



California Statewide Automated Welfare System

Design Document

CA-209404 | CIV-104574

ACL 19-59 Revise DFA 358F and DFA 358S

CalSAWS	DOCUMENT APPROVAL HISTORY	
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	Reviewed By	Akria Moriguchi, Christine Alavilla, Claudia Pinto, Himanshu Jain, Justin Dobbs, Madhuri Salunke, Ravneet Bhatia

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
	1.0	Initial Release of the Design Document Containing Report Modifications.	Greg Deogracia

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1 OVERVIEW

The California Department of Social Services (CDSS) has released requirements (ACL 19-59) to modify the annual *CalFresh Participants by Race/Ethnicity Federal-Only and Combined Households* (DFA 358F) and *CalFresh Participants by Race/Ethnicity State-Only Households* (DFA 358S) reports. The CF 358F and CF 358S reports will collect data each year on households that participate in CalFresh during the month of July.

1.1 Current Design

The DFA 358F and DFA 358S run annually in August for July report month and report CalFresh Participants by Race/Ethnicity.

1.2 Requests

Modify the DFA 358F and DFA 358S report to comply with ACL 19-59.

1. Rename the DFA 358F to CF 358F with a title of Participant by Race/Ethnicity, Sexual Orientation and Gender Identity, Federal-Only and Combined Households.
2. Rename the DFA 358S to CF 358S with a title of Participant by Race/Ethnicity, Sexual Orientation and Gender Identity, State-Only and Combined Households.
3. Add new section and Column C to report on Sexual Orientation and Gender Identity.

1.3 Overview of Recommendations

1. Rename the DFA 358F and revise title to CF 358F.
2. Rename the DFA 358S and revise title to CF 358S.
3. Add new Lines (lines 6 and 7) and Column C to both reports to report Sexual Orientation and Gender Identity (SOGI) information per the report layout in ACL 19-59.
4. Update the detailed backup worksheets to include data points for Sexual Orientation and Gender Identity (SOGI) information.

1.4 Assumptions

1. Excel reports implemented via RTF Data can exceed 65,500 rows under presentation restrictions but not exceed 1.2 million rows.

2. The data set size of any one Excel report worksheet will not exceed 65,500 rows.
3. SCR CA-209709/CIV-104703 ABCD 350, will be implemented by July 2020 to introduce "Decline to State" option for SOGI questions.

2 RECOMMENDATIONS

2.1 Modify the CF 358 F and CF 358 S Report

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O			
CalFresh Participant by Race/Ethnicity, Sexual Orientation and Gender Identity Federal-Only and Combined Households CF 358F																	
1	DOWNLOAD REPORT FORM FROM: https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions																
2	EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS: admCF358FS@dss.ca.gov																
3	EMAIL US FOR TECHNICAL SUPPORT QUESTIONS: admdssdcfts@dss.ca.gov																
4	Automated Form Updated: 07/24/19																
5	COUNTY NAME				VERSION Initial				REPORT MONTH				REPORT YEAR 2020				
6	Number of Federal-Only and Combined Households participating in CalFresh during July by race and sex/ethnicity status.																
7	Race		A. Number of Household Contacts by Race						B. Number of Hispanic or Latino Household Contacts Reported in A. by Race								
PA Households			NA Households			TOTAL Households			PA Households			NA Households			TOTAL Households		
8	1. Household Contacts Who Marked Only One Race																
9	American Indian or Alaska Native 1 2 3 4 5 6 0 Asian Categories 7 8 9 10 11 12 0 Asian Indian 13 14 15 16 17 18 0 Cambodian 19 20 21 22 23 24 0 Chinese 25 26 27 28 29 30 0 Japanese 31 32 33 34 35 36 0 Filipino 37 38 39 40 41 42 0 Korean 43 44 45 46 47 48 0 Laotian 49 50 51 52 53 54 0 Vietnamese 55 56 57 58 59 60 0 Other Asian (not included above) 61 62 63 64 65 66 0 Reporting More Than One Asian Group 67 68 69 70 71 72 0 Black or African American 73 74 75 76 77 78 0 Native Hawaiian or Other Pacific Islander 79 80 81 82 83 84 0 Native Hawaiian 85 86 87 88 89 90 0 Guamanian 91 92 93 94 95 96 0 Samoan 97 98 99 100 101 102 0 Other Pacific Islander (not included above) 103 104 105 106 107 108 0 Reporting More than one Native Hawaiian or 109 110 111 112 113 114 0 White 115 116 117 118 119 120 0																
10	2. Household Contacts Who Marked Two Races																
11	American Indian or Alaska Native and White 121 122 123 124 125 126 0 Asian and White 127 128 129 130 131 132 0 Black or African American and White 133 134 135 136 137 138 0 American Indian or Alaska Native and Black or 139 140 141 142 143 144 0																
12	3. Other--Household Contacts Who Chose Racial Combinations Not Included Above																
13	Reporting Race(s) Not Included Above 145 146 147 148 149 150 0																
14	4. Nonreporting Household Contacts Where Worker Unable to Make Race Determination																
15	Worker Unable to Determine Race 151 152 153 154 155 156 0																
16	5. Totals 157 158 159 160 161 162 0																
17	C. Number of Household Contacts by Sexual Orientation and Gender Identity																
18	Sexual Orientation and Gender Identity												TOTAL Households				
19	6. The sexual orientation that household contacts marked																
20	Straight/heterosexual												163				
21	Gay or lesbian												164				
22	Bisexual												165				
23	Queer												166				
24	Another sexual orientation												167				
25	Unknown												168				
26	Decline to state												169				
27	7. The gender identity that household contacts marked																
28	Female												170				
29	Male												171				
30	Transgender: male to female												172				
31	Transgender: female to male												173				
32	Non-Binary (neither male nor female)												174				
33	Another gender identity												175				
34	Unknown												176				
35	Decline to state												176				
36	COMMENTS																
37	Revised Report Explanation																
38	CONTACT PERSON TELEPHONE EXTENSION																
39	JOB TITLE/CLASSIFICATION EMAIL																
40	SUPERVISOR TELEPHONE EXTENSION																
41	JOB TITLE/CLASSIFICATION EMAIL																
42	DATE SUBMITTED																

Figure 2.2.1 – Sheet 1 358 F Summary Mockup

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Figure 2.2.2 – Sheet 2 358 F Worksheet


	A	B	C	D	E	F	G
1							
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4							
5	Los Angeles						
6	Run Date:						
7	Date: 07/2019						
8	A. Number of Household Contacts by Race – NA						
9							
10	A. PA Total	0					CF 358 F
11	A. NA Total	0					
12	A. Total	0				Total	0
13							
14	Race	Gender Identity	Sexual Orientation	Case Number	Case Name	Primary Applicant	Worker Number
15							
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Figure 2.2.3 – Sheet 3 358 F Worksheet

	A	B	C	D	E	F	G
1							
2	<div><div></div><div>CF 358 F Detailed Backup Report</div></div>						
3							
4							
5	Los Angeles						
6	Run Date:						
7	Date: 07/2019						
8	B. Number of Hispanic or Latino Household Contacts Reported in A. by Race						
9							
10	B. PA Total	0					CF 358 F
11	B. NA Total	0					
12	B. Total	0				Total	0
13							
14	Race	Gender Identity	Sexual Orientation	Case Number	Case Name	Primary Applicant	Worker Number
15							
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23							
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CalFresh Participant by Race/Ethnicity, Sexual Orientation and Gender Identity State-Only and Combined Households CF 358S												
1												
2	DOWNLOAD REPORT FORM FROM:											
3	https://www.cdss.ca.gov/inforesources/Research-and-Data/Report-Form-and-Instructions											
4	EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS:											
5	admCF358FS@dss.ca.gov											
6	EMAIL US FOR TECHNICAL SUPPORT QUESTIONS:											
7	admdssdcfts@dss.ca.gov											
8	Automated Form Updated: 07/24/19											
9	COUNTY NAME	VERSION			REPORT MONTH			REPORT YEAR				
10	Initial						2020					
11	Number of Federal-Only and Combined Household participating in CalFresh during July by race and ethnicity category.											
12	Race	A. Number of Household Contacts by Race			B. Number of Hispanic or Latino Household Contacts Reported in A. by Race							
13		PA Households	NA Households	TOTAL Households	PA Households	NA Households	TOTAL Households					
14	1. Household Contacts Who Marked Only One Race											
15	American Indian or Alaska Native	1	2	3	4	5	6					
16	Asian Categories	7	8	9	10	11	12					
17	Asian Indian	13	14	15	16	17	18					
18	Cambodian	19	20	21	22	23	24					
19	Chinese	25	26	27	28	29	30					
20	Japanese	31	32	33	34	35	36					
21	Filipino	37	38	39	40	41	42					
22	Korean	43	44	45	46	47	48					
23	Laotian	49	50	51	52	53	54					
24	Vietnamese	55	56	57	58	59	60					
25	Other Asian (not included above)	61	62	63	64	65	66					
26	Reporting More Than One Asian Group	67	68	69	70	71	72					
27	Black or African American	73	74	75	76	77	78					
28	Native Hawaiian or Other Pacific Islander	79	80	81	82	83	84					
29	Native Hawaiian	85	86	87	88	89	90					
30	Guamanian	91	92	93	94	95	96					
31	Samoan	97	98	99	100	101	102					
32	Other Pacific Islander (not included above)	103	104	105	106	107	108					
33	Reporting More than one Native Hawaiian or	109	110	111	112	113	114					
34	White	115	116	117	118	119	120					
35	2. Household Contacts Who Marked Two Races											
36	American Indian or Alaska Native and White	121	122	123	124	125	126					
37	Asian and White	127	128	129	130	131	132					
38	Black or African American and White	133	134	135	136	137	138					
39	American Indian or Alaska Native and Black or	139	140	141	142	143	144					
40	3. Other--Household Contacts Who Chose Racial Combinations Not Included Above											
41	Reporting Race(s) Not Included Above	145	146	147	148	149	150					
42	4. Nonreporting Household Contacts Where Worker Unable to Make Race Determination											
43	Worker Unable to Determine Race	151	152	153	154	155	156					
44	5. Totals	157	158	159	160	161	162					
45	C. Number of Household Contacts by Sexual Orientation and Gender Identity											
46	Sexual Orientation and Gender Identity						TOTAL Households					
47	6. The sexual orientation that household contacts marked											
48	Straight/heterosexual						163					
49	Gay or lesbian						164					
50	Bisexual						165					
51	Queer						166					
52	Another sexual orientation						167					
53	Unknown						168					
54	Decline to state						169					
55	7. The gender identity that household contacts marked											
56	Female						170					
57	Male						171					
58	Transgender: male to female						172					
59	Transgender: female to male						173					
60	Non-Binary (neither male nor female)						174					
61	Another gender identity						175					
62	Unknown						176					
63	Decline to state						176					
64	COMMENTS											
65	Revised Report Explanation											
66	CONTACT PERSON	TELEPHONE			EXTENSION							
67	JOB TITLE/CLASSIFICATION	EMAIL										
68	SUPERVISOR	TELEPHONE			EXTENSION							
69	JOB TITLE/CLASSIFICATION	EMAIL										
70	DATE SUBMITTED											

Figure 2.2.6 – CF 358 358 S Summary Mockup

	A	B	C	D	E	F	G
1							
2	CF 358 S Detailed Backup Report						
3							
4							
5	Los Angeles						
6	Run Date:						
7	Date: 07/2019						
8	A. Number of Household Contacts by Race – PA						
9							CF 358 S
10	A. PA Total	0					
11	A. NA Total	0					
12	A. Total	0				Total	0
13							
14	Race	Gender Identity	Sexual Orientation	Case Number	Case Name	Primary Applicant	Worker Number
15							
16							
17							


CF 385 S A. PA A. NA B. PA B. NA (+)

Figure 2.2.7 – A. PA 358 S Worksheet

	A	B	C	D	E	F	G
1							
2	CF 358 S Detailed Backup Report						
3							
4							
5	Los Angeles						
6	Run Date:						
7	Date: 07/2019						
8	A. Number of Household Contacts by Race – NA						
9							CF 358 S
10	A. PA Total	0					
11	A. NA Total	0					
12	A. Total	0				Total	0
13							
14	Race	Gender Identity	Sexual Orientation	Case Number	Case Name	Primary Applicant	Worker Number
15							
16							
17							


CF 385 S A. PA A. NA B. PA B. NA (+)

Figure 2.2.8 – A. NA 358 S Worksheet

	A	B	C	D	E	F	G
1							
2	CF 358 S Detailed Backup Report						
3							
4							
5	Los Angeles						
6	Run Date:						
7	Date: 07/2019						
8	B. Number of Hispanic or Latino Household Contacts Reported in A. by Race						
9							CF 358 S
10	B. PA Total	0					
11	B. NA Total	0					
12	B. Total	0				Total	0
13							
14	Race	Gender Identity	Sexual Orientation	Case Number	Case Name	Primary Applicant	Worker Number
15							
16							
17							

CF 385 S A. PA A. NA B. PA B. NA (+)

