CalSAWS

California Statewide Automated Welfare System

Design Document

SCR CA-207026 – Migrate C-IV Contact Center Functionality

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Jared Kuester
	Reviewed By	Raji Sanuvala, Michael T. Wright, Pandya P. Amitkumar

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
01/18/2021	0.1	Initial version	Jared Kuester

Contents

1 OVERVIEW

The C-IV County Amazon Connect contact centers will be migrated to communicate with the CalSAWS application. This contact center solution will only be used by the 39 C-IV Counties.

1.1 Current Design

The C-IV County contact centers authenticate callers, and provides self service to customers by communicating with the C-IV application. All data dips are pulled from the C-IV Application database.

1.2 Requests

As part of the migration from the C-IV Application to CalSAWS, the Amazon Connect contact center will be modified to interact with the CalSAWS database.

1.3 Overview of Recommendations

The recommendations migrating the Amazon Connect contact cetner solution are as follows –

1. Update the Self Service Lambdas from Java to Node.js to communicate directly with the CalSAWS application database.
   a. This includes updating the IVR PIN lambdas to accept 4 and 6 digit PINs.
2. Update the Custom CCP to validate user against Amazon Connect.
3. Update the IVR PIN Prompt to remove the "4 digit" reference.
4. Update Custom CCP screen-pop environment variables

1.4 Assumptions

- This only applies to the 39 C-IV Counties.
- The only update to the Call Flows is the removal of the mention of a "4 digit" IVR PIN.
- Users can authenticate with either a 4 or 6 digit PIN after the migration.
- Existing IVR PINS will remain 4 digit, but any PIN generated after the migration to CalSAWS will be 6 digit.

2 RECOMMENDATIONS

The Migration to CalSAWS will consist of the following actions

2.1 Update the Self Service Lambdas

The existing Self Service lambdas will be updated from Java to Node.js. They will also be updated to no longer interact with the IVR Web Service, but to gather the information from the CalSAWS database directly. This will require updating the Lambda to also include the business logic that resides in the IVR Web Service.

2.1.1 List of Lambdas to update.

The following list are all the Self Service Lambdas currently in use

Lamabda Name	Function
Custom_CaseLookupWebserviceLambda	Looks up case information after a successful Voice Authentication.
Custom_CaseValidationWebserviceLambda	Validates the case number entered exists in the county called.
Custom_ChangePINWebServiceLambda	Change existing IVR PIN
Custom_DeleteVoiceprintWebserviceLambda	Send request to Nuance Servers to delete the voice print, and updates BVP_CODE column to N.
Custom_GenerateFormWebServiceLambda	Generates Benefit history document (CFS 142).
Custom_GetSentFormsInfoWebserviceLambda	Retrieves information on SAR7 and TMC form.
Custom_ResendFormWebserviceLambda	Requests to resend either SAR7 or TMC.

Lamabda Name	Function
Custom_PersonLookupWebserviceLambda	Checks if a caller has a Voice Print or not based on caller ID.
Custom_RequestPINWebserviceLambda	Requests a new IVR PIN
Custom_UpdateBvpInfoWebServiceLambda	Updates BVP_CODE column to Y after successful voice enrollment.
Custom_ConfirmAppointmentWebserviceLambda	Updates CONFIRM_IND column to Y
Custom_GetAppointmentsWebserviceLambda	Retrieves past and future appointments information.
Custom_RescheduleAppointmentWebserviceLambda	Reschedules a future appointment within the same month.
Custom_LoginProcessorLambda	Invokes other lambdas for login in San Bernardino county only.
Custom_GetEBTOrderReplacementWebserviceLambda	Cancel existing EBT and submits request for a new one in San Bernardino county only.
Custom_GetEBTPersonIdCaseByDOBWebserviceLambda	Get person ID and Case Information for EBT replacement via DOB for San Bernardino county only.
Custom_PredictiveHandlingLookupLambda	Returns the PH_CODE for San Bernardino county callers.
Custom_UpdateCallerResponseWebserviceLambda	Updates CALLER_RESP to Y or N
Custom_GetDistrictOfficeWebServiceLambda	Get District Office ID for Riverside county only.

