# CalSAWS

California Statewide Automated Welfare System

DRAFT

**Design Document**

CA-53789/CIV-101159 – Update Expedited Service Determination, Postponed Verification, and Batch Discontinuance Process

| | DOCUMENT APPROVAL HISTORY | |
|---|---|---|
| **CalSAWS** California Statewide Automated Welfare System | Prepared By | Sridhar Mullapudi, Howard Suksanti |
| | Reviewed By | Balakumar Murthy, Chris Larson |

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|---|---|---|---|
| 11/19/2019 | .01 | Initial Version | Sridhar Mullapudi, Howard Suksanti |
| 1/24/2020 | .02 | Updated with Committee review comments on the Discontinuance Batch job section 2.3.1, 2.3.2, and 2.3.3 | Howard Suksanti |
| 4/20/2020 | .03 | Added new recommendation 2.3.4 for a batch sweep for pending expenses in CIV system only | Howard Suksanti |
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# 1 OVERVIEW

Eligible CalFresh households that meet certain criteria qualify for Expedited Service (ES) at initial application or recertification. Households that qualify will have benefits made available to them by the third calendar day after the date of application and can have some verification postponed during ES eligibility determination.

Households that qualify for State Utility Assistance Subsidy (SUAS) receive additional CalFresh benefits ($20.01). These households receiving the SUAS payment are eligible for the Standard Utility Allowance (SUA) effective the month in which the SUAS payment is issued and for the remainder of their certification period. Per ACL 14-66, when entitlement ES is determined, SUAS based SUA shall not be used in calculating if rent/mortgage and utilities are more than income/resources

If a household qualifies for expedited service, certain verifications can be postponed. Postponed verifications must be received within 30-day regular CalFresh application timeframe. Once the postponed verifications are received, the postponed verification indicator on CalFresh detail page shall be updated. Postponed verifications must be provided within 30-days of the application; failure to provide verifications shall result in a household to be discontinued.

## 1.1 Current Design

When a household is eligible for SUAS, SUAS based SUA is used in calculating if rent/mortgage and utilities are more than income/resources when determining expedited service eligibility.

When verifications page is updated upon receiving pending ES verifications, ES information on CalFresh detail page does not get automatically updated.

LRS/CalSAWS Only: When verifications are not received by the due date, an automated batch process (Batch Job PB00E159) discontinues the CalFresh program during the Batch 10-Day processing activities.

C-IV Only:  An automated batch process to discontinue CalFresh when verifications are not received by the due date does not exist.

## 1.2 Requests

When a household is eligible for SUAS, SUAS based SUA shall not be used in calculating if rent/mortgage and utilities are more than income/resources when determining expedited service eligibility.

A new automated batch will be introduced that will update the 'postponed verifications received' indicator in the CalFresh detail page to 'Yes' when the verifications page is updated upon receiving pending ES verifications,

C-IV Only: Add an automated batch process to discontinue CalFresh and Supplemental Nutritional Benefit (SNB) program when the Postponed verifications are not received by due date. The job will run daily, trigger EDBC with a negative action reason of 'Failed to Complete ES Requirements', and trigger EDBC on the month following the ES End Date.

C-IV only: Add a new Batch EDBC Sweep when Expense, Expense Amount, Utility Expense, Self-Employment Expense, or Medicare Information verification is past due date. Unverified expenses are disallowed from CalFresh EDBC after the end of the Expedited Service period.

LRS/CalSAWS Only: Modify the 'Past Due Postponed Verifications for Expedited Service CalFresh' Sweep job to:
1. Exclude some of the property verification types when the CF program is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE).
2. Modify the job to run daily (Mon-Sat).
3. Modify the job to close the CF program from the month after the ES End Date.

## 1.3 Overview of Recommendations

When determining ES eligibility by calculating if rent/mortgage and utilities are more than income/resources, SUAS based SUA shall not be used when determining the utility expense.

When verifications page is updated upon receiving pending ES verifications, a new automated batch will update the 'postponed verifications received' indicator in the CalFresh detail page to 'Yes'.

C-IV Only: Add an automated batch process to discontinue ES CalFresh program when verifications for Expedited Service are not received by due date.

The job will run daily, trigger EDBC with a negative action reason of 'Failed to Complete ES Requirements', and trigger EDBC on the month following the ES End date. This Batch Sweep job will exclude some of the property verification types when the CF program is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE).

C-IV only: Add a new Batch EDBC Sweep when Expense, Expense Amount, Utility Expense, Self-Employment Expense, or Medicare Information verification is past due date. Unverified expenses are disallowed from CalFresh EDBC after the end of the Expedited Service period.

CalSAWS Only: Modify the 'Past Due Postponed Verifications for Expedited Service CalFresh' Sweep job to

1. Exclude some of the property verification types when the CF program is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE).
2. Modify the job to run daily (Mon-Sat).
3. Modify the job to close the CF program from the ES End Date.

## 1.4 Assumptions

1. This new logic will be applied to ongoing EDBCs only. There will be no retro batch processing to appropriately discontinue expedited service CalFresh cases at the end of expedited service period when pending verifications are not received within due date for historical benefit months.
2. User will be responsible for updating the 'Postponed for Expedited Service' indicator appropriately on the Verification Detail page.
3. DDID 1110 (SCR CA-207374) will enable the existing CalSAWS Batch Job (PB00E159) to run for Counties that opt-in to this functionality during Migration.

# 2 RECOMMENDATIONS

## 2.1 Eligibility Rules Update

### 2.1.1 Overview

When determining income and resources are less than the total expenses for Expedited Service (ES) eligibility, SUAS based SUA shall not be used in calculating total shelter expense.

### 2.1.2 Description of Changes

Update CF EDBC logic to not include SUAS based SUA when calculating the total shelter expense to determine the household's eligibility for ES when total income and liquid resources are less than total shelter expenses.

### 2.1.3 Programs Impacted

CF

### 2.1.4 Performance Impacts

None

## 2.2 Eligibility List (C-IV Only)

### 2.2.1 Overview

Generate a list to provide all ES CF cases that are currently active, and postponed ES verification are not received and past due date.

### 2.2.2 Description of Changes

Generate a list of CF cases that meet the following criteria:

1. Program status is active for come-up month
2. 'Postponed Verifications Authorized' field for Expedited Service is 'Yes' on the batch date
3. 'Postponed Verifications Received' field for Expedited Service is 'No' on the batch date
4. 'Postponed Verifications Due Date' is before the benefit month begin date

The lists will include the Standard List Columns:

Case Name

Case Number

County

Unit

Unit Name

Office Name

Worker ID

The list will be posted at: CalSAWS System Web Portal > System Changes > SCR and SIR Lists > 2020 > SCR CIV-101159

### 2.2.3 Programs Impacted

CF

### 2.2.4 Performance Impacts

None

## 2.3 Batch

### 2.3.1 Add a new Batch Sweep to discontinue Expedited CF cases with Past-Due Postponed Verifications (C-IV only)

#### 2.3.1.1 Overview

CalFresh household will get Expedited Service (ES) CalFresh benefits for the month of application and possibly for the next month as well. If the household applies on or before the 15th of the month, and qualifies for expedited service, it will get CalFresh benefits for the application month. If the household applies after the 15th of the month, and qualifies for expedited service, it will get CalFresh benefits for the application month and the following month. The following month's benefits will be discontinued if verifications are not received by due date.

#### 2.3.1.2 Description of Changes

Create a new daily batch sweep to discontinue CalFresh and SNB program via batch EDBC with discontinuance reason "Failed to Complete ES Requirements" when all the following are true:

1. CalFresh program status is 'Active' as of batch date
2. CalFresh program persons are 'Active' as of batch date
3. Postponed ES Indicator for at least one of the verifications on the verification list page is 'Yes'
   a. Unless the latest Accepted and Saved CalFresh EDBC is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE) then the batch job will not consider all the following property verification types (Personal Property, Real Property, and Transferred Property) on any of the above conditions.
4. Postponed Verifications received field for Expedited Service is set to 'No' on the batch date
5. Postponed Verifications Due Date for Expedited Service from the CalFresh detail page is on or before the batch date

The Batch job will trigger Batch EDBC with the following details:

1. Triggers Batch EDBC with the Targeted Program mode for CF and SNB programs
2. Triggers with a Neg action reason/Disc_RSN_CODE of "Failed to Complete ES Requirements"
3. Triggers Discontinuance on the month following the end of the ES period.

#### 2.3.1.4 Execution Frequency

Change to Daily (Mon-Sat).

### 2.3.1.5 Key Scheduling Dependencies

This job will run prior the Batch EDBC. The job will run after the new batch job that update the Postpone Verification Received indicator.

### 2.3.1.6 Counties Impacted

C-IV Counties. This Batch job already exists in LRS/CalSAWS.

### 2.3.1.7 Data Volume/Performance

N/A.

### 2.3.1.8 Failure Procedure/Operational Instructions

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

## 2.3.2 Modify the existing Batch Sweep that discontinue Expedited CF cases with Past-Due Postponed Verifications – PB00E159 (LRS/CalSAWS only)

### 2.3.2.1 Overview

The Past Due Postponed Verifications for Expedited CalFresh batch sweep discontinue the program when CalFresh is Categorically Eligible (CE) or Modified Categorically Eligible (MCE) and the only pending verification type is in one of the following (Personal Property, Real Property, and Transferred Property). Since these verification types are not required for the CalFresh CE or MCE case, the batch job will be modified to have an additional check on these verification types.

### 2.3.2.2 Description of Changes

1. Modify the Past Due Postponed Verifications for Expedited CalFresh batch sweep to exclude the following verification type of (Personal Property, Real Property, and Transferred Property) when the CalFresh program is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE).

The following trigger conditions will be added into the batch job:
   a. When the latest Accepted and Saved CalFresh EDBC is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE) then the batch job will not consider all the following Property verification types (Personal

Property, Real Property, and Transferred Property) when discontinuing the ES CalFresh program for postponed verification not received by due date.

2.  Modify the batch job to run daily (Mon-Sat).
3.  Add job dependency on this batch job to run after the new batch job that update the Postpone verification received field.
4.  Modify the batch job to trigger Discontinuance on the month following the end of the ES period.

### 2.3.2.4 Execution Frequency

Change to Daily (Mon-Sat).

### 2.3.2.5 Key Scheduling Dependencies

Add job dependency to run after the new batch job that updates the Postpone verification received field.

### 2.3.2.6 Counties Impacted

All LRS/CalSAWS Counties.

### 2.3.2.7 Data Volume/Performance

N/A.

### 2.3.2.8 Failure Procedure/Operational Instructions

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

## 2.3.3 Add a new Daily Batch Job to update field 'Postponed Verification Received' (LRS/CalSAWS and C-IV)

### 2.3.3.1 Overview

In order to automate the process of updating the field 'Postponed Verification Received' to 'Yes' in the Expedited Service section of the CalFresh Detail page, a new batch sweep job is being introduced in this SCR.

### 2.3.3.2 Description of Changes

Create a new batch sweep job to update the 'Postponed Verification Received' value in the Expedited Service section of the CalFresh detail page to 'Yes' when all the mandatory verifications in Appendix 4.1, if existed in the case, are set to 'Verified' or 'Not Applicable'.

All the below conditions need to be met for the batch to update the 'Postponed Verification Received' value to 'Yes':

1. CalFresh program status is 'Active' as of batch date.
2. 'Postponed Verifications Authorized' field in the CalFresh detail page is set to 'Yes'.
3. 'Postponed Verification Received' field in the CalFresh Detail page is set to 'No'.
4. The status of mandatory verifications (Listed in Appendix 4.1) in Verifications list page are either Verified or Not Applicable OR There are no mandatory verifications (Listed in Appendix 4.1) in the Verifications List page.
   a. When the latest Accepted and Saved CalFresh EDBC is Categorically Eligible (CE) or Modified Categorical Eligibility (MCE) then the batch job will not consider all the following property verification types (Personal Property, Real Property, and Transferred Property) on any of the above conditions.

   LRS only: A verification can be verified at the program level. If the above mandatory verification has been verified by CF program, the batch job will consider that the verification is verified.

Note: The list of verifications for each Expedited Service CalFresh case can differ but it needs to be among the mandatory verifications listed in Appendix 4.1.

### 2.3.3.4 Execution Frequency

Daily (Mon-Sat) exclude the Holidays.

### 2.3.3.5 Key Scheduling Dependencies

This job will run prior to the Past Due Postponed Verifications for Expedited CalFresh batch sweep job.

### 2.3.3.6 Counties Impacted

All LRS/CalSAWS Counties.

### 2.3.3.7 Data Volume/Performance

N/A.

### 2.3.3.8 Failure Procedure/Operational Instructions

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

## 2.3.4 Add a new Batch EDBC Sweep when Expense, Expense Amount, Utility Expense, Self-Employment Expense, or Medicare Information verification is past due date (C-IV only)

### 2.3.4.1 Overview

Expenses are not required to be verified to be included in CalFresh EDBC when the household qualifies for expedited service. This automated batch job will disallow expenses for CalFresh program after the end of expedited service period if the expenses are not verified.

For CF program, when Expense, Expense Amount, Utility Expense, Self-Employment Expense, or Medicare Information verification is past due date, worker manually run EDBC to disallow deduction on the program.

In LRS/CalSAWS:

PB00E169 batch job auto trigger EDBC when verification is past due date.

### 2.3.4.2 Description of Changes

C-IV only:

Add a new batch job (PB00E169) that will perform the following.
1. Trigger Regular EDBC.
2. Trigger EDBC on the following month.
3. Trigger Single Program mode.

The batch job will trigger EDBC when all the following are true.
1. Program is CF.
2. Program status is Active as of the following month.
3. CF Postponed Verifications Authorized indicator is 'Yes'
4. Postponed Verifications Due Date for Expedited Service is on or before the batch date.
5. Any of the following list of verification types is in pending as of the batch run date.
   a. Expense Amount
   b. Utility Expense
   c. Self-Employment Expense
   d. Medicare Information

Note: There will be no change to an existing Batch EDBC skip that will skip CF ES case when the postpone verification is not received (postpone verification received indicator in the program detail page is 'No').