Figure 2.2.9 – B. PA 358 S Worksheet

	A	B	C	D	E	F	G
1							
2	CF 358 S Detailed Backup Report						
3							
4							
5	Los Angeles						
6	Run Date:						
7	Date: 07/2019						
8	B. Number of Hispanic or Latino Household Contacts Reported in A. by Race						
9							CF 358 S
10	B. PA Total	0					
11	B. NA Total	0					
12	B. Total	0				Total	0
13							
14	Race	Gender Identity	Sexual Orientation	Case Number	Case Name	Primary Applicant	Worker Number
15							
16							
17							

CF 385 S A. PA A. NA B. PA B. NA (+)

Figure 2.2.10 – B. NA 358 S Worksheet

2.1.1 Description of Change

1. **C-IV Only:** development shall convert the DFA 358F to the RTF reporting structure as used with the current LRS/CalSAWS DFA 358F.
2. Rename the DFA 358F and revise title to CF 358F.
 - a. Historical versions of the DFA 358F shall remain available.
3. Rename the DFA 358S and revise title to CF 358S.
 - a. Historical versions of the DFA 358S shall remain available.
4. The CF 358F and CF 358S Summary page has been fully revamped to reflect the content of ACL No. 19-59.
 - a. Add Number of Households participating in CalFresh during July by sexual orientation and gender identity [Column grouping "C"]
 - i. Item 6, Column grouping "C": Enter the total number of household contacts who selected a sexual orientation. [Cells 163 to 169].
 - ii. Item 7, Column grouping "C": Enter the total number of household contacts who selected a gender identity. [Cells 170 to 176]
5. All Final CF 358F and CF 358S Reports shall display the appropriate system logo design as designated for respective LRS/CalSAWS and C-IV generated reports.
6. For each detailed backup worksheet of both CF 358F and CF 358S, add the following two columns to the right of the "Race" column to display "Gender Identity" and "Sexual Orientation". Reference the attached report mockup for a layout example and column placement:

Column Name	Column Description
Gender Identity	<p>This column will display the Gender Identity of the Primary Applicant. Possible values for this column are:</p> <ul style="list-style-type: none">• Female• Male• Another Gender Identity• Transgender: Male to Female

	<ul style="list-style-type: none"> • Transgender: Female to Male • Non Binary (neither male nor female) • Decline to State <p>If the Gender Identity data point does not exist for the primary applicant, this column will be blank.</p>
Sexual Orientation	<p>This column will display the Sexual Orientation of the Primary Applicant. Possible values for this column are:</p> <ul style="list-style-type: none"> • Another Sexual Orientation • Bisexual • Gay or Lesbian • Queer • Straight or Heterosexual • Decline to State • Unknown <p>If the Sexual Orientation data point does not exist for the primary applicant, this column will be blank.</p>

Figure 2.1.1.2 – SOGI Information

7. Introduce logic to populate Section C, Lines 6 (Sexual Orientation – cells 163 through 169) and 7 (Gender Identity – cells 170 through 176) of the CF 358F and CF 358S:

Gender Identity

Line	Criteria
Female	The Gender Identity of the primary applicant is 'Female'
Male	The Gender Identity of the primary applicant is 'Male'
Transgender: male to female	The Gender Identity of the primary applicant is 'Transgender: Male to Female'
Transgender: female to male	The Gender Identity of the primary applicant is 'Transgender: Female to Male'
Non-Binary (neither male or female)	The Gender Identity of the primary applicant is 'Non Binary (neither male nor female)'
Another gender identity	The Gender Identity of the primary applicant is 'Another Gender Identity'
Decline to state	The Gender Identity of the primary applicant is 'Decline to State'
Unknown	The Gender Identity of the primary applicant has not been entered into the automated system

	<p>*Note; This line has been added to the report template, which is not in the currently published report instructions. CDSS clarified via CRPC #2179 that an "Unknown" line will be added to the report and published with an ACL before the report is generated in 2020</p>
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Figure 2.2.1.3 – Gender Identity

Sexual Orientation

Line	Criteria
Straight/heterosexual	The Sexual Orientation of the primary applicant is 'Straight or Heterosexual'
Gay or lesbian	The Sexual Orientation of the primary applicant is 'Gay or Lesbian'
Bisexual	The Sexual Orientation of the primary applicant is 'Bisexual'
Queer	The Sexual Orientation of the primary applicant is 'Queer'
Another sexual orientation	The Sexual Orientation of the primary applicant is 'Another Sexual Orientation'
Unknown	<p>The Sexual Orientation of the primary applicant is 'Unknown'</p> <p>OR</p> <p>The Sexual Orientation of the primary applicant has not been entered into the automated system</p>
Decline to state	The Sexual Orientation of the primary applicant is 'Decline to State'

Figure 2.2.1.4 – Sexual Orientation

8. **LRS/CalSAWS only; CF 358 S:** Remove the following two columns from all of the detailed backup worksheets (TABS; A. PA, A. NA, B. PA, B. NA); Office and Unit.

A. Number of household contacts by race - PA						
A. PA Total				DFA 358 S		
A. NA Total						
A. Total			Total			
Race	Case Number	Case Name	Primary Applicant	Worker Number	Office	Unit

Figure 2.1.1.1 – Column Removal

2.1.2 Report Location



- **Global Navigation:** Reports
- **Local:** Scheduled
- **Task:** State
- **Report Search:** CF 358F
or
CF 358S

2.1.3 Counties Impacted

All LRS/CalSAWS and C-IV counties.

3 SUPPORTING DOCUMENTS

This section includes any supporting documents for the design as an imbedded document.

Number	Functional Area	Description	Attachment
1	Reports	CF 358 F - Mockup	 CF 358 F - Mockup.xlsx
2	Reports	CF 358 S - Mockup	 CF 358 S - Mockup.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.2.2	The LRS shall produce reports that provide the detail LRS Data that will be used to complete the reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures.	This SCR is enhancing the existing reports as needed by the counties.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
N/A			

5 MIGRATION IMPACTS

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

6 OUTREACH

N/A

7 APPENDIX

N/A



California Statewide Automated Welfare System

Design Document

CA-209709 | CIV-104703

ACL 19-75 Revisions to ABCD 350

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Greg Deogracia
	Reviewed By	Balakumar Murthy, Claudia Pinto, Christine Altavilla, Dana Peterson, Ron Quinn, Howard Suksanti, Justin Dobbs, Madhuri Salunkhe, Michael Wu, Sarah Cox, Tina Tran

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/31/2020	1.0	Initial Release of the Design Document Containing Report Modifications.	Greg Deogracia
1/31/2020	1.0	Added Interface recommendations.	Howard Suksanti

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1 OVERVIEW

The California Department of Social Services (CDSS) has released requirements (ACL 19-75) to modify the Annual Recipient Report On CalWORKs, Foster Care, Social Services, Non-Assistance CalFresh, Welfare-to-Work, Refugee Cash Assistance and the Cash Assistance Program For Immigrants ABCD 350. This document outlines the recommended automation changes to comply with the ACL.

1.1 Current Design

The ABCD 350 report is automated to run annually, in August for the July report month providing statistical information on the ethnic origin and primary language, of recipients of CalWORKs, Foster Care (FC), Social Services, Non-Assistance CalFresh (NACF), Welfare-to-Work (WTW), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI).

1.2 Requests

ACL 19-75 revises the ABCD 350 report to include Sexual Orientation and Gender Identity (SOGI) information allowing CDSS to report SOGI data to the Legislature in accordance with state and federal law. The ACL also revises the WTW populations to no longer equal the enrollees line item (Line 1) on the WTW 25(two parent) and WTW 25A (All Other families) reports. The total (WTW) cases now equals line items WTW Sanctions (Item 3A), Unduplicated Individuals (Item 30), Noncompliance (Item 31), and Good Cause (Item 32).

Modify the ABCD 350 report to comply with ACL 19-75.

1.3 Overview of Recommendations

1. Add "Decline to State" as a selection for the Sexual Orientation and Gender Identity (SOGI) questions.
2. Modify MEDS Interface jobs to suppress SOGI Data Element (DE) when the value is "Decline to State".
3. Modify the ABCD 350 report per ACL 19-75, which includes adding SOGI sections within the report.

1.4 Assumptions

1. No Impact to other reports.
2. Excel reports implemented via RTF Data can exceed 65,500 rows under presentation restrictions but not exceed 1.2 million rows.

3. "Decline to State" is not a valid SOGI option in the Electronic Health Information Transfer (eHIT) schema with CalHEERS and therefore will not be communicated to CalHEERS.
4. "Decline to State" is not a valid SOGI option in the Electronic Inter-county Transfer (eICT) schema and therefore will not be communicated in the eICT transaction.

2 RECOMMENDATIONS

2.1 Individual Demographics Detail

2.1.1 Overview

The Individual Demographics Detail page has dropdowns for the optional Sexual Orientation and Gender Identity questions. The dropdown options come from Codes Tables CT524 & CT523.

Add "Decline to State" as an option for both dropdowns.

2.1.2 Description of Changes

1. Add "Decline to State" as a selection for the Sexual Orientation and Gender Identity (SOGI) questions.
 - a. Add "Decline to State" as an option in the Sexual Orientation dropdown (Add to Codes Table CT524).
 - b. Add "Decline to State" as an option in the Gender Identity dropdown (Add to Codes Table CT523).

2.1.3 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Non-Financial > Individual Demographics**

2.1.4 Page Usage/Data Volume Impacts

N/A

2.2 Modify MEDS Interface jobs to suppress SOGI Data Element (DE) when the value is "Decline to State"

2.2.1 Overview

SOGI Information is sent to MEDS in various MEDS transactions as optional fields.

The new "Decline to State" value is not available in MEDS system based on the current MEDS Manual document. As part of this SCR, the below mentioned MEDS Interface jobs will be modified to exclude SOGI Data Elements when the field value is "Decline to State".

MEDS SOGI Data Elements:

- DE 2051 – Beneficiary Gender Identity
- DE 2053 – Sexual Orientation

2.2.2 Description of Change

Modify below MEDS Interface transactions to exclude DE 2051 or DE 2053 when the field value is "Decline to State". The data element will not appear in the outbound file.

- a. AP18 – Report a Pending Application
 - i. Daily AP18 (Job name – POXXE400).
 - ii. Approaching RE AP18 (Job name – POXXE423).
 - iii. Initiated by Worker AP18 (Job name – POXXE424).
- b. AP19 - Citizenship Status/Identity Verification
 - i. Job name: POXXE435-Request Vital Stat
 - ii. Job name: POXXE436-Update Vital Stat
 - iii. Job name: POXXE437-Remove Vital Stat
- c. AP34 – Update Pending Application Data (Job name - POXXE401).
- d. EW05 – Change County of Responsibility (Job name - POXXE406).
- e. EW12 – Update Client Information (Job name - POXXE408).
- f. EW20 - Add New Eligibility/Update Eligibility Within a County (Job name - POXXE409).

2.2.3 Execution Frequency

No Change.

2.2.4 Key Scheduling Dependencies

No Change.

2.2.5 Counties Impacted

All Counties.

2.2.6 Data Volume/Performance

N/A.

2.2.7 Failure Procedure/Operational Instructions

The Batch Operations Support Team will evaluate errors, diagnose the issue and work with the appropriate teams to resolve the failure.