Lamabda Name	Function
Custom_LoginWebserviceLambda	Authenticates callers via Case Number and IVR PIN.
Custom_UpdateExitReasonForCallWebserviceLambda	Update IVR_EXIT_RSN column to match caller's reason for calling.
Custom_GetCalFreshProgramInfoWebServiceLambda	Invoked by LoginProcessor to retrieve CalFresh benefits information.
Custom_GetCalWORKsProgramInfoWebServiceLambda	Invoked by LoginProcessor to retrieve CalWORKs benefits information.
Custom_GetMedicalProgramInfoWebServiceLambda	Invoked by LoginProcessor to retrieve MediCal benefits information.
Custom_GetWTWProgramInfoWebServiceLambda	Invoked by LoginProcessor to retrieve Welfare to Work benefits information.
Custom_DoLoginWebServiceSBLambda	Authenticaes San Bernardino county callers with Case and PIN
Custom_DoLoginWithSSNAndDOBWebServiceLambda	Authenticaes San Bernardino county callers with SSN and DOB.
Custom_ValidateIVRESignatureWebServiceLambda	Marks a document as e-signed
Custom_CancelAppointmentWebServiceLambda	Cancels upcoming appointment.
Custom_OutboundResendFormWebServiceLambda	Resends SAR7 document.

Lamabda Name	Function
Custom_SetAppointmentReminderCompleteWebServiceLambda	Update the appointment reminder call as completed.
Custom_SetDocumentReminderCompleteWebServiceLambda	Updates the document reminder call as completed.

2.2 Update Custom CCP

When a contact center worker logs into the Custom CCP, the application checks what security permission the worker has. This security check needs to be modified to interact with Amazon Connect rather than C-IV.

2.3 Update the IVR PIN Call Flow Prompt

CalSAWS currently uses a 6 digit IVR PIN, and C-IV Counties use a 4 digit PIN. Existing C-IV customers will still have an IVR PIN, but if they choose to change it, or a new PIN is requested, it will be a six digit PIN. The Call Flow needs to be updated to reflect this change. This change will impact all C-IV county call flows.
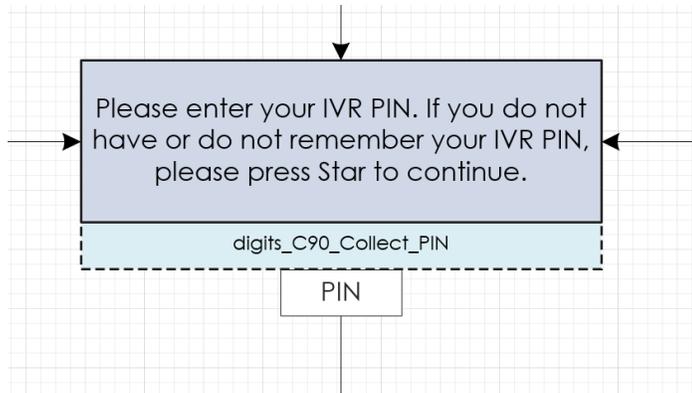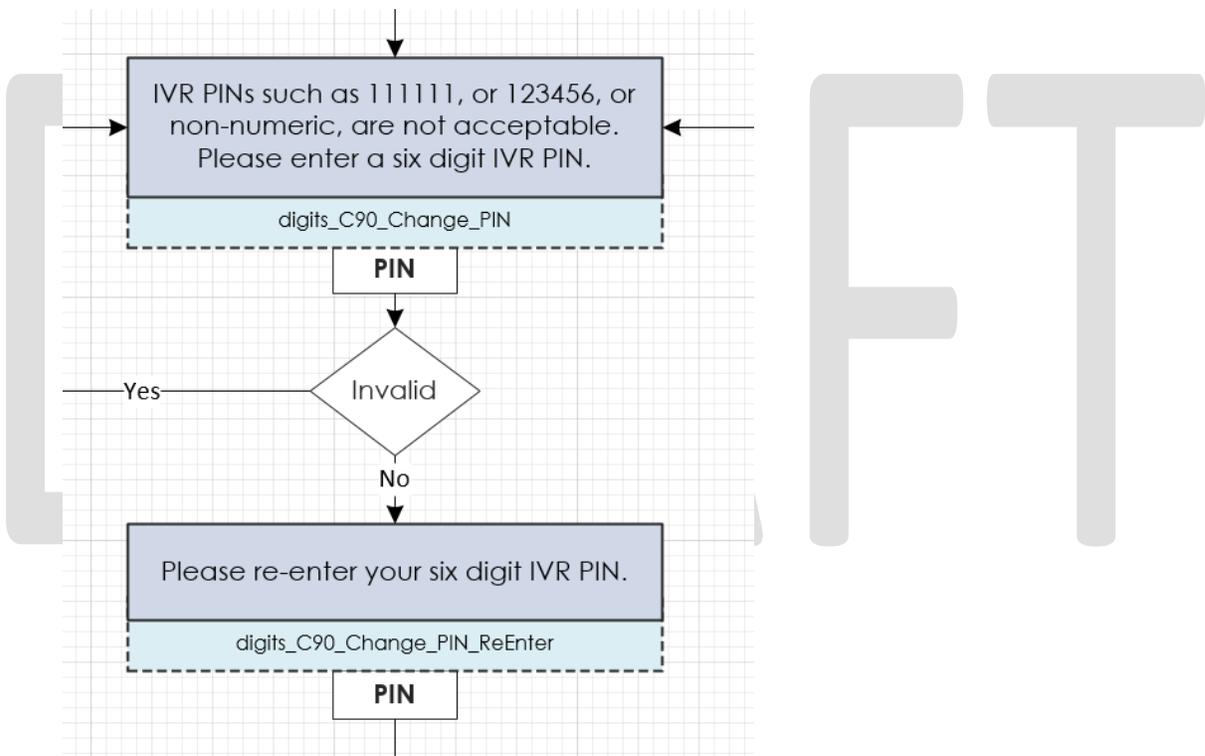
Figure 2.3.1 – Collect PIN prompt.

