Start Intervention Rate (CT 335 - MY), and 3 years and older is Lanterman Developmental Disability Rate (CT 335 - MZ).

2.7.1 Description of Changes

- Update Dual Agency rates in C-IV by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	FY 2019-20
Birth up to 3 years	\$1,171
*3 years and older	\$2,617

2.8 Dual Agency / Regional Center Rates (LRS Only)

- In LRS system, these rates are paid when the rate selected on a case is "Dual Agency RC-California Early Start Intervention (P1)" or "Dual Agency RC-Lanterman Developmental Disability (P2)".

2.8.1 Description of Changes

- Update "Dual Agency/Regional Center" rates in LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Description	Rate
Dual Agency RC-California Early Start Intervention (P1)	\$1,171
Dual Agency RC-Lanterman Developmental Disability (P2)	\$2,617

2.9 Foster Family Agencies (FFAs) age based Rates (C-IV and LRS)

- These rates are paid on age based Foster Care programs with a facility type of "Foster Family Agency (FFA)" placements made prior to 12/01/2017.

2.9.1 Description of Changes

- Update "Foster Family Agencies (FFAs)" age based rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 & Over
Basic	\$2,250	\$2,314	\$2,360	\$2,403	\$2,448

2.10 Foster Family Agencies (FFAs) Level of Care Rates (C-IV and LRS)

- These rates are paid on LOC Rate Foster Care programs with a facility type of FFA placements made after 12/01/2017.

2.10.1 Description of Changes

- Update "Foster Family Agencies (FFAs)" LOC rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
Basic	\$2,266	\$2,424	\$2,583	\$2,777

2.11 Intensive Services Foster Care (ISFC) Rates (C-IV and LRS)

- These rates are paid on Foster Care programs when an ISFC rate is selected.

2.11.1 Description of Changes

- Update "Intensive Services Foster Care (ISFC)" rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

LRS Only

ISFC Options	Rate
ISCO - ISFC – County	\$6,291
ISFA - ISFC – FFA	\$6,291
ISFO - ISFC - Family-Only	\$2,609
ISTF - ISFC – TFC	\$6,291

C-IV Only

ISFC Options	Rate
ISFC-RF	\$2,609
County or FFA ISCF	\$6,291

2.12 Group Homes (C-IV and LRS)

- These rates are paid on Foster Care programs when using the standard rate and the placement is a facility type "Group Home" or "Community Treatment Facility."

2.12.1 Description of Changes

- Update "Group Home" rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

RCL	Rate
1	\$2,762
2	\$3,450
3	\$4,138
4	\$4,823
5	\$5,507
6	\$6,199
7	\$6,885
8	\$7,576
9	\$8,260
10	\$8,950
11	\$9,634
12	\$10,324
13	\$11,019
14	\$11,704

2.13 Short-Term Residential Therapeutic Program (STRTP) Rate Type (C-IV and LRS)

- These rates are paid on Foster Care programs when the rate level is "Short Term Residential Therapeutic Program (STRTP)".

2.13.1 Description of Changes

- Update "Short-Term Residential Therapeutic Program (STRTP)" rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rate:

	Rate
STRTP	\$13,532

2.14 Transitional Housing Placement – Plus – Foster Care (THP+FC) (C-IV and LRS)

- These rates are paid on Foster Care programs when the placement is a facility type of "Transitional Housing Placement + FC (THP+FC)" and the corresponding rate from the list below is selected.

2.14.1 Description of Changes

- Update all "Transitional Housing Placement – Plus – Foster Care (THP+FC)" rates in C-IV and LRS by end-dating the rate/code table records that are high dated with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

	Rate
THP+FC SINGLE SITE	\$3,474
THP+FC REMOTE SITE	\$3,474
THP+FC HOST SITE	\$2,764

2.15 Journal Entry Updates (LRS only)

2.15.1 Foster Care Journal Entry

- Batch EDBC will insert the below Journal entry for Foster Care (FC) programs.

Short Description: Batch EDBC ran for <Month Year>.

Long Description: Batch EDBC Ran for <Month Year>. Batch EDBC processed for the <Program Name> program for following reasons: Foster Care COLA

2.15.2 Kin-GAP Journal Entry

- Batch EDBC will insert the below Journal entry for Kin-GAP (KG) programs.

Short Description: Batch EDBC ran for <Month Year>.

Long Description: Batch EDBC Ran for <Month Year>. Batch EDBC processed for the <Program Name> program for following reasons: Kin-GAP COLA

2.16 NOA Changes

2.16.1 Add/Update FC/KG COLA NOA:

Foster Care (FC)/Kin-GAP (KG) COLA NOA is to inform the FC/KG vendors of the benefit increase due to CNI (California Necessities Index) increase.

LRS: FC and KG COLA NOA Reason fragment will be updated and a new Action fragment will be added in the system. Regulations will be moved to the Rules section which will be controlled by a CTCR.

C-IV: New Action and Reason fragments will be added in C-IV to generate COLA NOA during COLA month when the FC/KG Rate change due to COLA.

2.16.2 Add New Action Fragment for FC and KG COLA NOA:

2.16.2.1 Add New Action Fragment Text

A new Action fragment will be added in both LRS and C-IV systems with the below fragment text.

Fragment Text in English:

As of <Date>, your <Program Name> rate has increased from <Old Rate> to <New Rate>.

Here's why;

Fragment Text in Spanish:

A partir de <Date>, su tasa para el programa de <Program Name> aumentó, de <Old Rate> a <New Rate>.

La razón es la siguiente:

Variable Data population logic:

- 1) **Date** – Effective date for COLA displayed in the format MM/DD/YYYY. This date will be derived from the new CTCR added with this SCR. Every year, the code detail value will be updated to store the new effective COLA months.

This date will be the first day of the COLA month. (For FY 2019, the FC and KG COLA effective date is 07/01/2019).

- 2) **Program Name** – Name of the program (CT-18). Possible values
 - a. Foster Care
 - b. Kin-GAP
- 3) **Old Rate** – FC/KG Monthly Rate for the previously accepted and saved FC/KG EDBC. (example: \$900.00)
- 4) **New Rate** – FC/KG Monthly Rate for the current accepted and saved FC/KG EDBC (example: \$950.00).

Languages:

This new Action Fragment will be implemented in English and Spanish.

2.16.2.2 Add Action Fragment Trigger Conditions

C-IV:

- Add a new category (CTCR) with code detail values to store the FC/KG COLA months for Foster Care and Kin-GAP programs.
- Create a new Rule to trigger FC/KG COLA NOA Action fragment when the FC/KG EDBC is run for COLA month and there is an increase in FC/KG monthly rate amount compared to the monthly rate amount of previous Accepted and Saved EDBC.
- Existing functionality to add any other applicable fragments for Foster Care Change action type will be continued.

LRS:

Create a DCR to add new Action fragment snippet ID to the existing FC/KG COLA NOA reason fragment ID (7475) row in NOA_SNIPPET_CONFIG.

This new Action fragment will be generated for both Online and Batch EDBCs.

2.16.3 Add/Update FC/KG COLA NOA Reason Fragment:

2.16.3.1 Add/Update Reason Fragment Text

C-IV:

A new Reason fragment for FC/KG COLA NOA will be added in C-IV with the below mentioned fragment text.

LRS:

Existing Reason fragment for FC/KG COLA NOA will be updated with the below fragment text.

Fragment Text in English:

The California Necessities Index (CNI) has increased.

Fragment Text in Spanish:

El índice sobre Necesidades de California (CNI), ha aumentado

Languages:

This new Reason Fragment will be implemented in English and Spanish.