### 2.3.4.4 Execution Frequency

Monthly batch 10 day cutoff.

### 2.3.4.5 Key Scheduling Dependencies

This job will run prior the Batch EDBC.

### 2.3.4.6 Counties Impacted

C-IV Counties.

Note: This Batch job already exists in LRS/CalSAWS. The existing job in LRS/CalSAWS triggers for other verification types and looks at other programs other than CF program. At migration, this new C-IV job will perform the same as the LRS/CalSAWS batch job.

### 2.3.4.7 Data Volume/Performance

N/A.

### 2.3.4.8 Failure Procedure/Operational Instructions

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

## 3 REQUIREMENTS

### Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-------|------------------|---------------------|
| 2.8.2.6 | The LRS shall identify and evaluate eligibility by person and by case/program | LRS/CalSAWS will not use SUAS based SUA when determining the CF households eligibility to ES. |

# 4 APPENDIX

## 4.1 Postponed Verification Types

The following verification types will be utilized to determine if Postponed Verifications are complete when the Verified Status is set to 'Verified' or 'Not Applicable'.

1. Country of Birth
2. Date of Birth
3. Income
4. Name/Identity
5. Personal Property
6. Real Property
7. Relationship
8. Residence
9. SSN
10. Sponsored Non-Citizen
11. USCIS Document
12. Transferred Property

# CalSAWS

California Statewide Automated Welfare System

DRAFT

**Design Document**

SCR CA-204747 & CIV-818

Update Time Limit Batches to not create 48 MTC for parents that are under 18 years

| | DOCUMENT APPROVAL HISTORY | |
|---|---|---|
| **CalSAWS** | Prepared By | Chris Carandang |
| | Reviewed By | Chris Larson, Lien Phan, Joel Acevedo |
| | | Akira Moriguchi, Sidhant Garg, Kapil Santosh, Christine Altavilla, Himanshu Jain, Jose Calcedo, Chandan Talukdar |

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| 8/26/2019 | 1.0 | Initial draft | CarandangC |
| 09/18/2019 | 2.0 | Updated from feedback and comments on 09/17/2019 | CarandangC |
| 09/23/2019 | 3.0 | Updated from feedback and comments on 09/23/2019 | CarandangC |
| 10/10/2019 | 4.0 | Added list of exceptions that will be skipped by DCR and to be listed in Outreach | CarandangC |
| 10/16/2019 | 5.0 | Updated design from feedback and comments on 10/15/2019 | CarandangC |
| 11/25/2019 | 6.0 | Updated design from feedback and comments of review committee | CarandangC |
| 01/08/2020 | 7.0 | Updated the case list mock up and outreach section | CarandangC |
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# 1 OVERVIEW

This document outlines the changes to be implemented in the CalWORKs time limit functionality to stop the clock from counting towards the CalWORKs time limit requirement for a person under 18 years old active in CalWORKs and marked as an adult without an active or pending Cal-Learn program for the effective month. The CalWORKs time limit exception for persons under 18 years old is provisioned in the State regulations under section 42-302.1.

## 1.1 Current Design

A cash aid time limit record is automatically getting created in the system for a person under 18 years old active in CalWORKs and marked as an adult without an active or pending Cal-Learn program for the effective month. This causes the CalWORKs clock to tick towards the months of aid when ideally it should not occur. As a result, it makes the person ineligible to CalWORKs after reaching the time limit requirement when that person should be receiving benefits.

## 1.2 Requests

A cash aid time limit record should not be created for a person under 18 years old active in CalWORKs and marked as an adult without an active or pending Cal-Learn program for the effective month. This logic stops the tick for CalWORKS clock.

**Note**: A cash aid time limit record should continue to be created for a person under 18 years old who has active CW program marked as an Adult and has an active Cal-Learn program. This logic will have their TANF clock tick. The worker adds the 308 Exemption that will stop the CalWORKs and WTW clock but the TANF clock still ticks. The batch time limit also automatically adds the 308 exemption when Work Registration Exempt is determined by EDBC.

## 1.3 Overview of Recommendations

- Create a DCR to remove the cash aid time limit records for persons under 18 years old on the first day of the time limit month who are active in CalWORKs and marked as an adult without an active or pending Cal-Learn program for the effective month.

- Modify both the daily and monthly time limit batch jobs to stop creating time limit record for persons under 18 years old on the first day of the time limit month active in CalWORKs and marked as an adult without an active or pending Cal-Learn program for the effective month.

## 1.4 Assumptions

- When a worker changes DOB making the person a minor, we are not capturing that change in order to remove cash aid time limit months. The worker will have to manually update and delete the months after the EDBC has been ran.

- WDTIP has no record of the rejected months for those persons under 18 without Cal-Learn program, and we are not sending the transaction to delete the records to WDTIP.

- The existing functionality for any discrepancy between WDTIP and the system will be handled manually by users.

## 2   RECOMMENDATIONS

Modify the daily and monthly time limit batch jobs to stop creating cash aid time limit records for persons under 18 years old active in CalWORKs and marked as an adult without an active or pending Cal-Learn program for the effective month. Moreover, create a data change request to remove existing time limit records for the same criteria.

### 2.1   Daily Time Limit Batch Job

#### 2.1.1   Overview

The daily time limit batch job is an existing batch job that runs on a daily basis and determines the time clock for past benefit month due to retroactive changes. This batch job creates time limit record for a person who is marked as an adult.  If a time clock already exists for the effective month, the program makes no changes. This batch job needs to be modified in order to stop creating cash aid time limit record for persons under 18 years old.

#### 2.1.2   Description of Change

Modify the daily time limit batch job to stop creating cash aid time limit record for CalWORKs that meets ALL the following criteria:

a.  The person is under 18 years old on the first day of the time limit month, and

b.  The person is active in CalWORKs and marked as an adult for the effective month, and

c.  The person does not have an active or pending Cal-Learn program for the effective month.

#### 2.1.3   Execution Frequency

No change.

### 2.1.4  Key Scheduling Dependencies

No change.


### 2.1.5  Counties Impacted

All counties.


### 2.1.6  Data Volume/Performance

No change.


### 2.1.7  Failure Procedure/Operational Instructions

No change.


## 2.2  Monthly Time Limit Batch Job


### 2.2.1  Overview

The monthly time limit batch job is an existing batch job that runs on a monthly basis after the program cut-off date and determines the time clock for continuing cases for the next benefit month. This batch job creates time limit record for a person who is marked as an adult.  If a time clock already exists for the benefit month, the program makes no changes. This batch job needs to be modified in order to stop creating cash aid time limit record for persons under 18 years old.


### 2.2.2  Description of Change

Modify the monthly time limit batch job to stop creating cash aid time limit record for CalWORKs that meets ALL the following criteria:

a.  The person is under 18 years old on the first day of the time limit month, and

b.  The person is active in CalWORKs and marked as an adult for the effective month, and

c.  The person does not have an active or pending Cal-Learn program for the effective month.


### 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

No change.


### 2.2.7 Failure Procedure/Operational Instructions

No change.


## 2.3 Create a data change request to remove the cash aid time limit records for minors without an active or pending Cal-Learn program

### 2.3.1 Overview

There are existing cash aid time limit records created by the Daily and Monthly Time Limit batch jobs for persons under 18 years old active in CalWORKs and marked as an adult without an active Cal-Learn program for the effective month. By removing these records, the month on aid will not count against the time limit for CalWORKs.


### 2.3.2 Description of Change

The data change request will remove the cash aid time limit records for CalWORKs from the database table that meets ALL the following criteria:

a. The person is under 18 years old on the first day of the time limit month, and

b. The person is active in CalWORKs and marked as an adult for the effective month, and

c. The person does not have an active or pending Cal-Learn program any time during the effective month, and

d. The cash aid time limit record is not associated with any of the below exceptions:

| 100 - FTP immunization verif. |
| --- |

| |
|---|
| 101 - FTP school attendance verification |
| 102 - No school attend. or work activities |
| 103 - Non-coop with Child Supp-no good cause |
| 104 - Fraud-False docs for children |
| 105 - Fraud > $10,000 |
| 106 - Fraud Felony > $5,000 |
| 107 - Fraud < $2,000 |
| 108 - Fraud between $2K - $5K |
| 109 - Fraud Dup App - 1st |
| 110 - Fraud Dup App - 2nd |
| 111 - Fraud Dup App - 3rd |
| 112 - Fraud Dup CW |
| 113 - Fraud Activity CW - 1st |
| 114 - Fraud Activity CW - 2nd |
| 115 - Fraud Activity CW - 3rd |
| 150 - Fraud Dup CF |
| 200 - Non-Coop WTW |
| 201 - Non-Coop WtW - 2nd |
| 202 - Non-Coop WtW - 3rd |
| 203 - Fleeing felon |
| 204 - Drug felon |
| 205 - Child Support Assignment of Rights |
| 206 - Cal-Learn sanction - aided adult |
| 207 - Cal-Learn sanction - head of househ. |
| 209 - Removed from Aid |
| 376 - Reimbursed Child Support |
| 500 - Excluded Person |
| 700 - TANF/CalWORKs Repayment (entire month) |
| 701 - CalWORKs Repayment (entire month) |
| Services for Former Recipients |

### 2.3.3 Estimated Number of Records Impacted/Performance

The data change request will impact approximately 12K cash aid time limit records in C-IV counties and 1K in LRS county.

# 3  SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | CalWORKs clock | The case list of C-IV and LRS counties impacted by the data change request to remove cash aid time limit records. | CA-204747 CIV-818 Case List Mockup.xls |

# 4  REQUIREMENTS

## 4.1  Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-------|------------------|---------------------|
| 2.28.2.4 | The LRS shall allow for the stopping of and/or modification to work participation program time clocks and time limit counters for participants. | CalSAWS is implementing a batch logic to stop CalWORKS clock from ticking to persons under 18 years old active in CW as an adult without a Cal-Learn program for the effective month. |
| | | |

## 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? |
|---|---|---|---|---|---|
| N/A | | | | | |

# 6 OUTREACH

A case list of cash aid time limit records that will be removed by the DCR, and those records that will be skipped associated with the exceptions listed in section 2.3.2 will be provided to all the impacted counties. The following columns will be included in the file:

a. COUNTY_CODE
b. DISTRICT_OFFICE
c. Region
d. CASE_NAME
e. CASE_NUMBER
f. MEMBER_LAST_NAME
g. MEMBER_FIRST_NAME
h. MEMBER_DOB
i. MEMBER_AGE
j. MEMBER_CIN
k. CALWORKS_PROGRAM_STATUS
l. LAST_CalWORKs_WORKER_ID
m. MEMBER_ROLE
n. MEMBER_ROLE_REASON
o. MEMBER_PROGRAM_STATUS
p. WTW_REP_PROGRAM_STATUS
q. TIME_LIMIT_EFFECTIVE_DATE
r. EXCEPTION_REASON
s. COUNT_OF_TIME_LIMIT_EFF_MONTH
t. LAST_WTW_REP_WORKER_ID

A summary of removed and skipped exception records will be provided with the following columns:

a. Exception Reason
b. Count
c. Grand Total

# 7   APPENDIX

N/A

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# CalSAWS

California Statewide Automated Welfare System

## Design Document

CA-209798 | CIV-104735

Enhance Functionality to Cancel MAGI Referrals and Determination Changes

| | DOCUMENT APPROVAL HISTORY | |
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| **CalSAWS** | Prepared By | Antony Lerner |
| | Reviewed By | Derek Goering, Maksim Volf, Prashant Goel, Geetha Ramalingam, William Baretsky, Parul Dhawan |

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|---|---|---|---|
| 3/2/2020 | 0.1 | Original Draft | Antony Lerner |
| 3/13/2020 | 0.2 | Added criteria to restrict the functionality and data change to the same county. | Antony Lerner |
| 3/16/2020 | 0.3 | Updated list criteria | Antony Lerner |
| 3/25/2020 | 0.4 | Modified 'Cancel Referral' button caption and warning message on MAGI Referral Detail page. | Antony Lerner |
| 4/16/2020 | 0.5 | Added a Note stating that no changes to eHIT CancelDER transaction will take place. | Antony Lerner |
| | | | |
| | | | |
| | | | |
| | | | |

# Table of Contents

# 1 OVERVIEW

The purpose of this document is to satisfy an enhancement to The Systems to allow a worker to cancel all Referrals and Determination Changes for the CalHEERS case in the same county when the worker cancels one.

## 1.1 Current Design

The Systems allow a worker to cancel an unsolicited MAGI Determination of type 'Referral' when it is not linked to a case known to The Systems. When multiple MAGI Determinations with type 'Referral' for the same MAGI Case Number are received, cancelling one will automatically cancel all others and send a single Cancel DER transaction to CalHEERS. The Cancel DER transaction sent to CalHEERS closes the CalHEERS case on the CalHEERS portal permanently. The Systems do not allow a Worker to cancel a MAGI Determination of type 'Determination Change' even when it is not linked to a case known to The Systems. The 'Cancel Referral' button displays on the 'MAGI Referral Detail' page for 'Referral' or 'Determination Change' types when the "Status" is 'Received'; however, the functionality does not actually cancel a 'Determination Change' so the "Status" remains 'Received'. Since the functionality does not update the 'Determination Change' "Status" to 'Canceled', the 'Determination Change' remains on the 'MAGI Referral Search' page as an item for the Worker to process.

## 1.2 Requests

Allow a Worker to cancel all Referrals and Determination Changes for the CalHEERS case in the same county when the worker cancels one.

## 1.3 Overview of Recommendations

1. Update 'MAGI Referral Detail' page to allow a Worker to cancel a 'Referral' or a 'Determination Change' in 'Received' status when the CalHEERS case is not linked to a case within the county. This will update the "Status" for all Referrals and Determination Changes in 'Received' status to 'Canceled' for the CalHEERS case in the same county.
2. Perform a one-time data change to update the "Status" to 'Canceled' for all MAGI Determinations of type 'Determination Change' in 'Received' status if the 'Referral(s)' are 'Canceled' for the same CalHEERS case in the same county.

