



California Statewide Automated Welfare System

Design Document

CA-204814 CIV-541 Update WDTIP Outbound file writer to not allow LD02 transactions to be generated for WTW supportive services participation records

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sowmya Coppisetty
	Reviewed By	Balakumar Murthy, Chris Larson

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1 OVERVIEW

The WDTIP outbound interface sends changes to the program participation or Time Limit clock for adult participants known to the WDTIP and CDSS. LRS WDTIP outbound interface writes the below two transactions out of 10 transactions to individual files before merging them into a single file and sending it to WDTIP to accurately calculate the time-on-aid clocks for TANF, CalWORKs and Welfare to Work programs.

LD02- The transaction LD02 is used to identify a customer's participation in a cash assistance program's (CalWORKs, Refugee Cash Assistance (RCA), Homeless (Temp) Assistance, Homeless (Perm) Assistance).

LD06- This transaction is sent when the participant of WTW program starts receiving supportive services.

1.1 Current Design

Currently, when the participant of WTW program starts receiving supportive services the WDTIP Outbound Interfaces writes both Program Participation Transaction (LD02) and Supportive Services Only Transaction (LD06) instead of only LD06 into the WDTIP Outbound File.

1.2 Requests

- Update the WDTIP LD02 transaction writer to not allow LD02 transactions to be generated when a former participant (e.g. CalWORKs discontinued, CalWORKs timed-off, or Family Reunification participant) is not receiving cash aid, but is only receiving child care, case management or supportive services.
- Send one-time Clean up file to WDTIP to delete historical records for the LD02 transactions that were sent in the WDTIP Outbound file for Retention Services (WTW) time limit program participation records

1.3 Overview of Recommendations

- To update the WDTIP Outbound writer to not allow LD02 transaction to be generated when a participant of WTW program starts receiving supportive services.
- Create a one-time WDTIP Outbound file with LD02 DISC transactions generated for all historical Retention Services (WTW) time limit program participation records and send it to WDTIP.
- Provide a detailed list of all the WTW program persons for which historical LD02 transactions were generated in the WDTIP outbound file for Retention Services (WTW) time limit program participation records.

1.4 Assumptions

- No changes will be made to the LD03 transaction writer and the LD03 transactions will continue to be generated when a customer signs the WTW plan.
- Post 19.11 SCR CA-207340/DDID 1367 the "Welfare to Work" Program on the Cash Aid Time Limit Month Detail page will be referred to as "Retention Services"

- For WTW “Supportive Services” time limit months, the Cash Aid Time Limit Month Detail page will continue to display:
 - a. Count for TANF when the employment indicator is “No” or Don’t Count for TANF when the employment indicator is “Yes”,
 - b. Don’t Count for CalWORKs, and
 - c. N/A for WTW if there is no signed WTW Plan or Don’t Count for WTW if there is a signed WTW Plan.

2 RECOMMENDATIONS

2.1 WDTIP Outbound writer for WTW/REP Programs

2.1.1 Overview

Currently, The WDTIP LD02 transaction writer allows LD02 transactions to be generated for participation in cash assistance programs (i.e. CalWORKs, Refugee Cash Assistance (RCA), Homeless (Temp) Assistance, Homeless (Perm) Assistance) and when a participant of WTW program starts receiving supportive services.

With this SCR, we will limit the LD02 transaction writer to generate LD02 transactions for participation in cash assistance programs. CalWORKs, Refugee Cash Assistance (RCA), Homeless (Temp) Assistance, Homeless (Perm) Assistance.

2.1.2 Description of Change

Update the LD02 transaction writer to NOT allow the LD02 transactions to be generated and written into the WDTIP outbound file when a participant of WTW program starts receiving supportive services.

Note- Only LD06 transactions should be generated when a participant of WTW program starts receiving supportive services.

2.1.3 Execution Frequency

Daily

2.1.4 Counties Impacted

CalSAWS and All CIV Counties

2.1.5 Interface Partner

Welfare Data Tracking Implementation Project (WDTIP)

2.2 One time Clean up file to WDTIP

2.2.1 Overview

In order to sync up transactions in CalSAWS, CIV and WDTIP systems a one-time clean up file will be generated and sent to WDTIP to delete historical LD02 transactions that were sent erroneously when a participant of WTW program was only receiving supportive services.

2.2.2 Description of Changes

Generate a one-time WDTIP outbound file that will include LD02 DISC transactions for all historical retention services (WTW) time limit program participation records to be sent to WDTIP.

Note 1- For each of the LD02 DISC transaction record in the one-time file the program status of Calworks, RCA, Immediate Need, and Homeless (Temp) Assistance, Homeless (Perm) Assistance should be discontinued and WTW program status should be active in the case for the time limit effective month.

Note 2-The list of LD02 DISC transactions that will be sent in the one-time file need to be shared with WDTIP by first week of December to ensure that a corresponding LD06 already exists in their system for each of the LD02 DISC transaction.

2.2.3 Interface Partner

Welfare Data Tracking Implementation Project (WDTIP)

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.5	The LRS shall identify, determine the significance of, and report discrepancies between LRS Data received via external interfaces and existing applicant, participant, and/or case records.	Send one-time file to WDTIP clear historical records sent incorrectly.

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.2	The LRS shall trigger automated requests for LRS Data exchange of information with other systems, based on information captured during the application registration, application evaluation, intake, case maintenance, and referral processes.	Update triggers for LD02 transaction generation.

4 MIGRATION IMPACTS

N/A

5 OUTREACH

A detailed case list of all the WTW program persons will be provided for which LD02 transactions were generated in the WDTIP outbound file prior to this SCR for Retention Services (WTW) time limit program participation records.

The following columns will be included in the file-

1. County number
2. Office Number
3. CalWORKs Worker ID
4. Case Name
5. Case Number
6. Program Code
7. WTW Program – Current/Last Worker ID
8. WTW Program – Participant Name
9. WTW Program – Participant CIN Number
10. WTW Program- Transaction month
11. CalWORKs Program- Participant Last Month of Aid

6 APPENDIX



ICD WDTIP
Outbound.docx




Copy of Case list
for SCR SCR CA 2046



Design Document

CA-49736 | CIV-102308 – Clean-up of MC
Program Block for Individuals Active on CW

	DOCUMENT APPROVAL HISTORY
Prepared By	Renee Gustafson, Howard Suksanti
Reviewed By	Prashant Goel, Balakumar Murthy, Priya Subramaniam, Lena Lam, Akira Moriguchi, William Baretsky

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1 OVERVIEW

The intent of this SCR is to clean-up The System to discontinue individuals from Medi-Cal who are active in both cash-based Medi-Cal through the CalWORKs program and Medi-Cal. The SCR will update Medi-Cal EDBC MAGI-only mode to discontinue an individual from MAGI Medi-Cal who is also active in any cash-based Medi-Cal and to inform CalHEERS when an individual is in any cash-based Medi-Cal program so CalHEERS can determine the individual not eligible to MAGI Medi-Cal.

1.1 Current Design

Medi-Cal EDBC rules will discontinue an individual from Non-MAGI Medi-Cal who is also active in another cash-based Medi-Cal program when Medi-Cal EDBC is run in Full Medi-Cal Hierarchy mode; however, Medi-Cal EDBC rules will only discontinue an individual from MAGI Medi-Cal who is also active on cash-based Medi-Cal through the CalWORKs program when running in MAGI-only mode. This incorrectly allows the individual to remain active in both MAGI Medi-Cal and another cash-based Medi-Cal program (other than CalWORKs).

When an individual is active on CalWORKs, The System communicates to CalHEERS that the individual is already a beneficiary of Medi-Cal in Medi-Cal Eligibility Data System (MEDS) which provides Minimal Essential Coverage (MEC) by sending 'MEDS-MEC' Administrative (Admin) Verification = 'Yes' in an Eligibility Determination Request (EDR); however, when an individual is a beneficiary on any other cash-based Medi-Cal (other than CalWORKs), The System does not send 'MEDS-MEC' Admin Verification = Yes in the EDR so CalHEERS may determine the individual MAGI Medi-Cal Eligible. This allows an individual to be active on both a cash-based Medi-Cal program (other than CalWORKs) and MAGI Medi-Cal.

When an individual is discontinued from the CalWORKs program, The System auto-tests the individual for Medi-Cal to provide continuity of medical coverage. Often, these individuals are active in Medi-Cal and then will subsequently have their CalWORKs termination rescinded, at which time the worker should run Medi-Cal EDBC to discontinue the Medi-Cal program for 'Gets CalWORKs'. When Medi-Cal EDBC is not run together with the CalWORKs rescind, the individual remains active on both CalWORKs and Medi-Cal.

1.2 Requests

- Medi-Cal EDBC rules shall determine an individual ineligible to Medi-Cal when an individual is also active in any cash-based Medi-Cal regardless of EDBC mode (Full Medi-Cal Hierarchy and MAGI-only).
- The System should inform CalHEERS that an individual is receiving MEDS-MEC in an EDR when the individual is active in any cash-based Medi-Cal.
- Run an on-going batch to discontinue the Medi-Cal for individuals who are in both Medi-Cal and CalWORKs as long as the most recently authorized EDBC was for CalWORKs.
- Add new Batch EDBC Sweep job that will trigger EDBC when the System receives a DERs that is associated to an EDR that initiated by the Duplicate Medi-Cal Clean-up batch (LRS only).
- Update the existing Find DER for EDBC Sweep job (PB00E120) to include DERs that is associated to an EDR that initiated by the Duplicate Medi-Cal Clean-up batch (C-IV only).
- Provide a one-time list to the workers for the rest of the population active in both cash-based Medi-Cal and Medi-Cal after the Duplicate Medi-Cal Clean-up batch is run the first time; the workers can use the existing Duplicate Aid Report to follow up after the initial batch run and list clean up.

1.3 Overview of Recommendations

- Update Medi-Cal EDBC MAGI-only mode rules to close an individual when they are active in any cash-based Medi-Cal.
- Update eHIT to send MEDS-MEC Admin Verification = Yes when an individual is active in any cash-based Medi-Cal.
- Create a Duplicate Non-MAGI Medi-Cal Clean-Up Batch EDBC sweep to identify individuals active on both CalWORKs and Non-MAGI Medi-Cal. The batch will run prior to Batch 10-day cutoff and will only pick up individuals where the last Accepted and Saved EDBC was for CalWORKs.
- Create a Duplicate MAGI Medi-Cal Clean-Up Batch MAGI sweep to identify individuals active on both CalWORKs and MAGI Medi-Cal. The batch will run prior to Batch 10-day cutoff and will only pick up individuals where the last Accepted and Saved EDBC was for CalWORKs.
- Add a new Batch EDR Run Reason code for "Duplicate Medi-Cal Clean-up".
- LRS only: Add a new Batch MAGI EDBC Sweep job that will trigger EDBC when LRS receives a DER associated to an EDR initiated by the Batch EDR Run Reason "Duplicate Medi-Cal Clean-up."
- C-IV only: Update the existing Find DER for EDBC Sweep job to include DERs associated to an EDR initiated by the Batch EDR Run Reason "Duplicate Medi-Cal Clean-up."
- Provide a one-time list to the workers of individuals active in both cash-based Medi-Cal and Medi-Cal after the Duplicate Medi-Cal Clean-up batch is run the first time.

1.4 Assumptions

- “Batch 10-day cutoff” is a predefined date in LRS. Every year LRS identifies the exact date for each calendar month to be considered “Batch 10-day cutoff” and that date is used for Batch processing to allow sufficient time for Batch processing and Central Print to adhere to the policy defined 10-day NOA cutoff.

Policy defined 10-day NOA cutoff is as follows: a timely NOA must be mailed 10 calendar days before the effective date of action whenever the action is a discontinuance or other adverse action. The 10-day period does not include the date the notice is mailed nor the first day of the month the change will take effect. There are exceptions to the 10-day NOA cutoff requirement and if an exception applies, it will be described in the Recommendations.

- There will be no new NOAs or correspondence automation as part of this SCR. See appendix for “Existing NOA functionality for Duplicate Aid”
- The System will use Person ID as the unique indicator to determine if an individual is active in both cash-based Medi-Cal and Medi-Cal.

2 RECOMMENDATIONS

2.1 Medi-Cal Eligibility Rules

2.1.1 Overview

Update Medi-Cal EDBC rules for MAGI-only mode to close an individual when they are active in any cash-based Medi-Cal program.

2.1.2 Description of Changes

1. Update the Medi-Cal EDBC MAGI-only mode rules to set an individual's Role and Role Reason in the Medi-Cal program per the table below when the individual is a beneficiary in any of the following cash-based Medi-Cal programs (this includes in other counties in the same system):

Cash-based Medi-Cal Program	Role	Role Reason
AAP	UP	Gets AAP
ARC	UP	Gets ARC
CalWORKs	UP	Gets CalWORKs
Foster Care	UP	Gets FC
Kin-GAP	UP	Gets Kin-GAP
SSI	UP	Gets SSI
SSI/SSP	UP	Gets SSI/SSP

2.1.3 Programs Impacted

Medi-Cal

2.2 eHIT

2.2.1 Overview

Update eHIT to send MEDS-MEC Admin Verification = Yes when an individual is active in any cash-based Medi-Cal.

2.2.2 Description of Change

1. Update eHIT functionality to send MEDS-MEC Admin Verification = "Y" in an EDR when the individual is found to be a beneficiary in any of the cash-based Medi-Cal programs below (this includes in other counties in the same system):

Cash-based Medi-Cal Program
AAP
ARC
CalWORKs
Foster Care
Kin-GAP
SSI
SSI/SSP

2.2.3 Counties Impacted

All 40 Counties

2.2.4 Interface Partner

CalHEERS

2.3 Duplicate Non-MAGI Medi-Cal Clean-up Batch EDBC Sweep

2.3.1 Overview

Create a new Duplicate Non-MAGI Medi-Cal Clean-up Batch EDBC Sweep to identify any individuals receiving both CalWORKs and Non-MAGI Medi-Cal simultaneously. The batch sweep will create records to be picked up by Batch EDBC to process all active Medi-Cal programs on the case.

2.3.2 Description of Change

1. **LRS only:** Add a CTCR for the journal entry when Batch EDBC runs for the Duplicate Medi-Cal Clean-up scenarios.

