

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-214803 | CIV-106851

Generate the CF377.1 for cases that were renewed due to COVID-19

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jamie Ng
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
4/03/2020	1.0	Initial Version	Jamie Ng

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1 OVERVIEW

This SCR provides the changes necessary to generate CF 377.1 CalFresh Approval Notice for cases that were renewed due to COVID-19.

1.1 Current Design

In LRS/CalSAWS, the CF 377.1 NOA generates from EDBC when the CalFresh program is recertified. In C-IV a generic Approval NOA is generated.

**YOUR APPLICATION FOR CALFRESH BENEFITS
HAS BEEN APPROVED.**

**Your initial amount of benefits is: \$131.00 for 03/2020.
Your benefit amount for the rest of your certification
period will be \$194.00 from 04/01/2020 through
02/28/2021.**

Figure 1.1 – CF 377.1 NOA

CF 377.1 Form is currently in LRS/CalSAWS template repository and no fields is populated.

Questions? Ask Your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.

Your initial amount of benefits is: \$ _____ for _____ . Your benefit amount for the rest of your certification period will be \$ _____ from _____ through _____ .

IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.

- Your CalFresh eligibility starts the same day as your cash aid.
- Your first month's benefits include more than one month's benefits because of the date your application was approved.
- Your first month's benefits were prorated from the date you filed your application.

BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY, we did not require you to give us the following verification:

You must give us this verification before _____ or your CalFresh eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You will not get an advance notice before we take this action.

Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash EBT account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.

Rules: These rules apply: _____
You may review them at your welfare office.

CF 377.1 (8/15) REQUIRED FORM-SUBSTITUTE PERMITTED

Figure 1.2 – CF 377.1 Form

1.2 Requests

Per Exec Order and HR 6201, the redetermination requirement is waived for the March - May 2020 due months. A new 6-month redetermination must be established.

CalFresh cases are being auto-recertified. The new extended RE will not be run through EDBC. These cases will require a CF 377.1.

1.3 Overview of Recommendations

- 1.) LRS/CalSAWS only: Update the existing CF 377.1 form in Template Repository to populate with the new RE period in a one-time batch.
- 2.) C-IV only: Add the CF 377.1 form to Template Repository and populate with the new RE period in a one-time batch.
- 3.) Generate this Form via DCR for the cases that were given new RE periods due to COVID-19.

1.4 Assumptions

1. Existing functionality of generating CF 377.1 NOA in LRS/CalSAWS will not be changed.
2. Existing functionality of generating Approval NOA in C-IV will not be changed.

2 RECOMMENDATIONS

2.1 Correspondence: Add the CF 377.1 form in C-IV

2.1.1 Overview

Add CF 377.1 (CalFresh approval) to C-IV Template Repository and populate in a DCR for cases that were renewed due to COVID-19 .

State Form: CF 377.1 (CalFresh approval) (9/15)

Programs: CF

Attached Forms: NA Back 9 (4/2013)

Forms Category- C-IV: NOA

Languages: English and Spanish

Commented [SH1]: Current C-IV NA Back 9 version is 4/2013

2.1.2 Description of Change

This effort will create CF 377.1 (CalFresh approval) (9/15) and add to the Template Repository.

2.1.2.1 CF 377.1 (CalFresh approval) XDP

Create a XDP for CF 377.1 NOA (CalFresh approval).

Form Header: Standard CF Header

Form Title: Notice of Approval for CalFresh Benefits

Form Number: CF 377.1 (9/15)

Form Mockups/Examples: See Supporting Documents #1 & 2

Commented [SH2]: This does not need to be in all-caps, can this be updated to normal formatting?

2.1.2.2 Add Form Variable Population for CF 377.1

CF 377.1 (9/15) will populate the following fields when generated via One-time batch. Header will be populated with standard system CF Header.

Form Body Variables:

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**NOTICE OF APPROVAL
FOR CALFRESH BENEFITS**

COUNTY OF _____

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

Public Title _____
Case Name _____
Mailing Address _____
City _____
State _____
Zip _____
Telephone _____
Address _____

(ADDRESS)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

<1> YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.