## 1.4 Assumptions

A Journal entry will not be created when the one-time process successfully cancels the Determination Changes, because there is no linkage to a case known to The Systems.

# 2 RECOMMENDATIONS

## 2.1 MAGI Referral Detail page

### 2.1.1 Overview

Update the 'MAGI Referral Detail' page to allow a Worker to cancel a 'Referral' or a 'Determination Change' in 'Received' status when the CalHEERS case is not linked to a case within the county. This will update the "Status" for all Referrals and Determination Changes in 'Received' status to 'Canceled' for the CalHEERS case in the same county.

### 2.1.2 MAGI Referral Detail Mockup



**Figure 2.1.2.1 –** 'Cancel DER' button is displayed to cancel 'Determination Change' in 'Received' status

**Figure 2.1.2.2 –** After 'Cancel DER' button is clicked the warning message is displayed and 'Cancellation Reason' is selected



**Figure 2.1.2.3 –** After 'Save and Send' button is clicked, the '"Status"' is updated to 'Canceled'

**MAGI Referral Detail**

Close

| | | |
|---|---|---|
| **MAGI Case Number:** 5000005188 | **MAGI Case Name:** Strickland | **Initiated Date:** 03/05/2020 3:14 PM |
| **Origination:** | | |
| **LRS Case Number:** | **LRS Case Name:** | **Request ID:** |
| **Type:** Determination Change | **Status:** ✱ Canceled | **Covered CA Change:** |
| | **Cancellation Reason:** ✱ | |
| **Run Reason:** Intake | **Benefit Month:** 02/01/2020 | **Program:** ✱ |

**Figure 2.1.2.4 –** Another 'Determination Change' in 'Received' status for same MAGI Case Number in the same county was cancelled as a result of Worker manually cancelling 'Determination Change' on Figures 2.1.2.1 through 2.1.2.3

### 2.1.3 Description of Changes

1. Update the "Cancel Referral" button label to read, "Cancel DER".
2. Display 'Cancel DER' button for MAGI Determination types 'Referral' and 'Determination Change' when the "Status" is 'Received' and there is no LRS/C-IV case linked to the MAGI Case Number as shown in Figure 2.1.2.1
   a. When the 'Cancel DER' button is clicked:
      i. Display the 'Cancellation Reason:' dropdown as a required field with the same values as today:
         • Application Opened in Error
         • Duplicate Application
      ii. Update the message text to display (as shown in Figure 2.1.2.2):
         Warning: Clicking the Save and Send button will Send a Cancellation request to CalHEERS. Once Saved, this Referral and the MAGI Case Number can no longer be used.
   b. When the 'Save and Send' button is clicked:
      i. Send one CancelDER transaction to CalHEERS for the MAGI Determination.
         **Note:** No changes to eHIT CancelDER transaction.
      ii. Update the "Status" of all MAGI Determinations in 'Received' status for the same MAGI Case Number in the same county to 'Canceled' as shown in Figures 2.1.2.3 and 2.1.2.4

### 2.1.4 Page Location

- **Global:** Case Info
- **Local:** e-Tools
- **Task:** External Agencies > MAGI > MAGI Referral Search > MAGI Referral Detail

### 2.1.5 Security Updates

None

### 2.1.6 Page Mapping

No changes

### 2.1.7 Page Usage/Data Volume Impacts

No changes

## 2.2 Data Change

### 2.2.1 Overview

1. Perform a one-time data change to update the "Status" to 'Canceled' for all MAGI Determinations of type 'Determination Change' in 'Received' status in the same county if the 'Referral(s)' are 'Canceled' for the same CalHEERS case in the same county. After the data change is complete, generate a one-time list per Outreach section 4.1.

### 2.2.2 Description of Change

1. Initiate a one-time data change to set the "Status" to 'Canceled' for all MAGI Determinations in the same county when all are true:
   a. The "Type" is 'Determination Change'.
   b. The "Status" is 'Received'.
   c. All MAGI Determinations with "Type" 'Referral' for the same MAGI Case Number in the same county have "Status" 'Canceled'.
2. After the data change is complete, generate a one-time list per Outreach section 4.1.

### 2.2.3 Estimated Number of Records Impacted/Performance

C-IV: approximately 240 records impacted
LRS/CalSAWS: approximately 60 records impacted

The data change is not expected to execute for a significant amount of time.

# 3 REQUIREMENTS

## 3.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|---|---|---|
| 2.20.1.1 | The LRS shall provide for the support of system interfaces and integration necessary for the coordination of services with other federal, State, and COUNTY agencies and other external agencies, for the purposes of reducing paperwork, verification of LRS Data, and preventing the duplication of LRS Data entry. | LRS/CalSAWS will now allow a worker to cancel a single MAGI Determination and update "Status" to 'Cancelled' for all MAGI Determinations for the same CalHEERS Case Number in the same county. |

# 4 OUTREACH

## 4.1 Lists

1. Generate a one-time list of all MAGI Determinations of type 'Determination Change' with "Status" successfully updated from 'Received' to 'Canceled' in one-time data change process.

   **List Name:** MAGI Determination updated from 'Received' status to 'Canceled'.
   **List Criteria:** A list of MAGI Determinations updated from 'Received' status to 'Canceled' from the one-time data change process.
   **Columns:**
   - MAGI Case Number
   - MAGI Case Name
   - County
   - Initiated Date

   **Frequency:** One-time
   **County Action:** No County Action. For auditing purposes only.
   The list will be posted to the following locations:

| System | Path |
|---|---|
| LRS/CalSAWS | CalSAWS Web Portal>System Changes>SCR and SIR Lists>2020>CA-209798 |
| C-IV | CalSAWS Web Portal>System Changes>SCR and SIR Lists>2020>CIV-104735 |

# Cal**SAWS**

California Statewide Automated Welfare System

DRAFT

## **Design Document**

CA-213185 - Add Generate Form button to generate for Ancillary (Work related and Education), Transportation, HSP, HVP, FS Need categories.docx

| | DOCUMENT APPROVAL HISTORY | |
|---|---|---|
| CalSAWS | Prepared By | Ishrath Khan, Jamie Ng |
| | Reviewed By | |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|---|---|---|---|
| 04/01/2020 | 1.0 | Initial Revision | Ishrath Khan, Jamie Ng |
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# 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 including Ancillary Services, Transportation, etc.

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

SCRs CA 205441 and CA 208155 added new Need Categories of Family Stabilization, Housing Support and Home Visit Program. This document describes the changes needed to implement form generation (NA 823/NA 820) via a new 'Generate form' button for the new need categories specified above as well as some existing need categories like Ancillary -Work related, Ancillary- Education and Transportation.

## 1.1 Current Design

As part of SCR CA-203249/CIV-101674 (Generate the NA 823 when manually issuing diaper allowance), a 'Generate Form' button was added to the Service Arrangement Detail page in CalSAWS to generate the NA 823 if the Need Category is 'Other Supportive Services' and Need Type is 'Diaper Allowance'. It does not generate the NA 823 for 'Ancillary – Work Related', 'Ancillary – Education', Family Stabilization (FS), Housing Support Program (HSP) or Home Visit Program (HVP) or the NA 820 for 'Transportation', FS Transportation or HVP Transportation.

## 1.2 Requests

To add a 'Generate Form' Button to Service Arrangement Detail page for the following Need categories:

- Ancillary- Work Related
- Ancillary – Education
- Transportation
- Family Stabilization
- Housing Support Program (HSP)
- Home Visit Program (HVP)
- Family Stabilization – Transportation
- Home Visit Program (HVP) - Transportation

## 1.3 Overview of Recommendations

For CalSAWS, update the Service Arrangement Detail page to add a new 'Generate Form' button. When the new button is clicked, the system will generate the NA 823/NA 820 as follows:

- Button will generate NA 823 for Ancillary -Work related, Ancillary - Education, HSP, HVP and FS approvals and discontinuances.
- Button will generate NA 820 for Transportation, FS transportation and HVP transportation approvals.

## 1.4 Assumptions

1. C-IV will adopt the functionality for the "Generate form" button implemented by this SCR post migration. This is an LRS/CalSAWS only SCR,
2. The "Generate form" button is only available on the Service Arrangement Detail page. Hence all forms not generated via Service Arrangement Detail page like NA 823/NA 821 (for denials) will continue to be generated from the Template Repository. (NA 823 / NA 821 denials are currently generated from needs page in C-IV)
3. Additional gaps in population for forms generated in this SCR will be discussed and addressed in future migration SCR CA-51876.
4. There is no change on populations for NA 820 approval for all need categories.
5. There is migration form update going on for NA 820 /NA 821. There is no population update for that migration change in this SCR.
6. The GROW Program is not impacted by this change.

# 2 RECOMMENDATIONS

## 2.1 Service Arrangement Detail

### 2.1.1 Overview

The Service Arrangement detail page allows users to create a service arrangement for a requested supportive service need. This section will describe the updates to generate the NA 823/NA 820 for the need categories specified under the Requests section.

### 2.1.2 Service Arrangement Detail Mockup



**Service Arrangement Detail**

*- Indicates required fields | Generate Form | Create Payment Request | Edit | Close

**Name:** *
_____ _____
**Service Arrangement ID:**
_____

**Need** ⚙

**Need Type:** | **Need Category:** | **Need Status:**
Habitability Items | Housing Support Program (HSP) | Met
**Need Description:**

**Activities**

| Type | Status | Begin Date | End Date |
|------|--------|-----------|----------|

**Arrangement Details**

**Arrangement Period:** *
From: 04/08/2020 To: 04/09/2020
**Program Type:** * | **Aid Code:** *
CalWORKs | 3E - CW-All Other Families (Mixed)
**Voucher:** *
No
**Payee:** *
CalWORKs Payee
**Employed:** *
No

**Payee Name:** | **Payee Address:**
RAMIREZ, _____ | _____

**Service Type Description** | **Total** ⚙

Test | 100.00

**Status History** ⚙

| Status | Status Reason | Status Date |
|--------|---------------|-------------|
| Approved | Eligible for service | 04/07/2020 |

**Comments:**

Generate Form | Create Payment Request | Edit | Close

Last Updated On 04/07/2020 3:15:49 PM By: 276501

**Figure 2.1.1 – Service Arrangement Detail- Payment Request (CalSAWS)**

**Service Arrangement Detail**

| Generate Form | Create Valuable Request | Edit | Close |

**Name:** *

**Service Arrangement ID:**

**Need** ✱

| **Need Type:** | **Need Category:** | **Need Status:** |
| Bus Ticket | Home Visit Program (HVP) - Transportation | Met |

**Need Description:**

**Activities**

| Type | Status | Begin Date | End Date |
|------|--------|------------|----------|

**Arrangement Details**

**Arrangement Period:** *
From: 04/16/2020 To: 04/17/2020

**Program Type:** *
Welfare to Work

**Aid Code:** *
32 - CW-TANF-Timed Out (State)

**Payee:** *
Same as Customer

**Employed:** *
No

**Additional Payee:**

| Service Type Description | Total ✱ |
|-------------------------|---------|
| | 0.00 |

**Status History** ✱

| Status | Status Reason | Status Date |
|--------|---------------|-------------|
| Approved | Eligible for service | 04/23/2020 |

**Comments:**

| Generate Form | Create Valuable Request | Edit | Close |

Last Updated On 04/23/2020 2:16:54 PM By: 993268

This Type 1 page took 8.44 seconds to load.

**Figure 2.1.1 – Service Arrangement Detail -Valuable Request (CalSAWS)**

### 2.1.3 Description of Changes

Update the Service Arrangement Detail page to add a new 'Generate Form' button. Display the new button in View mode and only when the Need Category is any of the ones listed below, and the status of the service arrangement is 'Approved' or 'Discontinued'. The button will not display on the page when the status is 'Closed' or 'Cancelled'. When the new 'Generate Form' button is clicked, the system will generate the NA 823 or NA 820 depending on the Need category and the status.

- Ancillary- Work Related
- Ancillary – Education
- Transportation
- Family Stabilization
- Housing Support Program (HSP)
- Home Visit Program (HVP)
- Family Stabilization – Transportation
- Home Visit Program (HVP) – Transportation
  s

| Form/Need Category | Program Type | Service Arrangement is Approved | Service Arrangement is Discontinued |
|---|---|---|---|
| NA 820 (Need-Transportation) | Welfare to Work, REP & Cal-Learn | Form generated from Service Arrangement page | |
| NA 821 (Need-Transportation) | Welfare to Work, REP & Cal-Learn | | Form generated from Service Arrangement page |
| NA 823 (Need-Ancillaries) | Welfare to Work, REP & Cal-Learn | Form generated from Service Arrangement page | |
| NA 820 (Need-FSP/HVP Transportation) | 'Welfare to Work'& REP ( HVP/FS Transportation) 'Cal-Learn' (HVP Transportation) | Form generated from Service Arrangement page | |
| NA 821 (Need- FSP/HVP Transportation) | 'Welfare to Work'& REP (HVP/FS Transportation) 'Cal-Learn' (HVP Transportation) | | Form generated from Service Arrangement page |

| NA 823 (Need-FS/HSP/HVP) | 'Welfare to Work'& REP (HSP, HVP and Family Stabilization) 'Cal-Learn' (HVP) | Form generated from Service Arrangement page | |
|---|---|---|---|

### 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 Update NA 821 Form Population Logic

### 2.2.1 Overview

NA 821 is used to inform the client when they have been discontinued for a Transportation Expense. NA 821 is being updated to generate via the service arrangement page, previously this form did not have any population. This requirement will add population to the form for the new Form generation.

**State Form**: NA 821 (1/01)

**Programs:** Welfare to Work, Cal-Learn (Transportation)

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

'REP' (HVP, 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

### 2.2.2 Updates to Form Generation

Update parameter setting of NA 821 when the form is generated via Generate Form button on Service Arrangement Detail page (See Section 2.1.3)

The parameter setting will be passed from Service Arrangement page by Fiscal.