Figure 2.3.2 – Change PIN Prompts.

2.4 Update Workstation Environment Envariables

The end user's workstation has environment variables set to determine how Screen Pops are opened. The variable CCP_CALL_LOG_URL needs to be updated from the C-IV URL to the CalSAWS URL.

APPENDIX

Amazon Connect - https://aws.amazon.com/connect/features/

DRAFT

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-207150 |DDID 2140

Add Authorization Functionality for Auxiliary Payments

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Jimmy Tu
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/16/2020	1.0	Initial Version	Jimmy Tu
1/4/2021	1.1	Generate Tasks for Supervisor Approvals.	Jimmy Tu

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1 OVERVIEW

1.1 Current Design

SCR CA–217781 will introduce the Auxiliary Issuance framework to the CalSAWS which can be used by the counties to issue benefits without an eligibility determination. Furthermore, this framework may be utilized to issue additional supplemental payments to individuals other than the primary payee associated to the program. This SCR, CA-207150 will allow users to define the Authorization Level required to approve these Auxiliary payments as well as set an Auxiliary Authorization Threshold limit.

Auxiliary Authorization issuances will go through 1st level approver ('Supervisor' in Los Angeles County), and/or 2nd level approver ('Deputy' in Los Angeles County) authorization before benefits are issued to customers.

Request will go through one of the following Authorization processes:

1. Worker and 1st level authorization.
2. Worker, 1st level authorization, and 2nd level authorization.

1.2 Requests

1. Update Supervisor Authorization types for Auxiliary Authorization Payment requests to be configurable by each county.
2. Update County Benefit Issuance Threshold List page to include a section for Auxiliary Authorizations.

1.3 Overview of Recommendations

1. Update the County Authorizations page "Fiscal" Section to include a row for "Auxiliary Authorizations" to manage authorization levels for Auxiliary Authorization payments.
2. Update the County Benefit Issuance Threshold List page to include a new section for "Auxiliary Authorization" to manage the threshold limit for Auxiliary Authorization payments.
3. Update the Auxiliary Authorization Detail page to follow the appropriate authorization levels set on the "County Authorizations" page.
4. Update Pending Authorizations page to include a task type for Auxiliary Authorizations.
5. Update County_Auth and County_Fiscal_Auth tables to include authorization levels and thresholds for Auxiliary Authorizations.
   a. Default values for all 58 counties to have 1st Level Authorization in the County_Auth table.
   b. Default values for all 58 counties to have the threshold limit for Auxiliary Authorization Payments set to $0.

   Note: After this SCR is implemented, counties will be able to update the authorization level or threshold limit for Auxiliary Authorization Payments as their business processes allow.