2.3 Modify the ABCD 350 Report

Annual Recipient Report on CalWORKs, Foster Care (FC), Social Services, Non-Assistance CalFresh (NACF), Welfare-to-Work (WTV), Refugee Cash Assistance (RCA), and the Cash Assistance Program for Immigrants (CAPI) ABCD 350 (07/19)												
1. DOWNLOAD REPORT FORM FROM: https://www.cdss.ca.gov/Information/Research-and-Data/Report-Form-and-Instructions 2. EMAIL US FOR QUESTIONS ABOUT THE FORM OR INSTRUCTIONS: abcd350@cdss.ca.gov 3. EMAIL US FOR TECHNICAL SUPPORT QUESTIONS: technicalsupport@cdss.ca.gov												
4. COUNTY NAME: _____ VERSION: _____ REPORT MONTH: _____ REPORT YEAR: _____ 5. Automated Form Updated: 10/17/19												
6. NUMBER OF CASES												
7. CAPI												
8. WTV												
9. NACF												
10. Social Services (Title XX)												
11. FC												
12. Safety Net/Fleeing Felon/Loag-Town Sanctions												
13. TANF Time-Out												
14. All (Other) Families												
15. Zero Parent												
16. Two Parent												
PART A. ETHNIC ORIGIN												
17	White	18	35	52	63	66	103	120	137	154	171	188
19	Hispanic	2	19	36	53	70	87	104	121	138	155	172
20	Black	3	20	37	54	71	88	105	122	139	156	173
21	(Other) Asian or Pacific	4	21	38	55	72	89	106	123	140	157	174
22	American Indian or Alaska	5	22	39	56	73	90	107	124	141	158	175
23	Filipino	6	23	40	57	74	91	108	125	142	159	176
24	Chinese	7	24	41	58	75	92	109	126	143	160	177
25	Cambodian	8	25	42	59	76	93	110	127	144	161	178
26	Japanese	9	26	43	60	77	94	111	128	145	162	179
27	Korean	10	27	44	61	78	95	112	129	146	163	180
28	Samoa	11	28	45	62	79	96	113	130	147	164	181
29	Asian Indian	12	29	46	63	80	97	114	131	148	165	182
30	Hawaiian	13	30	47	64	81	98	115	132	149	166	183
31	Gaoshan	14	31	48	65	82	99	116	133	150	167	184
32	Laotian	15	32	49	66	83	100	117	134	151	168	185
33	Vietnamese	16	33	50	67	84	101	118	135	152	169	186
34	Not Available	17	34	51	68	85	102	119	136	153	170	187
35	Part A. Total	205	0 206	0 207	0 208	0 209	0 210	0 211	0 212	0 213	0 214	0 215
PART B. PRIMARY LANGUAGE SPOKEN												
36	American Sign	211	247	277	307	337	367	397	427	457	487	517
37	Spanish	218	248	278	308	338	368	398	428	458	488	518
38	Cantonese	219	249	279	309	339	369	399	429	459	489	519
39	Japanese	220	250	280	310	340	370	400	430	460	490	520
40	Korean	221	251	281	311	341	371	401	431	461	491	521
41	Tegalog	222	252	282	312	342	372	402	432	462	492	522
42	(Other) Non-English	223	253	283	313	343	373	403	433	463	493	523
43	English	224	254	284	314	344	374	404	434	464	494	524
44	(Other) Sign Language	225	255	285	315	345	375	405	435	465	495	525
45	Mandarin	226	256	286	316	346	376	406	436	466	496	526
46	(Other) Chinese Languages	227	257	287	317	347	377	407	437	467	497	527
47	Cambodian	228	258	288	318	348	378	408	438	468	498	528
48	Armenian	229	259	289	319	349	379	409	439	469	499	529
49	Bosnian	230	260	290	320	350	380	410	440	470	500	530
50	Malay	231	261	291	321	351	381	411	441	471	501	531
51	Hmong	232	262	292	322	352	382	412	442	472	502	532
52	Laotian	233	263	293	323	353	383	413	443	473	503	533
53	Turkish	234	264	294	324	354	384	414	444	474	504	534
54	Hebrew	235	265	295	325	355	385	415	445	475	505	535
55	French	236	266	296	326	356	386	416	446	476	506	536
56	Polish	237	267	297	327	357	387	417	447	477	507	537
57	Russian	238	268	298	328	358	388	418	448	478	508	538
58	Portuguese	239	269	299	329	359	389	419	449	479	509	539
59	Italian	240	270	300	330	360	390	420	450	480	510	540
60	Arabic	241	271	301	331	361	391	421	451	481	511	541
61	Samoa	242	272	302	332	362	392	422	452	482	512	542
62	Thai	243	273	303	333	363	393	423	453	483	513	543
63	Farsi	244	274	304	334	364	394	424	454	484	514	544
64	Vietnamese	245	275	305	335	365	395	425	455	485	515	545
65	Not Available	246	276	306	336	366	396	426	456	486	516	546
66	Part B. Total	377	0 378	0 379	0 380	0 381	0 382	0 383	0 384	0 385	0 386	0 387
PART C. GENDER IDENTITY												
67	Female	583	596	603	610	617	624	631	638	645	652	659
68	Males	590	597	604	611	618	625	632	639	646	653	660
69	Transgender: male to female	591	598	605	612	619	626	633	640	647	654	661
70	Transgender: female to male	592	599	606	613	620	627	634	641	648	655	662
71	Non-Binary (neither male or female)	593	600	607	614	621	628	635	642	649	656	663
72	Another gender identity	594	601	608	615	622	629	636	643	650	657	664
73	Unknown	595	602	609	616	623	630	637	644	651	658	665
74	Declines to state	596	603	610	617	624	631	638	645	652	659	666
75	Part C. Total	673	0 674	0 675	0 676	0 677	0 678	0 679	0 680	0 681	0 682	0 683
PART D. SEXUAL ORIENTATION												
76	Straight/heterosexual	685	692	699	706	713	720	727	734	741	748	755
77	Gay or lesbian	686	693	700	707	714	721	728	735	742	749	756
78	Bisexual	687	694	701	708	715	722	729	736	743	750	757
79	Queer	688	695	702	709	716	723	730	737	744	751	758
80	Another sexual orientation	689	696	703	710	717	724	731	738	745	752	759
81	Unknown	690	697	704	711	718	725	732	739	746	753	760
82	Declines to state	691	698	705	712	719	726	733	740	747	754	761
83	Part D. Total	763	0 770	0 771	0 772	0 773	0 774	0 775	0 776	0 777	0 778	0 779
COMMENTS												
84	(Other) Non-English Explanation: CalWORKs											
85	(Other) Non-English Explanation: Foster Care											
86	(Other) Non-English Explanation: Social Services (Title XX)											
87	(Other) Non-English Explanation: Non-Assistance CalFresh											
88	(Other) Non-English Explanation: Welfare-to-Work											
89	(Other) Non-English Explanation: Refugee Cash Assistance											
90	(Other) Non-English Explanation: Cash Assistance Program for Immigrants											
91	Revised Report Explanation											
92												
93												
94												
95												
96												
97												
98												
99												
100												
101												
102												
103												
104												
105												
106												
107												
108												
109												
110												

Figure 2.2.1 – ABCD 350 - Sheet 1 Summary Mockup

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Figure 2.2.2 – ABCD 350 - Sheet 2 Worksheet

	A	B	C	D	E	F	G	H	I
1									
2									
3									
4									
5	Los Angeles								
6	Run Date: AUG-26-19 08:15 PM								
7	Date: 07/2019								
8	CalWORKS – Zero Parent								
9									
10	Ethnic Total								ABCD 350
11	Language Total							Total	
12									
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14									
15									
16									
17									

Figure 2.2.3 – ABCD 350 - Sheet 3 Worksheet

	A	B	C	D	E	F	G	H	I
1		ABCD 350 Detailed Report							
2									
3									
4									
5	Los Angeles								
6	Run Date: AUG-26-19 08:15 PM								
7	Date: 07/2019								
8	CalWORKs – All Other Families								
9									ABCD 350
10	Ethnic Total								
11	Language Total							Total	
12									
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14									
15									
16									
17									

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Figure 2.2.4 – ABCD 350 - Sheet 4 Worksheet


	A	B	C	D	E	F	G	H	I
1		ABCD 350 Detailed Report							
2									
3									
4									
5	Los Angeles								
6	Run Date: AUG-26-19 08:15 PM								
7	Date: 07/2019								
8	CalWORKs – TANF Timed-Out Cases								
9									ABCD 350
10	Ethnic Total								
11	Language Total							Total	
12									
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14									
15									
16									
17									
◀ ▶ Sheet1 Sheet2 Sheet3 Sheet4 Sheet5 Sheet6 Sheet7 Sheet8 Sheet9 Sheet10 Sheet11 Sheet12 (+) ...									

Figure 2.2.5 – ABCD 350 - Sheet 5 Worksheet


	A	B	C	D	E	F	G	H	I
1	 ABCD 350 Detailed Report								
2									
3									
4									
5	Los Angeles								
6	Run Date: AUG-26-19 08:15 PM								
7	Date: 07/2019								
8	CalWORKs - Long Term Sanction/Safety-Net/Fleeing Felon Cases								
9									
10	Ethnic Total								ABCD 350
11	Language Total								Total
12									
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14									
15									
16									
17									

Figure 2.2.6 – ABCD 350 - Sheet 6 Worksheet


A	B	C	D	E	F	G	H	I
1	 ABCD 350 Detailed Report							
2	Los Angeles							
3	Run Date: AUG-26-19 08:15 PM							
4	Date: 07/2019							
5	Foster Care							
6	Ethnic Total							ABCD 350
7	Language Total						Total	
8	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant
9								Worker ID
10								
11								
12								
13								
14								
15								
16								
17								

Figure 2.2.7 – ABCD 350 - Sheet 7 Worksheet


	A	B	C	D	E	F	G	H	I	J
1		ABCD 350 Detailed Report								
2										
3										
4										
5	Los Angeles									
6	Run Date: AUG-26-19 08:15 PM									
7	Date: 07/2019									
8	NACF									
9										ABCD 350
10	Ethnic Total									
11	Language Total								Total	
12										
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Category	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14										
15										
16										
17										
		Sheet1	Sheet2	Sheet3	Sheet4	Sheet5	Sheet6	Sheet7	Sheet8	Sheet9 Sheet10 Sheet11 Sheet12 (+) < >

Figure 2.2.8 – ABCD 350 - Sheet 8 Worksheet

	A	B	C	D	E	F	G	H	I
1									
2	ABCD 350 Detailed Report								
3									
4									
5	Los Angeles								
6	Run Date: AUG-26-19 08:15 PM								
7	Date: 07/2019								
8	WTW – Two Parent								
9									
10	Ethnic Total								ABCD 350
11	Language Total							Total	
12									
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14									
15									
16									
17									

< Sheet1 Sheet2 Sheet3 Sheet4 Sheet5 Sheet6 Sheet7 Sheet8 **Sheet9** Sheet10 Sheet11 Sheet12 >

Figure 2.2.9 – ABCD 350 - Sheet 9 Worksheet



	A	B	C	D	E	F	G	H	I								
1		ABCD 350 Detailed Report															
2																	
3																	
4																	
5	Los Angeles																
6	Run Date: AUG-26-19 08:15 PM																
7	Date: 07/2019																
8	WTW - All Other Families																
9									ABCD 350								
10	Ethnic Total																
11	Language Total							Total									
12																	
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID								
14																	
15																	
16																	
17																	
	< >	Sheet1	Sheet2	Sheet3	Sheet4	Sheet5	Sheet6	Sheet7	Sheet8	Sheet9	Sheet10	Sheet11	Sheet12	⊕	:	<	

Figure 2.2.10 – ABCD 350 - Sheet 10 Worksheet

1	A	B	C	D	E	F	G	H	I
2		ABCD 350 Detailed Report							
3									
4									
5	Los Angeles								
6	Run Date: AUG-26-19 08:15 PM								
7	Date: 07/2019								
8	RCA								
9									ABCD 350
10	Ethnic Total								
11	Language Total							Total	
12									
13	Ethnic Origin	Language	Gender Identity	Sexual Orientation	Case Number	Aid Code	Case Name	Primary Applicant	Worker ID
14									
15									
16									
17									

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Figure 2.2.11 – ABCD 350 - Sheet 11 Worksheet

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Figure 2.2.12 – ABCD 350 - Sheet 12 Worksheet

2.3.1 Description of Change

1. **C-IV Only:** Convert the report layout to support populations greater than 65,000 rows per worksheet (RTF format). The ABCD 350 within LRS/CalSAWS is already in a RTF format; this recommendation will align the layouts in both C-IV and LRS/CalSAWS.

Note: Final Reports shall display appropriate LOGO design as designated for LRS/CalSAWS and C-IV generated reports.

2. Update the Summary worksheet (Sheet1) layout per the attached ABCD 350 mockup in the Supporting Documents Section.
3. **LRS/CalSAWS Only:** Update CalWorks Worksheet title to; CalWORKs - Long Term Sanction/Safety-Net/Fleeing Felon Cases
4. Update NAFS Worksheet title to; NACF.
5. Introduce logic to populate Parts C (Gender Identity) and D (Sexual Orientation) of the ABCD 350:

Important Note: Totals for corresponding columns on Part A, Part B, Part C and Part D of the ABCD 350 must ALL be equal.

a. Part C (Gender Identity)

Line	Criteria
Female	The Gender Identity of the primary applicant is "Female"
Male	The Gender Identity of the primary applicant is "Male"
Transgender: male to female	The Gender Identity of the primary applicant is "Transgender: Male to Female"
Transgender: female to male	The Gender Identity of the primary applicant is "Transgender: Female to Male"
Non-Binary (neither male or female)	The Gender Identity of the primary applicant is "Non Binary (neither male nor female)"
Another gender identity	The Gender Identity of the primary applicant is "Another Gender Identity"
Decline to state	The Gender Identity of the primary applicant is "Decline to State"

Unknown	<p>The Gender Identity of the primary applicant has not been entered into the automated system</p> <p>*Note; This line has been added to the report template, which is not in the currently published report instructions. CDSS clarified via CRPC #2179 that an "Unknown" line will be added to the report and published with an ACL before the report is generated in 2020</p>
---------	---

Note: This section will not be populated for the Foster Care column (cells 624 through 630 and cell 678)

b. Part D (Sexual Orientation)

Line	Criteria
Straight/heterosexual	The Sexual Orientation of the primary applicant is "Straight or Heterosexual"
Gay or lesbian	The Sexual Orientation of the primary applicant is "Gay or Lesbian"
Bisexual	The Sexual Orientation of the primary applicant is "Bisexual"
Queer	The Sexual Orientation of the primary applicant is "Queer"
Another sexual orientation	The Sexual Orientation of the primary applicant is "Another Sexual Orientation"
Unknown	<p>The Sexual Orientation of the primary applicant is "Unknown"</p> <p>OR</p> <p>The Sexual Orientation of the primary applicant has not been entered into the automated system</p>
Decline to state	The Sexual Orientation of the primary applicant is "Decline to State"

Note: This section will not be populated for the Foster Care column (cells 720 through 726 and cell 774)

6. Add the following 2 columns to the right of the "Language" column in detailed worksheets 2 through 12 of the ABCD 350 template:

Column Name	Column Description
Gender Identity	<p>This column will display the Gender Identity of the Primary Applicant. Possible values for this column are:</p> <ul style="list-style-type: none"> • Female • Male • Another Gender Identity • Transgender: Male to Female • Transgender: Female to Male • Non Binary (neither male nor female) • Decline to State <p>If the Gender Identity data point does not exist for the primary applicant, this column will be blank.</p>
Sexual Orientation	<p>This column will display the Sexual Orientation of the Primary Applicant. Possible values for this column are:</p> <ul style="list-style-type: none"> • Another Sexual Orientation • Bisexual • Gay or Lesbian • Queer • Straight or Heterosexual • Decline to State • Unknown <p>If the Sexual Orientation data point does not exist for the primary applicant, this column will be blank.</p>

Reference the Supporting Documents section for report layout and column placement.