**Required Form Input:** Service Arrangement ID, Case Number, Customer Name, Program, Language

### 2.2.3 Updates to Form Variable Population

When the form is generated via Service Arrangement Detail page, the fields are prepopulated and editable.

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

Right side of the NA 821 will prepopulate as follows:

> **Commented [MA6]:** It should it say ….,the fields are prepopulated and editable, because when you read the next statement it states fields are not prepopulated.
>
> **Commented [NJC7R6]:** Updated

COUNTY OF LOS ANGELES

**NOTICE OF ACTION**

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

| 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.

**Left column:**

☐ 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

**Right column:**

☐ As of _____ .

Your transportation payment for ☐ Job ☐ Welfare to Work ☐ Cal-Learn will stop.

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.

☐ 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: 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 | Editable |
|---|---|---|---|---|---|---|
| 1. Discontinued Checkbox | Checkbox will be checked if the Status of the Service Arrangement is Discontinued | Editable when a blank form is generated. 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 Status date ( Will populate if Discontinued Checkbox is populated. | Editable when a blank form is generated. 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. 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. Editable when form is generated in the context of a case. | Arial Font 10 | N | Y | Y |

**Commented [LP8]:** Could you please check what is the current date that C_IV is using on-line or LRS for discontinued for batch?

**Commented [NJC9R8]:** In Batch They are using payment request approval date. In C-IV they use S.A status date when triggered in S.A page.

| 5. Other | Reason will be Service Arrangement status reason<br><br>Will populate if Other Checkbox is populated. | Editable when a blank form is generated.<br><br>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

Note: Spanish Translations is attached to JIRA. Spanish Translation for the variables was done in SCR CA-212411.

## 2.3   Updates to NA 823 Form

### 2.3.1   Overview

NA 823 (Ancillary Expenses Approval/Denial NOA) currently generates via Batch (LRS/CalSAWS) for Ancillary Expenses and FS/HSP/HVP.

**State Form**: NA 823 (08/2000)

**Programs:** Welfare to Work, REP, Cal-Learn (for Ancillary - Work Related & Ancillary – Education need categories)

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

'REP' (for HVP, Family Stabilization need categories)

'Cal-Learn' (for HVP need category)

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

**Forms Category:** NOA

**Existing Languages:**

LRS/CalSAWS: English and Spanish

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

Update parameter setting of NA 823 Approval when the form is generated via Generate Form button on Service Arrangement Detail page for Ancillary Expenses and FS/HSP/HVP. (See Section 2.1.3)

The parameter setting will be passed from Service Arrangement page by Fiscal.

**Required Form Input:** Service Arrangement ID, Customer Need ID, Org ID, Foster Care Flag, Case Number, Customer Name, Program, Language

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

There is 1 updated variable population (#4 Service Arrangement Description) in approval case.

Other field populations
1. Approval Checkbox
2. Date
3. Program Checkbox
5. Cost
6. Total

are not updated in this SCR.



> **Commented [MA10]:** Can you please clarify; based on the mock up, what exactly will populate. Is the Date of Approval going to populate? Will the box of 'Welfare to Work" or 'Cal-Learn' be checked of if applicable. The variable table below only has one item being pre-populated.

> **Commented [NJC11R10]:** Updated

| Variable Name | Comments | Population | Formatting | Template Repository Population | Populates with Form Generation |
|---|---|---|---|---|---|
| **4.**<br>**Service Arrangement Description** | | 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 |

## 2.4   Updates to NA 820 Form

### 2.4.1   Overview

NA 820 (Transportation Approval NOA) currently generates via Batch (LRS/CalSAWS).  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 (for Transportation)

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

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

'Cal-Learn, (for HVP – transportation)

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

**Forms Category:** NOA

**Existing Languages:**

LRS/CalSAWS: English and Spanish

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

Update parameter setting of NA 820 when the form is generated via Generate Form button on Service Arrangement Detail page (See Section 2.1.3)

The parameter setting will be passed from Service Arrangement page by Fiscal.

**Required Form Input:** Service Arrangement ID, Case Number, Customer Name, Program, Language

## 2.5 Regression Test requirements for Correspondence Forms

### 2.5.1 Overview

Generate Form button is added to existing NA 823 , NA 820 and NA 821 generation conditions. Currently NA 823 (Approval) and NA 820 is generated by batch in LRS and NA 821 is generated from template repository.

### 2.5.2 Description of Change

Regression Test NA 823 (Approval) /NA 820 to confirm if they continue to populate same fields as they did in batch after generation conditions are added in Section 2.1.3 in this SCR. The regression testing should include Spanish Variable Population.

| Forms | Need Categories | Trigger |
|---|---|---|
| NA 823 (Approval) | Ancillary – Work Related<br>Ancillary – Education | Batch<br>(PB19R1958) |
| | Family Stabilization<br>Housing Support Program (HSP)<br>Home Visit Program (HVP) | |
| NA 820 | Transportation | Batch<br>(PB19R1957) |
| | Family Stabilization – Transportation<br>Home Visit Program (HVP) – Transportation | |

# 3 SUPPORTING DOCUMENTS

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

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# 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 the Service Arrangement Detail page to generate the NA 823 for the approval and discontinuance of diaper allowance. |
| | | |

## 4.2 Migration Requirements

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

# 5 MIGRATION IMPACTS

| SCR Number | Functional Area | Description | Impact | Priority | Address Prior to Migration? |
|------------|-----------------|-------------|--------|----------|------------------------------|
| CA-203594 | Fiscal | Currently, in CalACES, the NA 823 batch job generates the form only for 'Ancillary – Work Related', 'Ancillary – Education', or '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. | As part of SCR CA-203249 CIV-101674 (Generate the NA 823 when manually issuing diaper allowance), a 'Generate Form' button was added to the Service Arrangement Detail page in CalACES to generate the NA 823 if the Need Category is 'Other Supportive Services' and Need Type is 'Diaper Allowance'. It does not generate the NA 823 for 'Ancillary – Work Related', 'Ancillary – Education', or the NA 820 or NA 821 for 'Transportation'. | _ | No |

DRAFT

# 7   APPENDIX

DRAFT

# CalSAWS

California Statewide Automated Welfare System

## Design Document

CA-214304

Update address validation message in the EDBC summary page

| | DOCUMENT APPROVAL HISTORY | |
|---|---|---|
| **CalSAWS** | Prepared By | Tom Lazio |
| | Reviewed By | |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|---|---|---|---|
| 04/07/2020 | 1.0 | Initial Draft | T. Lazio |
| 05/13/2020 | 2.0 | Updated validation message text in Sections 2.1.2 and 2.2.2 based on Committee feedback | T. Lazio |
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# 1 OVERVIEW

The validation message in EDBC Summary states "Please correct the address or set the Issuance Method for the program" when the Payee mailing address exceeds character limits. This SCR will update the validation message on the EDBC Summary page to instruct the user to correct the address but not include the option to set the issuance method for the program.

## 1.1 Current Design

SCR CA-201483 (DDCR 5035) updated the validation on the EDBC Summary page to display the following message when the Payee's mailing address Lines 1, 2, or City exceeded character limits:

*Cancel - An EBT account cannot be created for the current Payee mailing address.*
- *Line 1 exceeds 30 characters.*
- *Line 2 exceeds 30 characters.*
- *City exceeds 20 characters.*

*Please correct the address or set the Issuance Method for the program*

The user cannot set the Issuance Method without correcting the address first. The validation message makes it seem like the Issuance Method can be set even though the address is incorrect.

## 1.2 Requests

The EDBC Summary page validation message should instruct the user to correct the address but should not include an "or" option to set the issuance method for the program. Therefore, update the validation message on the EDBC Summary page to instruct the user to correct the address.

## 1.3 Overview of Recommendations

1. Update the EDBC Summary page validation message to notify the user to modify the Payee mailing address when the address lines exceed character limits.

2. Update the Manual EDBC Summary page validation message to notify the user to modify the Payee mailing address when the address lines exceed character limits.

## 1.4 Assumptions

1. Conditions for the EDBC Summary page validation message will not change.

# 2 RECOMMENDATIONS

## 2.1 EDBC Summary Page Validation Message

### 2.1.1 Overview

Update the EDBC Summary page validation message to notify the user to modify the Payee mailing address when the address lines exceed character limits.

### 2.1.2 Description of Changes

Display the following validation message when the user selects the "Accept" button on the EDBC Summary page if the Payee's current mailing address Line 1, Line 2, or City exceeds character limit:

*Cancel – An EBT account cannot be created for the current Payee mailing address for one or more of the following reasons:*

- *Line 1 cannot exceed 30 characters.*
- *Line 2 cannot exceed 30 characters.*
- *City cannot exceed 20 characters.*

*Please correct the Payee mailing address*

### 2.1.3 EDBC Summary Page Validation Message Example



**Figure 2.1.3.1 –EDBC Summary Page with Validation Message Mockup**

### 2.1.4 Programs Impacted

- CalWORKs
- CAPI
- CalFresh
- Homeless Permanent
- Homeless Temporary
- Immediate Need

- RCA
- General Assistance/General Relief
- Nutritional Benefit

## 2.2 Manual EDBC Summary Page Validation Message

### 2.2.1 Overview

Update the Manual EDBC Summary page validation message to notify the user to modify the Payee mailing address when the address lines exceed character limits.

### 2.2.2 Description of Changes
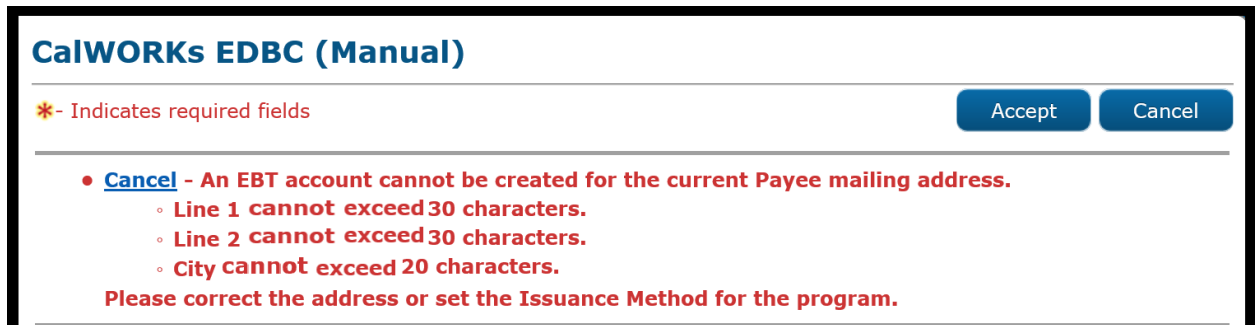
Display the following validation message when the user selects the "Accept" button on the Manual EDBC Summary page if the Payee's current mailing address Line 1, Line 2, or City exceeds character limit:

*Cancel – An EBT account cannot be created for the current Payee mailing address for one or more of the following reasons:*

- *Line 1 cannot exceed 30 characters.*
- *Line 2 cannot exceed 30 characters.*
- *City cannot exceed 20 characters.*

*Please correct the Payee mailing address*

### 2.2.3 Manual EDBC Summary Page Validation Message Example

**CalWORKs EDBC (Manual)**

＊- Indicates required fields                                    [Accept]  [Cancel]

- **Cancel - An EBT account cannot be created for the current Payee mailing address.**
    - **Line 1 cannot exceed 30 characters.**
    - **Line 2 cannot exceed 30 characters.**
    - **City cannot exceed 20 characters.**
  **Please correct the address or set the Issuance Method for the program.**

**Figure 2.2.3.1 – Manual EDBC Summary Page with Validation Message Mockup**

### 2.2.4 Programs Impacted

- CalWORKs
- CAPI
- CalFresh
- Homeless Permanent

- Homeless Temporary
- Immediate Need
- RCA
- General Assistance/General Relief
- Nutritional Benefit

## 2.3   Automated Regression Test

### 2.3.1   Overview

Create new automated scripts to verify the address validation message on the <Program> EDBC Summary and <Program> EDBC (Manual) pages for each impacted program.

### 2.3.2   Description of Changes

1. Create new automated scripts to verify the address validation message on the <Program> EDBC Summary page when a new EBT account would be established, in each of the following scenarios:
   a. Payee Mailing Address Line 1 exceeds 30 characters
   b. Payee Mailing Address Line 2 exceeds 30 characters
   c. Payee Mailing Address City exceeds 20 characters

2. Create new automated scripts to verify the address validation message on the <Program> EDBC (Manual) page when a new EBT account would be established, in each of the following scenarios:
   a. Payee Mailing Address Line 1 exceeds 30 characters
   b. Payee Mailing Address Line 2 exceeds 30 characters
   c. Payee Mailing Address City exceeds 20 characters

   Program List:
   - CalFresh
   - CalWORKs
   - CAPI
   - General Assistance / General Relief
   - Homeless Permanent
   - Homeless Temporary
   - Immediate Need
   - Nutrition Benefit
   - RCA

# 3   REQUIREMENTS

## 3.1   Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-------|------------------|---------------------|
| 2.1.1.6 | The LRS shall provide screen-level validation and display a summary list of corrective instructions for each field with erroneous data for the entire screen. | Update validation message in the EDBC Summary page to instruct user when Payee's current mailing address exceeds character limit. |

# CalSAWS

California Statewide Automated Welfare System

# Design Document

CA-214982 | DDID 2574

Add WTW 9 – Welfare to Work Appraisal Appointment Letter Form (07/99)

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|---|---|---|---|
| 04/27/2020 | 1.0 | Original | Pramukh Karla |
| 05/12/2020 | 2.0 | Modified design document according to DEL comments | Pramukh Karla |
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# 1 OVERVIEW

The purpose of this change is to add the WTW 9 (07/99) to the LRS/CalSAWS and generate this form from the Template Repository for 57 counties excluding Los Angeles county.

## 1.1 Current Design

WTW 9 (07/99) does not exist in LRS/CalSAWS.

## 1.2 Requests

Add the WTW 9 (07/99) version of the form to the LRS/CalSAWS.