Batch Eligibility Sweep Codes	Description
New/Update	Update
Category ID	942
Code_num_identif	'Implementation TBD'
Short Decode Name	MC Duplicate Clean-up
Long Decode Name	Medi-Cal Duplicate Clean-up

Example journal entry created by Batch EDBC:

Short Description: Batch EDBC ran for [MONTH/YEAR]

Long Description: Batch EDBC ran for [MONTH/YEAR]. Batch EDBC processed for the Medi-Cal Program for the following reasons: MC Duplicate Clean-up

2. Create a new Duplicate Non-MAGI Medi-Cal Clean-up Batch EDBC Sweep as follows:
 - a. Identify the population for which to run Batch EDBC:
 - i. The individual is active on both CW and MC program.
 - ii. The individual is active with Role code of Member or Medi-Cal Member Only (MMO) on the CalWORKs program effective for the come-up month.
 - iii. The individual is an Active Member on the Medi-Cal Program effective for the come-up month. The Medi-Cal program on which the individual is active does not have to be on the same case or within the same County as the active CalWORKs program.
 - iv. The latest Accepted and Saved CalWORKs EDBC has a run date that is after the latest Accepted and Saved EDBC record for the Medi-Cal program.
 - v. No individual on the Medi-Cal program is Active on a MAGI Medi-Cal aid code.

- b. Create SYS_TRANSACT records for the population above to be processed by Batch EDBC. The batch will trigger Batch EDBC with the following details:
 - i. Batch EDBC will be triggered with “Targeted Program” mode such that all Active Medi-Cal programs in the same case will run together.
Developer Note: the PGM_LIST column on the SYS_TRANSACT record will be ‘MC’.
 - ii. Regular Batch EDBC mode.

2.3.3 Execution Frequency

Monthly on the Batch 10-day cutoff.

2.3.4 Key Scheduling Dependencies

The new job will be in the existing 10-day cutoff folder – R2M01CPC.

2.3.5 Counties Impacted

All 40 Counties.

2.3.6 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.)

2.4 Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep

2.4.1 Overview

Create a new Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep to identify any individuals receiving both CalWORKs and MAGI Medi-Cal simultaneously.

2.4.2 Description of Change

1. Add the following new Batch EDR Run Reasons code (CT_2813). The new Batch EDR Run Reasons code will be used internally to identify the reason the System initiated an EDR.

Batch EDR Run Reasons	Description
New/Update	Update
Category ID	2813
Code_num_identif	'Implementation TBD'
Short Decode Name	MC Duplicate Clean-up
Long Decode Name	Medi-Cal Duplicate Clean-up
Reporting Indicator	Y

2. Create a new Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep as follows):
 - a. Identify the population for which to send an EDR to CalHEERS:
 - i. The individual is active on both CW and MC program.
 - ii. The individual is active with role code of Member or Medi-Cal Member Only (MMO) on the CalWORKs program effective for the come-up month.
 - iii. The individual is an Active Member on the Medi-Cal Program effective for the come-up month. The Medi-Cal program on which the individual is active does not have to be on the same case or within the same County as the active CalWORKs program.
 - iv. The latest Accepted and Saved CalWORKs EDBC has a run date that is after the latest Accepted and Saved EDBC record for the Medi-Cal program.
 - v. At least one individual on the Medi-Cal program is Active on a MAGI Medi-Cal aid code.
 - b. Create CH_TRANSACT records for Batch MAGI processing with the new Batch EDR Run Reason Code from section 2.4.2.1. Then as part of the existing process, Batch MAGI will send an EDR to CalHEERS for this population.

2.4.3 Execution Frequency

Monthly, one calendar day prior to the Batch 10-day cutoff.

2.4.4 Key Scheduling Dependencies

Before Batch MAGI Load MEM Cache job (PB00CH100).

2.4.5 Counties Impacted

All 40 Counties.

2.4.6 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.)

DRAFT

2.5 LRS only: Add Batch MAGI EDBC Sweep for Duplicate MC

2.5.1 Overview

Add a new batch job to auto-trigger EDBC for the Duplicate MAGI Medi-Cal Clean-up.

2.5.2 Description of Change

1. Add a new Batch MAGI EDBC Sweep job to trigger Batch EDBC for Medi-Cal programs where the DER received from CalHEERS was initiated by the Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep job.
2. The new batch will trigger Regular Batch EDBC with a Targeted Program mode (All Active Medi-Cal programs in the same case) on the come-up month with the new sub type code of 'MC Duplicate Clean-up' (Section 2.3.2.1) when all the following are met:
 - a. Received DER is associated to an EDR that was initiated by the Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep.
 - b. DER has a Batch indicator =Y.
 - c. EDR has an effective month of come-up month.

2.5.3 Execution Frequency

Daily except Sunday and Holiday

2.5.4 Key Scheduling Dependencies

Before the existing Batch EDBC processing job

2.5.5 Counties Impacted

Los Angeles County

2.5.6 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.)

2.6 C-IV only: Update Find DER for EDBC Sweep job for Duplicate MC

2.6.1 Overview

The Find DER for EDBC Sweep job triggers Batch EDBC when the DER received from CalHEERS is in response to an EDR sent by Batch MAGI. As part of this SCR, this job will be modified to also trigger Batch EDBC when a DER is received from CalHEERS associated with the EDR that is initiated from the Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep job.

2.6.2 Description of Change

1. Modify the Find DER for EDBC Sweep job (PB00E120) to trigger Batch EDBC when DER received from CalHEERS was initiated by the Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep job.
2. The batch will be updated to include an additional condition as specify below:
 - a. Trigger Regular Batch EDBC with Targeted Program mode (All Active Medi-Cal programs in the same case) on the come-up month with the new sub type code of 'MC Duplicate Clean-up' (Section 2.3.2.1) when all the following are met:
 - i. Received DER is associated to an EDR that was initiated by the Duplicate MAGI Medi-Cal Clean-up Batch MAGI Sweep.
 - ii. DER has a Batch indicator =Y.
 - iii. EDR has an effective month of come-up month.

Note:

- The batch will not trigger Batch EDBC with an EDBC Run Reason for the MC Duplicate Clean-up.

2.6.3 Execution Frequency

No Change. Daily except Sunday and Holiday.

2.6.4 Key Scheduling Dependencies

No Change.

2.6.5 Counties Impacted

C-IV Counties.

2.7 Automated Regression

2.7.1 Overview

Create new automated test scripts to verify the MEDS-MEC Admin Verification value sent in EDRs and the EDBC logic for closing Medi-Cal programs if the individuals are active in any other cash-based Medi-Cal program.

2.7.2 Description of Changes

New automated test scripts will be created for the following scenarios.

1. For each of the following active programs, add a Medi-Cal program and Request MAGI. Verify that the EDR sends a value of MEDS-MEC Admin Verification = Yes.
2. For each of the following active programs, add a Medi-Cal program with a type of No Potential MAGI. Run EDBC and verify that the Medi-Cal program is Denied with the appropriate person role and role reason.
3. For an active Medi-Cal program with a type of No Potential MAGI, add each of the following programs. Run EDBC for both programs and verify that the Medi-Cal program is Discontinued with the appropriate person role and role reason.

Programs to be covered

- a. CalWORKs
- b. Foster Care

Additional programs to be covered, if time allows

- a. AAP
- b. ARC
- c. Kin-GAP
- d. SSI (LRS only)
- e. SSI/SSP

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.1	The LRS shall provide for the support of system interfaces and integration necessary for the coordination of services with other federal, State, and COUNTY agencies and other external agencies, for the purposes of reducing paperwork, verification of LRS Data, and preventing the duplication of LRS Data entry.	This SCR will add batch jobs to send information to CalHEERS.
2.8.1.5	The LRS shall automatically evaluate/process ED/BC accounting for the impact of change(s) on all assistance units on a case, on an individual, and on any or all companion cases that could potentially be affected by the change(s).	This SCR will update the existing Batch EDBC Sweep job.

4 OUTREACH

1. Generate a one-time County list of individuals receiving medical coverage both from a cash-based Medi-Cal program and Medi-Cal after the batch is run the first time. List only the case number in which the individual is in the Medi-Cal program and include a column that lists the name of the cash-based MC program. The list will be processed by the Medi-Cal program worker.

The lists will display the standard columns:

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

List Name: Duplicate cash-based MC and MC

Additional Columns: CIN, Cash-based MC Program

County Action: Workers should review cases to ensure individuals are receiving medical coverage from both Cash based Medi-Cal program and Medi-Cal and run EDBC on the Medi-Cal program to discontinue, or review for appropriate action to the Medi-Cal program.

Lists will be posted to the following locations:

System	Path
LRS	CalACES Web Portal>System Changes>SCR and SIR Lists>2019>CA-49736
C-IV	CalACES Web Portal>System Changes>SCR and SIR Lists>2019>CIV-102308

5 APPENDIX

5.1 The System

Throughout this document, references to “The System” includes both the LRS and C-IV Systems.

5.2 Existing NOA functionality for Duplicate Aid

5.2.1 Non-MAGI Medi-Cal Discontinuance

5.2.1.1 Detected by The System during Medi-Cal EDBC

The System generates a Non-MAGI Medi-Cal Discontinuance NOA when an individual is discontinued from Non-MAGI Medi-Cal because The System detected duplicate aid on another cash-based Medi-Cal program with the following language:

<Person Name> is getting assistance from a Cash Aid program which includes automatic Medi-Cal benefits.

5.2.1.2 Negative Action for ‘On Aid Another Case’

If the worker processed the discontinuance from leveraging the Negative Action reason of ‘On Aid Another Case’, The System will generate a Non-MAGI Medi-Cal Discontinuance NOA with the following language:

LRS: You are not eligible on this case as you are already receiving Medi-Cal in another County or household.

C-IV: <Person Name> already receives this same type of aid on another case.

5.2.2 MAGI Medi-Cal Discontinuance

5.2.2.1 Detected by The System during Medi-Cal EDBC

C-IV generates a MAGI Medi-Cal Discontinuance NOA when an individual is discontinued from MAGI Medi-Cal because C-IV detected duplicate aid on CalWORKs (cash-based Medi-Cal) with the following language:

<Person Name> is getting assistance from a Cash Aid program which includes automatic Medi-Cal benefits.

LRS does not generate a MAGI Medi-Cal Discontinuance NOA when an individual is discontinued from MAGI Medi-Cal because LRS detected duplicate aid on CalWORKs (cash-based Medi-Cal).

5.2.2.2 Negative Action for 'On Aid Another Case'

If the worker processed the discontinuance from leveraging the Negative Action reason of 'On Aid Another Case', The System will generate a MAGI Medi-Cal Discontinuance NOA with the following language:

LRS: You are already receiving Medi-Cal benefits. Therefore you are not entitled to receive Medi-Cal benefits on this application.

C-IV: <Person Name> is already receiving Medi-Cal benefits. Therefore <Person Name> is not entitled to receive Medi-Cal benefits on this application.



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	
Prepared By	Justin Dobbs
Reviewed By	Karine Margaryan, Lisa Chea, Ron Quinn, John Pratt, Joel Acevedo, Claudia Pinto

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
03/04/2019	1.0	Initial Draft	Justin Dobbs

DRAFT

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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 RECOMMENDATIONS

2.1 DPA 482 Modifications


This section will outline the changes to the DPA 482 report to comply with ACL 18-121.

Note: Throughout this document are references to "IEVS Findings" which is information available on the IEVS Review Findings page in the C-IV System. In the LRS System, this page is "IEVS Review Dispositions".

2.1.1 DPA 482 Mockups

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY				CALIFORNIA DEPARTMENT OF SOCIAL SERVICES DATA SYSTEMS AND SURVEY DESIGN BUREAU			
Income and Eligibility Verification System (IEVS) Management Report Integrated Earnings Clearance/Fraud Detection System (IFD)				SEND ONE COPY OF THIS REPORT TO: California Department of Social Services Data Systems and Survey Design Bureau, M.S. 9-081 P. O. Box 944243 Sacramento, CA 94244-2430 FAX: (916) 657-2074			
COUNTY NAME Butte		REPORT QUARTER Jul. - Sep.		YEAR 2019			
DISCREPANT CASES		CalWORKs (A)		CalFresh (B)		TOTAL (C)	
		Number of Cases	Dollar Amounts	Number of Cases	Dollar Amounts	Number of Cases	Dollar Amounts
1. Cases with overpayments/overissuances established during the report quarter		1	2	3	4	5	6
		24	\$17,275	22	\$19,499	46	\$36,774
a. Client caused errors.....		7	\$7,934	20	\$18,162	24	\$26,096
b. Administrative caused errors		13	\$9,341	2	\$1,337	22	\$10,678
2. Cases discontinued during the report quarter (Entire case discontinued)		19	6	20	11	21	17
3. Cases with SIU/DA referrals during the report quarter		22	1	23	3	24	4
COMMENTS							
CONTACT PERSON (Print)				TELEPHONE		EXTENSION	
TITLE/CLASSIFICATION				EMAIL		DATE COMPLETED	
DPA 482							

Figure 2.1.1-1 DPA 482 Report Summary Worksheet



DPA 482

Butte

Run Date: OCT-02-19 09:08 PM

Jul. - Sep. 2019

												Summary	

Note: The LRS version of the detailed worksheet will mimic the layout above except for the logo. The LRS version of the report will display the LRS logo in the header of the detailed worksheet.

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 with multiple IEVS Findings that meet the criteria of Line 1a or 1b will only be counted a single time for each line, however the dollar amounts for each IEVS Finding per line will be included in the Dollar Amounts column calculation.

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(C-IV)/Abstract Type(LRS) is:

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

- The IEVS Finding Review Status(C-IV)/Disposition Status(LRS) 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 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.

- If a case has multiple IEVS Findings that meet the criteria above, the case will be counted a single time in the "Number of Cases" column, however the overpayment/overissuance amounts for each IEVS Finding for this line will be summed into the "Dollar Amounts" column.

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(C-IV)/Abstract Type(LRS) is:

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

- The IEVS Finding Review Status(C-IV)/Disposition Status(LRS) 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 is one of 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.
- If a case has multiple IEVS Findings that meet the criteria above, the case will be counted a single time in the "Number of Cases" column, however the overpayment/overissuance amounts for each IEVS Finding for this line will be summed into the "Dollar Amounts" column.

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(C-IV)/Abstract Type(LRS) is:

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

- The IEVS Finding Review Status(C-IV)/Disposition Status(LRS) 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 (based on the program type of the IEVS Finding) 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. This condition will avoid potential to double count a case if multiple closed IEVS Findings exist for the Case 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(C-IV)/Abstract Type(LRS) is:

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

- The IEVS Finding Review Status(C-IV)/Disposition Status(LRS) 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(C-IV)/IEVS Payment Verification System Abstract(LRS) 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"

Field Name	Field Description
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	The Case Number of the Case associated to the IEVS Finding.
Case Name	The Case Name of the Case associated to the IEVS Finding.
Discrepancy	<p>The Discrepancy value of the IEVS Finding. Possible values include:</p> <ul style="list-style-type: none"> • Admin • Client Cause • Fraud • IHE

Field Name	Field Description
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	The ID number of the IEVS finding.
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>
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	<p>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.</p> <p>This column will only populate for detailed rows associated to Line 2.</p>
SIU Referral Created Date	<p>The Date that an IEVS abstract is referred to SIU formatted as mm/dd/yyyy.</p> <p>This column will only populate for detailed rows associated to Line 3.</p>
Recovery Account Number	<p>The number of the Recovery Account associated to the IEVS Finding.</p> <p>This column will only populate for detailed rows associated to Lines 1a and 1b.</p>
Recovery Account Established Date	<p>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.</p> <p>This column will only populate for detailed rows associated to Lines 1a and 1b.</p>

Field Name	Field Description
Amount	<p>The Recovery Account amount associated to the IEVS Finding formatted as \$0.00.</p> <p>This column will only populate for detailed rows associated to Lines 1a and 1b.</p>

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.