2.16.3.2 Add/Update Reason Fragment Trigger Conditions

- Add a new CTR to store the FC/KG COLA effective months for Foster Care and Kin-GAP programs.
- Trigger FC/KG COLA NOA Reason fragment when the FC/KG EDBC is run for COLA month and there is an increase in FC/KG monthly rate amount compared to the monthly rate amount of previous Accepted and Saved EDBC.

C-IV:

- Existing functionality to add any other applicable fragments for Foster Care Change action type will be continued.

This Reason fragment will be generated for both Online and Batch EDBCs when the above conditions are met.

2.16.4 Add Regulations to the Reason Fragment:

Update Category CT-662 to add the following rules for FC/KG COLA NOA.

Due to the order in which regulations are listed in LRS and C-IV, regulations are provided separately in both the systems to support the existing regulations functionality in both systems.

LRS:

Rules: These rules apply. You may review them at your local welfare office: W&I Code Sections 11364, 11387, 11453, 11460, 11461, 11461(d)(2)(A), 11462, 11463, 11464, 18254, 18358.30; ACL NO. 19-70; Senate Bill (SB) 1013, Chapter 35, Statutes Of 2012; Assembly Bill (AB) 403, Chapter 773, Statutes Of 2015; AB 1997, Chapter 612, Statutes Of 2016.

C-IV:

Rules: These rules apply. You may review them at your local welfare office: W&I Code Sections 11364, 11387, 11453, 11460, 11461, 11461(d)(2)(A),

11462, 11463, 11464, 18254, 18358.30; ACL 19-70; SB 1013, Chapter 35, Statutes Of 2012; AB 403, Chapter 773, Statutes Of 2015; AB 1997, Chapter 612, Statutes Of 2016

Example:

FC/KG COLA Month for 2019 is July-2019. FC EDBC is run for July-2019 and monthly rate on previous (June-2019) Accepted and Saved EDBC is 900. Monthly rate on the current (July 2019) EDBC is 950.

In this scenario, FC/KG COLA NOA will be generated.

2.16.5 Add NOA Title on Document List/Distributed Documents Search Page:

NOA Titles on the Document List/Distributed Documents Search pages will appear as hyperlinks. On click of these hyperlinks generated documents can be opened and downloaded.

FC COLA NOA:

LRS:

NOA title on Document List page for Foster Care program in LRS System will be displayed as

'NOA – FC- BC - FC COLA NOA'.

C-IV:

NOA title on Distributed Documents Search page for Foster Care program in C-IV System will be displayed as

'NOA – FC- Benefit Change'.

KG COLA NOA:

LRS:

NOA title on Document List page for Kin-GAP program in LRS System will be displayed as

'NOA – KG - BC - FC COLA NOA'.

C-IV:

NOA title on Distributed Documents Search page for Kin-GAP program in C-IV System will be displayed as

'NOA – KG – Benefit Change'.

2.16.6 Add NOA Title on FC/KG COLA NOA:

NOA Title on the FC/KG COLA NOA will be displayed as

'Rate Change'

Note: in C-IV system, FC/KG COLA NOA will not have the NOA title for Non-CCR Rates.

Spanish translation: Cambio de Tasa

2.16.7 Suppress CCR Rate Change NOA (LRS only)

- FC/KG COLA run results into rate increase. This will trigger Rate Change NOA for the cases that have CCR Rates.
- Update Rules to suppress CCR Rate Change NOAs during FC/KG COLA run for EDBC's that will have the FC/KG COLA NOA generated.
- FC/KG Change NOA will not be generated when the EDBC is run for COLA month and there is an increase in Rate amount.

2.17 Counties Interface Testing

2.17.1 Overview

Each CalACES county has their separate warrant print and auditor control file exchange process. This section describes the recommendations to perform interface testing for each county file.

2.17.2 Description of Changes

- 1) Perform the interface file testing for following counties:
 - a. Los Angeles – eCAPS Special Warrant Request (SWR)
 - b. Merced – FIRMS
 - c. Riverside – OASIS
 - d. San Bernardino – Warrant Print
 - e. Migration – Auditor Controller File

NOTE: Except for Los Angeles County and San Bernardino County, all interface test files will be uploaded to the C-IV Web Portal under System Changes > SCR and SIR Lists > 2019 > CIV-100485. San Bernardino County test files will be uploaded to their production FTP servers. Los Angeles County test file will be uploaded to eCAPS test FTP servers.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOA	FC COLA NOA Mock-up for LRS	 FC COLA NOA Mockup - LRS.pdf
2	NOA	KG COLA NOA Mock-up for LRS	 KG COLA NOA Mockup - LRS.pdf
3	NOA	FC COLA NOA SPD	 FC_COLA_NOA_T307_C_7475_SPD.docx
4	NOA	KG COLA NOA SPD	 KG_COLA_NOA_K01_6_7476_SPD.docx
5	NOA	Action/Header SPD for FC COLA	 NOA_ACTION_FC_COLA_SPD.docx
6	NOA	Action/Header SPD for KG COLA	 NOA_ACTION_KG_COLA_SPD.docx
7	NOA	FC COLA NOA Mock-up for CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	 FC COLA NOA Mockup CCR - CIV.pdf
8	NOA	FC COLA NOA Mock-up for Non-CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	 FC COLA NOA Mockup Non-CCR - CIV.pdf
9	NOA	KG COLA NOA Mock-up for CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	 KG COLA NOA Mockup CCR - CIV.pdf

10	NOA	KG COLA NOA Mock-up for Non-CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	 KG COLA NOA Mockup Non-CCR -
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4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.16.1.2	The LRS shall include an automated method for implementing mass updates triggered by policy changes or mass participant financial changes, including Social Security or Veterans benefits cost of living adjustments (COLAs).	The new CNI Rates released by the County will be updated in the system. These new COLA rates will be used to determine the eligibility benefits.
2.16.4.1	The LRS shall include the ability to process a mass update that includes eligibility and benefits with an effective date of any prior month, the current month, or future month(s).	The Batch EDBC process will be run and determine eligibility using the new CNI Rates.

5 MIGRATION IMPACTS

None

6 OUTREACH

None

7 APPENDIX

HBFC (Home-Based Family Care) Providers:

- 1) Foster Family Home
- 2) Foster Family Home – Shelter Care
- 3) Legal Guardian
- 4) Non-Relative Extended Family Member Home
- 5) Relative Home
- 6) Specialized Foster family Home
- 7) Supervised Independent Living
- 8) Tribal Specific Home
- 9) County Shelter / Receiving Home (Non – EA/AFDC) – LRS Only
- 10) Court Specified Home – LRS Only
- 11) Guardian Home – LRS Only
- 12) Resource family Home – LRS Only
- 13) Small Family Home – LRS Only
- 14) Temporary Shelter Home – LRS Only

FFA Providers:

- 1) Foster Family Agency
- 2) Foster Family Agency (Intensive Programs)
- 3) Foster Family Agency (Nontreatment)
- 4) Foster Family Agency (Treatment)
- 5) Foster Family Agency Certified Resource Family Home (FFACRFH) (Nontreatment) – LRS Only
- 6) Foster Family Agency Certified Resource Family Home (FFACRFH) (Treatment) -- LRS Only



Design Document

CA-208834 – Changes due to New Refugee
Employment and Acculturation Services (REAS)



DOCUMENT APPROVAL HISTORY

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7/3/2019	.1	Initial Draft	Howard Suksanti
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8/1/2019	.3	Updated with review comments	Imran Bashir

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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	6
2.1. Modify the existing REP Caseload Balance Batch to route all pending REP cases to the new main office location 'JVS'	6
2.1.1. Overview	6
2.1.2. Description of Change	6
2.1.3. Key Scheduling Dependencies	6
2.1.4. Counties Impacted	6
2.1.5. Data Volume/Performance	6
2.1.6. Failure Procedure/Operational Instructions	6
2.2. Correspondence: Update the GN 6053-R	7
2.2.1. Overview	7
2.2.2. Description of Change	7
2.3. Update the GN 6050-RP	8
2.3.1. Overview	8
2.3.2. Description of Change	8
3. Requirements	12
3.1. Project Requirements	12

1. OVERVIEW

The Pending Unassigned Pool for Employment Service Programs is automated in LRS to identify the office id for all Refugee Employment Programs (REP) that the program status is 'Pending' and there is no worker assigned to the program.