## 1.3 Overview of Recommendations

1. Add WTW 9 (07/99) form to LRS/CalSAWS Template Repository for 57 counties excluding Los Angeles county.
2. Update existing GN 6053-1 form to be available only for Los Angeles county.

## 1.4 Assumptions

1. WTW 9 (07/99) will have the LRS/CalSAWS Standard Header.
2. All the prepopulated fields will be editable on the WTW 9 (07/99) form.
3. WTW 9 (07/99) will be implemented in threshold languages with CA-214983.

# 2   RECOMMENDATIONS

## 2.1   Add WTW 9 (07/99) – Welfare to Work Appraisal Appointment Letter to Template Repository

### 2.1.1   Overview

This section will cover the updates needed to add WTW 9 (07/99) Form to LRS/CalSAWS.

**State Form:** WTW 9

**Programs:** CalWORKs, Cal-Learn, Welfare to Work

**Attached Forms:** N/A

**Forms Category:** Form

**Languages:** English, Spanish

### 2.1.2   Description of Change

Create a new WTW 9 (07/99) – Welfare to Work Appraisal Appointment Letter that can be generated from the Template Repository for all 57 counties excluding Los Angeles county.

1.   Create WTW 9 Form XDP with just 1 impression.

   **Form Header:** LRS/CalSAWS State Standard Header

   **Form Title:** Welfare to Work Appraisal Appointment Letter

   **Form Number:** WTW 9

   **Include NA Back 9:** No

   **Form Mockup/Example:** See Supporting Document #1

2.   Add the WTW 9 (07/99) – Welfare to Work Appraisal Appointment Letter to Template Repository. The following parameters will be required:

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

   WTW 9 form will be blank when generated from the template repository. LRS/CalSAWS Standard Header will be populated with worker and case information as follows.

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

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

3. Add the following barcode options to the WTW 9 Form:

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

4. Add the following print options to the WTW 9 Form:

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

**Mailing Requirements:**
Mail-To (Recipient): Primary Applicant of the Program selected on the Document parameter page.
Mailed From (Return): Worker's Office Address
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Return Envelope Type: N/A

**Additional Requirements:**
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to YBN/C4Y: Yes

## 2.2 Update GN 6053-1 – GAIN Appraisal Appointment Notice

### 2.2.1 Overview

Update the existing GN 6053-1 – GAIN Appraisal Appointment Notice form so that it is only available for Los Angeles county.

### 2.2.2 Description of Changes

Update GN 6053-1 form to be visible and generated for Los Angeles county only.

# 3   SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | Correspondence | WTW 9 | WTW9_EN.pdf<br>WTW9_SP.pdf |

# 4   REQUIREMENTS

## 4.1   Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 2574 | **Original:**<br>The CONTRACTOR shall add the State form WTW 9 Welfare to Work Appraisal Appointment Letter to the LRS/CalSAWS Software. The WTW 9 will be made available in the Template Repository in the LRS/CalSAWS Software for 57 Counties. The GN 6053-1 will only be available for Los Angeles County. | 1. Estimate is for implementing the new form in English and Spanish.<br>2. Spanish translations will be provided by the State.<br>3. See DDID 2664 assumption for listing of the threshold languages included in the estimate.<br>4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | With CA-214982 WTW 9 form has been added to LRS/CalSAWS system and GN 6053-1 form will be updated to be only available for Los Angeles county. |

# CalSAWS

California Statewide Automated Welfare System

# Design Document

CA-215032 | DDID 2599

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

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

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

## 1.1 Current Design

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

## 1.2 Requests

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

## 1.3 Overview of Recommendations

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

## 1.4 Assumptions

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

# 2  RECOMMENDATIONS

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

### 2.1.1  Overview

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

**State Form:** MC 609
**Program:** Medi-Cal
**Attached Forms:** N/A
**Forms Category:** Forms
**Languages:** English

### 2.1.2  Description of Change

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

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

   **Form Header:** N/A
   **Form Title:** Confidential Medi-Cal Complaint Report
   **Form Number:** MC 609
   **Include NA Back 9:** No
   **Form Mockups:** Please refer to Supporting Document #1

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

   **Required Form Input:** Case Number, Program, and Language.

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

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

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

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

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

**Mailing Requirements:**
Mail-To (Recipient): N/A
Mailed From (Return): N/A
Mail-back-to Address: N/A
Outgoing Envelope Type: N/A
Return Envelope Type: N/A

**Additional Requirements:**
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to YBN/C4Y: No

# 3   SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | Client Correspondence | MC 609 | MC609_ EN.pdf |

# 4 REQUIREMENTS

## 4.1 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 2599 | **Original:** The CONTRACTOR shall add the most recent version of the State form MC 609 to the CalSAWS Software with the following updates: 1) Add the CalSAWS standard header information 2) Make the form available in the Template Repository in the CalSAWS Software for the 58 Counties **Revised:** The CONTRACTOR shall add the most recent version of the State form MC 609 to the CalSAWS Software with the following updates: 1) Make the form available in the Template Repository in the CalSAWS Software for the 58 Counties | **Original:** 1. Estimate is for implementing the new form in English and Spanish. 2. Spanish translations will be provided by the State. 3. See DDID 2664 assumption for listing of the threshold languages included in the estimate. 4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. **Revised:** 1. Estimate is for implementing the new form in English. 2. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | With CA-215032 the functionality to generate the MC 609 form from the Template Repository page is added. |

# CalSAWS

California Statewide Automated Welfare System

# Design Document

CA-215038 | DDID 2602

Add DHCS 0006 – Proof of Citizenship or Identity Form (08/07)

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------|------------------|----------------------|--------|
| 04/27/2020 | 1.0 | Original | Pramukh Karla |
| 05/18/2020 | 2.0 | Updated design document to address DEL Comments | Pramukh Karla |
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# 1 OVERVIEW

The purpose of this change is to add the DHCS 0006 (08/07) to the LRS/CalSAWS and make this form available for all 58 counties.

## 1.1 Current Design

DHCS 0006 does not exist in LRS/CalSAWS.

## 1.2 Requests

Add the DHCS 0006 (08/07) version of the form to the LRS/CalSAWS.

## 1.3 Overview of Recommendations

1. Add DHCS 0006 (08/07) form to LRS/CalSAWS Template Repository for all 58 counties

## 1.4 Assumptions

1. DHCS 0006 (08/07) will have the LRS/CalSAWS Standard Header.
2. All prepopulated fields will be editable on DHCS 0006 (08/07) form.
3. DHCS 0006 (08/07) will be implemented in threshold languages with CA-215039.

# 2 RECOMMENDATIONS

## 2.1 Add DHCS 0006 (08/07) – Proof of Citizenship or Identity Form to Template Repository

### 2.1.1 Overview

This section will cover the updates needed to add DHCS 0006 (08/07) Form to LRS/CalSAWS.

**State Form:** DHCS 0006
**Programs:** Medi-Cal
**Attached Forms:** N/A
**Forms Category:** Form
**Languages:** English, Spanish

### 2.1.2 Description of Change

Create a new DHCS 0006 (08/07) – Proof of Citizenship or Identity form that can be generated from the Template Repository.

1. Create DHCS 0006 Form XDP with just 1 impression.

   **Form Header:** LRS/CalSAWS State Standard Header
   **Form Title:** Proof of Citizenship or Identity
   **Form Number:** DHCS 0006
   **Include NA Back 9:** No
   **Form Mockup/Example:** See Supporting Document #1

2. Add the DHCS 0006 – Proof of Citizenship or Identity form to Template Repository. The following parameters will be required:

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

   DHCS 0006 form will be blank when generated from the Template Repository. LRS/CalSAWS Standard Header will be populated with worker and case information.

| Section | Field | Description | Comments |
|---------|-------|-------------|----------|

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

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

3. Add the following barcode options to the DHCS 0006 Form:

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

4. Add the following print options to the DHCS 0006 Form:

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

**Mailing Requirements:**
Mail-To (Recipient): Primary Applicant of the Program selected on the Document parameter page.
Mailed From (Return): Worker's Office Address of Medi-Cal program
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Return Envelope Type: N/A

**Additional Requirements:**
Special Paper Stock: N/A
Enclosures: N/A

# 3   SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | Correspondence | DHCS 0006 | DHCS_0006_EN.pdf<br>DHCS_0006_SP.pdf |

# 4   REQUIREMENTS

## 4.1   Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 2602 | **Original:**<br>The CONTRACTOR shall add the most recent version of the State form DHCS 006 to the CalSAWS Software with the following updates:<br><br>1) Add the CalSAWS standard header information.<br><br>2) Make form available in the Template Repository in the CalSAWS Software for the 58 Counties | 1. Estimate is for implementing the new form in English and Spanish.<br>2. Spanish translations will be provided by the State.<br>3. See DDID 2664 assumption for listing of the threshold languages included in the estimate.<br>4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs | With CA-215038 DHCS 0006 form will be added to LRS/CalSAWS system and will be available for all 58 counties. |

# CalSAWS

# Design Document

CA-215065 | DDID 2615

Update CF 377.1 – Notice of Approval for CalFresh Benefits Form

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------|------------------|---------------------|--------|
| 04/30/2020 | 1.0 | Original | Pramukh Karla |
| 05/13/2020 | 2.0 | Update document to accommodate DEL comments | Pramukh Karla |
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# 1 OVERVIEW

The purpose of this change is to update the CF 377.1 (09/15) form in the LRS/CalSAWS to match the latest state version of (06/19).

## 1.1 Current Design

CF 377.1 form already exists in LRS/CalSAWS in 09/15 version.

## 1.2 Requests

Update CF 377.1 (09/15) form to match the latest state version of (06/19).

## 1.3 Overview of Recommendations

1. Update CF 377.1 form to match the latest state version of (06/19).

## 1.4 Assumptions

1. CF 377.1 (06/19) form will have LRS/CalSAWS Standard Header.
2. All the prepopulated fields will be editable on CF 377.1 (06/19) form.
3. CF 377.1 (06/19) in threshold languages will be updated to match the state version with CA-215064.

# 2 RECOMMENDATIONS

## 2.1 Update CF 377.1 – Notice of Approval for CalFresh Benefits

### 2.1.1 Overview

This section will cover the updates needed to update CF 377.1 (09/15) form to match the latest state version of (06/19).

**State Form:** CF 377.1
**Programs:** CalFresh
**Attached Forms:** N/A
**Forms Category:** Form
**Languages:** English, Spanish

### 2.1.2 Description of Change

Update CF 377.1 (09/15) – Notice of Approval for CalFresh Benefits form to match the latest state version of (06/19).

**Form Header:** LRS/CalSAWS State Standard Header
**Form Title:** Notice of Approval for CalFresh Benefits
**Form Number:** CF 377.1
**Include NA Back 9:** Yes
**Form Mockup/Example:** See Supporting Document #1

# 3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|----------------|-------------|------------|
| 1 | Correspondence | CF 377.1 | CF377.1_EN.pdf CF377.1_SP.pdf |

# 4 REQUIREMENTS

## 4.1 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 2615 | **Original:** The CONTRACTOR shall update the State form CF 377.1 to the most recent version in the CalSAWS Software. The CF 377.1 will be made available in the Template Repository in the CalSAWS Software for the 58 Counties. | 1. Estimate is for updating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 3. See DDID 2665 assumption for listing of the threshold languages included in the estimate. 4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | With CA-215065 CF 377.1 English and Spanish language forms will be updated to match the latest state version. |

# CalSAWS

California Statewide Automated Welfare System

## Design Document

CA-215066 | DDID 2616

Add CF 377.9 (2/14) form to the Template Repository

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------|------------------|----------------------|--------|
| 04/27/2020 | 1.0 | Initial Revision | Raj Devidi |
| 05/12/2020 | 2.0 | Modified design document according to DEL comments | Raj Devidi |
| | | | |

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# 1 OVERVIEW

## 1.1 Current Design

The state form CF 377.9 (2/14) is not available in LRS/CalSAWS system.

## 1.2 Requests

The system change request will add the new CF 377.9 (2/14) form to LRS/CalSAWS.

## 1.3 Overview of Recommendations

1. Add CF 377.9 (2/14) form to LRS/CalSAWS Template Repository.

## 1.4 Assumptions

1. CF377.9 (2/14) form will have the LRS/CalSAWS Standard Header.
2. All the prepopulated fields will be editable on the CF 377.9 (2/14) form.
3. The implementation of the CF 377.9 (2/14) in the threshold languages will be done with CA-215067 - Add CF 377.9 (2/14) form in threshold languages.

# 2 RECOMMENDATIONS

## 2.1 Add CF 377.9 (2/14) – Notice of Back CalFresh Benefits to the Template Repository

### 2.1.1 Overview

Add the State form CF 377.9 (2/14) to the LRS/CalSAWS Software. The CF 377.9 (2/14) will be made available in the Template Repository in the LRS/CalSAWS Software for the 58 Counties.

**State Form:** CF 377.9 (2/14)
**Program:** CalFresh
**Attached Forms:** N/A
**Forms Category:** NOA
**Languages:** English, Spanish

### 2.1.2 Description of Change

Create a new CF 377.9 (2/14) - Notice of Back CalFresh Benefits form that can be generated from the Template Repository.

1. Create the CF 377.9 (2/14) Form XDP with 2 impressions. 1st page will have CF 377.9 (2/14) and the 2nd page will have NA Back 9.

   **Form Header:** LRS/CalSAWS State Standard Header
   **Form Title:** Notice of Back CalFresh Benefits
   **Form Number:** CF 377.9
   **Include NA Back 9:** Yes
   **Form Mockups:** Please refer to **Section 3.0 – Supporting Document #1**.

2. Add CF 377.9 (2/14) form to the template repository with the following parameters.

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

   CF 377.9 (2/14) form will be blank when generated from the template repository. LRS/CalSAWS Standard Header will be populated with worker and case information.