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

DRAFT

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-201575 | CIV-101430

CF-FTP INS Document, Income of FRE
Should Be Prorated

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/22/2019	1.0	Initial Draft	T. Lazio
09/12/2019	2.0	<p>Updates (highlighted) made to the following sections based on Committee feedback:</p> <p>Section 1.1</p> <ul style="list-style-type: none"> - Added clarification earned and unearned income from the Income Detail page and SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes from the OPA Detail page page <p>Section 1.2</p> <ul style="list-style-type: none"> - Added clarification of SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes from OPA <p>Section 1.4</p> <ul style="list-style-type: none"> - Updated first assumption adding SCR change will apply to retro EDBC's <p>Section 2.1.2.1</p> <ul style="list-style-type: none"> - Clarified earned and unearned income entered on Income detail page. <p>Section 2.1.2.2</p> <ul style="list-style-type: none"> - Clarified unearned income entered on OPA detail page for SSI, SSP and SSI/SSP. <p>Section 2.2</p> <ul style="list-style-type: none"> - Added case list with FREs with role reason of 'FTP-INS Document 	T. Lazio
09/16/2019	3.0	<p>Section 2.2</p> <ul style="list-style-type: none"> -Added the update to list FREs that had income within the 	T.Lazio

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
		last 12 months.	

DRAFT

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1 OVERVIEW

Per CalFresh (CF) Eligibility Determination Regulation 63-503.442, household members excluded for ineligible noncitizen status should have a prorated share of their income counted towards CalFresh benefits for the entire eligible household. This SCR will accommodate the need to prorate the FRE (Financially Responsible-Excluded) non-citizen's portion of the income counted for the entire eligible household in the CalFresh EDBC.

1.1 Current Design

Currently for FRE non-citizens with role reason of 'FTP - INS Document' all of their income is counted against the eligible household in the CF EDBC. Also, the entire SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned income amounts received from Other Program Assistance (OPA) by a FRE non-citizen with a role reason eligible for income proration are counted against the eligible household members.

The below table shows how earned and unearned income from the Income Detail page and SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes from the OPA Detail page are currently treated for FRE non-citizens in a household of eligible and non-eligible citizens:

Role Reasons that are eligible for income proration	Unearned and Earned Income from the Income Detail Page Treatment in CF EDBC	SSI Only, SSP Only (CalSAWS Only) and SSI/SSP Unearned Income from OPA Detail Page Treatment in CF EDBC
FTP INS Document	Entire Income Included	Entire OPA Amount Included
FTP Sponsor Dependents	Entire Income prorated by dividing count of Active Members in the CF Program by count of all Active Members and FRE's	
FTP Sponsor SOF		
FTP Sponsor Income		
FTP Sponsor Property		
Ineligible Non Citizen		
Did Not Meet ABAWD Rules after Regaining Elig		

Role Reasons that are eligible for income proration	Unearned and Earned Income from the Income Detail Page Treatment in CF EDBC	SSI Only, SSP Only (CalSAWS Only) and SSI/SSP Unearned Income from OPA Detail Page Treatment in CF EDBC
3 Countable ABAWD Months Used		
End of 3 Consecutive ABAWD Months		
SSN Enumeration		
FTP ABAWD Work #1		
FTP ABAWD Work #2		

1.2 Requests

In a CalFresh household of eligible citizens and FRE non-citizen with role reason of 'FTP-INS Document', income of the excluded non-citizen should be prorated. Also, SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes from OPA need to be prorated in the same way it does for income for a FRE non-citizen with a role reason eligible for income proration.

1.3 Overview of Recommendations

Update CF EDBC logic to prorate income of non-citizen in household with role FRE and role reason FTP - INS Document.

Update CF EDBC logic to prorate SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes received from OPA by a non-citizen in household with a role of FRE and a role reason eligible for income proration.

Generate list of CF cases with an active program person with role of FRE and role reason of 'FTP-INS Document' that had an active CF program and income for the FRE within the last 12 months.

1.4 Assumptions

- This SCR change will only apply to new CF EDBC's and will not apply to previously saved EDBC's. Running a retro month will apply the logic from this SCR.
- The earned income deduction shall apply to the prorated income earned by such excluded members which is attributed to the household.

2 RECOMMENDATIONS

2.1 CF EDBC Updates

2.1.1 Overview

Update CF EDBC logic to prorate income of non-citizen in household with role FRE and role reason FTP - INS Document.

Update CF EDBC logic to prorate SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes received from OPA by a non-citizen in household with a role of FRE and a role reason eligible for income proration

2.1.2 Description of Changes

2.1.2.1 Income Treatment

For earned and unearned income entered on the Income Detail Page for a non-citizen in household with role FRE, please see table below for the CF EDBC treatment of income based on role reason:

Role Reasons that are eligible for income proration	Unearned and Earned Income from the Income Detail Page Treatment in CF EDBC
FTP INS Document	Entire Income prorated by dividing count of Active Members in the CF Program by count of all Active Members and FRE's

2.1.2.2 Unearned Income From OPA Treatment

OPA unearned income entered on the OPA Detail page for a non-citizen in household with role of FRE would be pro-rated for the following 'Types of Assistance':

CalSAWS:

- SSI Only
- SSP Only
- SSI/SSP

C-IV:

- SSI Only
- SSI/SSP

Please see table below for the CF EDBC treatment of OPA SSI Only, SSP Only (CalSAWS Only) and SSI/SSP unearned incomes based on eligible role reason:

Role Reasons that are eligible for income proration	SSI Only, SSP Only (CalSAWS Only) and SSI/SSP Unearned Incomes from OPA Detail Page Treatment in CF EDBC
FTP INS Document	Entire OPA Amount prorated by dividing count of Active Members in the CF Program by count of all Active Members and FRE's
FTP Sponsor Dependents	
FTP Sponsor SOF	
FTP Sponsor Income	
FTP Sponsor Property	
Ineligible Non Citizen	
Did Not Meet ABAWD Rules after Regaining Elig	
3 Countable ABAWD Months Used	
End of 3 Consecutive ABAWD Months	
SSN Enumeration	
FTP ABAWD Work #1	
FTP ABAWD Work #2	

2.1.3 Programs Impacted

CF (including TCF)

2.2 List of CalFresh Cases With Program Person with Role of FRE With Role Reason of 'FTP - INS Document'

2.2.1 Overview

Generate list of CF cases with an active program person with role of FRE and role reason of 'FTP-INS Document' that had an active CF program and income for the FRE within the last 12 months.

2.2.2 Description of Change

Generate list of CF cases based on the following criteria:

- Case has 'Active' program person with role of FRE and role reason of 'FTP-INS Document'.
- Case had an active income record for the program person with role of FRE and role reason of 'FTP-INS Document' any time since January 2019.
- Case had a CF program with a status of 'Active' any time since January 2019.

The lists will include the following list columns:

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


Current CF Program Status

These lists will be posted at:

CalSAWS: CalSAWS System Web Portal > System Changes > SCR and SIR Lists > 2020 > SCR CA-201575

C-IV: CalSAWS System Web Portal > System Changes > SCR and SIR Lists > 2020 > SCR CIV- 101430

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility	Food Stamp Regulations For Eligibility Determination which lists Regulation 63-503.442.	 CF Regulations with Reg 63-503.442

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.	This SCR will accommodate the need to prorate a non-citizen's portion of the income counted for the entire eligible CF household.



California Statewide Automated Welfare System

Design Document

CA-204599 | CIV-102209

ABAWD: Update MEDS Transactions for the 36-month rollover process

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Steve Hancock
	Reviewed By	Dana Petersen

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
9/12/2019	1.0	Initial Revision	Dana Petersen

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1 OVERVIEW

ACL 16-24 provided counties with a description of the ABAWD time limit. This time limit was implemented in CalSAWS through SCR 47670 with the 17.01 release, and in C-IV through SCR 3860 with the 16.11b release.

The 36-month ABAWD Time Clock within The Systems conform to the MEDS statewide Fixed 36-Month ABAWD Calendar established with ACIN No. 1-88-16. Beginning January 2020, the new fixed 36-Month ABAWD Period will begin.

Updates to the FX 20 MEDS transaction are required to transition ongoing ABAWDs carrying-forward from the 2017-2019 clock into the new 2020-2022 fixed clock in MEDS.

Updates to the quarterly MEDS Recon (FR 20) and ABAWD Month Status Transaction (FX 60) are also required to support the existing process in MEDS when transitioning to the new 36-month ABAWD period.

1.1 Current Design

- The FX 20 Transaction sends new and updated CalFresh Eligibility status information to MEDS. Among other conditions, The FX 20 is also triggered when a person becomes a tracked ABAWD for the first time in the current 36-month period to establish an ABAWD time clock in MEDS.
- The FR 20 Transaction sends Active CalFresh recipient eligibility and demographic information on a quarterly basis as part of the MEDS Reconciliation process.
- The FX 60 transaction sends individual ABAWD time limit month statuses to MEDS. The FX 60 transaction is used to maintain and edit individual month statuses within the 36-Month ABAWD Calendar established by the FX 20 Transaction.

1.2 Requests

Update the FX 20, FR 20 and FX 60 transactions to adhere to the MEDS 36-month ABAWD Time Clock transition process in MEDS for each ABAWD carrying forward into the next statewide fixed 36-Month ABAWD calendar.

1.3 Overview of Recommendations

1. Update the Systems to exclude ABAWD information between the final MEDS Renewal date within the current 36-month ABAWD Period, and prior to the First calendar day of the next 36-month ABAWD Period.
2. Update the Systems to trigger the FX 20 job for all ABAWDs who have an ABAWD Clock carrying forward into the new 36-Month ABAWD Period
3. Update the Individual ABAWD Effective Date logic for the FX 20, FR 20, and FX 60 Transactions
4. Update the Batch ABAWD Determination Sweep Job to include the 'CalFresh' Medical Condition Category.

1.4 Assumptions

- 1) All Date lookups regarding “current” and “next” ABAWD period are dynamically referenced in database code tables.
- 2) FX 20 transactions that occur from the new trigger condition will adhere to current ESAC, termination date, and termination reason population logic.
- 3) The FX 60 logic has already been updated to never send the 36th month to MEDS. MEDS months are arrears-only, so the 36th month can only be sent on or after January begins in the next 36-month ABAWD Period. This change was implemented as part of Phase 2 via SCR CA-57971/CIV-7215.

2 RECOMMENDATIONS

2.1 Update the Systems to exclude ABAWD information between the final MEDS Renewal date within the current 36-month ABAWD Period, and prior to the First calendar day of the next 36-month ABAWD Period

2.1.1 Overview

MEDS will clear the current ABAWD Calendar as part of the MEDS Renewal process during the final calendar month of the current 36-month ABAWD period in preparation for the next 36-Month period's ABAWD Time Clock. Starting on this date, and until the new period begins, The Systems will no longer transmit ABAWD information for the remainder of the current calendar year.

2.1.2 Description of Changes

1. Update the FX 20 and FR 20 to not populate data elements 1356 (Individual ABAWD Effective Date) and 1359 (ABAWD Indicator) if the Batch Date is between the final MEDS Renewal Date (-2 Calendar Days) in the current 36-Month ABAWD Period and before the first calendar day of the next 36-Month ABAWD Period.
 - a. For example, the MEDS Renewal Process for January 2020 is scheduled to take place on December 26th, 2019 and will clear the 2017-2019 MEDS ABAWD Clock. From December 24th through December 31st, 2019, the FX 20 and FR 20 will NOT include ABAWD Data.
2. Update the FX 60 to not send any months for the current 36-Month ABAWD Period if the Batch Date is between the final MEDS Renewal Date (-2 Calendar Days) in the current 36-Month ABAWD Period and before the first calendar day of the next 36-Month ABAWD Period.
 - a. For example, the MEDS Renewal Process for January 2020 is scheduled to take place on December 26th, 2019 and will clear the 2017-2019 MEDS ABAWD Clock. From December 24th through December 31st, 2019, the FX 60 will NOT Send ABAWD

Month status information for the 2017-2019 ABAWD Calendar. The FX 60 transaction will not send any records to MEDS during this period, effectively suppressing the FX 60 from sending any records.

2.1.3 Execution Frequency

No Changes

2.1.4 Key Scheduling Dependencies

No Changes

2.1.5 Counties Impacted

This job will run for all Counties.

2.1.6 Data Volume/Performance

No Change

2.1.7 Interface Partner

Department of Health Care Services(DHCS)/Medi-Cal Eligibility Data System (MEDS).

2.1.8 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.2 Update the Systems to trigger the FX 20 job for all ABAWDs who have an ABAWD Clock carrying forward into the new 36-Month ABAWD Period

2.2.1 Overview

MEDS will clear the current ABAWD Calendar as part of the MEDS Renewal process within the final calendar month of the current 36-month ABAWD period. This is done to prepare MEDS for the next period's ABAWD Time Clock. For all ABAWDs continuing to receive CalFresh benefits into the new 36-Month ABAWD calendar, a new ABAWD Time Clock in MEDS must be established via the FX 20 transaction from the SAWS Systems. The

Systems will be updated to trigger the FX 20 transaction in Batch when one 36-Month ABAWD Period transitions into the next period. The FX 20 transaction for Carried-Forward ABAWDs will have an ABAWD (Data Element 1359) value of 1 and Individual ABAWD Effective Date (Data Element 1356) value of January 2020. Subsequent FX 20 transactions for the remainder of the 36-month period, as well as FX 60 and FR 20 transactions will have the same Data Element 1356 value.

The Systems are currently configured to trigger the FX 20 when a new ABAWD Time Limit record for the current 36-Month ABAWD period is created since the last time the FX 20 interface job ran successfully. The Systems are also configured to automatically create a new ABAWD Time Limit record via the ABAWD Time Limit Sync Job if a person is currently considered ABAWD and does not have a current ABAWD Time Limit established. Therefore, when the ABAWD Time Limit Sync Job executes for the first time on January 2nd, 2020, all ABAWD individuals without an ABAWD Time Limit effective 2020-2022 will have a CalSAWS/C-IV ABAWD time clock established. The next time the FX 20 batch job executes, it will trigger for this population and establish a new 2020-2022 ABAWD Clock in MEDS with a Data Element 1356 value of January 2020. For example, an applicant is approved on November 2nd, 2019 and is considered ABAWD ongoing. A 2017-2019 ABAWD Time Limit will be created. The FX 20 will trigger on November 2nd during batch to send the data element 1356=November 2019. EDBC is not run after the approval. On January 2nd, 2020, the ABAWD Time Limit Sync Job will run, and not see a 2020-2022 ABAWD Time Limit record. The Sync Job will therefore create a new 2020-2022 ABAWD Time Limit. The next time the FX 20 runs, it will detect the newly created ABAWD Time Limit, and will send a new FX 20 transaction to MEDS for the new ABAWD 36-Month Time Clock. Data Element 1356 will be January 2020.