Due to new Refugee Employment and Acculturation Services (REAS) contract implementation, current LRS logic for REP unassigned pool cases needs to be re-programmed to re-route REP unassigned pool cases to the new office location, as of 11/01/19, from CATHOLIC CHARITIES OF LOS ANGELES (CCLA) identified by office location 'WF' to JEWISH VOCATIONAL SERVICES (JVS) office (LRS office ID: 'Z6'; LRS office name: JVS SoCal - REP 1 MAIN).

The GN 6053-R and GN 6050-RP forms need to be updated to reflect the new REP locations.

Revised forms will be available Nov 1, 2019.

1.1. Current Design

All REP cases with a pending status fall into the Unassigned Pool under a central REP office location 'WF'.

1.2. Requests

LRS only:

1. Modify the existing REP Caseload Balance Batch job to route the REP cases to the new main office location 'JVS SoCal - REP 1 MAIN' effective on 11/1/19.
2. Update the GN 6053-R to the newest version (version 5/19)
3. Update the GN 6050-RP to the newest version (version 5/19)

1.3. Overview of Recommendations

LRS only:

1. Modify the existing REP Caseload Balance Batch to route all pending REP cases to the new main office location 'JVS SoCal - REP 1 MAIN'.
2. Update the GN 6053-R to the newest version (version 5/19)
3. Update the GN 6050-RP to the newest version (version 5/19)

1.4. Assumptions

1. No updates to the generation or population of the GN 6053-R or GN 6050-RP will be done with this effort.
2. When GN 6053-R is generated it will include GN 6050-RP as it does currently.

3. Threshold Languages for GN 6050 RP and GN 6053-R are being added as separate SCR (CA 209754).
4. There will be no impact to the other programs (Welfare-to-Work (WTW), GROW, CalLearn (CL)) that the existing Unassigned Pool batch assign the worker to the program.
5. LA County will be responsible to add 9 new REP office locations.
6. LA County will be responsible for assigning the pending unassigned REP cases prior 11/1/19 to new main REP location.
7. LA County will be responsible for transferring the current caseloads assigned to end date old REP office IDs to new workers in new REP offices and responsible for end date these old offices.

Commented [MA1]: Under Assumptions can you make a note to state that both forms will continue to generate as a bundle, as does today. Therefore GN 6053-R (05/19) as page 1 of 2 and GN 6050RP (Rev05/2019) as page 2 of 2.

Commented [IB2R1]: Added as assumption 2.

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2. RECOMMENDATIONS

2.1. Modify the existing REP Caseload Balance Batch to route all pending REP cases to the new main office location 'JVS'

2.1.1. Overview

REP Caseload Balance Batch (PB19M114) links all pending REP cases from the Unassigned Pool to a central office location CCLA (office location WF).

Currently all pending REP cases from the Unassigned Pool are linked to an office by a DCR job – PB19C633. As part of this SCR, PB19C633 will be turned off and REP Caseload Balance Batch (PB19M114) will be turned back on to link pending REP cases to the new main office location.

2.1.2. Description of Change

- Turn off the DCR job – PB19C633.
- Modify REP Caseload Balance Batch (PB19M114) to route all pending REP cases to the new main office location 'JVS SoCal - REP 1 MAIN' (LRS office ID: 'Z6').
- Turn on the PB19M114 job.

2.1.3. Key Scheduling Dependencies

No Change.

2.1.4. Counties Impacted

19 – Los Angeles County

2.1.5. Data Volume/Performance

N/A.

2.1.6. 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...)

2.2. Correspondence: Update the GN 6053-R

2.2.1. Overview

LRS 01/12 current version of the GN 6053-R needs to be updated with the newer version 05/19. This form will be updated in English and Spanish.

Note: The GN 6053-R currently has the GN 6050-RP attached. See Recommendation 2.3 for updates to the GN 6050-RP.

2.2.2. Description of Change

Update the English and Spanish to the newest version (version 5/19). Turn off existing Threshold for this Form, it will be updated with SCR CA 209754.

2.2.2.1. Update GN 6053-R to the newest version

Update the GN 6053-R footer in English and Spanish to match the newest version:

From:

English: GN 6053-1 REP (01/12)

Spanish: GN 6053-1 REP (01/12) SPANISH

To:

English: GN 6053-R (Rev. 05/19)

Spanish: GN 6053-R (Rev. 05/19) SPANISH

<u>We Believe in You!</u>			<u>We Believe in You!</u>		
<u>REP Services Worker</u>	Worker ID	Telephone Number	<u>REP Case Manager</u>	Worker ID	Telephone Number
Please Bring This Notice to Your Appointment			Please Bring This Notice to Your Appointment		
THE BRIDGE TO INDEPENDENCE			THE BRIDGE TO INDEPENDENCE		
GN 6053-1 REP (01/12)			GN 6053-R (Rev. 05/19)		

2.2.2.2. Turn off Threshold GN 6053-R

This enhancement is only updating English and Spanish. All existing Threshold Languages need to be turned off until those threshold GN 6053-R are updated.

Existing Threshold Languages for GN 6053-R:

- Armenian
- Cambodian
- Chinese
- Farsi
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

2.3. Update the GN 6050-RP

2.3.1. Overview

The current version of the GN 6050-RP is 12/16. There is a new version of the GN 6050-RP (version 05/19). LRS needs to be updated with the newest version (version 05/19). This Form is currently only available in English. English and Spanish will be updated with this effort.

2.3.2. Description of Change

Update the English version of the GN 6050-RP in the Template Repository. Add a new Spanish version of the GN 6050-RP to Template Repository. Update the English and Spanish GN 6050-RP attached to the GN 6053-R.

2.3.2.1. Update GN 6050-RP to the newest version

The following are the updates to the GN 6050-RP:

Legend:

	Blue color means change in text
	Green color means addition of text
	Red color means removal of text

Welcome to the REP, (Refugee Employment Program), the Los Angeles County employment service program for refugees and asylees. You have been scheduled for a meeting with your assigned REP Case Manager _____

Although, you are assigned to the above mentioned REP location, you have the OPTION to choose from the following REP locations listed below:

LOCATION 1

Catholic Charities of Los Angeles
4322 San Fernando Rd.
Glendale, CA 91204

LOCATION 3

Catholic Charities of Los Angeles
10217 South Inglewood Ave.
Inglewood, CA 90304

LOCATION 5

Armenian Relief Society
740 East Washington Blvd.
Pasadena, CA 91104

LOCATION 7

Jewish Vocational Services
315 Arden Ave. #18
Glendale, CA 91203

LOCATION 2

Catholic Charities of Los Angeles
21600 Hart St.
Canoga Park, Ca 91303

LOCATION 4

Armenian Relief Society
517 West Glenoaks Blvd.
Glendale, CA 91202

LOCATION 6

Episcopal Diocese of Los Angeles
3621 Brunswick Ave.
Los Angeles, CA 90039

LOCATION 8

Jewish Vocational Services
6605 Wilshire Blvd. # 200
Los Angeles, CA 90048

LOCATION 1

315 Arden Ave. Suite 18
Glendale, CA 91203

LOCATION 2

2555 East Colorado Blvd., Suite 200
Pasadena, CA 91107

LOCATION 3

5446 Sepulveda Blvd.
Culver City, CA 90230

LOCATION 4

Canoga Park Work Source Center
21010 Van Owen St.
Canoga Park, CA 91303

LOCATION 5

South Bay One-Stop Center
110 South La Brea Ave. (3rd Floor)
Inglewood, CA 90301

LOCATION 6

6605 Wilshire Blvd., Suite 200
Los Angeles, CA 90048
Note: Appointment only

LOCATION 7

625 North San Vicente Blvd. (1st Floor)
West Hollywood, CA 90069
Note: Appointment only

LOCATION 8

Los Angeles Southwest College
1600 West Imperial Hwy.
Los Angeles, CA 90047
Attn: SoCTE Building, Room 115
Note: Appointment only

LOCATION 9

237 East Columbia Way
Lancaster, CA 93535
Note: Appointment only

If you choose to be transferred to one of the REP Service providers listed above, please contact your assigned REP Case Manager to make the request.

REP Case Manager	Worker ID	Telephone Number

GN 6050RP Rev. (12/2016)

Welcome to the REP, (Refugee Employment Program), the Los Angeles County employment service program for refugees and asylees. You have been scheduled for a meeting with your assigned REP Case Manager _____

Although, you are assigned to the above mentioned Jewish Vocational Services (JVS) SoCal REP location, you have the OPTION to choose from the following JVS SoCal locations listed below:

If you choose to be transferred to one of the REP locations listed above, please contact your assigned REP Case Manager to make the request.

REP Case Manager	Worker ID	Telephone Number

GN 6050RP (Rev. 05/2019)

Welcome to the REP, (Refugee Employment Program), the Los Angeles County employment service program for refugees and asylees. You have been scheduled for a meeting with your assigned REP Case Manager _____

Welcome to the REP, (Refugee Employment Program), the Los Angeles County employment service program for refugees and asylees. You have been scheduled for a meeting with your assigned REP Case Manager _____

Although, you are assigned to the above mentioned REP location, you have the OPTION to choose from the following REP locations listed below:

Although, you are assigned to the above mentioned JVS SoCal REP location, you have the OPTION to choose from the following JVS SoCal locations listed below:

LOCATION 1
Catholic Charities of Los Angeles
 4322 San Fernando Rd.
 Glendale, CA 91204

LOCATION 2
Catholic Charities of Los Angeles
 21600 Hart St.
 Canoga Park, Ca 91303

LOCATION 1
 315 Arden Ave. Suite 18
 Glendale, CA 91203

LOCATION 6
 6505 Wilshire Blvd., Suite 200
 Los Angeles, CA 90048
Note: Appointment only

LOCATION 3
Catholic Charities of Los Angeles
 10217 South Inglewood Ave.
 Inglewood, CA 90304

LOCATION 4
Armenian Relief Society
 517 West Glenoaks Blvd.
 Glendale, CA 91202

LOCATION 2
 2555 East Colorado Blvd., Suite 200
 Pasadena, CA 91107

LOCATION 7
 625 North San Vicente Blvd. (1st Floor)
 West Hollywood, CA 90069
Note: Appointment only

LOCATION 5
Armenian Relief Society
 740 East Washington Blvd.
 Pasadena, CA 91104

LOCATION 6
Episcopal Diocese of Los Angeles
 3621 Brunswick Ave.
 Los Angeles, CA 90039

LOCATION 3
 5446 Sepulveda Blvd.
 Culver City, CA 90230

LOCATION 8
 Los Angeles Southwest College
 1600 West Imperial Hwy.
 Los Angeles, CA 90047
 Attn: SoCTE Building, Room 115
Note: Appointment only

LOCATION 7
Jewish Vocational Services
 315 Arden Ave. #18
 Glendale, CA 91203

LOCATION 8
Jewish Vocational Services
 6505 Wilshire Blvd. # 200
 Los Angeles, CA 90048

LOCATION 4
 Canoga Park Work Source Center
 21010 Van Owen St.
 Canoga Park, CA 91303

LOCATION 5
 South Bay One-Stop Center
 110 South La Brea Ave. (3rd Floor)
 Inglewood, CA 90301

LOCATION 9
 237 East Columbia Way
 Lancaster, CA 93335
Note: Appointment only

If you choose to be transferred to one of the REP Service providers listed above, please contact your assigned REP Case Manager to make the request.

If you choose to be transferred to one of the REP locations listed above, please contact your assigned REP Case Manager to make the request.

REP Case Manager	Worker ID	Telephone Number
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REP Case Manager	Worker ID	Telephone Number
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GN 650RP Rev. (12/2016)

GN 650RP (Rev. 05/2019)

1. The 2nd paragraph has been revised. The text has been revised to:

Although, you are assigned to the above mentioned Jewish Vocational Services (JVS) SoCal REP location, you have the OPTION to choose from the following JVS SoCal locations listed below:

2. The Location 1 has been revised. The address has been revised to:
315 Arden Ave. Suite 18
Glendale, CA 91203
3. The Location 2 has been revised. The address has been revised to:
2555 East Colorado Blvd., Suite 200
Pasadena, CA 91107
4. The Location 3 has been revised. The address has been revised to:
5446 Sepulveda Blvd.
Culver City, CA 90230
5. The Location 4 has been revised. The address has been revised to:
Canoga Park Work Source Center
21010 Van Owen St.
Canoga Park, CA, 91303
6. The Location 5 has been revised. The address has been revised to:
South Bay One-Stop Center
110 South La Brea Ave. (3rd Floor)
Inglewood, CA 90301
7. The Location 6 has been revised. The address has been revised to:
6505 Wilshire Blvd., Suite 200
Los Angeles, CA 90048
8. The Location 7 has been revised. The address has been revised to:
625 North San Vicente Blvd. (1st Floor)
West Hollywood, CA 90069
9. The Location 8 has been revised. The address has been revised to:
Los Angeles Southwest College
1600 West Imperial Hwy.

Los Angeles, CA 90047

10. Additional line has been added for locations 8 as following after address
Attn: SoCTE Building, Room 115

11. The Location 9 has been added with the following address:
237 East Columbia Way
Lancaster, CA 93535

12. Additional Note has been added for locations 6-9 as following
Note: Appointment Only

13. The revision number at the bottom of the form is now (5/19).

3. REQUIREMENTS

This SCR will modify the batch process that assign worker to REP cases that have a pending status.

3.1. Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.7.1.2	The LRS shall assign cases to workers based on the location of the case and worker, the worker s caseload, case type, aid program, language, and special criteria, as specified by COUNTY.	This SCR will modify the batch process that assign worker to pending REP cases.