7. Update the WTW populations included in the WTW Two Parent and WTW All (Other) Families columns of the ABCD 350:
 - a. The WTW Two Parent column is equal to the populations in Lines 3a (WTW Sanctions), 30 (Unduplicated Individuals), 31 (Noncompliance) and 32 (Good Cause) on the WTW 25A.
 - b. The WTW All (Other) Families column is equal to the populations in Lines 3a (WTW Sanctions), 30 (Unduplicated Individuals), 31 (Noncompliance) and 32 (Good Cause) on the WTW 25.

2.3.2 Report Location

Global: Reports

Local: Scheduled


Task: State

Title: ABCD 350

2.3.3 Counties Impacted

All LRS/CalSAWS and C-IV counties

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	ABCD 350 Mockup	 ABCD 350 - Mockup.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.2.2	The LRS shall produce reports that provide the detail LRS Data that will be used to complete the reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures.	This SCR is enhancing the existing reports as needed by the counties.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
N/A			

5 MIGRATION IMPACTS

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

6 OUTREACH

N/A

7 APPENDIX

N/A



California Statewide Automated Welfare System

Design Document

CA-212039 | CIV-105722

Update the Self Service Portal (YBN/C4Y) and Corresponding Mobile Application (DPSS/C4Y) downtime message.

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Erika Kusnadi-Cerezo
	Reviewed By	[individual(s) from build and test teams that reviewed document]

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
03.20.2020	1.0	Initial	Erika Kusnadi-Cerezo, Tiffany Cheung

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1 OVERVIEW

The Self Service Portals (YourBenefitsNow! [YBN] and C4Yourself) and their corresponding mobile applications (Department of Public Social Services [DPSS] Mobile Application and C4Yourself Mobile Application) are applications that participants can use to apply for and view benefits.

1.1 Current Design

Currently when the YourBenefitsNow! (YBN) website, the Department of Public Social Services (DPSS) Mobile Application, C4Yourself website and the C4Yourself Mobile Application is down for maintenance these applications will not be available for use by the participants during the downtime period. During this time a static message will display to inform participants that the application is not available to be used, but it does not provide additional resources that is available during the downtime period.

Currently the YBN website, DPSS Mobile Application, C4Yourself website and C4Yourself Mobile Application display the following static messages:

YBN website: "YourBenefitsNow! is down for maintenance. Please try again later."

DPSS Mobile App: "System Maintenance. The DPSS Mobile App is currently down for system maintenance. Please try again later. We are sorry for the inconvenience. Need Help? Contact Us YBN_Webmaster@dpss.lacounty.gov"

C4Yourself website: "C4Yourself Unavailable. C4Yourself is currently unavailable. Please try again later."

C4Yourself Mobile Application: "Due to technical difficulties, we are unable to process your request now. Please try later."

Note: When the YourBenefitsNow! (YBN) website is down, the Department of Public Social Services (DPSS) Mobile Application will be down as well. However, when the C4Yourself website is down, it does not mean the C4Yourself Mobile Application is down as well and vice versa. The C4Yourself website and the C4Yourself Mobile Application are not dependent on each other.

1.2 Requests

Update the Self Service Portals (YourBenefitsNow! [YBN] website and C4Yourself website), their corresponding Mobile Applications (Department of Public Social Services [DPSS] Mobile Application and C4Yourself Mobile Application) downtime static messages, and the external CalSAWS Website (CalSAWS.org) to include more information that can provide participants with additional resources that are still available during the outage period.

1.3 Overview of Recommendations

1. Update the YourBenefitsNow! (YBN) website, C4Yourself website and Department of Public Social Services Mobile Application (DPSS) Mobile

Application downtime static message to include the following websites to provide participants with additional resources and their counties contact information.

- a. CalSAWS Resource page
 - b. Covered California website
 - c. CalFresh website
 - d. EBT website
2. Update the C4Yourself Mobile Application downtime static message to direct participants to the C4Yourself website during the downtime period since the website will be available for the participants to use.
3. Update the external CalSAWS Website (CalSAWS.org) Resource page to provide participants with known system outage times, additional resources and their counties' contact information.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 YourBenefitsNow! (YBN) downtime static page

2.1.1 Overview

The message on YourBenefitsNow! (YBN) downtime static page will be updated to incorporate alternative public assistance sites that are available for participants to use for additional information during the downtime period.

2.1.2 YourBenefitsNow! (YBN) downtime static page Mockup

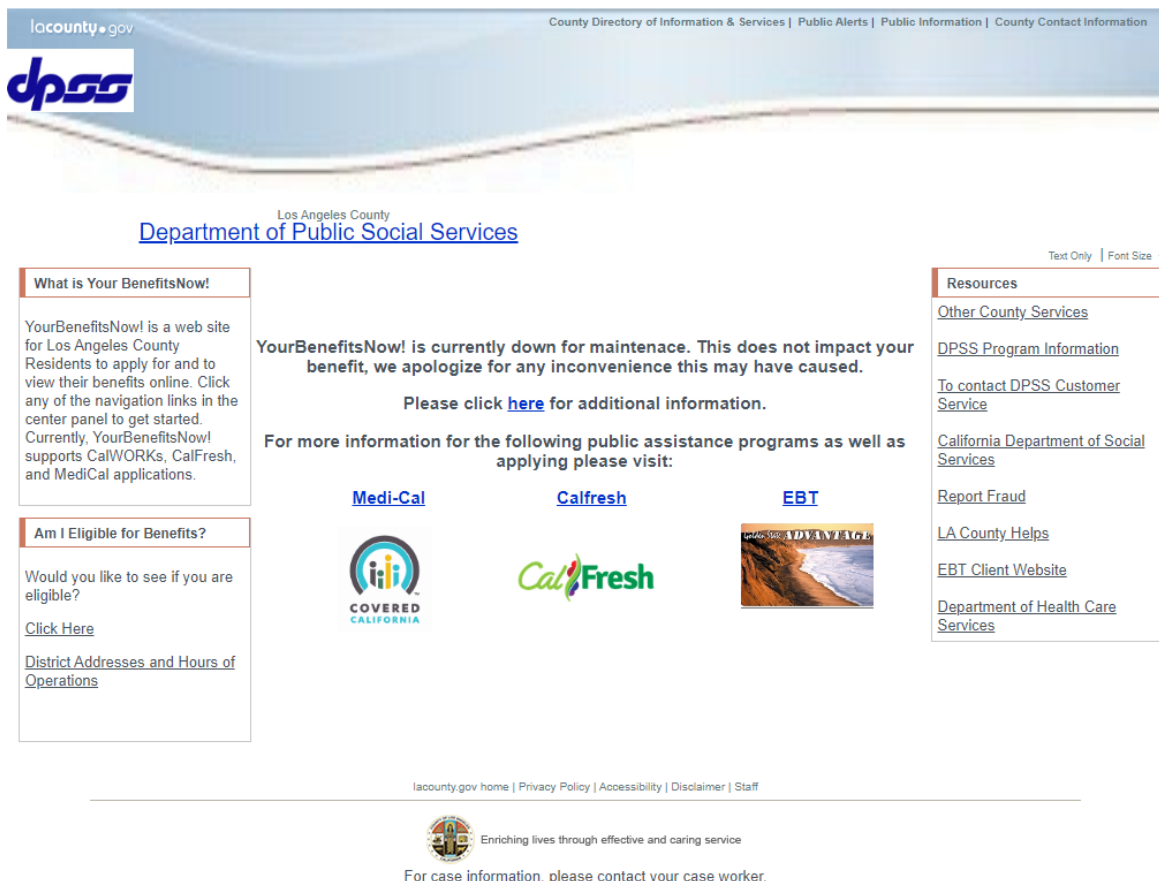


Figure 2.1.1 – YourBenefitsNow! (YBN) downtime static page Mockup

2.1.3 Description of Changes

1. Update the YourBenefitsNow!(YBN) downtime static page as shown on Figure 2.1.1
 - a. Update the existing YBN downtime static message from "YourBenefitsNow! is down for maintenance. Please try again

later” to “YourBenefitsNow! is currently down for maintenance. This does not impact your benefit, we apologize for any inconvenience this may have caused.

Please click [here](#) for additional information.

For more information for the following public assistance programs as well as applying please visit:

[Medi-Cal](#) [CalFresh](#) [EBT](#)".

- i. [here](#) will be a hyperlink that will take the participants to the CalSAWS Resources page
 1. CalSAWS Resources website:
<https://www.calsaws.org/resources/>
 - ii. [Medi-Cal](#) will be a hyperlink that will take the participants to the Covered California website
 1. Covered California Logo (Appendix section Figure 4.1.1) will display underneath the Medi-Cal hyperlink.
 2. Covered California website:
<https://www.coveredca.com>
 - iii. [CalFresh](#) will be a hyperlink that will take the participants to the CalFresh website
 1. CalFresh logo (Appendix section Figure 4.1.2) will display underneath the CalFresh hyperlink.
 2. CalFresh website: <https://www.getcalfresh.org>
 - iv. [EBT](#) will be a hyperlink that will take the participants to the EBT log in portal
 1. Picture of EBT card (Appendix section Figure 4.1.2) will display underneath the EBT hyperlink.
 2. EBT log in portal website:
<http://www.ebtproject.ca.gov/>
- b. Update the “Resources” box on the right hand side
- i. “Department of health care services” to be updated to “Department of Health Care Services”.
 - ii. Create a link titled “To Contact DPSS Customer Service”
 1. This hyperlink will take the user to the DPSS Customer Service Center information.
 - a. Website:
http://dpss.lacounty.gov/wps/portal/dpss/main/about-us/customer-service-center!/ut/p/b1/04_SjzQ0NjA1NjY3Mzfxj9CPykssy0xPLMnMz0vMAfGjzOLdDAwM3P2dgo0MXM0cDRz9g70MQy28DYMDzYAKIIEU-lA5GXgGGRr7OrmbG1mEGRLS76UflZ6TnwS0Klw_Ck0xpIlgBQY4gKOBvp9Hfm6qfm5UjkV2I

okAPsgTeo!/dl4/d5/L2dJQSEvUUt3QS80SmtFL1o2X0YwMDBHT0JTMkdMRjAwQU9QQktKVIEwS0c2/

- c. Update the "For Case Information, please contact your case worker." message located at the bottom of the page to "For case information, please contact your case worker."
- d. Add the "Am I Eligible for Benefits?" box along with all associated links that's located to the left side of the YBN website to the static downtime static page.

2.1.4 Page Location

YourBenefitsNow! downtime static page

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Department of Public Social Services Mobile App downtime static pop-up

2.2.1 Overview

The message on the Department of Public Social Services (DPSS) mobile application downtime static pop-up will be updated to incorporate alternative public assistance sites that are available for participants to use for additional information during the downtime period.