However, with the implementation of ABAWD Phase II (SCR CA-57971/CIV-7215), The Systems are configured such that EDBC may create an ABAWD Time Limit record if the CalFresh Person is determined to be an ABAWD. After the 10-day cutoff in November of the 3rd year of each 36-Month Period, EDBC may run for the January come-up month which coincides with the first month of the next 36-Month ABAWD Period. For example, if EDBC is run for January 2020 on November 25th, 2019, EDBC will generate an ABAWD Time Limit effective for January 2020 if the CalFresh recipient is determined to be a non-exempt ABAWD. The FX 20 interface logic will require updates to appropriately trigger this population at the start of the new 36-Month ABAWD period to establish the ABAWD Clock in MEDS.

2.2.2 Description of Changes

1. Update the FX 20 job to trigger for ABAWDs who have an ABAWD Time Clock that is effective for the new 36-month period (for example

January 2020) and the time limit record was created prior to the first day of the new 36-month period when the job is running for the first time in the new 36-month period.

- a. Set Data Element 9025 (Effective Date) to the greater of the following dates:
 - i. Data Element 1356 (Individual ABAWD Effective Date - see section 2.3 below for further details)
 - ii. the Individual's CalFresh Status Begin Date
 - b. For example, EDBC ran in December 2019 for January 2020 and the Time Limit record was created effective January 2020. The Batch job is running for the first time on January 2, 2020 as determined by the batch job's last success date being prior to January 1, 2020. The FX 20 will detect the previously created clock that was created in December 2019 for January 2020 would not have been sent to MEDS yet, and the FX 20 will send a new transaction to MEDS for the current ABAWD time limit. Data Element 9025 will be set to the same date as Data Element 1356, since this date will be greater than the individual's CalFresh Status Begin Date.
2. Update the FX 20 job to NOT trigger for a Time Limit record created for a 36-month period that is not applicable to the batch date in which the FX 20 is running.
 - a. For example, EDBC ran in December 2019 for January 2020 and a Time Limit record was created effective January 2020. Prior to January 2020, the FX 20 transaction will not trigger for nor include ABAWD information for the January 2020 period.
 - b. For example, in January 2020 a worker manually creates an ABAWD Time Limit for the 2017-2019 36-month period to capture historical information. The FX 20 transaction will not trigger for nor include ABAWD information in or after January 2020 to report the ABAWD data entered for the 2017-2019 36-month ABAWD period.
 3. Update the FX 20 job to only include current 36-month ABAWD data for elements 1359 (ABAWD Indicator) and 1356 (Individual ABAWD Effective Date) when the FX 20 job is triggered for any reason, including for months that are not within the current 36-month period.
 - a. For example, EDBC runs on December 3rd, 2019 for January 2020 and the aid code changes effective January 1, 2020. The FX 20 will trigger on the batch night of December 3rd and send CalFresh eligibility information for January 2020, however data elements 1359 and 1356 will reflect what is true as of the Batch Date (December 3rd, 2019).
 4. Update the existing ABAWD Time Limit FX 20 trigger logic for data element 9025 (EFFECTIVE DATE) as follows:
 - a. Set Data Element 9025 (Effective Date) to the greater of the following dates:
 - i. Data Element 1356 (Individual ABAWD Effective Date - see section 2.3 below for further details)

- ii. the Individual's CalFresh Status Begin Date
- b. For example, a new CalFresh recipient is granted aid on March 25th, 2020 and is NOT ABAWD in March. The eligibility worker runs EDBC through the come-up month (May 2020). The person is not subject to ABAWD. The initial FX 20 transaction will establish CalFresh Benefits in MEDS, with an effective date (Data Element 9025) equal to March 1, 2020. Subsequent to the initial approval, the recipient becomes subject to the ABAWD Time Limit as of April 2020, due to a child under 18 moving out of the home. April EDBC is rerun, and a new ABAWD Time Clock is established in CalSAWS. The FX 20 is triggered again to report the ABAWD Indicator and ABAWD Individual Effective Date (Data Elements 1359 and 1356, respectively). Data element 1359 will be '1'; Data Element 1356 will be '4/2020'. Because there is no other change to CalFresh eligibility (no Aid Code change, etc.), Data Element 9025 will be 4/1/2020. Note: Current ESAC determination functionality will not be changed.

2.2.3 Execution Frequency

No Change. The FX 20 Job will continue to run every business day.

2.2.4 Key Scheduling Dependencies

No Change.

2.2.5 Counties Impacted

This job will continue to run for all Counties.

2.2.6 Data Volume/Performance

There will be an increase of transactions sent on the first 2 business days(to allow for additional processing time in CalSAWS/C-IV) for each 36-Month ABAWD Calendar. The entire ABAWD population will be resent to MEDS.

2.2.7 Interface Partner

Department of Health Care Services(DHCS)/Medi-Cal Eligibility Data System (MEDS).

2.2.8 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.3 Update the Individual ABAWD Effective Date logic for the FX 20, FR 20, and FX 60 Transactions

2.3.1 Overview

As of the implementation of ABAWD Phase II (SCR CA-57971/CIV-7215) in release 19.09, the Systems are configured to send the month in which the ABAWD first became tracked as an ABAWD in data element 1356 (Individual ABAWD Effective Date). An ABAWD is considered as being tracked when an ABAWD Time Limit record has been established. Therefore, The FX 20, FR 20, and FX 60 transactions are currently configured to send the month in which the ABAWD Time Limit record was created.

The Systems are also configured such that EDBC may create an ABAWD Time Limit record if the CalFresh Person is determined to be an ABAWD. As of the 10-day cutoff in November of the 3rd year of each 36-Month Period, EDBC may run for the January come-up month which coincides with the first month of the next 36-Month ABAWD Period. For example, if EDBC is run for January 2020 on November 25th, 2019, EDBC may create an ABAWD Time Limit effective for January 2020 if the CalFresh recipient is determined to be a non-exempt ABAWD, with a created date of November 2019.

This configuration causes issues in MEDS when sending an ABAWD Time Limit that was created in the Systems prior to the beginning of the 36-month period begin date. This also causes issues if the ABAWD Time Limit was created prior to the first month in which the person was 18 years of age.

The Systems will be updated to store a static value that represents the first month within the current 36-Month ABAWD period in which the person was first considered subject to the ABAWD Time Limit.

2.3.2 Description of Changes

1. Update the Time Limit database table to include a new 'MEDS Individual ABAWD Effective Date' column.
2. Update the FX 20, FR 20, and FX 60 transactions to populate data element 1356 from the value stored in the new 'MEDS Individual ABAWD Effective Date' column. If the column is not currently populated at the time the applicable job is executing, update the Systems to set the value using the following criteria:

- a. Retrieve the earliest month from the current ABAWD Time Limit in which the month's status reflects the person as being ABAWD. The following statuses will be considered ABAWD: 'Met work requirement', 'Did not meet work requirement', 'Partial Month', 'Consecutive Months', '15% ABAWD Exemption', 'Good Cause', 'Geographically Waived', 'APP Appeal'
 - b. If there does not exist a month in which the status is reflective of ABAWD (for example if a clock was created manually or statuses were retroactively changed to Exempt), set the 'MEDS Individual ABAWD Effective Date' as follows:
 - i. The Time Limit Record's Create Date if the Create Date is within the Time Limit Record's 36-month ABAWD Period.
 - ii. If the Record's create date is prior to the begin month of the current period (e.g. January 2017, January 2020, January 2023, etc.) set the individual effective date to be the first month of the period.
 - c. If the date determined above is prior to the first full month in which the ABAWD is 18 Years old, set the 'MEDS Individual ABAWD Effective Date' column to the first of the month in which the ABAWD was 18 years old for the entire month. If the person's 18th birth month is after the 36th month of the ABAWD calendar for which the time limit is effective (in the case of manually created time limit records), the Individual ABAWD Effective Date must still be populated. In this case, set the Individual ABAWD Effective Date value to equal the 36th month of the ABAWD Time Limit Record's 36-month period. Example: A worker manually creates a new 2017-2019 ABAWD Time Limit for a CF Recipient in October 2019. The person turns 18 in February 2020. The Individual ABAWD Effective Date will be set to December 2019.
3. Create a DCR to populate the MEDS Individual ABAWD Effective Date column for all 2017-2019 ABAWD Time Limit Records that exist as of the implementation of this SCR. These records will have already been communicated to MEDS and the CalSAWS System will maintain the value that has already been sent.

The Individual ABAWD Effective Date will not be updated by Batch after the first time the value is populated. This is to maintain data integrity between CalSAWS/C-IV and MEDS after the initial transmission of this date.

2.3.3 Execution Frequency

No Change.

The FX 20 and FX 60 jobs will continue to run each business day.

The FR 20 job will continue to run quarterly per County.

2.3.4 Key Scheduling Dependencies

No Change.

2.3.5 Counties Impacted

These jobs will run for all Counties.

2.3.6 Data Volume/Performance

No Change.

2.3.7 Interface Partner

Department of Health Care Services(DHCS)/Medi-Cal Eligibility Data System (MEDS).

2.3.8 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.4 Update the 'Find ABAWD Stat Change' Batch Sweep job to include the new 'CalFresh' Medical Condition Category.

2.4.1 Overview

The 'Find ABAWD Stat Change' Batch Sweep job runs in the CalSAWS and C-IV systems daily and detect various data collection elements that may affect a CalFresh Recipient's ABAWD status determination. If a data collection element is entered/updated in the system, Batch will trigger ABAWD determination in batch for the individual, as well as other program persons associated with the person's case.

The 'Find ABAWD Stat Change' Batch Sweep job detects changes to Medical Condition records entered into the Systems with a category of 'Active' or 'Presumed'. ABAWD Phase II (SCR CA-57971/CIV-7215) implemented a new Medical Condition category of 'CalFresh'. Update the 'Find ABAWD Stat Change' Sweep job to detect changes on 'CalFresh' Medical Condition records to trigger potential updates to the CalFresh recipient's ABAWD Status Determination that may result from the changes to this data collection element.

2.4.2 Description of Change

- 1) Update the 'Find ABAWD Stat Change' Batch Sweep job (PB00T200) to include change detection on the new 'CalFresh' Medical Condition Category.

2.4.3 Execution Frequency

This job runs on each system business day.

2.4.4 Key Scheduling Dependencies

No Change.

2.4.5 Counties Impacted

This job will continue to run for all Counties.

2.4.6 Data Volume/Performance

N/A

2.4.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action

3 REQUIREMENTS

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

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.3	The LRS shall include the ability to exchange LRS Data residing on external systems and communicate the results of any automated LRS Data matches.	This SCR is related to batch job that sends eligibility information to external partner MEDS.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-205982 | CIV-102946

Update CW EDBC to Remove Stepsibling or
Half-Sibling Excluded from CalWORKs in the
CalFresh Budget

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/04/2019	1.0	Initial Draft	T. Lazio

DRAFT

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1 OVERVIEW

This SCR will accommodate the need on a CalWORKs (CW) /CalFresh (CF) case to exclude CW non-members with the role reason 'Optional Child -Receives Child Support' from being considered sanctioned person(s) assessed penalties in the CW grant counted as unearned income in the CF EDBC.

1.1 Current Design

On a CW/CF case, a sanctioned penalty is applied in the CW grant amount counted as unearned income by the CF program when one of the members in the CW program is in non-compliance. When SCR CA-200785/CIV-100390 updated CW and RCA EDBC to allow an option to exclude child support payments as income for a stepsibling or half-sibling with the role reason of 'Optional Child-Receives Child Support', it did not exclude that 'optional child' from being considered a sanctioned person assessed a penalty in the CW grant amount counted in the CF EDBC.

The following screen shots show the current design:

CalWORKs EDBC Summary

*- Indicates required fields Close

Begin Month	End Month	Run Date	Run Status	Accepted By
07/2019		07/02/2019	Accepted - Saved	Thomas Lazio

EDBC Information

Semi-Annual Reporting Period Begin Month: 06/2019

Type:
Regular

Recalculation:
No

Program Configuration

System Determination

EDBC Source: Online EDBC Rules

Aid Code: 30 - CW-All Other Families (Fed)

Program Status: Active

Note: Overridden rows are in bold.

Name	DOB	Role	Role Reason	Status	Status Reason
Taylor, Zack	03/22/2011	MEM		Active	
Taylor, Jenny	02/04/1976	MEM		Active	
Wilde, Toby	09/23/2012	MMO	Optional Child - Receives Child Support	Active	

Figure 1.1.1 – CalWORKs Budget with Optional Child on CW/CF Case

CalWORKs Budget		Regular
Unearned Income	\$	0.00
Unearned Income Disregards	-	0.00
Net Unearned Income	=	0.00
Earned Income	\$	0.00
Earned Income Disregards	-	0.00
Net Earned Income	=	0.00
Total Net Nonexempt Income	\$	0.00
MAP Family Unit Size		2
Family MAP	\$	604.00
Family MAP Test		Pass
Family Special Needs	\$	0.00
Potential Grant	\$	604.00
Assistance Unit Size		2
Assistance Unit MAP	\$	604.00
Assistance Unit Special Needs	\$	0.00
Aid Payment	\$	604.00

Figure 1.1.2 – CalWORKs Budget with MAP Size and Grant Amount on CW/CF Case

Taylor, Jenny	02/04/1976	MEM	Active
Taylor, Zack	03/22/2011	MEM	Active
Wilde, Toby	09/23/2012	MEM	Active

▶ Reporting Configuration

▶ Work Registration

▶ ABAWD Status

▶ IRT Evaluation

▶ New IRT Calculation

Public Assistance:	Categorically Eligible:	
Yes	Yes	
SUAS Eligible:	Eligible for Expedited Service:	Meets ESAP Criteria:
No	No	No

Property Eligibility	Regular
Data Month Property:	\$ <u>0.00</u>
Benefit Month Property:	\$ <u>0.00</u>
Property Limit:	\$ 2,250.00
Result:	Auto-Pass

Gross Income Eligibility	Regular
Unearned Income	\$ <u>1,248.00</u>

Figure 1.1.3 – CalFresh Budget with Unearned Income on CW/CF Case

EDBC Person Line Item Detail - Unearned Income

Close

Name	Type	Description	Amount
Wilde, Toby	Child Support - Direct	(07/03/2019) \$500.00	\$ 500.00
Wilde, Toby	CalWORKs	\$604.00 CalWORKs + \$144.00 Sanction/Penalty/Special Needs - \$0.00 Admin Error Recoupment (from the 07/2019 EDBC run 07/02/2019)	\$ 748.00
Total			\$ 1,248.00

Close

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Figure 1.1.4 – CalFresh Budget Showing Sanctioned Penalty for ‘Optional Child’ on CW/CF Case

1.2 Requests

For a CW/CF case, non-members that are stepsiblings or half-siblings with the role reason of ‘Optional Child -Receives Child Support’ that are excluded in the CW program should also be excluded in the CW grant counted as unearned income in the CF budget.