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

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

3. Add the following barcode options to the CF 377.9 (2/14) Form:

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

4. Add the following print options to the CF 377.9 (2/14) Form:

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

**Mailing Requirements:**
Mail-To (Recipient): Primary Applicant of the Program selected on the Document parameter page.
Mailed From (Return): Worker's Office Address of CalFresh program
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Return Envelope Type: N/A

**Additional Requirements:**
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to YBN/C4Y: Yes

# 3   SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | Client Correspondence | English and Spanish CF 377.9 (2/14) generated from the Template Repository page | CF 377_9 EN.pdf<br>CF 377_9 SP.pdf |

# 4 REQUIREMENTS

## 4.1 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 2616 | **Original:**<br>The CONTRACTOR shall add the State form CF 377.9 to the LRS/CalSAWS Software. The CF 377.9 will be made available in the Template Repository in the LRS/CalSAWS Software for the 58 Counties. | 1. Estimate is for implementing the new form in English and Spanish.<br>2. Spanish translations will be provided by the State.<br>3. See DDID 2664 assumption for listing of the threshold languages included in the estimate.<br>4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | The functionality to generate the CF 377.9 (2/14) form from the Template Repository page is added. |

# CalSAWS

California Statewide Automated Welfare System

# Design Document

CA-215090 | DDID 2628

Add DPA 19 – Authorized Representative Form
(12/10)

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|---|---|---|---|
| 05/06/2020 | 1.0 | Original | Pramukh Karla |
| 05/18/2020 | 2.0 | Updated design document to address DEL Comments | Pramukh Karla |
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# 1 OVERVIEW

The purpose of this change is to add the DPA 19 (12/10) to the LRS/CalSAWS and make this form available for all 58 counties.

## 1.1 Current Design

DPA 19 does not exist in LRS/CalSAWS.

## 1.2 Requests

Add the DPA 19 (12/10) version of the form to the LRS/CalSAWS.

## 1.3 Overview of Recommendations

1. Add DPA 19 (12/10) form to LRS/CalSAWS Template Repository for all 58 counties

## 1.4 Assumptions

1. DPA 19 (12/10) will have the LRS/CalSAWS Standard Header.
2. All prepopulated fields will be editable on DPA 19 (12/10) form.
3. DPA 19 (12/10) will be implemented in threshold languages with CA-215091.

# 2 RECOMMENDATIONS

## 2.1 Add DPA 19 (12/10) – Authorized Representative Form to Template Repository

### 2.1.1 Overview

This section will cover the updates needed to add DPA 19 (12/10) Form to LRS/CalSAWS.

**State Form:** DPA 19
**Programs:** All Programs
**Attached Forms:** N/A
**Forms Category:** Form
**Languages:** English, Spanish

### 2.1.2 Description of Change

Create a new DPA 19 (12/10) – Authorized Representative form that can be generated from the Template Repository.

1. Create DPA 19 Form XDP with 2 impressions.

   **Form Header:** LRS/CalSAWS State Standard Header
   **Form Title:** Authorized Representative
   **Form Number:** DPA 19
   **Include NA Back 9:** Yes
   **Form Mockup/Example:** See Supporting Document #1

2. Add the DPA 19 – Authorized Representative form to Template Repository. The following parameters will be required:

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

   DPA 19 form will be blank when generated from the Template Repository. LRS/CalSAWS Standard Header will be populated with worker and case information.

| Section | Field | Description | Comments |
|---------|-------|-------------|----------|

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

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

3. Add the following barcode options to the DPA 19 Form:

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

4. Add the following print options to the DPA 19 Form:

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

**Mailing Requirements:**
Mail-To (Recipient): Primary Applicant of the Program selected on the Document parameter page.
Mailed From (Return): Worker's Office Address
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Return Envelope Type: N/A

**Additional Requirements:**
Special Paper Stock: N/A
Enclosures: N/A

## 3  SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | Correspondence | DPA 19 | DPA19_EN.pdf<br>DPA19_SP.pdf |

## 4  REQUIREMENTS

### 4.1  Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 2628 | **Original:**<br>The CONTRACTOR shall add the newest State version of the DPA 19 to the CalSAWS Software. The DPA 19 will be made available in the Template Repository in the CalSAWS Software for the 58 Counties. | 1. Estimate is for implementing the new form in English and Spanish.<br>2. Spanish translations will be provided by the State.<br>3. See DDID 2664 assumption for listing of the threshold languages included in the estimate.<br>4. Estimate does NOT include any effort for modifying or creating new Functional Design Documents (FDDs) for forms being modified/migrated/created. Consortium staff will be modifying or creating FDDs. | With CA-215090 DPA 19 form will be added to LRS/CalSAWS system and will be available for all 58 counties. |

# CalSAWS

California Statewide Automated Welfare System

## Design Document

CA-215280

DDID 1631 Modify DHCS CMS PI Master Data Request

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---|---|---|
| | Prepared By | Esequiel Herrera-Ortiz |
| | Reviewed By | Ravneet Bhatia; Thao Ta; |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|---|---|---|---|
| 03/03/2020 | 1.0 | Initial revision | Esequiel Herrera-Ortiz |
| 05/12/2020 | 1.1 | Update to design per analyst input. | Esequiel Herrera-Ortiz |
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# 1 OVERVIEW

In preparation for migration of C-IV to LRS as part of CalSAWS, detailed code analysis work was conducted from DDID 1061 (CAR-3125) to identify logic gaps that may impact county business processes, to address code gaps between the two systems, and to identify batch scheduling needs and data entry requirements.

DDID 1631 was created to implement the changes identified by the outcome of DDID 1061. Design differences were found for the CMS Performance Indicator Master Data Request report. This SCR is to implement the respective design changes for this report.

## 1.1 Current Design

The DHCS CMS Performance Indicators Master Data Request report provides information for: Medi-Cal applications received, Medi-Cal renewals, Medi-Cal eligibility, Medi-Cal ineligibility, Medi-Cal pending applications and renewals, and Medi-Cal determination processing time. The report consists of the following 6 performance indicators:

> Indicator 5 – Number of Applications Received
>
> Indicator 7 – Renewals
>
> Indicator 9 - Total Number of Individuals Determined Eligible
>
> Indicator 10 - Total Number of Individuals Determined Ineligible
>
> Indicator 11 - Number of Pending Applications or Pending Redeterminations
>
> Indicator 12 - Processing Time for Determinations

In C-IV, the state version of the report, which contains county summary information is sent directly to DHCS via FTP process. A county specific version containing the summary and detail information is provided to counties for data validation.

## 1.2 Requests

The following updates will be made to the LRS/CalSAWS version of the report to resolve design differences:

1. Update the county detailed version of the report to take the place of the state version of the report.
2. Send the state version of the report directly to DHCS with all the CalSAWS counties' information via FTP.
3. Update Performance Indicator 5 application source mappings.
4. Update the reportable aid code mapping for all Performance Indicators.
5. Update Performance Indicator 7 to report based on renewals rather than distinct individuals.
6. Update the report template format.

## 1.3 Overview of Recommendations

1. Update the application source mapping for performance indicator 5.
2. Update the state version of the report to generate with all CalSAWS counties' information and send the report directly to DHCS via FTP.
3. In the web application, replace the state version of the report with the county detailed version.
4. Update Performance Indicator 7 to report based on number of renewals. rather than distinct individuals.
5. Update the application source mapping for SAWS, Email, ICT and SPE.
6. Update the aid code to Performance Indicator mapping according to the Master Aid Code List provided by DHCS.
7. Make cosmetic updates to both the state and county version of the report.

## 1.4 Assumptions

1. When a design difference was identified between both systems, and both systems were not up to date with state instructions, the latest state instruction was incorporated to resolve the design difference.
2. The DDID 1061 analysis was completed as of release 19.05 for this report.

# 2 RECOMMENDATIONS

The DHCS CMS Performance Indicators Master Data Request report will be updated to resolve some design differences identified between the LRS/CalSAWS version of the report and the C-IV version of the report into a single solution.

## 2.1 DHCS CMS Performance Indicators Master Data Request

### 2.1.1 Overview

The DHCS CMS Performance Indicators Master Data Request report will be updated to resolve design differences identified during the analysis of the report.

## 2.1.2 DHCS CMS Performance Indicators Master Data Request Mockup

| SAWS: | LRS | Report Date: | FEB-02-2020 8:13:00 PM | | | |
|---|---|---|---|---|---|---|
| Reporting Level: | Application Level | Reporting Period (monthly reporting): | 01-01-2020 to 01-31-2020 | | | |

| CMS Performance Indicator 5. Number of Applications Received | | | | | | |
|---|---|---|---|---|---|---|
| County | 5a./5b. Apps Received/By MC Agency | Application Received by Medicaid Agency, by Channel | | | | |
| | | 5c. Online | 5d. Mail | 5e. In Person | 5f. Phone | 5g. Other |
| Alpine | 1 | 1 | 1 | 1 | 1 | 1 |
| Amador | 1 | 1 | 1 | 1 | 1 | 1 |
| Butte | 1 | 1 | 1 | 1 | 1 | 1 |
| Calaveras | 1 | 1 | 1 | 1 | 1 | 1 |
| Colusa | 1 | 1 | 1 | 1 | 1 | 1 |
| Del Norte | 1 | 1 | 1 | 1 | 1 | 1 |
| El Dorado | 1 | 1 | 1 | 1 | 1 | 1 |
| Glenn | 1 | 1 | 1 | 1 | 1 | 1 |
| Humboldt | 1 | 1 | 1 | 1 | 1 | 1 |
| Imperial | 1 | 1 | 1 | 1 | 1 | 1 |
| Inyo | 1 | 1 | 1 | 1 | 1 | 1 |
| Kern | 1 | 1 | 1 | 1 | 1 | 1 |
| Kings | 1 | 1 | 1 | 1 | 1 | 1 |
| Lake | 1 | 1 | 1 | 1 | 1 | 1 |
| Lassen | 1 | 1 | 1 | 1 | 1 | 1 |
| Los Angeles | 1 | 1 | 1 | 1 | 1 | 1 |
| Madera | 1 | 1 | 1 | 1 | 1 | 1 |
| Marin | 1 | 1 | 1 | 1 | 1 | 1 |
| Mariposa | 1 | 1 | 1 | 1 | 1 | 1 |
| Mendocino | 1 | 1 | 1 | 1 | 1 | 1 |
| Merced | 1 | 1 | 1 | 1 | 1 | 1 |
| Modoc | 1 | 1 | 1 | 1 | 1 | 1 |
| Mono | 1 | 1 | 1 | 1 | 1 | 1 |
| Monterey | 1 | 1 | 1 | 1 | 1 | 1 |
| Napa | 1 | 1 | 1 | 1 | 1 | 1 |
| Nevada | 1 | 1 | 1 | 1 | 1 | 1 |
| Plumas | 1 | 1 | 1 | 1 | 1 | 1 |
| Riverside | 1 | 1 | 1 | 1 | 1 | 1 |
| San Benito | 1 | 1 | 1 | 1 | 1 | 1 |
| San Bernardino | 1 | 1 | 1 | 1 | 1 | 1 |
| San Joaquin | 1 | 1 | 1 | 1 | 1 | 1 |
| Shasta | 1 | 1 | 1 | 1 | 1 | 1 |
| Sierra | 1 | 1 | 1 | 1 | 1 | 1 |
| Siskiyou | 1 | 1 | 1 | 1 | 1 | 1 |
| Stanislaus | 1 | 1 | 1 | 1 | 1 | 1 |
| Sutter | 1 | 1 | 1 | 1 | 1 | 1 |
| Tehama | 1 | 1 | 1 | 1 | 1 | 1 |
| Trinity | 1 | 1 | 1 | 1 | 1 | 1 |
| Tuolumne | 1 | 1 | 1 | 1 | 1 | 1 |
| Yuba | 1 | 1 | 1 | 1 | 1 | 1 |
| Total | 40 | 40 | 40 | 40 | 40 | 40 |

**Figure 2.1.2-1 – DHCS CMS Performance Indicators Master Data Request - State Version Mockup**

**DHCS CMS Performance Indicators Master Data Request**

Indicator 5 – Number of Applications Received

| 5a./5b. Apps Received/By MC Agency | Application Received by Medicaid Agency, by Channel | | | | |
|---|---|---|---|---|---|
| | 5c. Online | 5d. Mail | 5e. In Person | 5f. Phone | 5g. Other |
| 1 | 1 | 0 | 0 | 0 | 0 |

| Total: | 1 |
|---|---|
| | 2:A1048576<>"")),"#,##0") |

| Case Number | Case Name | Person Name | DOB | CIN | Specific Application Source | Application Source |
|---|---|---|---|---|---|---|
| 1000001 | Case Name1 | Person Name1 | 12/30/1900 | 90000000C | C4Y | Online |

**Figure 2.1.2-2 – DHCS CMS Performance Indicators Master Data Request - County Version Mockup**

### 2.1.3 Description of Change

1. Make the following changes to the state version of the DHCS CMS Performance Indicators Master Data Request report:
   a. Update the 'Reporting Period (monthly reporting)' field, which is found on every sheet, to the following format: "MM-DD-YYYY to MM-DD-YYYY".
   Note: This field captures the first day of the reporting month to the last day of the reporting month.
   b. Update all number values to be right aligned.
   c. Update every performance indicator sheet to dynamically include the summary counts for every available CalSAWS county. Currently LRS/CalSAWS is only set up to report data for LA County.
   d. Update the 'County' column on every sheet to display the county name for which the data represents.
   e. Update the 'Total' row at the bottom of every sheet to display the static totals of the summations of each corresponding column.
   f. Update the 'Reporting Level' field in Performance Indicator 11 to be blank rather than display 'Individual Level'.
   *Note this is according to the DHCS template not the C-IV version of the report.
   g. Submit this version of the report directly to DHCS via FTP process. The report will be generated and sent with the same scheduling and execution frequency as it's currently running.

h.  Make this version of the report no longer accessible through the web application. The county detail version of the report will take its place. All previously generated reports will remain accessible and unchanged.

i.  Rename the report to 'DHCS CMS Performance Indicators Master Data Request' previously named 'DHCS CMS Performance Indicator Master Data Request Report'. All previously generated reports will retain the old name. The name change is documented as part of CA-215274 DDID 1631: Modify State Report Titles but will be implemented in this design.