2.2.2 Department of Public Social Services (DPSS) Mobile App downtime static pop-up Mockup

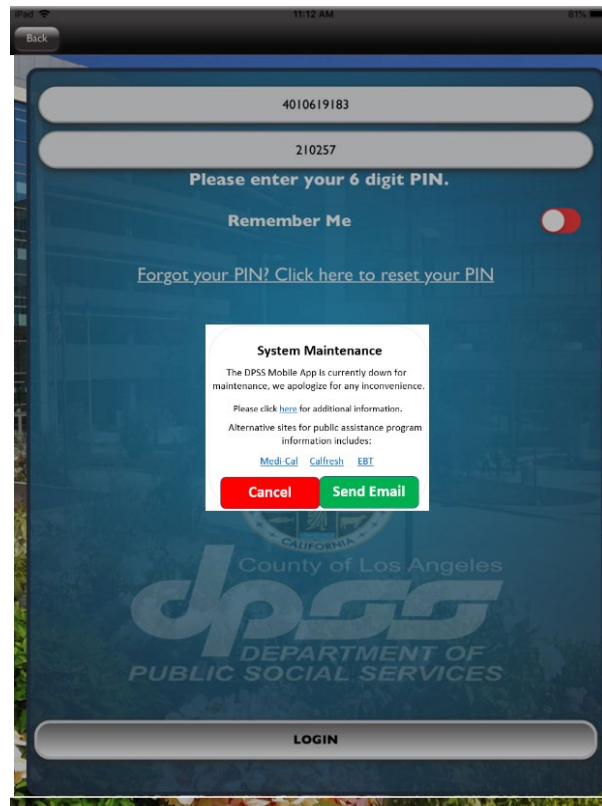


Figure 2.2.1 – Department of Public Social Services (DPSS) Mobile App downtime static pop-up Mockup

2.2.3 Description of Changes

1. Update the DPSS Mobile App downtime static pop-up as shown on Figure 2.2.1
 - a. Update the existing DPSS Mobile APP downtime static pop-up message from "System Maintenance The DPSS Mobile APP is currently down for system maintenance. Please try again later. We are sorry for the inconvenience. Need Help? Contact us YBN_Webmaster@dpss.lacounty.gov" to "System Maintenance The DPSS Mobile App is currently down for maintenance, we apologize for any inconvenience. Please click [here](#) for additional information. Alternative sites for public assistance program information include: [Medi-Cal](#) [CalFresh](#) [EBT](#)".
 - i. When the participants click on the [here](#) hyperlink, it will navigate to the CalSAWS resource website on the browser window.
 1. CalSAWS Resources website:
<https://www.calsaws.org/resources/>

- ii. When the participants click on the [Medi-Cal](#) hyperlink, it will navigate to the Covered California website on the browser window.
 - 1. Covered California website: <https://www.coveredca.com>
- iii. When the participants click on the [CalFresh](#) hyperlink, it will navigate to the CalFresh website on the browser window.
 - 1. CalFresh website: <https://www.getcalfresh.org>
- iv. When the participants click on the [EBT](#) hyperlink, it will navigate to the EBT log in portal website on the browser window.
 - 1. EBT log in portal website: <http://www.ebtproject.ca.gov/>

2.2.4 Page Location

Department of Public Social Services mobile application downtime static pop-up

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

N/A

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 C4Yourself Website

2.3.1 Overview

The message on C4Yourself downtime static page will be updated to incorporate alternative public assistance sites that are available for participants to use for additional information during the downtime period.

2.3.2 C4Yourself Downtime Static Page Mockup

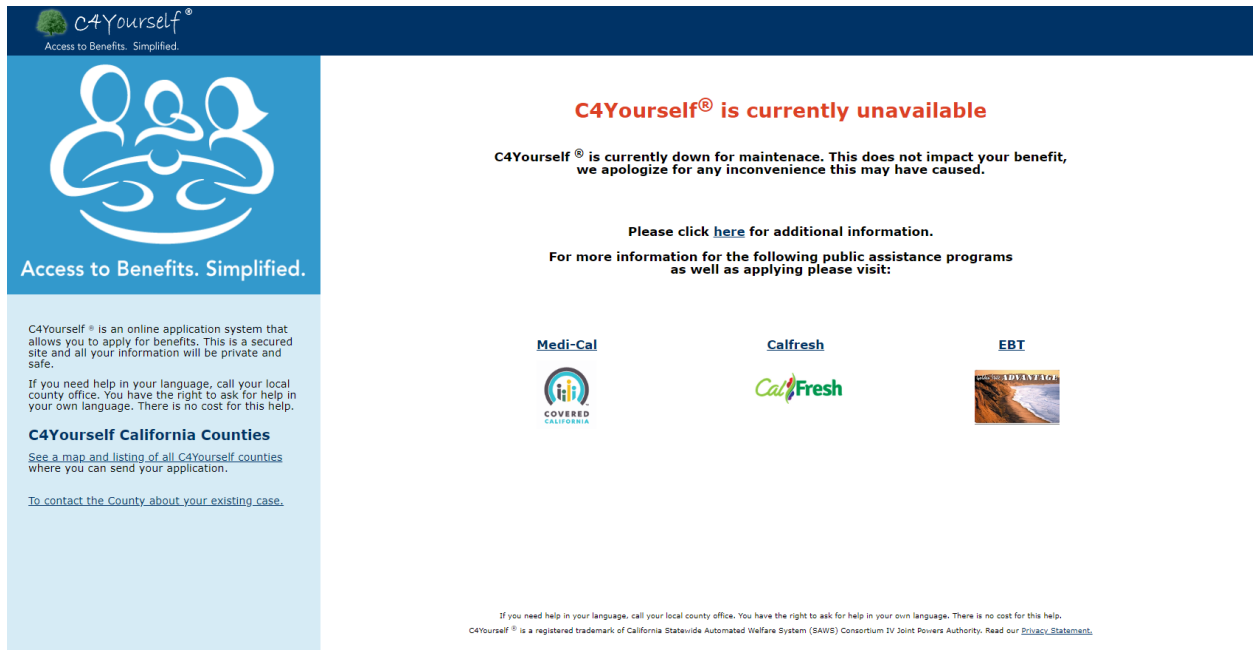


Figure 2.3.1 – C4Yourself Downtime Static page Mockup



C4Yourself®

Access to Benefits. Simplified.

California Counties

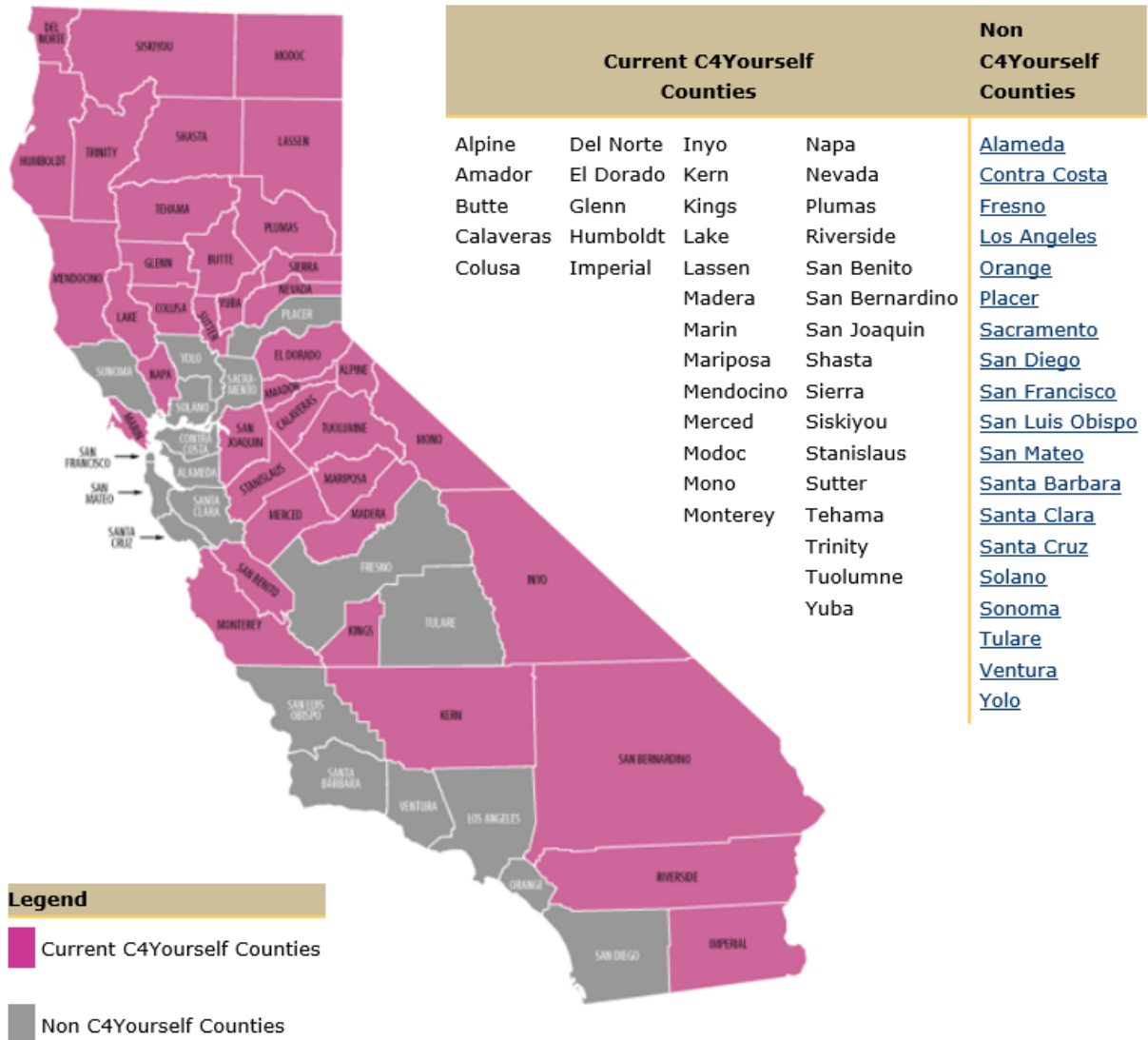


Figure 2.3.2 – C4Yourself California Counties Mockup



If you wish to contact the county about your existing case, call:

Alpine
<http://www.alpinecountycalifornia.gov/>
(877)410-8801

Amador
<http://www.co.amador.ca.us/>
(877)410-8802

Butte
<https://www.buttecounty.net/>
(877)410-8803

Calaveras
<http://calaverasgov.us/>
(877)410-8804

Colusa
<http://www.countyofcolusa.org/>
(877)410-8805

Del Norte
<http://www.co.del-norte.ca.us/>
(877)410-8806

El Dorado
<https://www.edgov.us/>
(877)410-8807

Glenn
<http://www.countyofglenn.net/>
(877)410-8808

Humboldt
<http://humboldtgov.org/>
(877)410-8809

Imperial
<http://www.co.imperial.ca.us/>
(877)410-8810

Inyo
<http://www.inyocounty.us/>
(877)410-8811

Kern
<http://www.co.kern.ca.us/>
(877)410-8812

Kings
<http://www.countyofkings.com/>
(877)410-8813

Lake
<http://www.co.lake.ca.us/>
(877)410-8814

Lassen
<http://www.co.lassen.ca.us/>
(877)410-8815

Madera
<http://www.madera-county.com/>
(877)410-8816

Marin
<http://www.marincounty.org/>
(877)410-8817

Mariposa
<https://www.mariposacounty.org/>
(877)410-8818

Mendocino
<http://www.co.mendocino.ca.us/>
(877)410-8819

Merced
<http://www.co.merced.ca.us/>
(877)410-8820

Modoc
<http://www.co.modoc.ca.us/>
(877)410-8821

Mono
<http://www.monocounty.ca.gov/>
(877)410-8822

Monterey
<http://www.co.monterey.ca.us/>
(877)410-8823

Napa
<http://www.countyofnapa.org/>
(877)410-8824

Nevada
<http://www.mynevadacounty.com/>
(877)410-8825

Plumas
<http://www.plumascounty.us/>
(877)410-8826

Riverside
<http://www.countyofriverside.us/>
(877)410-8827

San Benito
<http://www.cosb.us/>
(877)410-8828

San Bernardino
<http://www.sbcounty.gov/>
(877)410-8829

San Joaquin
<http://www.sjgov.org/>
(877)652-0730

Shasta
<http://www.co.shasta.ca.us/>
(877)652-0731

Sierra
<http://www.sierracounty.ca.gov/>
(877)652-0732

Siskiyou
<http://www.co.siskiyou.ca.us/>
(877)652-0733

Stanislaus
<http://www.sbcounty.com/>
(877)652-0734

Sutter
<https://www.co.sutter.ca.us/>
(877)652-0735

Tehama
<http://www.co.tehama.ca.us/>
(877)652-0736

Trinity
<http://www.trinitycounty.org/>
(877)652-0737

Tuolumne
<http://www.tuolumnecounty.ca.gov/>
(877)652-0738

Yuba
<http://www.co.yuba.ca.us/>
(877)652-0739

Figure 2.3.3 – C4Yourself contact information for Mockup

2.3.3 Description of Changes

- 1) Update the C4Yourself downtime static page as shown on Figure 2.3.1
 - a) Update the existing downtime message on the downtime static page to "C4Yourself® is currently unavailable
C4Yourself® is currently down for maintenance. This does not impact your benefit, we apologize for any inconvenience this may have caused. Please click [here](#) additional information. For more information for the following public assistance programs as well as applying please visit:
[Medi-Cal](#) [CalFresh](#) [EBT](#)".
 - i) [CalSAWS](#) will be a hyperlink that will take the participants to the CalSAWS Resources page
 - (1) CalSAWS Resources website: <https://www.calsaws.org/resources/>
 - ii) [Medi-Cal](#) will be a hyperlink that will take the participants to the Covered California website
 - (1) Covered California Logo (Appendix section Figure 4.1.1) will display underneath the Medi-Cal hyperlink.
 - (2) Covered California website: <https://www.coveredca.com>
 - iii) [CalFresh](#) will be a hyperlink that will take the participants to the CalFresh website
 - (1) CalFresh logo (Appendix section Figure 4.1.2) will display underneath the CalFresh hyperlink.
 - (2) CalFresh website: <https://www.getcalfresh.org>
 - iv) [EBT](#) will be a hyperlink that will take the participants to the EBT log in portal
 - (1) Picture of EBT card (Appendix section Figure 4.1.2) will display underneath the EBT hyperlink.
 - (2) EBT log in portal website: <http://www.ebtproject.ca.gov/>
- 2) Create a static page of <https://c4yourself.com/c4yourself/counties.jsp> as shown on Figure 2.3.2
this will allow users to view the list of the C4Yourself counties even when C4Yourself is down.
 - a) Update the existing "[Click here](#) for a map and listing of all C4Yourself counties where you can send your application." to "[See a map and listing of all C4Yourself counties](#) where you can send your application." that is located on the left hand side of the existing downtime static page.
- 3) Create a static page of <https://c4yourself.com/c4yourself/ivrContact.jsp> as shown on Figure 2.3.3 this will allow user to view the contact information for the counties.