Design Document

SCR CA-208921 ACL 19-58 Adoption Assistance
Program COLA Rate Increase



DOCUMENT APPROVAL HISTORY

Prepared By	Dan DeMille, Anand Kulkarni
Reviewed By	Girish Chakkingal

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6/13/2019	1.0	Initial Design	Dan DeMille
6/18/2019	1.1	Correspondence updates	Anand Kulkarni
7/15/2019	1.2	Updated with Final rates	Dan DeMille

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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	Eligibility Rate Changes: AAP Rate Details.....	5
2.1.1	Rates for initial AAP agreements signed 10/1/1992 to 12/31/2007 and adoption finalized before 05/27/2011 (LRS Only)	5
2.1.2	Rates for initial AAP agreements signed 1/1/2008 to 5/27/2011 and adoption finalized before 05/27/2011 (LRS Only)	5
2.1.3	Rates for initial AAP agreements signed and adoption finalized on or after 5/27/2011 to 12/31/2016 (LRS Only)	6
2.1.4	Rates for initial AAP agreements signed on or after 01/01/2017 (Age Based Rate value selection) (LRS Only)	6
2.1.5	Rates for initial AAP agreements signed on or after 01/01/2017 (LOC Rates) (LRS Only).....	7
2.2	Journal Entry Updates	7
2.2.1	AAP Journal Entry	7
2.3	AAP COLA NOA.....	8
2.3.1	Change Trigger Conditions for AAP COLA NOA	9
3	Supporting Documents	9
4	Requirements.....	10
4.1	Project Requirements.....	10
5	Migration Impacts.....	10
6	Outreach.....	10
7	Appendix.....	10

1 OVERVIEW

This document details the changes necessary in LRS to implement the adjusted schedules of rates that reflect the California Necessities Index (CNI) increase of 4.15% for Fiscal Year (FY) 2019-20 for Adoption Assistance Program (AAP) Cases.

In C-IV, AAP is a manual EDBC process and no impact of this change for C-IV Counties.

This document reflects the CNI increase to be applied to Adoption Homes applicable to AAP cases effective July 1, 2019.

The one-time batch run details related to the CNI COLA Rate increase for AAP Cases can be found under the SCR CA-208931 for LRS System.

1.1 Current Design

Currently LRS uses the CNI rates of FY 2018-19 that are being effective from July 1, 2018.

1.2 Requests

- As per the ACL 19-58, the new CNI rate increase for the FY 2019-20 will be implemented in LRS for AAP Program effective July 1, 2019.

1.3 Overview of Recommendations

- The Code detail tables that reflect the AAP CNI rates will be updated for all the applicable placement types.
- Update AAP NOA with new CNI verbiage and generation conditions to allow for generation for Online and Batch EDBC.

1.4 Assumptions

- Under this SCR, Eligibility is only updating the amounts and effective dates of CNI rates in the Code Tables.
- COLA Rate in rate/code table updates are only the scope of this SCR.
- No change will be made to Rate determination logic in this SCR
- AAP Placement Providers list referred in this SCR can be found at the end of design document
- Under this SCR, there will be no impact to Fiscal such as creating the issuances and then sending those issuances to the Auditor Controller in a separate COLA file.
- Batch EDBC will continue to use the run reason "DCFS Annual COLA" for the Fiscal COLA payment file(LRS Only).
- Batch EDBC will have a run reason for every month of COLA run (i.e. July, Aug, Sept).
- No additional Threshold Languages will be added for the AAP NOA for this effort.
- SCR CA-51904/CIV-104670 will update the AAP NOA to the newest revision and add Spanish versions. Until CA-51904/CIV-104670 is implemented the AAP NOA (with the new AAP CNI reason fragment) will only be available in English.

2 RECOMMENDATIONS

The CNI rates will be updated in LRS code tables for all the applicable placement types for AAP Program Cases.

2.1 Eligibility Rate Changes: AAP Rate Details

2.1.1 Rates for initial AAP agreements signed 10/1/1992 to 12/31/2007 and adoption finalized before 05/27/2011 (LRS Only)

- Update the AAP rates in LRS for initial AAP agreements signed on or after October 1, 1992 through December 31, 2007 where the adoption was finalized before May 27, 2011 by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 & Over
Basic	\$554	\$603	\$653	\$711	\$780
D Rate	\$1,293	\$1,283	\$1,284	\$1,297	\$1,315
F1 Rate	\$905	\$892	\$895	\$907	\$923
F2 Rate	\$1,044	\$1,033	\$1,035	\$1,048	\$1,063
F3 Rate	\$1,293	\$1,283	\$1,284	\$1,297	\$1,315
F4 Rate	\$1,504	\$1,491	\$1,494	\$1,508	\$1,520

2.1.2 Rates for initial AAP agreements signed 1/1/2008 to 5/27/2011 and adoption finalized before 05/27/2011 (LRS Only)

- Update the AAP rates in LRS for initial AAP agreements signed on or after January 1, 2008 through May 27, 2011 where the adoption was finalized on or before May 27, 2011 by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 & Over
-----	-----	-----	------	-------	-----------

Basic	\$581	\$632	\$684	\$746	\$819
D Rate	\$1,357	\$1,346	\$1,347	\$1,361	\$1,381
F1 Rate	\$950	\$935	\$938	\$952	\$969
F2 Rate	\$1,096	\$1,084	\$1,085	\$1,100	\$1,116
F3 Rate	\$1,357	\$1,346	\$1,347	\$1,361	\$1,381
F4 Rate	\$1,579	\$1,564	\$1,567	\$1,583	\$1,596

2.1.3 Rates for initial AAP agreements signed and adoption finalized on or after 5/27/2011 to 12/31/2016 (LRS Only)

- Update the AAP rates in LRS for initial AAP agreements signed and adoption finalized on or after May 27, 2011 through December 31, 2016 by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 & Over
Basic	\$795	\$859	\$905	\$948	\$993
D Rate	\$1,571	\$1,573	\$1,568	\$1,563	\$1,555
F1 Rate	\$1,164	\$1,162	\$1,159	\$1,154	\$1,143
F2 Rate	\$1,310	\$1,311	\$1,306	\$1,302	\$1,290
F3 Rate	\$1,571	\$1,573	\$1,568	\$1,563	\$1,555
F4 Rate	\$1,793	\$1,791	\$1,788	\$1,785	\$1,770

2.1.4 Rates for initial AAP agreements signed on or after 01/01/2017 (Age Based Rate value selection) (LRS Only)

- Update the AAP rates in LRS for initial AAP agreements signed on or after January 01, 2017 by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Note: These are for cases that have an agreement sign date on or after January 01, 2017 but the worker has selected age-based rates in the AAP placement page. Even though the selected rate type is age-based by the user in LRS, all the rate values are updated to the Basic Level LOC rate value in the database.

Age	0-4, 5-8, 9-11, 12-14, 15 & Over
Basic	\$1,000
D Rate	\$1,601
F1 Rate	\$1,191
F2 Rate	\$1,341
F3 Rate	\$1,601
F4 Rate	\$1,821

2.1.5 Rates for initial AAP agreements signed on or after 01/01/2017 (LOC Rates) (LRS Only)

- Update the AAP rates in LRS for initial AAP agreements signed on or after January 01, 2017 by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
Basic	\$1,000	\$1,112	\$1,225	\$1,337
D Rate	\$1,601	\$1,601	\$1,601	\$1,601
F1 Rate	\$1,191	\$1,191	\$1,191	\$1,191
F2 Rate	\$1,341	\$1,341	\$1,341	\$1,341
F3 Rate	\$1,601	\$1,601	\$1,601	\$1,601
F4 Rate	\$1,821	\$1,821	\$1,821	\$1,821

2.2 Journal Entry Updates

2.2.1 AAP Journal Entry

- Batch EDBC will insert the below Journal entry for AAP programs.

Short Description: Batch EDBC ran for <Month Year>.

Long Description: Batch EDBC Ran for <Month Year>. Batch EDBC processed for the <Program Name> program for following reasons: AAP COLA

2.3 Update AAP NOA with New CNI Reason

Update the AAP NOA to generate the new CNI verbiage and Regulation. Generation conditions will be updated to no longer check for the EDBC run reason and will be updated to allow for generation via both for online and batch EDBC. The AAP NOA is currently only in English. No additional languages will be added for this NOA fragment at this time. The Form version available in Template Repository will also be updated to include the new CNI verbiage.