j.  Update Performance Indicator 7 to capture counts based on annual renewals rather than distinct individual counts.

| Field Name | Field Description |
|---|---|
| (7a) Total REs Due<br><br>7a = 7b + 7c + 7d + 7e | Total number of **annual renewals** with a due date in the report month. The individual associated to the annual renewal must be an active member on the program (MEM or MMO) at the time of renewal, and they must have a primary aid code that is on the Indicator 7a Aid Code List. Individuals that had a change-in-circumstance prior to RE due month will be excluded. |
| (7b) MAGI | Of the **annual renewals** counted in Line 7a, count under 7b if the associated individual was assigned a 7b (MAGI) primary aid code. |
| (7c) Non-MAGI | Of the **annual renewals** counted in Line7 a, the renewals that have a 7c (Non-MAGI) primary aid code. |
| (7d) CHIP | Of the **annual renewals** in Line 7a, the renewals that have a 7d (CHIP) primary aid code. |
| (7e) Unknown | Of the **annual renewals** counted in Line 7a, the renewals who do not have a (MAGI, NON-MAGI or CHIP) primary aid code. If the renewal has an aid code in 7e that also belongs to 7b, 7c, or 7d, a hierarchy assignment will be used where 7b, 7c, and 7d take priority over 7e. |

k.  Update Performance Indicator 5 to re map the following application sources.

| Source | 5c (Online) | 5d (Mail) | 5e (In Person) | 5f (Phone) | 5g (Other) |
|---|---|---|---|---|---|
| SAWS | X | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Email | | | | | X |
| ICT | | | | | X |
| SPE | | | | | X |

*Note all other application sources will remain unchanged.

l. Update the report's data collection sweep job to run for all counties. Currently the sweep job is restricted to Los Angeles county only.

m. When evaluating for C-IV counties, update Performance Indicators 9, 10, and 12 to not evaluate any COLA EDBC records which have the following run dates:
- 10/21/2013
- 10/22/2013
- 12/14/2013
- 12/15/2013
- 02/15/2014
- 03/23/2014
- 09/06/2014
- 09/07/2014
- 05/09/2015
- 05/16/2015

Per instruction from counties, C-IV added this logic to exclude these EDBC runs as they relate to COLA run dates.

n. Update all Performance Indicators to only evaluate for the aid codes defined by DHCS. Please see appendix 6.1 Sub Metric to Aid Code Mapping for the list. Also, please see the attached 'Master Aid Code List' in the supporting documents for more detail.

*Technical Note: All aid codes that are listed should be included in the evaluation. This includes aid codes which have been end dated or those only found in the CalWIN system. These will not be available in the LRS/CalSAWS system at the time this SCR goes into production.

o. Update sub metric Performance Indicator 11b to always display 'A' rather than 'I' for all counties. This is according to DHCS instructions. Please see the attached document: DHCS CMS Performance Indicators Masters for more information in the Supporting documents section.

2. Make the following changes to the county version of the report:
   a. Update the Report Month header format to: 'Report Month: MM/YYYY'.
   b. Update all sheets to include a dynamic line item total count underneath the existing static 'Total' count.

c. Update the report title, location, and description to the following:
- **Global**: Reports
- **Local**: Scheduled
- **Task**: State
- **Title**: DHCS CMS Performance Indicators Master Data Request
- **Description**: The Performance Indicators Master Data Request provides information for: Medi-Cal applications received, Medi-Cal renewals, Medi-Cal eligibility, Medi-Cal ineligibility, Medi-Cal pending applications and redeterminations, and Medi-Cal determination processing time.

All historical versions of the report will remain accessible and unchanged through the old navigation:
- **Global**: Reports
- **Local**: Scheduled
- **Task**: Case Activity
- **Title**: DHCS CMS Performance Indicator Master Data Request Detailed Report

The name change is documented as part of CA-215274 DDID 1631: Modify State Report Titles but will be implemented in this design. The report will be generated and sent with the same scheduling and execution frequency as it's currently running.

d. Make the following column changes to Performance Indicator 5:

| Field Name | Short Description |
|---|---|
| Application Source | The following application sources have been remapped and the Application Source needs to be updated to reflect this change.<br>1. Online now includes SAWS.<br>2. Other now includes Email, ICT and SPE. |

*Note all other application sources will remain unchanged.

e. Make the following column changes to Performance Indicator 7:

| Field Name | Short Description |
|---|---|
| MAGI / Non-MAGI | The NON-MAGI value will be updated to Non-MAGI. |
| Program | Update the program column to display the full program name rather than the code value. |

| Current RE Due Month | Update the format to the following: 'MM/YYYY'. |
|---|---|

f. Make the following column changes to Performance Indicator 9:

| Field Name | Short Description |
|---|---|
| MAGI / Non-MAGI | The 'NON-MAGI' value will be updated to 'Non-MAGI'. |
| Determination Type | Update the Determination Type column to display one of the following values:<br>1. 'Redetermination' – If the determination relates to a renewal.<br>2. 'Application' – If the determination related to an application.<br>3. 'Other' – All other determination types. |

g. Make the following column changes to Performance Indicator 10:

| Field Name | Short Description |
|---|---|
| Program | Update the program column to display the full program name rather than the code value. |
| Determination Reason Type | Rename the existing 'Determination Reason' column to 'Determination Reason Type'. Update the possible values as follows:<br>• 'Established' – If the ineligibility was established.<br>• 'Cannot be Established' – If the ineligibility cannot be established |
| Determination Type | Update the logic to display one of the following values:<br>1. 'Application' – If the determination related to an application.<br>2. 'Redetermination' – If the determination relates to a renewal.<br>3. 'Other' – All other determination types. |
| Determination Reason | Add a new column titled 'Determination Reason' which provides the EDBC person status reason for the ineligibility (Category 73). |

h. Make the following column changes to Performance Indicator 11:

| Field Name | Short Description |
|---|---|
| Type | Update the Type column to rename the 'Pending Application' value to 'Application'. |
| Current RE Due Month | Update the format to be: 'MM/YYYY'. |

i. Make the following column changes to Performance Indicator 12:

| Field Name | Short Description |
|---|---|
| MAGI / Non-MAGI | The 'NON-MAGI' value will be updated to 'Non-MAGI'. |

j. Update Performance Indicator 7 to capture counts based on annual renewals rather than distinct individual counts.

| Field Name | Field Description |
|---|---|
| (7a) Total REs Due<br><br>7a = 7b + 7c + 7d + 7e | Total number of **annual renewals** with a due date in the report month. The individual associated to the annual renewal must be an active member on the program (MEM or MMO) at the time of renewal, and they must a primary aid code that is on the Indicator 7a Aid Code List. Individuals that had a change-in-circumstance prior to RE due month will be excluded. |
| (7b) MAGI | Of the **annual renewals** counted in Line 7a, count under 7b if the associated individual was assigned a 7b (MAGI) primary aid code. |
| (7c) Non-MAGI | Of the **annual renewals** counted in Line7 a, the renewals that have a 7c (NONMAGI) primary aid code. |
| (7d) CHIP | Of the **annual renewals** in Line 7a, the renewals that have a 7d (CHIP) primary aid code. |

| Field Name | Field Description |
|---|---|
| (7e) Unknown | Of the **annual renewals** counted in Line 7a, the renewals who do not have a (MAGI, NON-MAGI or CHIP) primary aid code. If the renewal has an aid code in 7e that also belongs to 7b, 7c, or 7d, a hierarchy assignment will be used where 7b, 7c, and 7d take priority over 7e. |

k. Update all Performance Indicators to only evaluate for the aid codes defined by DHCS. Please see appending 6.1 Sub Performance Indicators to Aid Code Mapping for the list. Also, please see the attached 'Master Aid Code List' in the supporting documents for a more detail.
*Technical Note: All aid codes that are listed should be included in the evaluation. This includes aid codes which have been end dated or those only found in the CalWIN system. These will not be available in the LRS/CalSAWS system at the time this SCR goes into production.

l. Update Performance Indicator 5 to re map the following application sources.

| Source | 5c (Online) | 5d (Mail) | 5e (In Person) | 5f (Phone) | 5g (Other) |
|---|---|---|---|---|---|
| SAWS | X | | | | |
| Email | | | | | X |
| ICT | | | | | X |
| SPE | | | | | X |

*Note all other application sources will remain unchanged.

m. Update the report's data collection sweep job to run for all counties. Currently the sweep job is restricted to LA county only.

n. When evaluating for C-IV counties, update Performance Indicators 9, 10, and 12 to not evaluate any COLA EDBC record which has any of the following run dates:
- 10/21/2013
- 10/22/2013
- 12/14/2013
- 12/15/2013
- 02/15/2014
- 03/23/2014
- 09/06/2014
- 09/07/2014
- 05/09/2015

- 05/16/2015

Per instruction from counties, C-IV added this logic to exclude these EDBC runs as they relate to COLA run dates.

### 2.1.4 Report Location

- **Global: Reports**
- **Local: Scheduled**
- **Task: State**

### 2.1.5 Counties Impacted

All CalSAWS counties will be impacted by the changes outlined in this section.

# 3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-------------|------------|
| 1 | Reports | Master Aid Code List | Master Aid Code List for CMS Reporti |
| 2 | Reports | DHCS CMS Performance Indicators Master Data Request - State Mockup | State Version Mockup.xls |

| 3 | Reports | DHCS CMS Performance Indicators Master Data Request - County Mockup | County Version Mockup.xlsx |
|---|---------|-------------------------------------------------------------------|---------------------------|
| 4 | Reports | DHCS CMS Performance Indicators Master | DHCS CMS Performance Indicat |

# 4 REQUIREMENTS

## 4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-------|------------------|---------------------|
|       |                  |                     |
|       |                  |                     |

## 4.2 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| 1631 | 1. Update the path of the report to G:Reports L:Scheduled T: State<br><br>2. Line 5- add SW-SAWS application source type under 'Online' category<br><br>3. Transfer the CIV report template instead of using existing LRS/CalSAWS. The CIV template includes totals by county that are transferred/sent to CDSS. This template with all county totals is not viewable through the application. | None | The report will be updated according the requirements outlined in DDID 1631. |
|        |                  |                        |                     |

# 5 MIGRATION IMPACTS

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

# 6 APPENDIX

## 6.1 Sub Performance Indicator to Aid Code Mapping

| Sub Performance Indicator to Aid Code Mapping | | | | | | | |
|---|---|---|---|---|---|---|---|
| **7a. Number of Renewals up for Annual Redetermination** | | | | | | | |
| 13 | 14 | 16 | 17 | 23 | 24 | 26 | 27 |
| 34 | 36 | 37 | 44 | 47 | 48 | 55 | 58 |
| 63 | 64 | 66 | 67 | 69 | 72 | 74 | 80 |
| 82 | 83 | 86 | 87 | 0C | 1H | 1U | 1X |
| 1Y | 2A | 2H | 3N | 3V | 4M | 5F | 5J |
| 5R | 6A | 6C | 6G | 6H | 6J | 6N | 6R |
| 6S | 6U | 6V | 6W | 6X | 6Y | 7A | 7C |
| 7H | 8A | 8C | 8D | 8G | 8N | 8P | 8R |
| 8T | C1 | C2 | C3 | C4 | C5 | C6 | C7 |
| C8 | C9 | D1 | D2 | D3 | D4 | D5 | D6 |
| D7 | D8 | D9 | F3 | F4 | G1 | G3 | G4 |
| G5 | G6 | G7 | G8 | H1 | H2 | H3 | H4 |
| H5 | J1 | J2 | J3 | J4 | J5 | J6 | J7 |
| J8 | K6 | K7 | K8 | K9 | L6 | L7 | M0 |
| M1 | M2 | M3 | M4 | M5 | M6 | M7 | M8 |
| M9 | N7 | N8 | P0 | P5 | P6 | P7 | P8 |
| P9 | T0 | T1 | T2 | T3 | T4 | T5 | T6 |
| T7 | T8 | T9 | | | | | |
| **7b. Number of Renewals up for Annual Redetermination** | | | | | | | |
| 44 | 47 | 48 | 69 | 72 | 74 | 2A | 3N |
| 3V | 4M | 5F | 7A | 7C | K6 | K7 | K8 |
| K9 | L6 | L7 | M0 | M1 | M2 | M3 | M4 |
| M7 | M8 | M9 | N7 | N8 | P0 | P5 | P6 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| P7 | P8 | P9 | | | | | |

**7c. Medicaid Non-MAGI Renewals**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 16 | 17 | 23 | 24 | 26 | 27 |
| 34 | 36 | 37 | 55 | 58 | 63 | 64 | 66 |
| 67 | 80 | 82 | 83 | 86 | 87 | 1H | 1U |
| 1X | 1Y | 2H | 5J | 5R | 6A | 6C | 6G |
| 6H | 6J | 6N | 6R | 6S | 6U | 6V | 6W |
| 6X | 6Y | 7H | 8A | 8C | 8D | 8G | C1 |
| C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 |
| D1 | D2 | D3 | D4 | D5 | D6 | D7 | D8 |
| D9 | F3 | F4 | G1 | G3 | G4 | G5 | G6 |
| G7 | G8 | J1 | J2 | J3 | J4 | J5 | J6 |
| J7 | J8 | | | | | | |

**7d. CHIP Renewals**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0C | 8N | 8P | 8R | 8T | H1 | H2 | H3 |
| H4 | H5 | M5 | M6 | T0 | T1 | T2 | T3 |
| T4 | T5 | T6 | T7 | T8 | T9 | | |