1.3 Overview of Recommendations

Update the CF EDBC rule that determines sanctioned persons assessed penalties in the CW grant amount considered as unearned income in the CF program to exclude CW persons with the role reason of ‘Optional Child -Receives Child Support’.

1.4 Assumptions

- This SCR change will only apply to ongoing CF EDBC's and will not apply to previously saved EDBC's.

2 RECOMMENDATIONS

2.1 EDBC Updates

2.1.1 Overview

Update the CF EDBC rule that determines sanctioned persons assessed penalties in the CW grant amount considered as unearned income in the CF program to exclude CW persons with the role reason of 'Optional Child -Receives Child Support'.

EDBC Person Line Item Detail - Unearned Income

Close

Name	Type	Description	Amount
Wilde, Toby	Child Support - Direct	(07/03/2019) \$500.00	\$ 500.00
Wilde, Toby	CalWORKs	\$604.00 CalWORKs + \$144.00 Sanction/Penalty/Special Needs - \$0.00 Admin Error Recoupment (from the 07/2019 EDBC run 07/02/2019)	\$ 748.00
Total			\$ 1,248.00

Close

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Figure 2.1.1.1 – Before SCR Is Implemented: CW Grant Including 'Optional Child - Receives Child Support' in CalFresh Budget.

EDBC Person Line Item Detail - Unearned Income

Close

Name	Type	Description	Amount
Wilde, Toby	Child Support - Direct	(07/03/2019) \$500.00	\$ 500.00
Wilde, Toby	CalWORKs	\$604.00 CalWORKs + \$0.00 Sanction/Penalty/Special Needs - \$0.00 Admin Error Recoupment (from the 07/2019 EDBC run 07/24/2019)	\$ 604.00
Total			\$ 1,104.00

Close

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Figure 2.1.1.2 – After SCR Is Implemented: CW Grant Excluding ‘Optional Child - Receives Child Support’ in CalFresh Budget

2.1.2 Description of Changes

Update CF EDBC rules to add role reason ‘Optional Child -Receives Child Support’ to the list of CW role reasons not counted as members in the CW grant amount considered as unearned income by the CF program.

2.1.3 Programs Impacted

CF

2.2 List of CalWORKS/CalFresh Cases With Excluded CW Optional Child

2.2.1 Overview

Generate list of active CW/CF cases with excluded CW optional child.

2.2.2 Description of Change

Generate list of active CW/CF cases based on the following criteria:

- Case has an active CW non-member with role of ‘MMO’ and role reason of ‘Optional Child -Receives Child Support’ who is also a member on the CF program.

The lists will include the following Standard List Columns:

Case Name
Case Number
County
Unit
Unit Name

Office Name
Worker ID

These lists will be posted at:

CalSAWS: CalSAWS System Web Portal > System Changes > SCR and SIR Lists > 2019 > SCR CA-205982

C-IV: CalSAWS System Web Portal > System Changes > SCR and SIR Lists > 2019 > SCR CIV- 102946

NOTE: Counties will need to review the generated list and take corrective action as necessary.

3 REQUIREMENTS


3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.19	The LRS shall apply all sanctions, penalties, and disregards when performing benefit calculation(s).	This SCR will update the EDBC rules to disregard CW persons with the role reason of 'Optional Child-Receives Child Support' calculated as sanctioned penalties in CW amount counted as unearned income in CF EDBC.



Design Document

CA-207950 | CIV-103874 – CalHEERS eHIT: Young Adult Expansion – Age Reevaluation Updates

	DOCUMENT APPROVAL HISTORY	
	Prepared By	Steve Hancock, Renee Gustafson
	Reviewed By	Ravneet Bhatia, Priya Subramaniam, Howard Suksanti, Dana Peterson, Derek Goering, Naveen Bhumandla, Karthikeyan Krishnamoorthy, Balakumar Murthy

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
7/30/19	1.0	Design Document Finalized for Review	Steve Hancock
7/31/19	1.0	Added a section to change the Age 19 Batch EDR Run Reason code description	Steve Hancock
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1 OVERVIEW

This SCR will automate an age change batch for age 26 based on the policy changes. Per the Governor's May Revise for the Fiscal Year (FY) 2019-20, young adults who are 19 to 25 years of age, inclusive, are eligible to full scope Medi-Cal regardless of their citizenship or immigration status if they meet all other eligibility criteria. This is referred to as "Young Adult Expansion." The new age change batch for turning age 26 will reevaluate adults for the correct scope of Medi-Cal after aging out of the Young Adult Expansion population.

There will also be modifications to close gaps between LRS and C-IV with Medi-Cal age reevaluation batch jobs; these changes add support for the Age 21 batch while making updates to the Age 19 batch logic.

1.1 Current Design

The System runs Batch MAGI for MAGI Medi-Cal recipients turning ages 1, 6, and 19. LRS runs Batch MAGI for MAGI Medi-Cal recipients turning age 65. There is no automated Medi-Cal reevaluation process for individuals turning age 26.

In C-IV, Batch EDR Run Reason Codes are used to track the reason C-IV initiated an Eligibility Determination Request (EDR) and several C-IV reports reference the Batch EDR Run Reason Code; LRS does not use Batch EDR Run Reason Codes. In LRS, the reason the system initiated an EDR is identified by the batch job number that created the EDR. This is currently a gap between LRS and C-IV.

The following Age batches are impacted by this SCR:

Age 19:

- Both LRS and C-IV determine the individuals to evaluate for MAGI Medi-Cal by the following criteria:
 - Currently a Medi-Cal Recipient
 - Active on a Medi-Cal Program
 - Turns 19-years old any day from the 2nd day of the current month through the first day of the next month.
 - Active on a MAGI Medi-Cal aid code:
 - LRS evaluates all individuals active on any MAGI Medi-Cal aid code
 - C-IV evaluates the specific MAGI Medi-Cal aid codes as per the original SB75 Aid Code Crosswalk
- Once the target population is identified, the following takes place:
 - The System processes Batch MAGI and sends an EDR for the selected programs to CalHEERS.
 - CalHEERS processes the EDRs and then returns to The System a Determination of Eligibility Response (DER) with the individual eligible to the new age-appropriate aid code.

- The System then processes the DER in Batch EDBC to move the individual to the new age-appropriate aid code.

Age 21:

- LRS processes a subset of Non-MAGI Medi-Cal aid codes for Non-MAGI Medi-Cal recipients turning age 21 any day from the 2nd day of the current month through the first day of the next month through Batch EDBC.
- C-IV has the same batch as LRS, but the batch was removed from the C-IV batch schedule with the release of the Affordable Care Act (ACA) and was never added back to the C-IV batch schedule to run.

Age 26:

- There are no existing batches to process individuals turning age 26.

1.2 Requests

1. Due to Young Adult Expansion, add a new age change batch for turning age 26 to reevaluate adults for the correct scope of Medi-Cal after aging out of the Young Adult Expansion population.
2. Update the Age 21 batch to run for all Non-MAGI Medi-Cal aid codes.
 - a. For C-IV only, add the Age 21 batch EDBC sweep back to the batch schedule
3. Update the Age 19 batch to run for a specific set of MAGI Medi-Cal aid codes.
4. Add the Batch EDR Run Reason Code functionality to LRS.
5. Update LRS reports to utilize the Batch EDR Run Reason Codes as a Reporting Indicator attribute.

1.3 Overview of Recommendations

1. **LRS only:** Add Batch EDR Run Reason Functionality
 - a. Create the Batch EDR Run Reasons Category in LRS. This includes populating this category with the same Batch EDR Run Reasons that currently reside in C-IV.
 - b. Create the Batch EDR Run Reason Code columns in the CH_TRANSACT and CH_TRANSACT_INFO tables to store the Batch EDR Run Reason Codes as the batches are processed.
 - c. Update the existing data in the CH_TRANSACT_INFO and CH_TRANSACT tables with the Batch EDR Run Reason Code with what the code would have been at the time of the original running of the batch.
 - d. Modify Batch MAGI jobs to populate the Batch EDR Run Reason Code in the CH_TRANSACT and CH_TRANSACT_INFO tables.
2. **C-IV only:** Remove the reference to 'SB75' in the Age 19/SB75 Re-evaluation Batch EDR Run Reason description.
3. Add a new Age 26 batch to process individuals turning age 26 in all MAGI and Non-MAGI Medi-Cal aid codes. This change will update all other batches that are required for Age 26 to be implemented fully.
4. Update the existing Age 21 batch process to include all Non-MAGI Medi-Cal aid codes. Activate the C-IV Age 21 batch to start running with the new changes.

5. Update the existing Age 19 batch MAGI sweep job to reevaluate individuals active in specific MAGI Medi-Cal aid codes.
6. **LRS only:** Update reports to use the Batch EDR Run Reason Code along with the Reporting Indicator attribute.

1.4 Assumptions

1. The System Age batches only process through Batch MAGI individuals who are active on a MAGI Medi-Cal aid code. The System Age batches do not process through Batch MAGI individuals who are active on Non-MAGI Medi-Cal and instead these individuals are processed directly through Batch EDBC. This same functionality will continue.

2 RECOMMENDATIONS

2.1 Batch EDR Run Reason Functionality

2.1.1 Overview

LRS will be updated to utilize Batch EDR Run Reason functionality. This allows Batch EDBC Sweeps and Reports to reference the Batch EDR Run Reason code for categorizing and processing. C-IV will update the name of the Age 19/SB75 reevaluation Batch EDR Run Reason code to remove reference to SB75.

2.1.2 Description of Change

LRS Only

1. Create a Code Category (CT_2813) named, "Batch EDR Run Reasons"
2. Populate the Code table with the following Batch EDR Run Reasons (include all attributes from C-IV CT_2813):

Code	Short Description	Long Description	Reporting Indicator	Comments
01	Batch MAGI Redetermination EDR	Batch MAGI Redetermination EDR	Y	
02	Age 19 re-evaluation EDR	Age 19 re-evaluation Eligibility Determination Request	Y	
03	Auto-Rescission	Auto-Rescission	Y	
04	Age 1 re-evaluation EDR	Age 1 re-evaluation Eligibility Determination Request	Y	
05	Age 6 re-evaluation EDR	Age 6 re-evaluation Eligibility Determination Request	Y	

Code	Short Description	Long Description	Reporting Indicator	Comments
TBD	MC RE Discontinuance	Medi-Cal Re-Evaluation Discontinuance	Y	Implemented with CIV-11086 in Release 19.09
TBD	Age 65 re-evaluation EDR	Age 65 re-evaluation Eligibility Determination Request	Y	For existing Age 65 Batch MAGI Sweep (In LRS only)

3. Create a column in the CH_TRANSACT and CH_TRANSACT_INFO tables to track the Batch EDR Run Reason (BATCH_RSN_CODE) with matching column attributes as C-IV.
 - Not Required
 - VARCHAR2 (3 Byte)
4. Update the Batch EDR Run Reason for existing records in CH_TRANSACT and CH_TRANSACT_INFO tables based on the batch job which created the records.

Created By	Batch Description	BATCH_RSN_CODE
PB00CH203	MAGI Redetermination Sweep	01
PB00CH206	MAGI Age 19 Sweep	02
PB00E155	Auto-Rescind Medi-Cal Sweep	03
PB00CH208	MAGI Age 1 Sweep	04
PB00CH209	MAGI Age 6 Sweep	05
PB00CH204	MC-RE Discontinuance	{TBD from section 2.1.2.2}
PB00CH211	MAGI Age 65 Sweep	{TBD from section 2.1.2.2}

- Update the following Batch MAGI Sweep jobs to insert a Batch EDR Run Reason Code into the CH_TRANSACT table when processing new records.

Batch Job	Batch Description	BATCH_RSN_CODE
PB00CH203	MAGI Redetermination Sweep	01
PB00CH206	MAGI Age 19 Sweep	02
PB00E155	Auto-Rescind Medi-Cal Sweep	03
PB00CH208	MAGI Age 1 Sweep	04
PB00CH209	MAGI Age 6 Sweep	05
PB00CH204	MC-RE Discontinuance	{TBD from section 2.1.2.2}
PB00CH211	MAGI Age 65 Sweep	{TBD from section 2.1.2.2}

- Update the Batch MAGI thread jobs (PB00CH501-600) to copy the Batch EDR Run Reason Code from CH_TRANSACT table to the CH_TRANSACT_INFO table for EDR processing.

C-IV only

- Remove the reference to 'SB75' in the Age 19/SB75 Re-evaluation Batch EDR Run Reason description.

Code	Short Description	Long Description
02	Age 19 re-evaluation EDR	Age 19 re-evaluation Eligibility Determination Request

2.2 Age 26 Batch

2.2.1 Overview

Add an Age 26 batch to process individuals turning age 26 in all MAGI and Non-MAGI Medi-Cal aid codes. This section includes all changes to various batch jobs to support implementing Age 26 batch processing.

2.2.2 Description of Change

1. Add a Batch EDR Run Reason Code for Age 26 Batch EDR Sweep (CT_2813)

Code	Short Description	Long Description	Reporting Indicator
01	Age 26 re-evaluation EDR	Age 26 re-evaluation Eligibility Determination Request	Y

2. **LRS only:** Add a Batch Eligibility Sweep code for Age 26 (CT_942)

Short Decode Name	Long Decode Name
Adult in Medi-Cal turns 26	Adult in Medi-Cal turns 26

3. Add a new MAGI Age 26 Sweep to process MAGI Medi-Cal individuals turning Age 26.
 - a. Current logic from the existing age batches will be utilized to create the age 26 batch along with the following additional logic:
 - Individual is turning age 26 any day from the 2nd day of the current month through the first day of the next month.
 - Active on a Medi-Cal Program (CT_184 REFER_TABLE_5_DESCR = 'MC')
 - Active on a MAGI Medi-Cal aid code (CT_184 REFER_TABLE_20_DESCR = 'Y')
4. Update LRS (PB00E123) and C-IV (PB00E120) batch jobs to process the Age 26 DERs received in Batch EDBC. This update will add the programs where a DER was received from MAGI Age 26 Sweep into the SYS_TRANSACT table for Batch EDBC processing.
 - a. Update C-IV batch PB00E120 and LRS batch PB00E123 to create a SYS_TRANSACT record for DERs received from the MAGI Age 26 Sweep batch.
5. Create a Batch EDBC sweep to process Non-MAGI Medi-Cal individuals turning age 26 using the following logic:

- Individual is turning age 26 any day from the 2nd day of the current month through the first day of the next month.
- Active on a Medi-Cal Program (CT_184 REFER_TABLE_20_DESCR = 'MC')
- Active on a Non-MAGI Medi-Cal aid code excluding aid code '4M' (CT_184 REFER_TABLE_20_DESCR is not 'Y')

2.2.3 Execution Frequency

Monthly on the 10th business day of the month.