See Supporting Documents #1 and 2 for SPD and NOA example.

2.3.1 Update the CNI Verbiage in the AAP NOA

Update the verbiage generated by the AAP NOA and the Form version in Template Repository to the following:

Your monthly negotiated AAP rate has increased from <OLD_RATE> to <NEW_RATE>.

The California Necessities Index (CNI) has increased for Fiscal Year <MONTH_YEAR>.

Rules: These rules apply: SENATE BILL (SB) 1013, CHAPTER 35, STATUTES OF 2012; ASSEMBLY BILL (AB) 403, CHAPTER 773, STATUTES OF 2015; AB 1997, CHAPTER 612, STATUTES OF 2016; WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 11364, 11387, 11453, 11460, 11461 ,11461(d)(2)(A), 11462, 11463, 11464, 18254, 18358.30; ACL NO. 19-58.

2.3.2 Add new Variable Population

The new CNI verbiage has four new variables.

Variable Name	Population	Formatting
<MONTH_YEAR>	Populates with the Month and Year of the CNI effective date. For example, "07/2019".	Arial Font Size 10
<NEW_RATE>	AAP Monthly Rate for the current accepted and saved AAP EDBC (example: \$950.00)	Arial Font Size 10
<OLD_RATE>	AAP Monthly Rate for the previously accepted and saved AAP EDBC. (example: \$900.00)	Arial Font Size 10
<TEMPL_NAME>	Defaulted 'NA 791 (11/16)', 'NA 791 (9/18)' if generated for CNI (Recommendation 2.2.1)	Arial Font Size 5.5

2.3.3 Update Section Generation Conditions for AAP NOA

Update the following Section Generation Conditions in the AAP NOA:

Verbiage Section	Updated Generation Conditions
Monthly Negotiated rate increased <\$DATA003>	Selected when the previous EDBC month AAP rate is less than in the current EDBC month and the CNI verbiage is not generating.
Your monthly negotiated AAP rate has increased from <OLD_RATE> to <NEW_RATE>.	Selected when AAP EDBC (Batch or Online) is run for the COLA month (CTCR driven) and there is an increase in Rate Amount. Note: This Section should only generate and produce an AAP NOA for the CNI Effective Month.
The California Necessities Index (CNI) has increased for Fiscal Year <MONTH_YEAR>. Rules: These rules apply: SENATE BILL (SB) 1013, CHAPTER 35, STATUTES OF 2012; ASSEMBLY BILL (AB) 403, CHAPTER 773, STATUTES OF 2015; AB 1997, CHAPTER 612, STATUTES OF 2016; WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS 11364, 11387, 11453, 11460, 11461 ,11461(d)(2)(A), 11462, 11463, 11464, 18254, 18358.30; ACL NO. <CNI_REG>.	Selected when AAP EDBC (Batch or Online) is run for the COLA month (CTCR driven) and there is an increase in Rate Amount. Note: This Section should only generate and produce an AAP NOA for the CNI Effective Month.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOA	AAP COLA NOA SPD	 NOA_P009C_6032_S PD.docx
2	NOA	AAP COLA NOA Example	 AAP CNI NOA Example.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.16.1.2	The LRS shall include an automated method for implementing mass updates triggered by policy changes or mass participant financial changes, including Social Security or Veterans benefits cost of living adjustments (COLAs).	The new CNI Rates released by the County will be updated in the system. These new COLA rates will be used to determine the eligibility benefits.

5 MIGRATION IMPACTS

None

6 OUTREACH

None

7 APPENDIX

AAP Placement Providers:

1. Adoptive Homes
2. Foster Family Agency
3. Foster Family Home
4. Group Home
5. Legal Guardian
6. Nonrelative Extended Family Member Home
7. Out of State Residential Treatment Facilities
8. Relative Home
9. Small Family Home
10. Specialized Foster Family Home
11. Supervised Independent Living

01012018



Design Document

CA-209109/CIV-104415

Add Full/Restricted Scope verbiage for Young
Adult Expansion MAGI NOAs (CH-139211)

Version 1.0

 <small>CALIFORNIA AUTOMATED CONSTRUCTION ELIGIBILITY SYSTEM</small>	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Cherreddy
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/24/2019	1.0	Initial version	Nithya Cherreddy
08/22/2019	1.1	Updated Spanish verbiage for CIV	Nithya Cherreddy

DRAFT

Table of Contents

1	Overview	4
1.1	Current Design.....	4
1.2	Requests	4
1.3	Assumptions	4
2	Recommendations	5
2.1	Correspondence	5
2.1.1	Overview.....	5
2.1.2	Description of Changes.....	6
3	Supporting Documents	13
4	Requirements.....	15
4.1	Project Requirements	15
5	Appendix.....	15
5.1	'The System' Definition	15

DRAFT

1 OVERVIEW

SCRs CA-206941/ CIV-103662 implemented the CalHEERS eHIT: Young Adult Expansion 19 to 25 Years of Age (CH-139211) effort. These SCR's updated the system to grant full scope Medi-Cal to eligible young adults 19-25 years of age, inclusive, regardless of citizenship or immigration status.

1.1 Current Design

When the system grants full scope/ restricted scope to MAGI participants, a NOA is generated which explains their eligibility for the approval or change of the scope.

The NOA generated for the Young Adult Expansion scenarios currently does not have the updated verbiage.

1.2 Requests

Effective date the existing full scope or restricted scope fragments to populate if the NOA is generated prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date.

Populate the new State provided fragments on the NOA if the NOA is generated on or after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion effective date.

1.3 Assumptions

- 1) These SCR's will be implemented with the ability to modify the start date and benefit month effective date based on DHCS guidance. As of the design of this SCR, DHCS provided the start date of 11/20/2019, and the effective date of the policy change as 01/01/2020.
- 2) There will be no changes to Non-MAGI full scope and/or restricted scope fragments with this SCR. SCR's CA-209232 CIV-104457 will introduce the new Non-MAGI fragments for YAE.
- 3) The newly added MAGI fragments will be available only in English and Spanish with this effort. Threshold will be added with the SCR's CA-209956 CIV-104826.
- 4) The existing NOAs will continue to generate in the threshold languages if all fragments on a NOA are available in that language (existing framework in LRS and C-IV).
- 5) **CIV** - The state provided verbiage had been updated to match CIV's current functionality.

Example update: We counted ~~your~~ **<Person>**'s household size and income to make our decision.

- 6) **CIV**- MAGI regulations verbiage has been removed from the State Provided verbiage as CIV can use the existing MAGI regulations fragment.
- 7) **LRS** – The following update has been made to the 2nd sentence in MAGI regulations section of the State provided verbiage as Hearing rights are on the back of the first page of the Notice. The updated verbiage matches the existing verbiage.