6. Update Task Type Table to include new records for Auxiliary Authorization Tasks.
7. Update CT 10585 to include a new County Authorizations Type Code for Auxiliary Authorizations.
8. Update CT 10600 to include a new County Fiscal Authorization Type for Auxiliary Authorization Thresholds.
9. Update CT 10350 to include the new type for Auxiliary Authorizations.
10. Update CT 399 to include new Alert Type References for Auxiliary Authorizations.
11. Update CT 10507 to include new Task Orchestration Rules for Auxiliary Authorizations.

1.4 Assumptions

1. This SCR is only for the CalSAWS and all 57 migration counties will inherit this functionality after migration.

2   RECOMMENDATIONS

2.1   County Authorizations

Overview

The County Authorizations page is used to configure supervisor authorizations as appropriate for each county.

Add a new row in the "Fiscal" section for each county to configure the authorization levels for Auxiliary Authorization requests. Admin Users with the appropriate security rights will be able to edit the page to change the authorization level required for Auxiliary Authorizations.

County Authorizations Mockup

Fiscal	
Auxiliary Authorization	1st Level Authorization
External Recovery Account	1st Level Authorization
Interest Allocation	1st Level Authorization
Invoice	1st Level Authorization
Issuance Method	1st Level Authorization
Issuance Reissue	2nd Level Authorization
Issuance Replacement	2nd Level Authorization
Transaction Refund	2nd Level Authorization

Figure 2.1.1 – Fiscal – Auxiliary Authorization in View Mode for Los Angeles County

Description of Changes

1. Update the "Fiscal" section to include a new row for Auxiliary Authorization issuances.

Page Location

- **Global:** Admin Tools
- **Local:** Admin
- **Task:** County Authorizations

Security Updates

N/A

Page Mapping

Field	Table Name	Column	Description
Auxiliary Authorization	County_Auth	County_Auth_Code	10586 – This column captures the county authorization level that is required for authorization.

Page Usage/Data Volume Impacts

None.

2.2 County Benefit Issuance Threshold List – [Program]

Overview

The County Benefit Issuance Threshold List page is used to set threshold limits for different payment authorization types. For this page, we will be adding an "Auxiliary Authorization" section to set thresholds for auxiliary payment types.

County Benefit Issuance Threshold List Mockup

Figure 2.2.1 – Auxiliary Authorization Section on County Benefit Issuance Threshold List page in View Mode

Auxiliary Authorization Threshold Detail - CalWORKs

| | Save and Return | Cancel |

Amount: *

```
4,999.00
```

| | Save and Return | Cancel |

Figure 2.2.2 – Auxiliary Authorization Threshold Detail on County Benefit Issuance Threshold List page in Edit Mode

Description of Changes

1. Update the page to include a new "Auxiliary Authorization" section. This section will allow users to set threshold limits for Auxiliary Authorizations.
   a. Default the threshold limit for Auxiliary Authorization Payments to $0 for all 58 counties.
   Note: After this SCR is implemented, all 58 counties will be able to update the threshold limit for Auxiliary Authorization Payments via the County Benefit Issuance Threshold List page as their business processes allow. This value must be updated before Auxiliary payments can be issued.
   b. The Edit button will navigate the user to the Auxiliary Authorization Threshold Detail – [Program] page where the user can update the threshold amount for Auxiliary Authorizations.
      i. This edit button will only display for Users with the appropriate security rights to view CountyBenefitIssuanceThresholdsEdit.

Page Location

- **Global:** Admin Tools
- **Local:** Admin
- **Task:** County Benefit Issuance Thresholds

Security Updates

N/A

Page Mapping

Field	Table Name	Column	Description
Amount (Section:	County_Fiscal_Auth	AMT	This field will store the dollar amount of issuance

Field	Table Name	Column	Description
Auxiliary Authorization)			threshold or minimum amount of authorization.

██████ **Page Usage/Data Volume Impacts**

None.

2.3   Auxiliary Authorization Detail

██████ **Overview**

The Auxiliary Authorization Detail page is used to create Auxiliary Authorization issuances. After the record is created, it must go through an approval process based upon the Authorization level required.

██████ **Auxiliary Authorization Detail Mockup**

Auxiliary Authorization Detail

* - Indicates required fields

Close

Auxiliary Number:
AU1900000001

Case Number:
L123456

County Name:
Los Angeles

Program: *****
Foster Care

Aid Code: *****
40 - AFDC-FC (State)

Pay Code:

Amount: *****
100

Payee Details

Payee Type: *****
Resource

Name: *****
JOHN DOE

Placement Type:
Foster Family Agency (Treatment)

Issuance Method: *****
Warrant

Immediacy: *****
Routine

Figure 2.3.1 – Auxiliary Authorization Detail Page in View Mode for workers without required authorization level (if L1 or L2 required).