***Note: This will be in line with the other age batches currently scheduled.

2.2.4 Key Scheduling Dependencies

Run the MAGI Age 26 Sweep before Batch MAGI.

Run the Non-MAGI Age 26 Sweep before Batch EDBC.

2.2.5 Counties Impacted

All 40 counties

2.2.6 Data Volume/Performance

No measurable amount of data volume or performance 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 Age 21 Batch

2.3.1 Overview

The existing Age 21 EDBC batch sweep (PB00E135) will be updated to process all individuals active on Non-MAGI Medi-Cal turning age 21.

2.3.2 Description of Change

1. Update the Age 21 batch EDBC sweep (PB00E135) as follows:
 - Active on a Medi-Cal Program (CT_184 REFER_TABLE_5_DESCR = 'MC')
 - Active on a Non-MAGI Medi-Cal aid code excluding aid code '4M' (CT_184 REFER_TABLE_20_DESCR is not 'Y')
2. **C-IV only:** Activate the Age 21 Batch EDBC sweep (PB00E135).

2.3.3 Execution Frequency

Monthly on the 10th business day of the month.

***Note: This will be in line with the other age batches currently scheduled.

2.3.4 Key Scheduling Dependencies

Run before Batch EDBC

2.3.5 Counties Impacted

All 40 counties

2.3.6 Data Volume/Performance

No measurable amount of data volume or performance 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...)

2.4 Age 19 Batch

2.4.1 Overview

Update the Age 19 batch to process individuals active in specific MAGI Medi-Cal aid codes as specified below.

2.4.2 Description of Change

1. Update the MAGI Age 19 Sweep job (PB00CH206) to process only individuals in specific MAGI Medi-Cal aid codes:
 - a. Remove the current MAGI Medi-Cal aid code selection logic.
 - b. Evaluate against the following MAGI Medi-Cal aid codes.
 - M5
 - M6
 - P5
 - P6
 - T1
 - T2
 - T6
 - T7

2.4.3 Execution Frequency

The current schedule of the batch job will not change.

2.4.4 Key Scheduling Dependencies

The current scheduling dependencies will not change.

2.4.5 Counties Impacted

All 40 counties

2.4.6 Data Volume/Performance

No measurable amount of data volume or performance change.

2.4.7 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 REPORTS UPDATE (LRS ONLY)

3.1 Overview

The LRS contains the following three E-HIT Exception reports that decode and display a "Processing Reason" based on a combination of the run reason value and the name of the batch job that created the transaction:

- E-HIT Exception Report – Error Message Received from CalHEERS
- E-HIT Exception Report – MAGI Ineligibles from CalHEERS – Need Case Authorization
- E-HIT Exception Report – No Response from CalHEERS

Section 2.1 introduces a new category with specific Batch EDR Run Reason Codes that will map directly to the existing logic of the reports that decode processing reasons based on the run reason and the batch job that created the transaction. The logic of the above reports can be modified to restrict, and display information on the reports based on reportable Batch EDR Run Reason values.

3.2 Description of Change

Modify the logic of the following three reports to be based on reportable Batch EDR Run Reason Codes. This modification will result in the reports being flexible enough to handle future Batch EDR Run Reason Codes without report modifications:

- E-HIT Exception Report – Error Message Received from CalHEERS
- E-HIT Exception Report – MAGI Ineligibles from CalHEERS – Need Case Authorization
- E-HIT Exception Report – No Response from CalHEERS

1. Modify the core logic of each report to restrict the population of the report to be based on Batch EDR Run Reason values with a Reporting Indicator of Yes. The current report logic restricts based on processing reasons of 'RE'-Renewal – batch administrative renewal, 'CO'- Continuing, 'NA'-Negative Action and 'RC'- Rescind.

Note: Section 2.1.2.4 will create a one-time update of the Batch EDR Run Reason Codes for existing transaction records to facilitate reporting during this logic transition.

2. Modify the logic of each report that determines the processing reason to be displayed in the "Processing Reason" column to no longer compare the processing reasons along with the batch job name that created the transaction. The processing reason to be displayed will be the decoded value of the reportable Batch EDR Run Reason associated to the transaction. The new decoded value will differ slightly from the existing values that are displayed on the reports as follows:

Previous Value	New Value
Renewal	Batch MAGI Redetermination EDR
Child Turning 19	Age 19 re-evaluation EDR
End of 60-Day Post-Partum Period	N/A – The batch process to create this reason no longer runs
Child Turning 1	Age 1 re-evaluation EDR
Child Turning 6	Age 6 re-evaluation EDR
Person Turning 65	Age 65 re-evaluation
Failure to Complete Redetermination	MC RE Discontinuance
Rescission	Auto-Rescission

Note: The above table only describes changes to the display of existing Processing Reasons on the 3 reports. Additional batch run reasons that are introduced with this SCR or future SCRs will display the decoded Batch EDR Run Reason value accordingly.

3.2.1 Report Location

All three E-HIT Exception reports are located at:

Global: Reports

Local: Scheduled

Task: Case Activity

3.2.2 Counties Impacted

Los Angeles county only

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.1.1.11	The LRS shall automatically trigger batch processing and/or authorize the action when individual or case information is entered through online, interface, or batch processes.	Age 26 redetermination will be done through a batch process automatically triggered in LRS.



Design Document

CA SCR 208685 CIV SCR 104217 – Increase
Threshold for CalFresh Overissuances

CalACES	DOCUMENT APPROVAL HISTORY	
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	Reviewed By	Sidhant Garg, Justin Dobbs, Jyothirmayi Chavata, Kapil Santosh

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1 OVERVIEW

This SCR describes the policy changes in the ACL 19-50 regarding the implementation of SB 278. Effective June 1st, 2019, the CalFresh claims establishment threshold is increased to \$400 for closed CalFresh cases with Overissuances caused by Administrative Error (AE) or Inadvertent Household Error (IHE).

Prior to SB 278, ACIN I-33-14 and ACL 13-79E instructed CWDs to not establish an AE Overissuance when the amount was \$35 or less for active and non-active CalFresh cases and to not establish an AE Overissuance when the amount was \$125 or less for non-participating CalFresh households. Additionally, MPP Section 63-801.411 requires CWDs to initiate collection on all AE and IHE claims unless the total of the claim is less than \$35 and the claim cannot be recouped by allotment reduction.

The federally approved \$400 claim establishment threshold (per ACIN I-33-14 and 7CFR 273.18(e)(2)) is a pre-establishment cost effective evaluation applied at the date of discovery (when the Overissuance is calculated) based on the CDSS option in the CalFresh Claims Management Plan to not establish any claim.

The new threshold **does not apply** to Overissuances arising from IPV or from QC findings.

1.1 Current Design

For Admin Error CalFresh Recovery Accounts \$35 or less, whether the Responsible Party is currently receiving CalFresh aid or not, the system establishes a claim but does not demand collection by updating recovery accounts status to 'Terminated' and status reason to 'CF - \$35 or Less - AE'.

For Admin Error CalFresh Recovery Accounts over \$35 but \$125 or less, if the Responsible Party is no longer receiving CalFresh aid, the system establishes a claim but does not demand collection by updating recovery accounts status to 'Terminated' and status reason to 'CF - \$125 or Less - AE'.

The FNS 209 report only excludes Recovery Accounts with a pending status and no posted transaction for the quarter and Recovery Accounts created and made void in the same quarter with a zero balance.

The Outstanding Collection Balance Report Provides a listing of all recovery accounts with outstanding balances and the account status of not closed, void, terminated, and transferred out.

1.2 Request

Introduce a new recovery account status 'Discharged' and update the system to find CalFresh Recovery Accounts with a discovered date on or after June 1, 2019 with Original Balance \$400 or less caused by Admin Error (AE) or Inadvertent Household Error (IHE), not a result of IPV or QC findings, and there is no active CalFresh program under

the same case for the month of discovery of the Recovery Account, update the Status of the Recovery Account to 'Discharged' and Status Reason to 'Policy Threshold Limit'. Update the FNS 209 to exclude Recovery Accounts that have a status of 'Discharged'. Update the Outstanding Collection Balance Report to exclude Recovery Accounts in 'Discharged' status.

Update the system to not establish a claim, by setting the recovery account status to pending while over issued months are calculated then update the pending status to 'discharged', **and not generate OI Notices of Action (LRS only)** when at discovery on or after June 1, 2019 the total amount of CalFresh benefits over issued to the closed CF case is \$400 or less due to an AE or IHE error (and is not a result of IPV or was not found in a QC review).

As a claim was not established for the over issued amount, as indicated by the account status of discharged, update the system to not allow transactions to be posted to a discharged account and take no collection actions for repayment.

1.3 Overview of Recommendations

This system change request will:

- 1) Introduce a new drop-down field 'QC Findings' on the Recovery Account Detail page to track a CalFresh recovery account is established by QC findings. When over issued benefits and the associated recovery account are the result of QC findings, set this field to 'Yes'.
- 2) Introduce a new recovery account status 'Discharged' on Recovery Account Detail Page.
- 3) Add validation on Recovery Account Detail page to prevent a CalFresh recovery account from becoming active if the account is under the policy threshold and meets the criteria for a discharge.
- 4) Add validation on Recovery Account Detail page to prevent a CalFresh recovery account from becoming discharged when it is the result of QC findings and IPV.
- 5) Disable activation function on Recovery Account Detail page when account status is 'Discharged'.
- 6) Update the Uncollectable Recovery Account Batch to update the CalFresh Recovery Accounts based on the conditions below:
 - a. When original balance is \$35 or less and the cause code is 'CalFresh - Admin Caused (prior to 3/2000)' or 'CalFresh - Admin Caused (after 3/2000)', regardless the case status, update status to 'Discharged' and status reason to 'CF - \$35 or Less - AE'.
 - b. When Discovery Date is before June 1st, 2019, original balance is over \$35 and \$125 or less, cause code is 'CalFresh - Admin Caused (prior to 3/2000)' or 'CalFresh - Admin Caused (after 3/2000)', and there is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account, update status to 'Discharged' and status reason to 'CF - \$125 or Less - AE'.

- c. When Discovery Date is on or after June 1st, 2019, original balance is \$400 or less, cause code is 'CalFresh - Admin Caused (prior to 3/2000)', 'CalFresh - Admin Caused (after 3/2000)' or 'CalFresh - IHE (Customer Caused)', and the account is not a result of QC findings & IPV, and there is no active CalFresh program on the Discovery Date under the same case of the recovery account, update status to 'Discharged' and status reason to 'Policy Threshold Limit'.
- 7) LRS only, update Recovery Account Activation Batch to suppress the generation of Overissuance NOAs and **not** update account status from 'Pending' to 'Pending Agreement' for following criteria:
 - a. When original balance is \$35 or less and the cause code is 'CalFresh - Admin Caused (prior to 3/2000)' or 'CalFresh - Admin Caused (after 3/2000)', regardless the case status.
 - b. When Discovery Date is before June 1st, 2019, original balance is over \$35 and \$125 or less, cause code is 'CalFresh - Admin Caused (prior to 3/2000)' or 'CalFresh - Admin Caused (after 3/2000)', and there is no active CalFresh program on the Discovery Date under the same case of the Recovery Account.
 - c. When Discovery Date is on or after June 1st, 2019, original balance is \$400 or less, cause code is 'CalFresh - Admin Caused (prior to 3/2000)', 'CalFresh - Admin Caused (after 3/2000)' or 'CalFresh - IHE (Customer Caused)', and the account is not a result of QC findings & IPV, and there is no active CalFresh program on the Discovery Date under the same case of the recovery account.
- 8) Update Overpayment Adjustment Logic to exclude recovery accounts with status 'Discharged' when suggesting a benefit reduction.
- 9) Update Grant Expungement Reader to not apply any expungements to the discharged recovery accounts.
- 10) Provide a list to the Counties of CalFresh recovery accounts (Admin Error or IHE) discovered on or after 6/1/2019 with an original over issued amount of \$400 or less and the account status is not currently voided, and the CF program is not 'Active' for the month of discovery of the Recovery Account. This list may be reviewed to determine which accounts should be made void as the account meets the criteria for discharge (not established) or if the account should be established as the Overissuance is from a QC review or referral for IPV.
- 11) Update the FNS 209 report logic to not report any Recovery Accounts with a status of 'Discharged'.
- 12) Update the Outstanding Collection Balance Report to exclude Recovery Accounts with a status of 'Discharged'.

1.4 Assumptions

- 1) The CalFresh Recovery Accounts established on or after June 1st, 2019 with an original over issued amount of \$400 or less will not be referred to Treasury Tax Collector as the accounts will be marked as 'Discharged'.

- 2) The threshold for active recovery accounts will remain unchanged when referring to Treasury Tax Collector.

2 RECOMMENDATIONS

2.1 Recovery Account Detail

2.1.1 Overview

- 1) Add a new drop-down field 'QC Findings' for users to track whether a Recovery Account is associated to an over issuance found in QC findings.
- 2) Add a new status 'Discharged' which will be used to discharge CalFresh recovery accounts under the threshold limit.
- 3) Add a validation in edit mode to prevent a dischargeable account from becoming active.
- 4) Add a validation to prevent discharging a recovery account when it is the result of QC findings & IPV's.
- 5) Hide [Activate] button when status is 'Discharged'.

2.1.2 Recovery Account Detail Page Mockup

Recovery Account Detail

* - Indicates required fields

Save

Cancel

Recovery Account Number:
11111111

Recovery Account Type:
Regular

Created By:
[222222](#)

Creation Date:
04/15/2019

Case Number: *
[CASE001](#)

Case Name:
CASE NAME

LEADER Claim Number:

Account Details

Program Type:
CalFresh

Discovery Date: *
04/01/2019

Assigned To: *
Test Staff [Select](#)

Cause: *

CalFresh - IHE (Customer Caused) ▾

Cause Date:
04/15/2019

Reason: *

UIB ▾

Expiration Date:

Status: *

Active ▾

Status Reason: *

Active ▾

Status Date:
05/28/2019

Is this an ICT: *

No

Originating County:

QC Findings: *

Yes
No

Investigations: *

None ▾

Fraud Identification Date:

Account Balance

Original Balance: \$ 177.00

Total Recovered: \$ 0.00

Current Balance: \$ 177.00

Figure 2.1.1 – Recovery Account Detail Page Edit Mode (CalACES)

Recovery Account Detail

*- Indicates required fields

[View Journal](#)[Edit](#)[Void](#)[Close](#)

Recovery Account Number:
11111111

Recovery Account Type:
Regular

Created By:
[222222](#)

Creation Date:
04/15/2019

Case Number: *
[CASE001](#)

Case Name:
CASE NAME

LEADER Claim Number:

Account Details

Program Type:
CalFresh

Discovery Date: *
04/01/2019

Assigned To: *
Test Staff

Cause: *
CalFresh - Admin Caused (prior to 3/2000)

Cause Date:
04/15/2019

Reason: *
Increased / Changed Earned Income

Expiration Date:

Status: *
Discharged

Status Reason: *
Policy Threshold Limit

Status Date:
05/28/2019

Is this an ICT: *
No

Originating County:

QC Findings: *
No

Investigations: *
None

Fraud Identification Date:

Account Balance

Original Balance:\$ 177.00

Total Recovered: \$ 0.00

Current Balance:\$ 177.00

Figure 2.1.2 – Recovery Account Detail Page View Mode (CalACES)

2.1.3 Description of Changes

- 1) Add a new drop-down field 'QC Findings':
 - a. the field will have following options:
 - Blank (default value)
 - Yes
 - No
 - b. This field is only available When Program Type is CalFresh.
 - c. Add validation to make this field required for CalFresh.