- a. If you think we made a mistake, you can appeal. See "Your Hearing Rights" ~~on the last page~~ on the back of the first page of this notice to learn how to appeal.
- 8) **CIV** - The following CIV MAGI full scope/restricted scope fragments which populate on the NOAs if the Benefit Month Begin Date is prior to SB 75 effective date, which contain no reference to age, will continue to generate as per existing functionality.
 - a. MSG_MAGI_RETRO_RESTRICTED_APPROVAL
 - b. MSG_MAGI_RESTRICTED_APPROVAL
 - c. MSG_MAGI_FULL_TO_RESTRICTED_BENEFIT_CHANGE
 - d. MSG_MAGI_RESTRICTED_TO_FULL_BENEFIT_CHANGE
 - i. Note: LRS does not have the corresponding fragments without age reference.
- 9) **CIV** - MAGI messages on the NOA are ordered to have the following fragments added at the end of the individual action messages.
 - a. MSG_MAGI_INFORMATION_MESSAGE
 - b. MSG_MAGI_APPROVAL_OR_CHANGE_REGULATION

Note: The existing rule _325MAGIMessages has the ordering logic for MAGI messages.
- 10) One-time batches to reevaluate Medi-Cal for young adults age 19-25, inclusive, from restricted scope Medi-Cal to full scope Medi-Cal will be addressed in SCRs CA-208241/CIV-104022 in a future release based on DHCS guidance. The SCRs will provide lists of any processing exceptions to the County for follow-up.
- 11) Medi-Cal age batches will be modified due to Young Adult Expansion. The age 19 and age 21 Medi-Cal batches will be updated and a new age 26 batch to re-evaluate young adults turning age 26 will be addressed in SCRs CA-207950/CIV-103874 in a future release. Existing reports regarding age batch processing will be updated according to the changes implemented with these age batches.
- 12) **LRS**: Per existing system functionality, GEN 1365 will be added to all the envelopes mailed to the customer.
- 13) **CIV**: Per existing system functionality, GEN 1365 will be attached to the NOA if the Primary language is other than English or Spanish and "Correspondence in English" is set to Yes.

2 RECOMMENDATIONS

2.1 Correspondence

2.1.1 Overview

1. Effective date the existing full scope or restricted scope fragments to populate if the NOA is generated prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date.

Example: Following are the scenarios where the existing fragments are populated on the NOA

- o NOA is generated before the Young Adult Expansion Start date
- o Benefit Month begin date is prior to 01/01/2020

Note: The trigger condition to check for NOA generation date will be removed if the trigger becomes invalid after the DHCS provides the final YAE start date.

2. Add the new State provided fragments to the system to populate on the NOA if the NOA is generated on or after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion effective date.

Example: Following are the scenarios where the new fragments are populated on the NOA.

- o NOA is generated on 11/20/2019 or later for the benefit month begin date of 01/01/2020 or later
3. CIV - Suppress the MSG_MAGI_INFORMATION_MESSAGE on the NOA if the new Restricted-Scope Retro Approval or Restricted-Scope Approval are generated, as the new fragments has the MAGI information message verbiage.
 4. CIV - Order the messages on the MAGI NOA to populate the new MAGI fragments before the MAGI regulations fragment.

2.1.2 Description of Changes

2.1.2.1 Effective date Existing Fragments

Effective date the following fragments/NOAs to populate on the NOA if the NOA is generated prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date.

C-IV Fragments	Rules to Update
MSG_MAGI_RETRO_RESTRICTED_APPROVAL_DATED	_700RetroMAGIRestrictedScopeApprovalMessage
MSG_MAGI_RESTRICTED_APPROVAL_DATED	_700MAGIRestrictedScopeApprovalMessage
MSG_MAGI_FULL_TO_RESTRICTED_BENEFIT_CHANGE_DATED	_700MAGIFullToRestrictedScopeMessage
MSG_MAGI_RESTRICTED_TO_FULL_BENEFIT_CHANGE_DATED	_700MAGIRestrictedToFullScopeMessage

LRS Fragments	Rules to Update
H_AP_RESTRICTED_SCOPE_RETRO_H906	_700MagiRetroApprovals (Fragment Id 7008)
H_AP_RESTRICTED_SCOPE_APP_H907	_700MagiApprovals (Fragment ID 7009)

H_CH_FULL_SCOPE_TO_RESTRICTED_SCOPE_H 801	_700MagiScopeChanges (Fragment ID 7027)
H_CH_RESTRICTED_SCOPE_TO_FULL_SCOPE_H 802	_700MagiScopeChanges (Fragment ID 7028)

- Supporting Documents #1 through #4 have the updated FDDs for LRS. The updates are highlighted.
- Supporting Document #9 has the existing fragments verbiage.

2.1.2.2 Add New MAGI Fragments

Generate the new fragments on the NOA if the NOA is generated on or after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion Effective Date.

Note: The existing trigger conditions to generate the NOA/fragment for Retro restricted scope approval, Restricted scope approval, Full scope to restricted scope change or Restricted scope to full scope change will remain the same for the new fragments. The update is to only effective date the existing fragments and populate the new fragments if the NOA is generated after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion Effective Date.

- Supporting Documents #5 through #8 are the FDDs for newly added fragments.

2.1.2.3 Add new Fragment Text and Variable Population

Following is the verbiage and variable population for the newly added fragments.

Note: LRS - The variables HouseholdSize, MagilIncome, MagilIncomeLimit can be populated from MAGI Determination using the getMAGIDetermination method similar to existing fragment data population.

2.1.2.3.1 Restricted-Scope Retro Approval

CIV	LRS
<p>You asked us to check if <Person> could get Medi-Cal to cover <Person>'s bills for any of the three months before <Person> applied. <Person> qualified for restricted scope Medi-Cal in <BenefitMonth> because <Person> is 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask <Person>'s medical provider. You may get or may have already received other notices about <Person>'s eligibility for other time periods. This notice is only telling you that <Person> got restricted scope Medi-Cal coverage for <BenefitMonth>.</p> <p>If you have proof of <Person>'s citizenship and immigration status that you can give us now, or want to let us know you are having problems getting <Person>'s document, please call your county worker at the number listed on this notice. <Person>'s benefits may change from restricted scope to full scope when you provide us with <Person>'s documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted <Person>'s household size and income to make our decision.</p>	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in {BenefitMonth} because you are 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get or may have already received other notices about your eligibility for other time periods. This notice is only telling you that you got restricted scope Medi-Cal coverage for {BenefitMonth}.</p> <p>If you have proof of your citizenship and 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.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is {HouseholdSize} and your monthly household income is {MagilIncome}. The monthly Medi-Cal income limit for your household size is {MagilIncomeLimit}. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</p> <p>{MagiRegulation} 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 back of the first page of this notice to learn how to appeal. You have only</p>

90 days to ask for a hearing. The 90 days started the day after the date on this notice.

2.1.2.3.1.1 Variable Population

CIV/LRS	Variable Name	Data population
CIV Specific	Person	Name of the person associated to the action
CIV & LRS	BenefitMonth	The approved retro month in the format of MM/YYYY
LRS Specific	HouseholdSize	Number of family members used in determining MAGI Medi-Cal eligibility
LRS Specific	MagiIncome	Modified Adjusted Gross Income for the Customer's household used in determining MAGI Medi-Cal eligibility in the format of "\$500.00"
LRS Specific	MagiIncomeLimit	Maximum Modified Adjusted Gross Income limit for the household in the format of "\$4,000.00"
LRS Specific	MagiRegulation	Rules defined by Federal/State by AID code

2.1.2.3.2 Restricted Scope Approval

CIV	LRS
<p><Person> has been approved for only restricted scope Medi-Cal because <Person> is 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because <Person> is above the age limit, <Person> only qualifies for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask <Person>'s medical provider.</p> <p><Person>'s eligibility for restricted scope Medi-Cal begins <BeginDate>. <Person>'s Medi-Cal coverage will continue unless <Person> is found no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.</p> <p>If you have proof of <Person>'s citizenship or immigration status that you can give us now, or want to let us know you</p>	<p>You have been approved for only restricted scope Medi-Cal because you are 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are above the age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p> <p>Your eligibility for restricted scope Medi-Cal begins <BeginDate>. 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>If you have 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</p>

are having problems getting <Person>'s document, please call your county worker at the number listed on this notice. <Person>'s benefits may change from restricted scope to full scope when you provide us with <Person>'s documents. Full scope benefits allow you to see a doctor for all of your medical needs.