Your initial amount of benefits is: \$ <2> for <3>. Your benefit amount for the rest of your certification period will be \$ <4> from <5> through <6>.

IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.

- <7> Your CalFresh eligibility starts the same day as your cash aid.
- <8> Your first month's benefits include more than one month's benefits because of the date your application was approved.
- <9> Your first month's benefits were prorated from the date you filed your application.

<10> BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY, we did not require you to give us the following verification:

<11>

You must give us this verification before <12> or your CalFresh eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You will not get an advance notice before we take this action.

<13>

Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash EBT account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.

Rules: These rules apply. You may review them at your welfare office. <14>

CF 07-1 (0/15) REQUIRED FORM/SUBSTITUTE PERMITTED

Data Mapping	Variable Name	Population	Formatting	Template Repository Population	Populates with Form Generation
1	CF Application Approved Checkbox	<p>Editable when a blank form is generated.</p> <p>Checked when populated in DCR in Section 2.3</p>	Arial Font 10	No	<p>Yes</p> <p>Refer to Recommendation 2.3</p>
2	Initial Benefit Amount	<p>Editable when a blank form is generated.</p> <p>Authorized Amount on the latest Regular, Accepted Saved EDBC excluding disaster supplement that is effective for the month prior to the current RE begin month.</p> <p>(Ex: \$190.00)</p>	Arial Font 10	No	<p>Yes</p> <p>Refer to Recommendation 2.3</p>
3	Approval Month	<p>Editable when a blank form is generated.</p> <p>Use Month on the current Redetermination record Begin Date</p> <p>(Ex: MM/YYYY)</p>	Arial Font 10	No	<p>Yes</p> <p>Refer to Recommendation 2.3</p>
4	Full Month Allotment	<p>Editable when a blank form is generated.</p> <p>Full Month Allotment amount on the latest Regular, Accepted Saved EDBC excluding disaster supplement that is effective for the month prior to the current RE begin month.</p>	Arial Font 10	No	<p>Yes</p> <p>Refer to Recommendation 2.3</p>

Commented [SH3]: Can we specify the actual population? Is it going to be checked when it is pre-populated through batch?

Commented [SH4]: Can we include the month formatting? (ex. MM/YYYY)

Commented [SH5]: Again formatting (ex. \$190.00)

		(Ex: \$190.00)			
5	Certification Begin Date	Editable when a blank form is generated. The current Redetermination record Begin Date (Ex: MM/YYYY)	Arial Font 10	No	Yes Refer to Recommendation 2.3
6	Certification End Date	Editable when a blank form is generated. The current Redetermination record Due Date (Ex: MM/YYYY)	Arial Font 10	No	Yes Refer to Recommendation 2.3
7	CF Starts with Cash Aid Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
8	Extra Initial Benefit Checkbox	Editable when a blank form is generated. Not populated when generated via DCR..	Arial Font 10	No	No
9	Prorated Initial Benefit Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
10	Received CF Benefits Right Away Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
11	Following Verifications	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
12	Verifications Due Date	Editable when a blank form is generated.	Arial Font 10	No	No

Commented [SH6]: date format

Commented [SH7R6]: applies to the rest of the prepopulated values

Commented [SH8R6]: applies to the rest of the prepopulated values

		Not populated when generated via DCR.			
13	No Advance Notice	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
14	Regulations	Editable when a blank form is generated. Populated with Regulations "63-300, 63-503"	Arial Font 10	No	Yes

2.1.2.3 Add Form Control

The CF 377.1 Form does not need to be returned.

Due Date: None

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

2.1.2.4 Add CF 377.1 (9/15) NOA to Template Repository

Add the CF 377.1 (9/15) to Template Repository with the following Document Parameters:

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

2.1.2.5 Add CF 377.1 (9/15) Form Print Options and Mailing Requirements

The following Print options will be included for the CF 377.1 (9/15) 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 CalFresh Program
 Mailed From (Return): CF Program Worker's Office address
 Outgoing Envelope Type: Standard

Additional Requirements:

Special Paper Stock: None
 Enclosures: None
 Electronic Signature: No
 Post to C4Y: Yes

Commented [SH9]: change to say "Post to C4Y"

2.1.2.6 Imaging Barcode Mapping in C-IV

The CF 377.1 CalFresh approval should be mapped to **Notification/NOA**

2.2 Correspondence: Update CF 377.1 Form in LRS/CalSAWS

2.2.1 Overview

Update CF 377.1 populations to be populated with the new RE period.