- a) This will be a hyperlink title "[To contact the County about your existing case.](#)" this will be added to the left hand side under the "[See a map and listing of all C4Yourself counties](#) where you can send your application."

2.3.4 Page Location

C4Yourself downtime static page

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Page Usage/Data Volume Impacts

N/A

2.4 C4Yourself Mobile Application

2.4.1 Overview

The message on the C4Yourself mobile application downtime static pop-up will be updated to direct participants to the C4Yourself website during the downtime period for the mobile application.

2.4.2 C4Yourself Mobile App downtime static pop-up Mockup

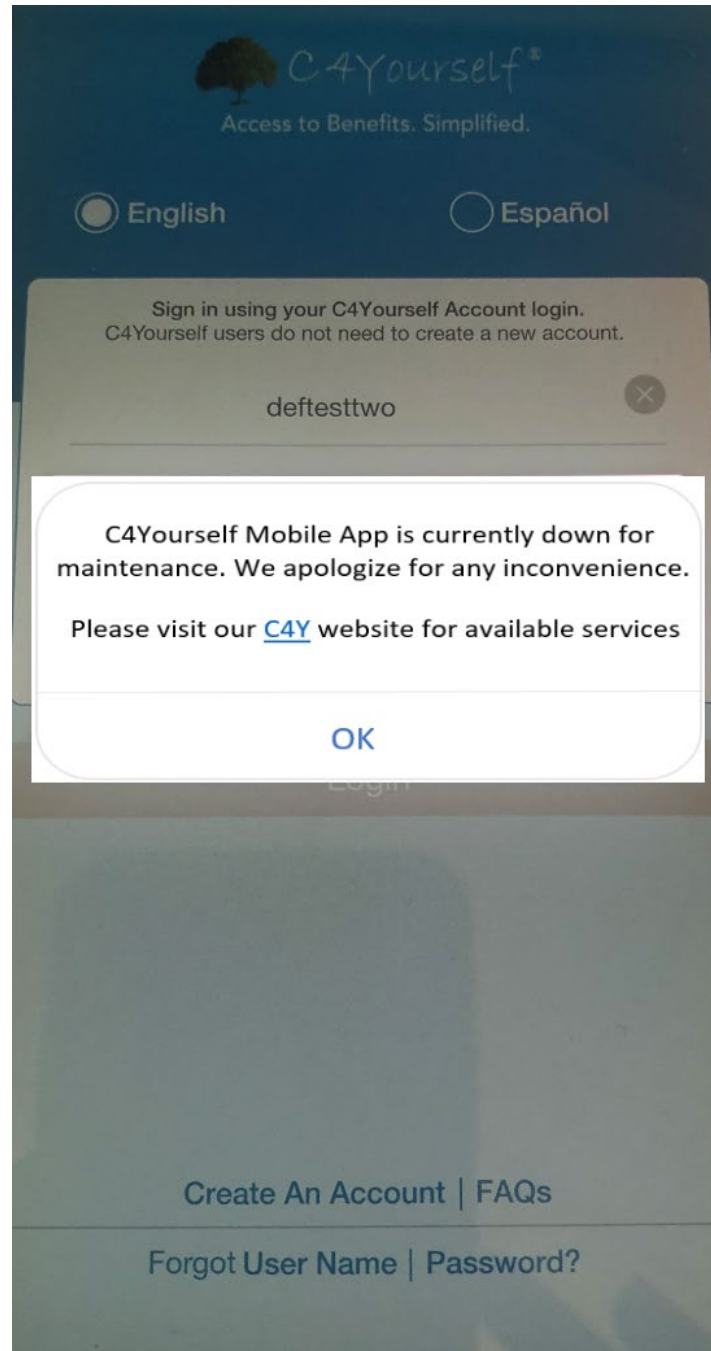


Figure 2.4.1 – C4Yourself Mobile App downtime static pop-up Mockup

2.4.3 Description of Changes

1. Update the C4Yourself Mobile Application downtime static pop-up as shown on Figure 2.4.1
 - a. Update the existing C4Yourself Mobile App downtime static pop-up message from "Due to technical difficulties, we are

unable to process your request now. Please try later.” to “C4Yourself Mobile App is currently down for maintenance. We apologize for any inconvenience. Please visit our [C4Y](#) website for available services.

- i. [C4Y](#) will be a hyperlink that will take the participants to the C4Yourself website

- 1. C4Yourself website:

<https://c4yourself.com/c4yourself/index.jsp>

2.4.4 Page Location

C4Yourself mobile application downtime static pop-up

2.4.5 Security Updates

N/A

2.4.6 Page Mapping

N/A

2.4.7 Page Usage/Data Volume Impacts


N/A

2.5 CalSAWS.org Resources page


2.5.1 Overview

The Resources page on the external CalSAWS Website (CalSAWS.org) will be updated to include an “Outages” section to incorporate alternative public assistance sites that are available for participants to use, counties’ contact information, and known system outage durations.

2.5.2 Resources Page on CalSAWS Website Mockup



NewsMeetings ▼Release NotesProcurementResourcesCareersAbout Us ▼Ask CalSAWS





Resources

As a public resource to the community, the links below relate to benefits, healthcare, legal counseling, family assistance, employment/education, and general resources. Please explore the sites below to learn more.

Outages

Current System Outages



Full C4Yourself Outage – Wednesday, March 25, 2020 at 8:00PM until 10:00PM
During this period, users will be unable to access the C4Y application.


Alternative sites for information include:
Medi-Cal: [Covered California](#)
CalFresh: [GetCalFresh](#)
EBT General Information: [EBT Project](#)
EBT Account Login: [EBT CardHolder Portal](#)

Apply by Phone:
What County are you applying with? (during business hours)


Los Angeles ▼

IVR Contact Number: 866-613-3777
This county is currently accepting new applications.

Scheduled System Outages



Full YBN Outage – Friday, April 3, 2020 at 6:00AM until 11:00AM
During this period, users will be unable to access the YBN application.



Full C4Yourself Outage – Wednesday, April 8, 2020 at 1:00PM until 3:00PM
During this period, users will be unable to access the C4Y application.

Figure 2.5.1 – Resources Page on CalSAWS Website Mockup (Web Version)

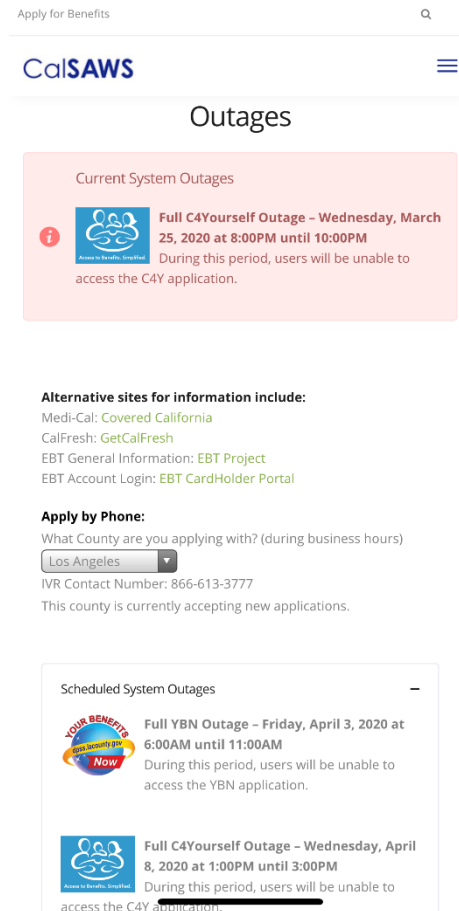


Figure 2.5.2 – Resources Page on CalSAWS Website Mockup (Mobile Version)

2.5.3 Description of Changes

1. Update the existing Resources page on the CalSAWS Website (CalSAWS.org) to include an “Outages” section.
 - a. Add a “Current System Outages” box to inform participants about any YBN or C4Yourself system outages that are currently happening (this section will only display if there is a current outage to the YBN or C4Yourself website). This box will display the YBN/C4Y logos (Appendix section Figure 4.1.4 and 4.1.5), date, duration, and if the users will/will not be able to access the application during the outage.
 - b. Include the following links as alternative public assistance sites for information:
 - i. <https://www.coveredca.com/>
 - ii. <https://www.getcalfresh.org/>
 - iii. <http://www.ebtproject.ca.gov/>
 - iv. <https://www.ebt.ca.gov/cardholder/>
 - c. Include section for participants who are applying by phone with the corresponding IVR Contact Number.

- i. This will include a drop down field that will list LA County and all the C-IV Counties. The corresponding IVR contact number will be displayed based on the County that is selected.
- d. Add a "Scheduled System Outages" box to inform participants about any scheduled YBN or C4Yourself system outages that are planned for a future date. This box will automatically be "opened" showing all the details, if there are any known outages scheduled for the near future. Otherwise, the box will remain "closed". The box will display the YBN/C4Y logos (Appendix section Figure 4.1.4 and 4.1.5), date, duration, and if the users will/will not be able to access the application during the outage.

2.5.4 Page Location

CalSAWS Website - Resources page (www.calsaws.org/resources/)

~~2.5.6~~2.5.5 Security Updates

N/A

~~2.5.7~~2.5.6 Page Mapping

N/A

~~2.5.8~~2.5.7 Page Usage/Data Volume Impacts

N/A

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.27.1.25	The LRS shall, upon completion of an application for benefits, route the information to the appropriate Local Office Site for processing.	Participants are provided information to appropriate public resources during the downtime period.

4 APPENDIX



Figure 4.1.1 – Covered California Logo



Figure 4.1.2 – CalFresh Logo



Figure 4.1.3 – EBT card picture



Figure 4.1.4 – YBN Logo




Figure 4.1.5 – C4Yourself Logo



Design Document

SCR CA-212411 CIV-105913– Updates to
Generation of NA 823 and NA 820 for FS, HSP
and HVP

	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jamie Ng
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/27/2020	1.0	Initial Revision	Jamie Ng
3/9/2020	1.1	Revision based on comments from the Committee	Nithya Chereddy

DRAFT

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DRAFT

1 OVERVIEW

ACL 19-42 states all clients participating in a WTW activity, including those with and without a WTW plan, may be eligible for the full array of CalWORKs WTW supportive services:

- Child care,
- Transportation,
- Ancillary services, and
- Diaper assistance for qualifying children in the home to participate in CalWORKs Home Visiting Program (HVP) and other activities including Welfare to Work, REP and Cal-Learn.

With the implementation of SCR CA-206249/CIV-101674 (Diaper Benefit Functionality Phase I), users can generate NA 823 when manually issuing diaper allowance.

In SCR CA-205441, new FS (Family Stabilization) and HSP (Housing Support Program) need categories are added and in SCR CA-208155 new HVP (Home visiting program) need category is added.

This document describes changes needed to issue FS (Family stabilization), HSP (Housing Support Program) and HVP (Home visiting Program) related payments in addition to changes already implemented.

1.1 Current Design

Currently, in LRS/CalSAWS, the NA 823 batch job generates the form only for 'Ancillary – Work Related', 'Ancillary – Education' and the NA 820 batch job generates the form for Transportation.

In C-IV, the NA 823 generates from the Service Arrangement Detail page for 'Ancillary – Work Related' or 'Ancillary – Education' and the NA 820 or NA 821 generates for Transportation.

NA 823 does not generate for FS (Family Stabilization), HSP (Housing Support Program) and HVP (Home visiting program) need categories and NA 820/NA 821 does not generate for FS (Family Stabilization) Transportation and Home Visiting Program transportation categories.

Current Design:

	LRS/CalSAWS	C-IV
Ancillary – Work Related	Batch: NA 823 batch sweep will generate forms with approved service arrangement	Online: Generate NA 823 from the Service Arrangement Detail page in a in a separate pop up window when the 'Save and Return' button is clicked
Ancillary – Education		
Transportation	Approval- NA 820 Batch: NA 820 batch sweep will generate forms with approved service arrangement Denial – NA 821 Generate from Template Repository	Online: Generate NA 820 / NA 821 from the Service Arrangement Detail page in a in a separate pop up window when the 'Save and Return' button is clicked.
Diaper allowance	Batch: Daily NA 823 batch sweep will identify participants that are newly qualified for diaper allowance or that will be discontinued from receiving the payment (Implemented with SCR CA-59192 / CIV-100305) Online: User can generate NA 823 manually with 'Generate Form button' (Implemented with SCR CA-203249 / C-IV 101674)	Batch: Daily NA 823 batch sweep will identify participants that are newly qualified for diaper allowance or that will be discontinued from receiving the payment (Implemented with SCR CA-59192 / CIV-100305) Online: Generate NA 823 from the Service Arrangement Detail page in a in a separate pop up window when the 'Save and Return' button is clicked. (Implemented with SCR CA-203249 / C-IV 101674)

1.2 Requests

Update LRS/CalSAWS and C-IV NA 823/NA 820 / NA 821 data populations and batches to be compatible with the new need types for FS (Family Stabilization), HSP (Housing Support Program) and HVP (Home Visiting Program).