- d. Default value is blank when creating a new CalFresh Recovery Account
 - e. Display validation message 'QC Findings - Field is required. Please select a value.' when users submit this field as blank when the program is CalFresh.
 - f. This field is only editable When a CalFresh recovery account is in following status:
 - Pending
 - Pending Approval (CalACES Only)
- 2) Add a new option 'Discharged' for the drop-down 'Status' field on Recovery Account Detail Page:
- a. The new status is available for all programs.
 - b. 'Discharged' is only available for selections after [edit] is clicked on Recovery Account Detail Page (edit mode).
 - c. Update the Code Hierarchy between 'Discharged' status and the following:
 - CF - \$125 or Less – AE
 - CF - \$125 or Less – AE
 - Policy Threshold Limit

Note: When a CalFresh Overissuance claim is established (recovery account status other than pending, discharged or void) and it is subsequently determined that a claim should not be established as the OI is below the Claim Establishment Threshold and meets the criteria for a discharge status, the status may be updated to void, if at all required.

- 3) Add a validation message that says - "The Account cannot be Activated as the original balance is under the threshold" when all of Criteria I or all of Criteria II is met:

Criteria I

- The Cause Code is either 'CalFresh - Admin Caused (prior to 3/2000)', 'CalFresh - Admin Caused (after 3/2000)', or 'CalFresh - IHE (Customer Caused)'.
- The QC Finding Value is 'No'.
- The 'Investigations' is 'None' or 'No Fraud'.
- There is no active CalFresh program on the Discovery Date under the same case.
- The Original Balance is \$400 or less and the date of discovery is on or after 6/1/2019.

Criteria II

- The Cause Code is 'CalFresh - Admin Caused (prior to 3/2000)' or 'CalFresh - Admin Caused (after 3/2000)'
- There is no active CalFresh Program on the Discovery Date under the same case.
- The Original Balance is \$125 or less and the date of discovery is before 6/1/2019.

- 4) Add a validation message that says - "The Account cannot be Discharged as the criteria for 'Discharge' is not met" when any of the following criteria is met:
 - a. The Cause Code is either 'CalFresh - Admin Caused (prior to 3/2000)' or 'CalFresh - Admin Caused (after 3/2000)' or 'CalFresh - IHE (Customer Caused)'.
 - b. The QC Finding Value is 'Yes'.
 - c. The Original Balance is greater than \$400.
 - d. The 'Investigations' is other than 'None' or 'No Fraud'.
 - e. The Current Status of recovery account is other than 'Pending'.
 - f. There are posted transactions on the recovery account.
- 5) For LRS only, add a validation message that says – "The Account cannot be Discharged because EDBC(s) of the Overissuances are not authorized yet." when any EDBC of the Overissuances is in pending authorization status – 'Pending Authorization', 'Pending Verification', and 'Pending Authorization Random Sampling'.
- 6) Hide the following buttons when the current status of Recovery Account is 'Discharged':
 - a. Activate
 - b. Terminate
 - c. Suspend
 - d. Transfer Out

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

'QC Findings' is mapped to 'QLTY_CTRL_FIND_IND' of Recov_Acct_Detl table. Please add the statement below the column's comment:

' This column indicates if a CalFresh recovery account is established to collect an over issuance found during a QC findings - Y/N. This field can be null when a recovery account is not for a CalFresh program.

2.2 Uncollectible Recovery Account Batch

2.2.1 Overview

This enhancement is to update the Uncollectible Recovery Account Batch to update CalFresh Recovery Accounts status to 'Discharged' and status reason to 'Policy Threshold Limit' when Recovery Accounts are established on or after June 1st, 2019 with an original balance of \$400 or less, cause code of Admin Error or IHE, not a result QC findings and IPV, and there is no active CalFresh program on the Discovery Date under the same case of the recovery account. Any CalFresh account established before June 1st, 2019 will **not be affected** by the new \$400 threshold policy.

2.2.2 Description of Changes

- 1) Update the batch to track CalFresh Recovery Accounts with one of the following cause codes when sweeping across the system:
 - a. CalFresh - Admin Caused (prior to 3/2000)
 - b. CalFresh - Admin Caused (after 3/2000)
 - c. CalFresh - IHE (Customer Caused)
- 2) **For LRS only**, update the batch not pick CalFresh Recovery Accounts with any EDBC of Overissuances in following status:
 - Pending Authorization
 - Pending Verification
 - Pending Authorization Random Sampling
- 3) Update Batch to update Recovery Accounts Status to 'Discharged' and Status Reason to 'CF - \$35 or Less – AE' when meeting all criteria below:
 - a. Original Balance is over \$0 and \$35 or less.
 - b. Cause Code is one of the following:
 - CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)
 - c. Status is Pending, and no Overissuances added to the account for more than 7 calendar days.
- 4) Update batch to discharge Recovery Accounts with Discovery Date before June 1st, 2019. Update Recovery Accounts Status to 'Discharged' and Status Reason to 'CF - \$125 or Less – AE' when meeting all criteria below:
 - a. Discovery Date is **before June 1st, 2019**.
 - b. Original Balance is over \$35 and \$125 or less. (\$35 or less will be discharged with status 'CF - \$35 or Less – AE' as mentioned in **2)** of this section.)
 - c. Cause Code is one of the following:
 - CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)
 - d. Status is Pending, and no Overissuances added to the account for more than 7 calendar days.

- e. There is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account.
- 5) Update batch to update CalFresh Recovery Accounts Status to 'Discharged' and Status Reason to 'Policy Threshold Limit' when meeting all criteria below:
- a. Discovery Date is **on or after June 1st, 2019**.
- b. Cause Code is one of the following:
- CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)
 - CalFresh - IHE (Customer Caused)
- c. QC Findings is 'No'.
- d. The 'Investigations' is 'None' or 'No Fraud'.
- e. **Status is Pending, and no Overissuances added to the account for more than 7 calendar days.**
- f. There is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account.
- g. The Original Balance is over \$35 and \$400 or less.
NOTE: If the Original balance is over \$0 and \$35 or less, the Cause Code is **CalFresh - IHE (Customer Caused)** and there is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account, then the batch will discharge the account as it is under new threshold policy and dischargeable.

NOTE: Examples.xlsx in '[Supporting Documents](#)' section contains more comprehensive examples of how the batch discharges recovery accounts.

- 6) **Update the Uncollectible Recovery Account Batch to create a Journal Entry whenever a Recovery Account's Status is updated to Discharged. For LRS, set the values as follow:**
- Category – Fiscal
- Type – Recovery Account
- Message - The Recovery Account XXXXXXXX is Discharged by the System since the Original Balance is less than the threshold defined for the program.
- For C-IV, set the values as follow:
- Category – Fiscal
- Type – Fiscal
- Message - The Recovery Account XXXXXXXX is Discharged by the System since the Original Balance is less than the threshold defined for the program.

2.2.3 Execution Frequency

No Change.

2.2.4 Key Scheduling Dependencies

No Change.

2.2.5 Counties Impacted

All CalACES Counties.

2.2.6 Data Volume/Performance

No Change.

2.2.7 Failure Procedure/Operational Instructions

No Change.

2.2.8 Programs Impacted

CalFresh.

2.3 Database Change Request

- 1) Add a new **non-nullable** column 'QLTY_CTRL_FIND_IND' with data type VARCHAR2(1 byte) on 'Recov_Acct_Detl' table. The default value for this field is 'N'. This field is to identify if a CalFresh Recovery Account is the result of QC findings. The possible values are null, 'Y', or 'N'. 'Y' indicates a Recovery Account is established because of over issuances found in QC findings. 'N' indicates a Recovery Account is **not** established because of QC findings. This field can be null when a Recovery Account is not CalFresh program.
Note: By setting non-nullable column 'QLTY_CTRL_FIND_IND' defaulted to 'N', existing Recovery Accounts with this field null or empty will have value 'N'.

2.4 Overpayment Adjustment Logic

2.4.1 Overview

The overpayment adjustment is a process where if an individual is overpaid and is eligible for benefits, then the system suggests an adjustment. This adjustment is a percentage-based calculation per the cause code of the recovery account. This automation implements collect methods as required by state and federal regulations to recoup outstanding claims by allotment reduction and offset of payable lost benefits from households actively participating in the CalFresh program. The transaction is posted as a Benefit Reduction.

This enhancement is to update the system to not suggest any Benefit Reduction or Offset for a discharged recovery account.

2.4.2 Description of Changes

- 1) Update the overpayment Adjustment Logic to not suggest any Benefit Reduction or Offset for recovery accounts with status 'Discharged'.

2.4.3 Programs Impacted

All EDBC eligible cash program. However, only CalFresh recovery accounts will have Discharged status updated by the system automatically.

2.5 Grant Expungement Reader

2.5.1 Overview

This enhancement is to update the Grant Expungement Reader to not apply any expungements to the discharged recovery accounts.

2.5.2 Description of Changes

- 1) Update the Grant Expungement Reader Interface job to not apply any expungements to the recovery accounts with status 'Discharged'.

2.5.3 Execution Frequency

No Change.

2.5.4 Key Scheduling Dependencies

No change.

2.5.5 Counties Impacted

All 40 CalACES Counties

2.5.6 Data Volume/Performance

No Change.

2.5.7 Interface Partner

EBT Vendor - FIS

2.5.8 Failure Procedure/Operational Instructions

No Change.

2.6 Recovery Account Activation Batch

2.6.1 Overview

The Recovery Account Activation Batch sends Overissuance NOAs for Pending Recovery accounts and then the status for the recovery account is updated from 'Pending' to 'Pending Agreement'. Furthermore, the batch also activates the recovery accounts which are in 'Pending Agreement' status. This enhancement is to update batch to suppress the generation of Overpayment NOAs and not update status to 'Pending Agreement' for dischargeable Recovery Accounts.

2.6.2 Description of Changes

- 1) Update the batch to suppress the generation of Overissuance NOAs and not update status to 'Pending Agreement' for Recovery Accounts in following criteria:

Criteria i

- a. Original Balance is \$35 or less.
- b. Cause Code is one of the following:
 - CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)

Criteria ii

- a. Discovery Date is **before June 1st, 2019**.
- b. Original Balance is over \$35 and \$125 or less.
- c. Cause Code is one of the following:
 - CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)
- d. There is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account.

Criteria iii

- a. Discovery Date is **on or after June 1st, 2019**.
- b. The Original Balance is over \$35 and \$400.
- c. Cause Code is one of the following:
 - CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)

- CalFresh - IHE (Customer Caused)
- d. QC Findings is 'No'.
- e. The 'Investigations' is 'None' or 'No Fraud'.
- f. There is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account.

Note: NOTE: If the Original balance is over \$0 and \$35 or less, the Cause Code is **CalFresh - IHE (Customer Caused)** and there is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account, then the batch will suppress the generation of Overpayment NOAs and not update status to 'Pending Agreement' as it is under new threshold policy and dischargeable.

The dischargeable recovery accounts status will stay at 'Pending', then the Uncollectible Recovery Account Batch could process recovery accounts and mark them as 'Discharged'.

2.6.3 Execution Frequency

No Change.

2.6.4 Key Scheduling Dependencies

No Change.

2.6.5 Counties Impacted

Los Angeles County.

2.6.6 Data Volume/Performance

No Change.

2.6.7 Failure Procedure/Operational Instructions

No Change.

2.6.8 Programs Impacted

CalFresh.

2.7 Data Change Request

For L.A county only, update recovery accounts status to 'Terminated' and status reason to 'Policy Threshold Limit' when meeting all criteria below:

- a. Discovery Date is **on or after June 1st, 2019**.

- b. Cause Code is one of the following:
 - CalFresh - Admin Caused (prior to 3/2000)
 - CalFresh - Admin Caused (after 3/2000)
 - CalFresh - IHE (Customer Caused)
- c. Status is one of following:
 - Pending Agreement (CalACES only)
 - Active
 - Suspended
- d. There is no active CalFresh program on the Discovery Date **under the same case** of the Recovery Account.
- e. The Original Balance is \$400 or less.
- f. No transactions posted.

A list of terminated recovery accounts in this DCR will be provided to L.A. county.

2.8 Update the FNS 209 Report

2.8.1 Overview

ACL 19-50 provides that an under-threshold limit Recovery Accounts shall not be established therefore should not be reported on the FNS 209. A Recovery Account that meets the conditions outlined in section 2.2.2.4 will be updated to have a newly created Status of 'Discharged'. The online page will also be updated to prevent a worker from posting transactions to these accounts.

On the FNS 209, a Recovery Account is identified as newly established if either condition is met:

- The Recovery Account's status is 'Pending', 'Pending Agreement' or 'Pending Approval' and
 - i. A transaction is posted to the recovery account during the reporting quarter that was effective before the reporting quarter.
 - ii. A transaction was posted to the recovery account before the reporting quarter but is effective during the reporting quarter.
- The Recovery Account goes from having a 'Pending', 'Pending Agreement' or 'Pending Approval' status during the reporting quarter to having a status other than 'Pending', 'Pending Agreement', 'Pending Approval' or 'Void'.

If the FNS 209 is not updated, any Recovery Account that moves from a pending status to 'Discharged' will be incorrectly reported as an established Recovery Account, as the report logic will evaluate the account as not pending or void with a balance not equal to zero.

2.8.2 Description of Changes

Update the following sections on the FNS 209 to not include Recovery Accounts in 'Discharged' status:

- Summary Sheet (Sheet1)
 - Line 4 Number and Amount Totals for SAE and IHE
 - Line 7 Number and Amount Totals for SAE and IHE
 - Line 13 Number and Amount Totals for SAE and IHE
- Line 4 Backup Detail Sheet (Sheet2)
- Line 13 Backup Detail Sheet (Sheet15)

A discharged recovery account has the following characteristics:

- The Recovery Account cannot have transactions posted to it.
- The Recovery Account status goes directly from a pending status to 'Discharged'.
- The Recovery Account status cannot be changed once set to 'Discharged'

With these facts, all other lines on the FNS 209 will not need to be updated as they require a posted transaction or a specific Recovery Account status.