2.2.2 Description of Change

1. Update CF 377.1 populations when generated via **One-time batch**.

2.2.2.1 Add Form Variable Population for CF 377.1

CF 377.1 (9/15) will populate the following fields when generated via One-time DCR.

Form Body Variables:

**NOTICE OF APPROVAL
FOR CALFRESH BENEFITS**

COUNTY OF _____ OFFICE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Public Title _____
Case Name _____
Mailing Address _____
City _____
State _____
Zip _____
Telephone _____
Address _____

(ADDRESS)

Questions? Ask your Worker.
State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

<1> YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.

Your initial amount of benefits is: \$ <2> for <3>. Your benefit amount for the rest of your certification period will be \$ <4> from <5> through <6>.

IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.

- <7> Your CalFresh eligibility starts the same day as your cash aid.
- <8> Your first month's benefits include more than one month's benefits because of the date your application was approved.
- <9> Your first month's benefits were prorated from the date you filed your application.

<10> BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY, we did not require you to give us the following verification:

<11>

You must give us this verification before <12> or your CalFresh eligibility will stop. You will not get another notice. If the verification you send changes your eligibility or benefits, we will make the change. You will not get an advance notice before we take this action.

<13>

Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash EBT account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.

Rules: These rules apply. You may review them at your welfare office. <14>

CF 87.1 (8/15) REQUIRED FORM/SUBSTITUTE PERMITTED

Data Mapping	Variable Name	Population	Formatting	Template Repository Population	Populates with Form Generation
1	CF Application Approved Checkbox	Editable when a blank form is generated.	Arial Font 10	No	Yes
2	Initial Benefit Amount	Editable when a blank form is generated. Authorized Amount on the latest Regular, Accepted Saved EDBC excluding disaster supplement that is effective for the month prior to the current RE begin month	Arial Font 10	No	Yes
3	Approval Month	Editable when a blank form is generated. Use Month on the current Redetermination record Begin Date	Arial Font 10	No	Yes
4	Full Month Allotment	Editable when a blank form is generated. Authorized Amount on the latest Regular, Accepted Saved EDBC excluding disaster supplement that is effective for the month prior to the current RE begin month	Arial Font 10	No	Yes
5	Certification Begin Date	Editable when a blank form is generated. The Current Redetermination record Begin Date	Arial Font 10	No	Yes

6	Certification End Date	Editable when a blank form is generated. The Current Redetermination record Due Date	Arial Font 10	No	Yes
7	CF Starts with Cash Aid Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
8	Extra Initial Benefit Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
9	Prorated Initial Benefit Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
10	Received CF Benefits Right Away Checkbox	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
11	Following Verifications	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
12	Verifications Due Date	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
13	No Advance Notice	Editable when a blank form is generated. Not populated when generated via DCR.	Arial Font 10	No	No
14	Regulations	Editable when a blank form is generated.	Arial Font 10	No	Yes

		Populated with Regulations "63-300, 63-503"			
--	--	---	--	--	--

2.3 Correspondence: Create DCR to populate CF 377.1 (9/15) – LRS/CalSAWS & C-IV

2.3.1 Overview

Create a one-time mass mailing to populate CF 377.1 (9/15) in LRS/CalSAWS & C-IV for cases that were renewed due to COVID-19.

2.3.2 Description of Change

This effort will create DCR to populate CF 377.1 (9/15) in LRS/CalSAWS & C-IV for cases that were renewed due to COVID-19.