We counted <Person>'s household size and income to make our decision.

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 <HouseholdSize> and your monthly household income is <MagilIncome>. The monthly Medi-Cal income limit for your household size is <MagilIncomeLimit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your citizenship or satisfactory immigration status.

<MagiRegulation> 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 back of the first 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.

2.1.2.3.2.1 Variable Population

CIV/LRS	Variable Name	Data population
CIV Specific	Person	Name of the person associated to the action
CIV & LRS	BeginDate	Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019
LRS Specific	HouseholdSize	Size of the MAGI Household
LRS Specific	MagilIncome	Modified Adjusted Gross Income for the Customer's household used in determining MAGI Medi-Cal eligibility in the format of "\$500.00"
LRS Specific	MagilIncomeLimit	Maximum Modified Adjusted Gross Income limit for the household in the format of "\$4,000.00"
LRS Specific	MagiRegulation	Rules defined by Federal/State by AID code

2.1.2.3.3 Full scope to restricted scope

CIV	LRS
<p>Important change to <Person>'s benefits. <Person>'s Medi-Cal will change to restricted scope on <BeginDate>.</p> <p><Person>'s Medi-Cal is changing from full scope to restricted scope because <Person> is 26 or older and you did not send us proof that <Person> is a U.S. citizen or has satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide this proof. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that <Person> is above that age limit, your Medi-Cal changed to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call <Person>'s medical provider.</p> <p>If you have proof of <Person>'s citizenship or immigration status that you can give us now, or want to let us know you are having problems getting <Person>'s document, please call your county worker at the number listed on this notice. <Person>'s benefits may change from restricted scope to full scope when you send us <Person>'s documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, <Person>'s Medi-Cal may change back to full scope Medi-Cal starting the month <Person>'s restricted benefits began.</p> <p>In the meantime, <Person>'s restricted scope Medi-Cal coverage will continue unless <Person> is found no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.</p>	<p>Important change to your benefits. Your Medi-Cal will change to restricted scope on <BeginDate>.</p> <p>Your Medi-Cal is changing from full scope to restricted scope because you are 26 or older and you did not send us proof that you are a U.S. citizen or have satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide this proof. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are above that age limit, your Medi-Cal changed to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have 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 send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full scope Medi-Cal starting the month your restricted benefits began.</p> <p>In the meantime, your restricted scope 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><MagiRegulation> 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 back of the first 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.</p>

2.1.2.3.3.1 Variable Population

CIV/LRS	Variable Name	Data population
CIV Specific	Person	Name of the person associated to the action
CIV and LRS	BeginDate	Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019
LRS Specific	MagiRegulation	Rules defined by Federal/State by AID code

2.1.2.3.4 Restricted scope to full scope

CIV	LRS
<p>Good news! <Person>'s Medi-Cal changed to full scope on <BeginDate>.</p> <p><Person>'s Medi-Cal is changing from restricted scope to full scope because you were able to prove <Person>'s U.S. citizenship or satisfactory immigration status or <Person> is under 26 years old. <Person>'s Medi-Cal coverage will continue unless <Person> is found to be no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.</p> <p><Person>'s eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care service while <Person> had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p>	<p>Good news! Your Medi-Cal changed to full scope on <BeginDate>.</p> <p>Your Medi-Cal is changing from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are under 26 years old. Your Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><MagiRegulation> 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 back of the first 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.</p>

2.1.2.3.4.1 Variable Population

CIV/LRS	Variable Name	Data population
CIV Specific	Person	Name of the person associated to the action
CIV and LRS	BeginDate	Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019
LRS Specific	MagiRegulation	Rules defined by Federal/State by AID code

2.1.2.4 Regulations

The regulations of the existing fragments will be used for the corresponding new fragments.

- CIV - CODE_DETL with CATGRY_ID = 662
 - Fragment ID 494 for Restricted to full scope change
 - Fragment ID 493 for full to restricted scope
 - Fragment ID 492 for restricted approval
 - Fragment ID 491 for retro restricted approval
- LRS - CODE_DETL with CATGRY_ID = 662
 - Fragment ID 7028 for Restricted to full scope change
 - Fragment ID 7027 for full to restricted scope
 - Fragment ID 7009 for restricted approval
 - Fragment ID 7008 for retro restricted approval

Supporting Document #10 has the regulations for the existing fragments.

Note: LRS - Due to current technical difficulties the newly added Spanish NOA will have regulations listed in English.

2.1.2.5 Update MAGI Information Message – CIV only

- 1) Update the MSG_MAGI_INFORMATION_MESSAGE fragment to populate the text “<Person> received restricted scope Medi-Cal because you did not provide proof of <Person>’s U.S. citizenship or satisfactory immigration status.” along with the existing message when the following new fragments are populated on the NOA.
 - Restricted-Scope Retro Approval
 - Restricted-Scope Approval

Existing Verbiage	Updated verbiage to populate on Restricted-Scope Retro Approval and Restricted-Scope Approval NOAs
<p>For Medi-Cal, <Person>'s household size is <HouseholdSize> and ,<Person>'s monthly household income is <MagilIncome>. The monthly Medi-Cal income limit for <Person>'s household size is <MagilIncomeLimit>. <Person>'s income is below this limit, so <Person> qualifies for Medi-Cal.</p>	<p>For Medi-Cal, <Person>'s household size is <HouseholdSize> and ,<Person>'s monthly household income is <MagilIncome>. The monthly Medi-Cal income limit for <Person>'s household size is <MagilIncomeLimit>. <Person>'s income is below this limit, so <Person> qualifies for Medi-Cal. <Person> received restricted scope Medi-Cal because you did not provide proof of <Person>'s U.S. citizenship or satisfactory immigration status.</p>

Note: The above update is for both English and Spanish fragments. Spanish translations for the added verbiage will be attached to Supporting document #11.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	Existing MAGI - Restricted Scope - Retro NOA	 NOA_H906A_7008_F DD.docx
2	Correspondence	Existing MAGI - Restricted Scope – Approval NOA	 NOA_H907A_7009_F DD.docx
3	Correspondence	Existing MAGI - Full Scope to Restricted Scope NOA	 NOA_H801C_7027_F DD.docx
4	Correspondence	Existing MAGI - Restricted Scope to Full Scope NOA	 NOA_H802C_7028_F DD.docx
5	Correspondence	New MAGI - Restricted Scope - Retro NOA	 Restricted Scope Retro.docx
6	Correspondence	New MAGI - Restricted Scope – Approval NOA	 Restricted Scope.docx
7	Correspondence	New MAGI - Full Scope to Restricted Scope NOA	 Full Scope to Restricted Scope.do
8	Correspondence	New MAGI - Restricted Scope to Full Scope NOA	 Restricted Scope to Full Scope.docx
9	Correspondence	Existing Fragments Verbiage	 Existing Fragment Verbiage SCR CIV-10

Number	Functional Area	Description	Attachment
10	Correspondence	Existing Fragment's regulations	 Existing fragment's Regulations.xls
11	Correspondence	Spanish Translations	 Spanish Translations for SCR

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.7	The LRS shall identify case actions that require a notice, NOA, form, letter, stuffer, or flyer, and shall generate that appropriate notice, NOA, form, letter, stuffer, or flyer, using variable case-specific information.	LRS will generate the NOAs with the updated verbiage with respect to Young Adult Expansion scenarios.

5 APPENDIX

5.1 'The System' Definition

'The System' refers to both LRS and C-IV systems.

For instance, if the document mentions the below:

- Update The System to...

That implies:

- Both LRS and C-IV Systems will be updated with the same changes.