2.9 Update the Outstanding Collections Balance Report




2.9.1 Overview

The Outstanding Collection Balance Report provides a listing of all regular recovery accounts with an outstanding balance, excluding recovery accounts with a status of Closed, Void, Terminated, and Transferred out. The Recovery Accounts in 'Discharged' status will have an outstanding balance but will not be established therefore cannot be collected.

2.9.2 Description of Changes

Update the Outstanding Balance Report to exclude Recovery Accounts with a status of 'Discharged'.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Fiscal	ACL 19-50	 19-50.pdf
2	Fiscal	CIT 0045-19	 CIT 0045-19 CA-208685_CIV-1042
3	Fiscal	Examples of recovery accounts processed by the Uncollectable Batch	 Examples.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.11.2.12	The LRS shall discontinue collection of overpayments/Overissuances once all outstanding overpayments/Overissuances have been collected, there is an overpayment/Overissuance claim status change to terminated, voided, or uncollectable, or the collection of the overpayment/Overissuance has been deemed satisfied.	This Requirement is met by enhancing the Uncollectable Recovery Account Batch to update the CalFresh Admin Error or IHE recovery accounts which are established on or after June 1 st , 2019 with closed cases and an original balance under \$400 as 'Discharged' with the status reason of 'Policy Threshold Limit'.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
N/A		

5 MIGRATION IMPACTS

Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
N/A					

6 OUTREACH

Provide a list to the Counties of CalFresh recovery accounts (Admin Error or IHE) discovered on or after 6/1/2019 with an original over issued amount of \$400 or less and the account status is not currently voided, and the CF program is not 'Active' for the date of discovery of the Recovery Account. This list may be reviewed to determine which accounts should be made void as the account meets the criteria for discharge (not established) or if the account should be established as the Overissuance is from a QC review or referral for IPV.

7 APPENDIX

None.



California Statewide Automated Welfare Systems

Design Document

CA-209076 | CIV-104268

Enhance Refused Verification Functionality to
send failed Admin Verif

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tisha Mutreja
	Reviewed By	Renee Gustafson, William Baretsky, Derek Goering, Prashant Goel, Maksim Volf, Priya Subramaniam

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/24/2019	1.0	Design Draft to be submitted to Committee	Tisha Mutreja

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1 OVERVIEW

The purpose of this document is to enhance Verification functionality with 'Refused' status to send failed Admin Verifications to CalHEERS during Eligibility Determination Request (EDR) and close out any gaps between CalSAWS and C-IV for 'Refused' verifications.

With this SCR, C-IV functionality will be updated to match to CalSAWS current functionality to send Admin Verification 'No' for a record with 'Refused' status in a benefit month.

Also, updating **The Systems** to send Admin Verification 'No' to CalHEERS if one of the Multiple Records in a benefit Month has status of 'Refused'.

1.1 Current Design

Currently, C-IV sends Nothing to CalHEERS as Admin Verification for a record with 'Refused' status in a benefit month whereas CalSAWS sends 'No' as Admin Verification in same scenario for all the Types in the EDR as displayed in the screenshot below.

Verification		
Type	Admin-Verified	E-Verified
Date of Death	No	
Incarceration	No	
SSN		
SSN Waiver		
Applied for SSN		
Residence	Yes	
Income	Yes	
Projected Annual Income		
US Citizenship	Yes	
Immigration Status		
PRUCOL - INS Acknowledgement		
PRUCOL		
Lawful Presence		
Qualified Non-Citizen		
Five Year Bar Exempt/Met		
MEDS - Minimal Essential Coverage	No	
ESI - Minimal Essential Coverage		
Non-ESI - Minimal Essential Coverage		
Was in Foster Care		
Entitled to Medicare	No	

Also, currently if we have multiple records effective in a benefit month with various verification status:

For instance,

Scenario 1:

Benefit Month: 07/2019

Income Record 1: \$100 for Week 1 Salary with 'Verified' Verification Status

Income Record 2: \$200 from Week 2 through Week 4 with 'Refused' Verification Status

Admin Verification for Income Record

to be sent to CalHEERS for the Month of 07/2019: Blank (Nothing is sent to CalHEERS)

Scenario 2:

Benefit Month: 07/2019

Income Record 1: \$400 Monthly with 'Refused' Verification Status

Admin Verification for Income Record

to be sent to CalHEERS for the Month of 07/2019: 'No' For CalSAWS / Nothing for C-IV

To summarize, if 'Refused' is the only selected verification in a benefit month, CalSAWS will send 'No' to CalHEERS whereas C-IV sends Nothing. Although if 'Refused' is one of the verification records along with other Verification statuses in a benefit month, 'Refused' is not considered to be sent as failed Admin Verification to CalHEERS.

Also on Citizenship Page when the Verified status is either "Not Applicable, Pending or Refused", 'Medi-Cal Reasonable Opportunity Period' (ROP) section shows up to be filled in by the Worker with Due Date and if Expired is 'Yes' Admin Verif is sent as 'No' making them fail ROP. Although if the status is 'Verified', the ROP section is hidden and ignored for EDR.

1.2 Requests

The Systems to send Admin-Verified 'No' when at least one record exists in a benefit month with one of the record as 'Refused' status.

The Systems to not display ROP section when the Citizenship Status on Citizenship Status Detail page is 'Not Applicable' or 'Refused'.

1.3 Overview of Recommendations

1. Update eHIT to send Admin-Verified 'No' for Refused records in a benefit month even if multiple other status exists in the same month.
2. Update Citizenship Status Detail page to hide Medi-Cal ROP section when 'Not Applicable' or 'Refused' is selected in the Verified drop down.
3. Update eHIT to only send failed Admin-Verified when 'Pending' status is selected with Expired as 'Yes' in Medi-Cal ROP section or the Verified status is 'Refused'.

1.4 Assumptions

1. Fields not mentioned to be modified within the Online Description of Changes will retain their current functionality in the respective CalSAWS and C-IV Systems.
2. No data changes to existing ROP records with Citizenship Verified Status as 'Not Applicable' or 'Refused'.
3. No changes to existing NOAs.

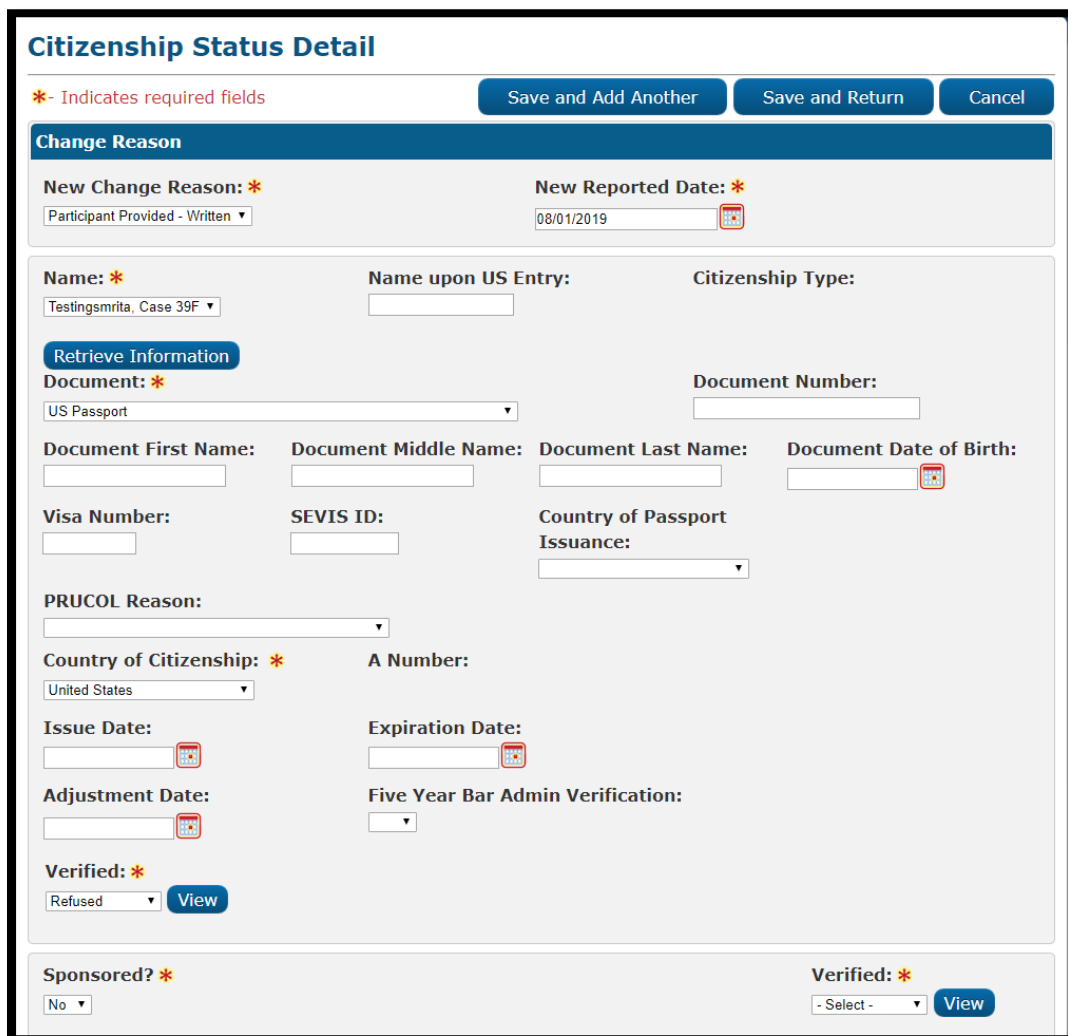
2 RECOMMENDATIONS

2.1 Citizenship Status Detail Page

2.1.1 Overview

If verification is 'Pending' on the page, ROP section should show up. Worker is responsible for editing Due Date. If the worker marks the ROP expired, then The Systems will send Admin-Verified as 'No' to CalHEERS. If worker updates the Verified status to 'Verified' the ROP section is hidden and ignored for EDR. With this SCR, we will update the page to hide ROP section when either 'Not Applicable' or 'Refused' status is selected.

2.1.2 Citizenship Status Detail Mockup



The mockup shows a form titled "Citizenship Status Detail". At the top, there is a legend: "*- Indicates required fields". To the right are three buttons: "Save and Add Another", "Save and Return", and "Cancel". Below this is a section titled "Change Reason" with two fields: "New Change Reason: *" (a dropdown menu showing "Participant Provided - Written") and "New Reported Date: *" (a date field showing "08/01/2019" with a calendar icon). The main form area contains several fields: "Name: *" (dropdown showing "Testingsmrita, Case 39F"), "Name upon US Entry:" (text field), "Citizenship Type:" (text field), "Document: *" (dropdown showing "US Passport"), "Document Number:" (text field), "Document First Name:", "Document Middle Name:", "Document Last Name:", "Document Date of Birth:" (with a calendar icon), "Visa Number:", "SEVIS ID:", "Country of Passport Issuance:" (dropdown), "PRUCOL Reason:" (dropdown), "Country of Citizenship: *" (dropdown showing "United States"), "A Number:", "Issue Date:" (with a calendar icon), "Expiration Date:" (with a calendar icon), "Adjustment Date:" (with a calendar icon), "Five Year Bar Admin Verification:" (dropdown), "Verified: *" (dropdown showing "Refused" with a "View" button), "Sponsored? *" (dropdown showing "No"), and another "Verified: *" (dropdown showing "- Select -" with a "View" button).

Figure 2.1.1 – Hiding 'Medi-Cal Reasonable Opportunity Period' Section on selection of Verified drop down as 'Refused' or 'Not Applicable'

Verified: *
 Pending View

Medi-Cal Reasonable Opportunity Period

Due Date: Expired: No

Sponsored? * No Verified: * - Select - View

Figure 2.1.2 – ‘Medi-Cal Reasonable Opportunity Period’ Section displays with Verified drop down as ‘Pending’

2.1.3 Description of Changes

1. Update the page to display “Medi-Cal Reasonable Opportunity Period” section only when the Verified status selected in the drop down is ‘Pending’. In other words, hide the ROP section when ‘Not Applicable’, ‘Verified’ or ‘Refused’ is selected.

2.1.4 Page Location

- **Global:** Customer Information
- **Local:** Citizenship
- **Task:** Citizenship Status Detail

2.1.5 Security Updates

No change.

2.1.6 Page Mapping

No change.

2.1.7 Page Usage/Data Volume Impacts

No Impacts.

2.2 eHIT Updates

2.2.1 Overview

Update logic to send each type of Admin Verification sent to CalHEERS as 'No' when at least one record is 'Refused' in a benefit month.

2.2.2 Description of Changes

1. Update eHIT to send Admin-Verified 'No' to CalHEERS when at least one record exists for a particular Verification Type in a benefit month with Verified status as 'Refused'. This change would apply to all the eHIT Verification Types.
2. Update eHIT to only send Admin-Verified 'No' to CalHEERS when the Citizenship Status Detail page has below values –
 - a. Verified = 'Pending' and Expired = 'Yes'
 - OR
 - b. Verified = 'Refused'

2.2.3 Programs Impacted

Medi-Cal

2.3 Automated Regression Test

2.3.1 Overview

Create new automated scripts to verify that an Admin-Verified value of 'No' is sent through eHIT for multiple data points when the Verified status for the associated record is 'Refused'.

2.3.2 Description of Change

1. Create automated scripts to submit Medi-Cal only applications where:
 - a. A subset combination of the following data collection records have a 'Refused' verification status for at least one applicant:
 - i. Residence
 - ii. Income
 - iii. US Citizenship
 - iv. MEDS - Minimal Essential Coverage
 - v. Entitled to Medicare
 - b. A Citizenship record with Verified = 'Pending', Expired = 'Yes' exists for at least one applicant.
2. In each script above, send a MAGI Eligibility Determination Request, and verify that the Admin-Verified value of 'No' displays on the MAGI Request page for each person-level data point where at least one 'Refused' (or 'Pending' and Expired, for Citizenship) record exists.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.5.5.5	The LRS shall maintain information on what LRS Data must be verified by external interfaces.	The Systems sends failed Admin Verifications to CalHEERS when 'Refused' record exists in a benefit month.
2.5.5.9	The LRS shall validate whether the type of verification entered is acceptable for each program individually or a combination thereof.	The Systems sends failed Admin Verifications to CalHEERS when combination of verification exists with one of the record as 'Refused' record exists in same benefit month.

4 APPENDIX

1. **The Systems:** "The Systems" refers to both CalSAWS and C-IV Systems.

For instance, if the document mentions the below:

- The Systems must add

That implies:

- Both CalSAWS and C-IV must add