To Be Updated:

	LRS/CalSAWS	C-IV
HSP (Housing Support Program)	Update NA 823 to populate new categories. (Section 2.2)	Update NA 823 to populate new categories. (Section 2.2)
HVP (Home Visiting Program)	Update Batch: NA 823 batch sweep will generate forms with approved service arrangement (Section 2.4)	
FS (Family Stabilization)		
FS (Family Stabilization) Transportation	Update NA 820/NA 821 to populate new categories. (Section 2.3/ 2.4)	Update NA 820/NA 821 to populate new types. (Section 2.3/ 2.4)
HVP (Home Visiting Program) Transportation	Update Batch: NA 820 batch sweep will generate forms with approved service arrangement (Section 2.5)	

Note: Refer to Supporting Document #2 for the Need Categories and Need Types

1.3 Overview of Recommendations – LRS/CalSAWS

1. (LRS-CalSAWS / C-IV) Update the NA 823 / NA 820 / NA 821 population logic to populate the necessary fields when the form is generated and to be compatible with new FS (Family Stabilization), HSP (Housing Support Program) and HVP (Home Visiting Program) need categories.
2. (LRS-CalSAWS) Update current NA 823 batch to produce NA 823 for new FS, HSP and HVP categories.
3. (LRS-CalSAWS) Update current NA 820 batch to produce NA 820 for new FS and HVP categories.

1.4 Assumptions

1. Need categories and types for FS (Family Stabilization) and HSP (Housing Support Program) and HVP are currently in midst of being implemented with SCR CA-205441 (FS/HSP) and CA-208155 (HVP). See Supporting documents #2 for need types in each need category.
2. NA 823 will use same batch used for 'Ancillary – Work Related', 'Ancillary – Education' to generate for FS (Family Stabilization), HSP (Housing Support Program) and HVP (Home Visiting Program) need categories.
3. NA 820 will use same batch used for 'Transportation' to generate for FS (Family Stabilization)-Transportation and HVP (Home Visiting Program)-Transportation need categories.
4. Housing Support Program (HSP) do not have any transportation related need categories and need types.
5. "Generate Form" button will be added to Service Arrangement page to generate for Ancillary (Work related and Education), Transportation, HSP, HVP, FS need categories in subsequent SCR CA-213185.
6. NA 823 form will not generate for CalWORKs program.
7. LRS/CalSAWS: NA 821 will continue to generate through Template Repository.
8. Both Systems will continue to generate NA 823/ NA 820 / NA 821 with the current existing generation conditions.
9. Some wording might get cutoff on NA 823/NA 820 / NA 821 when the words are too long to fit in the fields.
10. LRS will implement C-IV functionality to "Generate NA 823 from the Service Arrangement Detail page in a in a separate pop up window when the 'Save and Return' button is clicked" in SCR CA-51876.
11. Currently, LRS does not generate the NA 823 for Denials online. NA 823 will be generated via template repository in LRS. (will be added with SCR CA-51876), and C-IV does not generate the NA 823 for Discontinuances.
12. Below are existing trigger conditions for C-IV:
 - Generate NA 823 when:
 1. Need Category: Family Stabilization / HSP / HVP
 2. Need is Denied OR Service Arrangement is Approved
 - Generate NA 820 when:
 1. Need Category: Family Stabilization – Transportation / HVP – Transportation
 2. Service Arrangement is Approved
 - Generate NA 821 when:
 1. Need Category: Family Stabilization – Transportation / HVP – Transportation
 2. Need is Denied OR Service Arrangement is Discontinued

2 RECOMMENDATIONS

2.1 Service Arrangement Detail

2.1.1 Overview

Currently, the Service Arrangement detail page allows users to create a service arrangement for a requested supportive service need. If a service arrangement is created for the following need categories and status is Approved, Denied or Discontinued, a form is generated on clicking "Save and Return" to notify the customer.

This section will describe the updates to generate the NA 823, NA 820 and NA 821 forms for the below need categories:

- Family Stabilization
- Home Visit Program (HVP)
- Housing Support program (HSP)
- Family Stabilization- Transportation
- Home Visit Program (HVP)-Transportation

2.1.2 Service Arrangement Detail Mockup

Service Arrangement Detail

*- Indicates required fields

Images

Save and Return

Cancel

Need *

Type	Name	Category	Begin Date
<input checked="" type="radio"/> Security Deposits		Family Stabilization	10/03/2019

Activities

Type	Status	Begin Date	End Date

Select

Arrangement Details

Arrangement Period: *

From: To:

Program Type: *

Welfare to Work

Aid Code: *

30 - CW-All Other Families (Fed)

Voucher: *

Yes

Voucher Type: *

Voucher

Payee: *

Same as Customer

Employed: *

Yes

Service Type Description

Total *

--	--

Status History *

Status	Status Reason	Status Date

Comments:

Images

Save and Return

Cancel

This [Type 1](#) page took 0.60 seconds to load.

Figure 2.1.1 – Service Arrangement Detail (C-IV)

2.1.3 Description of Changes

C-IV

1. Update code logic to add the new Need categories listed below to generate NA 823 with existing generation conditions
 - i. Family Stabilization
 - ii. Home Visit Program (HVP)
 - iii. Housing Support program (HSP).
2. Update code logic to add the new Need categories listed below to generate NA 820/NA 821 with existing generation conditions
 - i. Family Stabilization- Transportation
 - ii. Home Visit Program (HVP)-Transportation

2.1.4 Page Location

Global: Employment Services

Local: Supportive Services

Task: Service Arrangements

2.1.5 Security Updates

No changes.

2.1.6 Page Mapping

No changes.

2.1.7 Page Usage/Data Volume Impacts

No changes.

2.2 Updates to Form population for NA 823 Form

2.2.1 Overview

NA 823 (Ancillary Expenses Approval/Denial NOA) currently generates via Batch (LRS/CalSAWS) or via the Service Arrangement Detail page (C-IV) for Ancillary Expenses and via Batch (LRS/CalSAWS & C-IV) or via the Service Arrangement

Detail page (LRS/CalSAWS & C-IV) for Diaper Allowance. (See Supporting Documents #1)

State Form: NA 823 (08/2000)

Programs: Welfare to Work, Cal-Learn

New Need Categories:

C-IV:

'Welfare to Work' (HSP, HVP and Family Stabilization)

'Cal-Learn (HVP)

CalSAWS/LRS:

'Welfare to Work' (HSP, HVP and Family Stabilization)

'REP' (HVP, Family Stabilization)

'Cal-Learn, (HVP)

Attached Form(s): NA Back 9 (04/2013)

Forms Category: NOA

Existing Languages:

LRS/CalSAWS: English and Spanish

C-IV: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Vietnamese

2.2.2 Updates to Form Generation -LRS/CalSAWS & C-IV

Update code logic to add the new Need categories listed below to generate NA 823 with existing generation conditions:

- iii. Family Stabilization
- iv. Home Visit Program (HVP)
- v. Housing Support program (HSP).

C-IV: Refer to 2.1.3 for the generation conditions of NA 823 through Service arrangement detail page.

2.2.3 Updates to Form Variable Population -LRS/CalSAWS & C-IV

There are 6 updated variable populations in approval case and 7 updated variable populations in denied case.

When FS, HSP or HVP Service Arrangement is Approved, the left side of the NA 823 will repopulate as follows:

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

13

2. Date	<p>Date will be Service Arrangement Period From date</p> <p>Will populate if Approval Checkbox is populated.</p>	<p>Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case from Template Repository.</p>	Arial Font 10	N	Y	Y
3. Program Checkbox	<p>Program will be from Service Arrangement Program Type</p> <p>Will populate if Approval Checkbox is populated.</p> <p>For “REP” program type, populate “Welfare to Work” checkbox</p>	<p>Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.</p>	Arial Font 10	N	Y	Y
4. Item	<p>Will Populate <Need Type></p> <p>For example: Books</p> <p>Will populate if Approval Checkbox is populated.</p>	<p>Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.</p>	Arial Font 10	N	Y	Y

5. Cost	Amount is total amount of need types entered in Service Arrangement Detail page Will populate if Approval Checkbox is populated.	Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y
6. Total	Total Cost of Approved Items will populate when Item& Cost fields are populated Will populate if Approval Checkbox is populated.	. Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y

Variables Requiring Translations: ITEM - Need Type, Spanish (LRS/CalSAWS only)

When the HSP or HVP is Denied, the right side of the NA 823 will prepopulate as follows:

The Form populations will be applicable to C-IV only, until service arrangement detail page and generation form button is added with SCR CA-51876 and CA-213185

		C-IV: Editable when form is generated in the context of a case.				
2. Date	Date will be Need Detail Begin Date Will populate if Denied Checkbox is populated.	Editable when a blank form is generated. Pre- populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y
3. Program Checkbox	Program will be from Service Need Program Type Will populate if Denied Checkbox is populated. For “REP” program type, populate “Welfare to Work” checkbox	Editable when a blank form is generated. Pre- populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y
4. Need category	Will Populate <Need Category> Will populate if Denied Checkbox is populated.	Editable when a blank form is generated. Pre- populated and static when form is generated via batch. C-IV: Editable when form is generated in	Arial Font 10	N	Y	Y

		the context of a case.				
5. Requested Item	<p>Will Populate <Need Type> For example: Books</p> <p>Will populate if Denied Checkbox is populated.</p>	<p>Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.</p>	Arial Font 10	N	Y	Y
6. Other Checkbox	<p>Checked when there is status reason under Service Need Status Detail</p>	<p>Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.</p>	Arial Font 10	N	Y	Y
7. Other	<p>Reason will be Service Need status reason</p> <p>Will populate if Other Checkbox is populated.</p>	<p>Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is</p>	Arial Font 10	N	Y	Y

		generated in the context of a case.				
--	--	-------------------------------------	--	--	--	--

Variables Requiring Translations (LRS/CalSAWS only):

ITEM - Need Type , Spanish

Other – Service Need Status Reason, Spanish

2.3 Updates to NA 820 Form

2.3.1 Overview

NA 820 (Transportation Approval NOA) currently generates via Batch (LRS/CalSAWS) or via the Service Arrangement Detail page (C-IV). It is used to inform the client when they have been approved for a Transportation Expense.

State Form: NA 820 (01/01)

Programs: Welfare to Work, Cal-Learn

New Need Categories:

C-IV:

'Welfare to Work' (HVP – transportation and Family Stabilization -transportation)

'Cal-Learn (HVP – transportation)

CalSAWS/LRS:

'Welfare to Work' (HVP – transportation and Family Stabilization -transportation)

'REP' (HVP – transportation and Family Stabilization -transportation)

'Cal-Learn, (HVP – transportation)

Attached Form(s): NA Back 9 (04/2013)

Forms Category: NOA

Existing Languages:

LRS/CalSAWS: English and Spanish

C-IV: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Vietnamese

2.3.2 Updates to Form Generation -LRS/CalSAWS & C-IV

Update code logic to add the new Need categories listed below to generate NA 820 with existing generation conditions

- vi. Family Stabilization- Transportation
- vii. Home Visit Program (HVP)-Transportation

C-IV: Refer to 2.1.3 for the generation conditions of NA 823 through Service arrangement detail page.

2.3.3 Updates to Form Variable Population -LRS/CalSAWS & C-IV

There are 37 updated variable populations.

When the form is generated via Batch in LRS/CalSAWS, the fields are static.

When the form is generated via Service Arrangement Detail page in C-IV, the fields are editable.

When it is generated in template repository, no fields are pre-populated, and they will be editable.

When approved for FS or HVP transportation the NA 820 will prepopulate the following sections (See Supporting Documents #1 for population):

As of 1 until 2, the County has approved your transportation for ☐ Welfare to Work ☐ Cal-Learn

4 The most we can pay is \$ 5 for a total of 6 miles per 7.

8 The County has approved \$ 9 per 10 based on public transportation rates.

11 The County has approved bus passes or tickets for a total of 12 per 13.

14 The County has approved the cost of another form of transportation: 15 for a total of \$ 16 per 17.

☐ The County will provide you with:

☐ Welfare to Work ☐ Cal-Learn transportation

The County will only pay for transportation while you are attending your approved ☐ Job ☐ Welfare to Work

☐ Cal-Learn activity: _____

☐ The County may continue to pay for transportation for up to the first 12 months after you have left aid if you have a job. We will pay only if you need it to keep your job and you cannot get the transportation costs from somewhere else.