**7e. Renewals of Unknown Type**

N/A

**9a. Total Medicaid Eligible**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 16 | 17 | 23 | 24 | 26 | 27 |
| 34 | 36 | 37 | 38 | 39 | 44 | 47 | 48 |
| 54 | 55 | 58 | 59 | 63 | 64 | 66 | 67 |
| 69 | 72 | 74 | 80 | 82 | 83 | 86 | 87 |
| 1E | 1H | 1U | 1X | 1Y | 2A | 2E | 2H |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3N | 3T | 3V | 4M | 5F | 5J | 5R | 5T |
| 5W | 6A | 6C | 6E | 6G | 6H | 6J | 6N |
| 6R | 6S | 6U | 6V | 6W | 6X | 6Y | 7A |
| 7C | 7H | 7J | 7K | 8A | 8C | 8D | 8G |
| C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 |
| C9 | D1 | D2 | D3 | D4 | D5 | D6 | D7 |
| D8 | D9 | F3 | F4 | G3 | G4 | G5 | G6 |
| G7 | G8 | J1 | J2 | J3 | J4 | J5 | J6 |
| J7 | J8 | K6 | K7 | K8 | K9 | L6 | L7 |
| M0 | M1 | M2 | M3 | M4 | M7 | M8 | M9 |
| N7 | N8 | P0 | P5 | P6 | P7 | P8 | P9 |

## 9b. Medicaid MAGI Eligibility Determinations

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 38 | 39 | 44 | 47 | 48 | 54 | 59 | 69 |
| 72 | 74 | 2A | 3N | 3T | 3V | 4M | 5F |
| 5T | 5W | 7A | 7C | 7J | 7K | K6 | K7 |
| K8 | K9 | L6 | L7 | M0 | M1 | M2 | M3 |
| M4 | M7 | M8 | M9 | N7 | N8 | P0 | P5 |
| P6 | P7 | P8 | P9 | | | | |

## 9c. Medicaid Non-MAGI Eligibility Determinations

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 16 | 17 | 23 | 24 | 26 | 27 |
| 34 | 36 | 37 | 55 | 58 | 63 | 64 | 66 |
| 67 | 80 | 82 | 83 | 86 | 87 | 1E | 1H |
| 1U | 1X | 1Y | 2E | 2H | 5J | 5R | 6A |
| 6C | 6E | 6G | 6H | 6J | 6N | 6R | 6S |
| 6U | 6V | 6W | 6X | 6Y | 7H | 8A | 8C |
| 8D | 8G | C1 | C2 | C3 | C4 | C5 | C6 |
| C7 | C8 | C9 | D1 | D2 | D3 | D4 | D5 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D6 | D7 | D8 | D9 | F3 | F4 | G3 | G4 |
| G5 | G6 | G7 | G8 | J1 | J2 | J3 | J4 |
| J5 | J6 | J7 | J8 | | | | |

**9d. Medicaid Eligibility Determination at Application**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 17 | 23 | 24 | 27 | 34 | 37 |
| 44 | 47 | 48 | 55 | 58 | 63 | 64 | 67 |
| 69 | 72 | 74 | 80 | 82 | 83 | 86 | 87 |
| 1H | 1U | 1X | 1Y | 2A | 2H | 3N | 3V |
| 4M | 5F | 5J | 5R | 6G | 6H | 6J | 6N |
| 6R | 6S | 6U | 6V | 6W | 6X | 6Y | 7A |
| 7C | 7H | 8A | 8C | 8D | 8G | C1 | C2 |
| C3 | C4 | C5 | C6 | C7 | C8 | C9 | D1 |
| D2 | D3 | D4 | D5 | D6 | D7 | D8 | D9 |
| F3 | F4 | G3 | G4 | G5 | G6 | G7 | G8 |
| J1 | J2 | J3 | J4 | J5 | J6 | J7 | J8 |
| K6 | K7 | K8 | K9 | L6 | L7 | M0 | M1 |
| M2 | M3 | M4 | M7 | M8 | M9 | N7 | N8 |
| P0 | P5 | P6 | P7 | P8 | P9 | | |

**9e. Medicaid Eligibility at Application under MAGI rules**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 44 | 47 | 48 | 69 | 72 | 74 | 2A | 3N |
| 3V | 4M | 5F | 7A | 7C | K6 | K7 | K8 |
| K9 | L6 | L7 | M0 | M1 | M2 | M3 | M4 |
| M7 | M8 | M9 | N7 | N8 | P0 | P5 | P6 |
| P7 | P8 | P9 | | | | | |

**9f. Medicaid Eligibility at Application under Non-MAGI rules**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 17 | 23 | 24 | 27 | 34 | 37 |
| 55 | 58 | 63 | 64 | 67 | 80 | 82 | 83 |
| 86 | 87 | 1H | 1U | 1X | 1Y | 2H | 5J |
| 5R | 6G | 6H | 6J | 6N | 6R | 6S | 6U |
| 6V | 6W | 6X | 6Y | 7H | 8A | 8C | 8D |
| 8G | C1 | C2 | C3 | C4 | C5 | C6 | C7 |
| C8 | C9 | D1 | D2 | D3 | D4 | D5 | D6 |
| D7 | D8 | D9 | F3 | F4 | G3 | G4 | G5 |
| G6 | G7 | G8 | J1 | J2 | J3 | J4 | J5 |
| J6 | J7 | J8 | | | | | |

## 9g.  Medicaid Eligibility Determined at Annual Renewal

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 16 | 17 | 23 | 24 | 26 | 27 |
| 34 | 36 | 37 | 44 | 47 | 48 | 55 | 58 |
| 63 | 64 | 66 | 67 | 69 | 72 | 74 | 80 |
| 82 | 83 | 86 | 87 | 1H | 1U | 1X | 1Y |
| 2A | 2H | 3N | 3V | 4M | 5F | 5J | 5R |
| 6A | 6C | 6G | 6H | 6J | 6N | 6R | 6S |
| 6U | 6V | 6W | 6X | 6Y | 7A | 7C | 7H |
| 8A | 8C | 8D | 8G | C1 | C2 | C3 | C4 |
| C5 | C6 | C7 | C8 | C9 | D1 | D2 | D3 |
| D4 | D5 | D6 | D7 | D8 | D9 | F3 | F4 |
| G3 | G4 | G5 | G6 | G7 | G8 | J1 | J2 |
| J3 | J4 | J5 | J6 | J7 | J8 | K6 | K7 |
| K8 | K9 | L6 | L7 | M0 | M1 | M2 | M3 |
| M4 | M7 | M8 | M9 | N7 | N8 | P0 | P5 |
| P6 | P7 | P8 | P9 | | | | |

| 9i. Medicaid Eligible via Other Method | | | | | | | |
|----|----|----|----|----|----|----|----|
| 13 | 14 | 16 | 17 | 23 | 24 | 26 | 27 |
| 34 | 36 | 37 | 38 | 39 | 44 | 47 | 48 |
| 54 | 55 | 58 | 59 | 63 | 64 | 66 | 67 |
| 69 | 72 | 74 | 80 | 82 | 83 | 86 | 87 |
| 1E | 1H | 1U | 1X | 1Y | 2A | 2E | 2H |
| 3N | 3T | 3V | 4M | 5F | 5J | 5R | 5T |
| 5W | 6A | 6C | 6E | 6G | 6H | 6J | 6N |
| 6R | 6S | 6U | 6V | 6W | 6X | 6Y | 7A |
| 7C | 7H | 7J | 7K | 8A | 8C | 8D | 8G |
| C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 |
| C9 | D1 | D2 | D3 | D4 | D5 | D6 | D7 |
| D8 | D9 | F3 | F4 | G3 | G4 | G5 | G6 |
| G7 | G8 | J1 | J2 | J3 | J4 | J5 | J6 |
| J7 | J8 | K6 | K7 | K8 | K9 | L6 | L7 |
| M0 | M1 | M2 | M3 | M4 | M7 | M8 | M9 |
| N7 | N8 | P0 | P5 | P6 | P7 | P8 | P9 |

| 9j. Total CHIP Eligible | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0C | 8N | 8P | 8R | 8T | H1 | H2 | H3 |
| H4 | H5 | M5 | M6 | T0 | T1 | T2 | T3 |
| T4 | T5 | T6 | T7 | T8 | T9 | | |

| 9k. Determined CHIP eligible at Application<br>9l. Determined CHIP Eligible at Annual Renewal<br>9m. All Others Determined CHIP Eligible | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0C | 8N | 8P | 8R | 8T | H1 | H2 | H3 |
| H4 | H5 | M5 | M6 | T0 | T1 | T2 | T3 |
| T4 | T5 | T6 | T7 | T8 | T9 | | |

## 11a. Number Pending at Medicaid Agency

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 17 | 23 | 24 | 27 | 34 | 37 |
| 44 | 47 | 48 | 55 | 58 | 63 | 64 | 67 |
| 69 | 72 | 74 | 80 | 82 | 83 | 86 | 87 |
| 0C | 1H | 1U | 1X | 1Y | 2A | 2H | 3N |
| 3V | 4M | 5F | 5J | 5R | 6G | 6H | 6J |
| 6N | 6R | 6S | 6U | 6V | 6W | 6X | 6Y |
| 7A | 7C | 7H | 8A | 8C | 8D | 8G | 8N |
| 8P | 8R | 8T | C1 | C2 | C3 | C4 | C5 |
| C6 | C7 | C8 | C9 | D1 | D2 | D3 | D4 |
| D5 | D6 | D7 | D8 | D9 | F3 | F4 | G3 |
| G4 | G5 | G6 | G7 | G8 | H1 | H2 | H3 |
| H4 | H5 | J1 | J2 | J3 | J4 | J5 | J6 |
| J7 | J8 | K6 | K7 | K8 | K9 | L6 | L7 |
| M0 | M1 | M2 | M3 | M4 | M5 | M6 | M7 |
| M8 | M9 | N0 | N7 | N8 | P0 | P5 | P6 |
| P7 | P8 | P9 | T0 | T1 | T2 | T3 | T4 |
| T5 | T6 | T7 | T8 | T9 | | | |

## 12a. Median Processing Time - All Medicaid Determinations

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 17 | 23 | 24 | 27 | 34 | 37 |
| 44 | 47 | 48 | 55 | 58 | 63 | 64 | 67 |
| 69 | 72 | 74 | 80 | 82 | 83 | 86 | 87 |
| 1H | 1U | 1X | 1Y | 2A | 2H | 3N | 3V |
| 4M | 5F | 6G | 6H | 6J | 6N | 6R | 6S |
| 6U | 6V | 6W | 6X | 6Y | 7A | 7C | 7H |
| 8A | 8C | 8D | 8G | 8N | 8P | 8R | 8T |
| C1 | C2 | C3 | C4 | C5 | C6 | C7 | C8 |
| C9 | D1 | D2 | D3 | D4 | D5 | D6 | D7 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D8 | D9 | F3 | F4 | G3 | G4 | G5 | G6 |
| G7 | G8 | H1 | H2 | H3 | H4 | H5 | J1 |
| J2 | J3 | J4 | J5 | J6 | J7 | J8 | K6 |
| K7 | K8 | K9 | L6 | L7 | M0 | M1 | M2 |
| M3 | M4 | M5 | M6 | M7 | M8 | M9 | N7 |
| N8 | P0 | P5 | P6 | P7 | P8 | P9 | T0 |
| T1 | T2 | T3 | T4 | T5 | T6 | T7 | T8 |
| T9 | | | | | | | |

## 12b.  Median Processing Time - MAGI Determinations

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 44 | 47 | 48 | 69 | 72 | 74 | 2A | 3N |
| 3V | 4M | 5F | 7A | 7C | 8N | 8P | 8R |
| 8T | H1 | H2 | H3 | H4 | H5 | K6 | K7 |
| K8 | K9 | L6 | L7 | M0 | M1 | M2 | M3 |
| M4 | M5 | M6 | M7 | M8 | M9 | N7 | N8 |
| P0 | P5 | P6 | P7 | P8 | P9 | T0 | T1 |
| T2 | T3 | T4 | T5 | T6 | T7 | T8 | T9 |

## 12c.  Median Processing Time - Non-MAGI Determinations

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 17 | 23 | 24 | 27 | 34 | 37 |
| 55 | 58 | 63 | 64 | 67 | 80 | 82 | 83 |
| 86 | 87 | 1H | 1U | 1X | 1Y | 2H | 6G |
| 6H | 6J | 6N | 6R | 6S | 6U | 6V | 6W |
| 6X | 6Y | 7H | 8A | 8C | 8D | 8G | C1 |
| C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 |
| D1 | D2 | D3 | D4 | D5 | D6 | D7 | D8 |
| D9 | F3 | F4 | G3 | G4 | G5 | G6 | G7 |
| G8 | J1 | J2 | J3 | J4 | J5 | J6 | J7 |
| J8 | | | | | | | |

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

12f.  Less than 24 Hours
12g.  24 Hours - 7 Days
12h.  8 Days - 30 Days
12i.  31 Days - 45 Days
12j.  More than 45 Days

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 44 | 47 | 48 | 69 | 72 | 74 | 2A | 3N |
| 3V | 4M | 5F | 7A | 7C | 8N | 8P | 8R |
| 8T | H1 | H2 | H3 | H4 | H5 | K6 | K7 |
| K8 | K9 | L6 | L7 | M0 | M1 | M2 | M3 |
| M4 | M5 | M6 | M7 | M8 | M9 | N7 | N8 |
| P0 | P5 | P6 | P7 | P8 | P9 | T0 | T1 |
| T2 | T3 | T4 | T5 | T6 | T7 | T8 | T9 |

12k.  Less than 24 Hours
12l.  24 Hours - 7 Days
12m.  8 Days - 30 Days
12n.  31 Days - 45 Days
12n.  More than 45 Days

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 13 | 14 | 17 | 23 | 24 | 27 | 34 | 37 |
| 55 | 58 | 63 | 64 | 67 | 80 | 82 | 83 |
| 86 | 87 | 1H | 1U | 1X | 1Y | 2H | 6G |
| 6H | 6J | 6N | 6R | 6S | 6U | 6V | 6W |
| 6X | 6Y | 7H | 8A | 8C | 8D | 8G | C1 |
| C2 | C3 | C4 | C5 | C6 | C7 | C8 | C9 |
| D1 | D2 | D3 | D4 | D5 | D6 | D7 | D8 |
| D9 | F3 | F4 | G3 | G4 | G5 | G6 | G7 |
| G8 | J1 | J2 | J3 | J4 | J5 | J6 | J7 |
| J8 | | | | | | | |