New DCR will generate and populate CF 377.1 (9/15) in LRS/CalSAWS and CIV when these conditions are met:

1. Program is 'CalFresh'
2. Case was updated via Batch with one-time data change (new 6-month redetermination period) done in SCR CA-214635/ CIV-106787. Below are the conditions the for cases changed:
 - a. The CF program had a previous Redetermination Due Date from 3/31/2020 to 5/31/2020
 - b. The program is not Transitional CalFresh
 - c. The current Redetermination record was created by 'Batch'
 - d. The program status is Active or Ineligible

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CF 377.1 Mockup English	CF377.1_EN.pdf
2	Correspondence	CF 377.1 Mockup Spanish	CF377.1_SP.pdf
3			

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.1 CAR-1237	<p>The LRS shall automatically generate the following correspondence online or in the batch process, as a result of individual and/or case action initiated by the LRS or by COUNTY-specified Users, except when exempt due to program requirements:</p> <ul style="list-style-type: none"> a. Adverse notices (includes: decrease, collection, denial, or termination of benefits); b. Non-adverse notices (includes: approval, increase in benefits, no change, and rescission); and c. Non-approval notices (includes: cancellation, withdrawal, informational, and benefit issuance). 	Generate CF 377.1 CalFresh Approval Notice for the cases that were renewed due to COVID-19.

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 APPENDIX

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215592 | CIV- 107009

Update EID values in the forms

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Chereddy
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
4/17/2020	1.0	Initial Draft of the artifact	

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1 OVERVIEW

Applicable Earned Income Disregard (EID) for benefit months on or before 5/2020 is \$225 and applicable EID for benefit months on or after 6/2020 is \$500. As the current EID values are populated based on the form generation date, there is a discrepancy if the form generation month and the latest EDBC are not in the same month.

Note: Supporting document 1 has the screenshot of the scenario with issue.

1.1 Current Design

SCRs CA-209033 C-IV 104383 made updates to the forms to dynamically update the text on the form to display the Earned Income Disregard (EID) value with either \$225 or \$500 based on the form generation date.

1.2 Requests

Update the EID values within the form text to display \$225 or \$500 based on the EDBC begin date instead of the form generation date.

1.3 Overview of Recommendations

Update the forms NA 301 CIV, NA 303 CIV in C-IV and NA 274G, NA 840 in LRS, to update the text within the forms to populate EID values based on the EDBC begin date instead of the form generation date.

1.4 Assumptions

1. NA 274G will be used for overpayments occurring on or after 6/1/2020 until NA 274H is implemented in the system.

2 RECOMMENDATIONS

2.1 Correspondence: Update the EID population


2.1.1 Overview

Applicable Earned Income Disregard (EID) for benefit months on or before 5/2020 is \$225 and applicable EID for benefit months on or after 6/2020 is \$500. As the current EID values are populated based on the form generation date, there is a discrepancy if the form generation month and the latest EDBC are not in the same month.

2.1.2 Description of Changes

1. Update the logic of populating the EID values within the form text to populate the EID value based on the oldest EDBC begin date associated to the recovery account for which the form is being generated for.
Forms to update in C-IV: NA 301 CIV, NA 303 CIV
Form to update in LRS: NA 274G
Technical Note: CT335_53 has 2 records concerning to EID values. The EID value of \$225 is valid from high dated begin date to 5/31/2020 and the EID value of \$500 is valid from 6/1/2020 to high dated end date.
Example scenario: If the oldest EDBC is on or before 5/31/2020, EID value on the form should be \$225, if the oldest EDBC is on or after 6/1/2020, EID value should be \$500.
2. Update the logic of populating the EID values within the NA 840 form text to populate the EID value based on the latest EDBC begin date.
Note: If the latest EDBC is on or before 5/31/2020, EID value on the form should be \$225, if the latest EDBC is on or after 6/1/2020, EID value should be \$500.
3. Populate the EID value based on the form generation date for NA 301, NA 303 or NA 274G if an EDBC associated to the recovery account does not exist.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	Screenshot of the scenario with issue	 Overpayment form issue.pdf

4 REQUIREMENTS

The following requirements will be resolved in order to resolve and achieve the desired outcome

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.16.1.2	The LRS shall include an automated method for implementing mass updates triggered by policy changes or mass participant financial changes, including Social Security or Veterans benefits cost of living adjustments (COLAs)	EID will be updated from \$225 to \$500