Your transportation payment limit is figured on this notice. Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be ☐ Advanced to you ☐ Paid back to you ☐ Paid to your transportation provider

☐ Other: _____

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

☐ Because your activity is less than 30 days, you will not get another notice telling you when your payments end.

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP Sections 42-750.112, 2 and 4. Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.

27 public transportation

28 rate

X 29 per 30

= \$ 31

32 your car's mileage

33 rate

X 34 per 35

X 36 miles

= \$ 37

38 parking 40

= \$ 39 ☐ month ☐ school term ☐ other

41 other: 42

43 rate

X 44 per 45

= \$ 46

NA 820 Approval of Transportation (01/01) REQUIRED – SUBSTITUTE PERMITTED

2.4 Updates to NA 821 Form

2.4.1 Overview

NA 821 (Transportation Approval/Denial NOA) Form currently generates through the Service Arrangement page. It is used to inform the client when they have been discontinued for a Transportation Expense.

State Form: NA 821 (1/01)

Current Programs: Welfare to Work, Cal-Learn

Programs: Welfare to Work, Cal-Learn

New Need Categories:

C-IV:

'Welfare to Work' (HSP, HVP and Family Stabilization)

'Cal-Learn (HVP)

CalSAWS/LRS:

'Welfare to Work' (HSP, HVP and Family Stabilization)

'REP' (HVP, Family Stabilization)

'Cal-Learn, (HVP)

Attached Form(s): NA Back 9 (04/2013)

Forms Category: NOA

Existing Languages:

LRS/CalSAWS: English and Spanish

C-IV: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Vietnamese

2.4.2 Updates to Form Generation -LRS/CalSAWS & C-IV

Update code logic to add the new Need categories listed below to generate NA 821 with existing generation conditions

- viii. Family Stabilization- Transportation
- ix. Home Visit Program (HVP)-Transportation

Note:

LRS/CalSAWS generate NA 821 manually via Template Repository.

C-IV - Refer to 2.1.3 for the generation conditions of NA 823 through Service arrangement detail page.

2.4.3 Updates to Form Variable Population -LRS/CalSAWS & C-IV

There are 5 updated variable populations in NA 821.

When the form is generated via Service Arrangement Detail page in C-IV, the fields are editable.

When it is generated in template repository, no fields are pre-populated, and they will be editable.

When the FS or HVP transportation has been discontinued, the right side of the NA 821 will prepopulate as follows:

The Form populations will be applicable to C-IV only, until service arrangement detail page and generation form button is added with SCR CA-51876 and CA-213185

DRAFT

COUNTY OF LOS ANGELES

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF ACTION

Date: _____
Case Name: _____
Case Number: _____
Worker Name: _____
Worker ID: _____
Worker Phone Number: _____
Customer ID: _____

Questions? Ask your Worker

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how.

☐ As of _____.

The ☐ Welfare to Work ☐ Cal-Learn transportation:

☐ payment ☐ increase you asked for is denied.

Here's why:

☐ You are already getting as much as the County can pay because:

☐ the maximum mileage rate is: \$ _____
per _____.

☐ public transportation is available.

☐ Cal-Learn transportation is available.

☐ Welfare to Work transportation is available.

☐ _____ transportation is available

☐ You are not in an approved ☐ Job ☐ Welfare to Work

☐ Cal-Learn activity.

☐ The transportation you asked for is not needed to attend your
approved ☐ Welfare to Work ☐ Cal-Learn activity:

☐ Other: _____

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: MPP Sections 42-750.112, .2, .4, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

¹ As of ² _____.

Your transportation payment for ☐ Job ☐ Welfare to Work

☐ Cal-Learn will stop. ³

Here's why:

☐ You are no longer attending an approved

☐ Job ☐ Welfare to Work ☐ Cal-Learn activity.

☐ You moved out of this County.

☐ You went off cash aid.

☐ You quit your job.

☐ You have been exempted from participation in

☐ Welfare to Work ☐ Cal-Learn.

☐ You asked that transportation be stopped.

☐ You did not submit your attendance forms for _____.

If this information is provided by _____, this proposed action will be stopped.

⁴ Other: ⁵ _____

You can call your Welfare to Work/Cal-Learn worker if you think this notice is wrong.

Rules: These rules apply. You may review them at your welfare office: CalWORKs Implementation Guidelines, Sections VII & XII, Welf. & Inst. Code 11323.2, 11323.4, 11322.9

Variable Name	Comments	Population	Formatting	Template Repository Population	Populates with Form Generation (C-IV) *	Editable
1. Discontinued Checkbox	Checkbox will be checked if the Status of the Service Arrangement is Discontinued	Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y
2. Date	Date will be Service Arrangement Period From date Will populate if Discontinued Checkbox is populated.	Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y
3. Program Checkbox	Program will be from Service Arrangement Program Type Will populate if Discontinued Checkbox is populated. For "REP" program type, populate "Welfare to Work" checkbox	Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y

4. Other Checkbox	Checked when there is status reason under Service Arrangement Detail	Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y
5. Other	Reason will be Service Arrangement status reason Will populate if Other Checkbox is populated.	Editable when a blank form is generated. Pre-populated and static when form is generated via batch. C-IV: Editable when form is generated in the context of a case.	Arial Font 10	N	Y	Y

Variables Requiring Translations:

Other – Service Arrangement Status Reason, Spanish (LRS/CalSAWS only)

Note: Spanish Translations will be attached to JIRA once available.

*NA 821 is generated in Service Arrangement Page only in C-IV. It does not generate from page in LRS-CalSAWS.

2.5 LRS/CalSAWS only: Updates to PB19R1958 Batch (NA823)

2.5.1 Overview

Currently in LRS/CalSAWS there is an existing batch (PB19R1958) to trigger the NA 823 to inform to the client when the full amount of an ancillary request has been approved/denied for an Ancillary- Education or Work-Related Expenses. The batch will go through and sweep any service arrangement that has been approved .

2.5.2 Descriptions of Change

1. Modify PB19R1958 Batch trigger to add the new Need categories listed below to generate NA 823 with existing generation conditions:
 - There is a need category of FS (Family Stabilization), HSP (Housing Support Program) or HVP (Home Visiting Program).

The batch will trigger NA 823 if above conditions are true even if the form has been manually generated.

2.5.3 Execution Frequency

No Change.

2.5.4 Key Scheduling Dependencies

No Change.

2.5.5 Counties Impacted

Los Angeles County only.

2.5.6 Data Volume/Performance

N/A.

2.5.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution.

2.6 LRS/CalSAWS only: Updates to PB19R1957 Batch (NA820)

2.6.1 Overview

Currently in LRS/CalSAWS there is an existing batch (PB19R1957) to trigger NA 820 to inform to the client when the full amount of a request has been approved/denied for Transportation Expenses. The batch will go through and sweep any service arrangement that has been approved.

2.6.2 Descriptions of Change

Modify PB19R1957 Batch trigger to add the new Need categories listed below to generate NA 820 with existing generation conditions:

- Include additional need categories of FS transportation or HVP transportation.
- The Service Arrangement status is 'Approved'.

The batch will trigger NA 820 if above conditions are true even if the form has been manually generated.

2.6.3 Execution Frequency

No Change.

2.6.4 Key Scheduling Dependencies

No Change.

2.6.5 Counties Impacted

Los Angeles County only.

2.6.6 Data Volume/Performance

N/A.

2.6.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	NA 820 populations	NA 820 Populations.docx
2	Correspondence	FS/HSP/HVP Need categories and need types	Need categories and need types.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.6	The LRS shall produce notices, NOAs, forms, letters, stuffers, and flyers, either generated by the LRS or initiated by COUNTY-specified Users, that may be sent to an applicant, participant, caregiver, sponsor, authorized representative, Vendor, landlord, and/or any other public or private individual or agency.	The system change request will: Update current NA 823/ NA 820 batch to produce NA 823 for new FS ,HSP and HVP types. Update the NA 823/ NA 820 / NA 821 population logic to populate the necessary fields when the form is generated and to be compatible with new FS (Family Stabilization), HSP(Housing Support Program) and HVP (Home Visiting Program) need types.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met

5 MIGRATION IMPACTS

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

DRAFT

DRAFT

DRAFT



California Statewide Automated Welfare System

Design Document

CA-214411 | CIV-106686

Reinstate ABAWD Geographical Wavier

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jason Francis
	Reviewed By	Business Analysts, Eligibility Build, Batch Build, Fiscal Build. System Test

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
3/19/2020	1.0	Initial version	Jason Francis

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1 OVERVIEW

1.1 Current Design

Per ACL 20-18, and implemented in SCRs CA-212650/CIV-106060, ABAWD logic was updated to no longer apply a geographical waiver to 34 C-IV and LRS/CalSAWS counties, effective April 1, 2020. In addition, the Time Limit Sync Job was updated to apply a Discretionary Exemption time limit status for non-exempt ABAWDs in the April 2020 and May 2020 effective months.

1.2 Requests

Per H.R. 6201, all counties are under ABAWD geographical wavier, effective April 1, 2020.

1.3 Overview of Recommendations

1. Reinstate all Counties with ABAWD Geographical Waiver as of April 2020
2. Perform a one-time data change to update affected ABAWD Status Work Requirements to 'Geographically Waived'
3. Perform a one-time data change to update affected ABAWD Time Limits to 'Geographically Waived'

1.4 Assumptions

1. The ABAWD Status determination and Time Limit Status Sync Job will automatically apply the geographical wavier for on-gong changes after the initial data change.

2 RECOMMENDATIONS

2.1 Apply the ABAWD Geographical Waiver to all counties as of April 2020

2.1.1 Overview

The system maintains a list of counties and the time periods in which they qualify for the ABAWD geographical waiver. This list must be updated for the 40 counties that now qualify for that waiver as of April 2020.

2.1.2 Description of Changes

2.1.2.1 Update the 'Counties with ABAWD Geographical Waiver' (CT 2620) to set the following counties as having a wavier as of 04/01/2020:

2.1.2.1.1 Alameda, Alpine, Amador, Butte, Calaveras, Contra Costa, Del Norte, El Dorado, Humboldt, Inyo, Lake, Lassen, Los Angeles, Marin, Mariposa, Mendocino, Mono, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Tehama, Trinity, Tuolumne, Ventura, Yolo.

Note: The following 18 counties were previously set as having a geographical wavier: Colusa, Fresno, Glenn, Imperial, Kern, Kings, Madera, Merced, Modoc, Monterey, Plumas, San Joaquin, Sierra, Siskiyou, Stanislaus, Sutter, Tulare, Yuba

2.2 One-Time Data Change to Update ABAWD Status Work Requirement from 'Met' or 'Not Met' to 'Geographically Waived'

2.2.1 Overview

Prior to the implementation of this SCR, the ABAWD status for persons in the affected counties tracked whether they have met or have not met the ABAWD work requirement. This work requirement is no longer applicable with the state-wide wavier. This data change will identify those existing ABAWD status records and the system will set the Work Requirement to 'Geographically Waived'. The updated ABAWD determination logic will ensure that ABAWD statuses are set accurately after this data change.

2.2.2 Description of Change

1. Perform a one-time data change to all ABAWD Status records that meet the following conditions:

- a. The status is effective in April 2020 or later
 - b. The ABAWD Work Requirement is one of the following:
 - i. Met
 - ii. Not Met
- 2. This data change will set the Work Requirement to 'Geographically Waived' as of 4/1/2020.

2.2.3 Estimated Number of Records Impacted/Performance

CalSAWS/LRS: 100,000 records

C-IV: 100,000 records

2.3 One-Time Data Change to Update Non-Exempt / Not Prorated ABAWD Time Limits to 'Geographically Waived'

2.3.1 Overview

Prior to the implementation of this SCR, the ABAWD Time Limit Status Sync Job identified non-exempt ABAWDs that don't meet the work requirement and automatically set a 15% ABAWD Exemption for the April and May 2020 Effective Months. Time Limits in Marin county can have additional statuses. This data change will identify those existing time limit records and the system will set them to Geographically Waived. The existing Time Limit sync job logic will ensure that time limits are set accurately after this data change.

2.3.2 Description of Change

- 1. Perform a one-time data change to all ABAWD Time Limit records that meet the following conditions:
 - a. The Effective Month is either April 2020 or May 2020
 - b. The Time Limit Status is one of the following:
 - i. 15% ABAWD Exemption
 - ii. Good Cause
 - iii. Met work requirement
 - iv. Did not meet work requirement
 - v. Consecutive Months
 - vi. APP Appeal
- 2. This data change will set the status to 'Geographically Waived'. This will occur even if the record was created or updated by a user.

2.3.3 Estimated Number of Records Impacted/Performance

CalSAWS/LRS: 235,000 records

C-IV: 220,000 records

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.1.21	The LRS shall automate eligibility determination and benefit calculation for certain individual and case changes.	The EDBC, ABAWD Status, and Time Limit Detail logic will be updated based on changes to the counties eligible for the ABAWD geographical wavier.
2.16.4.4	The LRS shall include the ability to process a mass update that involves the development of new policy in response to changes in federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures.	A data change will be applied to update ABAWD Status and ABAWD Time Limit records