Auxiliary Authorization Detail

*- Indicates required fields

[Approve] [Void] [Disapprove] [Close]

Auxiliary Number:
AU1900000001

Case Number:
L123456

County Name:
Los Angeles

Program: *
Foster Care

Aid Code: *
40 - AFDC-FC (State)

Pay Code:

Amount: *
100

Payee Details

Payee Type: *
Resource

Name: *
JOHN DOE

Placement Type:
Foster Family Agency (Treatment)

Issuance Method: *
Warrant

Immediacy: *
Routine

Payout Schedule

Begin Month: *
09/2020

End Month: *
09/2020

Issuance Business Day: *
10

Only Issue After Regular Benefit is Issued: *
No

Claiming Configuration Details

Claimed As:
Non-Federal

Comments

Auxiliary Payment for Foster Care

Status History

Status	Status Date	Authorized By
Awaiting Approval	09/15/2020	123456

Figure 2.3.2 – Auxiliary Authorization Detail Page in View Mode for workers with required authorization levels to Approve/Disapprove/Void.

- **Amount** - Exceeds maximum threshold value.

Figure 2.3.3 – Validation Message for Exceeding the Maximum Threshold Value.

1. Update the Auxiliary Authorization Detail page to follow the appropriate authorization levels set on the "County Authorizations" page.
    a. Level 1 Authorization required:
        i. The Initial Status when an auxiliary record is created and saved will be 'Awaiting Approval (L1)', after which the page will load in the view mode. Users with appropriate security rights can now either "Approve" or "Disapprove" the auxiliary payment record.
        ii. The status will be updated to "Approved" after the authorizer approves it.
    b. Level 2 Authorization required:
        i. The status would be updated to 'Awaiting Approval (L2)' after L1 has approved. Once in this status in view mode, users with appropriate security rights can now either "Approve" or "Disapprove" the auxiliary payment record. If the L2 user chooses to Approve it further, then the status would be updated to 'Approved'. This would be the final status for **authorizing** an auxiliary payment record and from here the users can only Void the record.
    c. If the "Disapproved" button is clicked before an auxiliary payment record is authorized then the status of the auxiliary payment record will be updated to 'Disapproved'. This is the final status of an auxiliary payment record.
2. Update the page to throw the validation message "**Amount - Exceeds maximum threshold value.**" when the worker tries to create and save an Auxiliary Authorization that is greater than the threshold limit set on the County Benefit Issuance Threshold List page.

Page Location

- **Global:** Case
- **Local:** Case Summary
- **Task:** Auxiliary Authorization List

Security Updates

N/A

Page Mapping

None.

Page Usage/Data Volume Impacts

None.

2.4 Pending Authorizations

Overview

The Pending Authorizations page is used to allow approvers to review requests that are currently in pending approval.

Page Mockup

N/A for dropdown value changes.

Description of Changes

1. Update the "Type" field to include a new type for Auxiliary Authorizations.
    a. Note: This type will also be visible on the Worklist page.
2. Update the page to include task records for the following authorization task types:
    a. CT 399 – Supervisor Authorization – Auxiliary Authorization.
    b. CT 399 – Deputy Authorization – Auxiliary Authorization.
    c. Note: Confirm CT399 entries are included in the page logic.
    d. Note: These new auxiliary authorization tasks being created will be searchable via the Worklist page similar to other authorization tasks.

Page Location

- **Global:** Case Info
- **Local:** Tasks
- **Task:** Approvals

Security Updates

N/A

Page Mapping

None.

Page Usage/Data Volume Impacts

None.

2.5   Data Change Request

Overview

This data change request is to add additional rows to the County Auth and County Fiscal Auth tables to include authorization levels and thresholds for Auxiliary Authorizations.

Description of Change

1. Update County Auth table to include authorization levels for "Auxiliary Authorization" for all 58 counties.
   a. Default the authorization level required for Auxiliary Authorization to 1st Level Authorization for all 58 counties.
   Note: After this SCR is implemented, all 58 counties will be able to update the authorization level required for Auxiliary Authorization Payments via the County Authorizations page as their business processes allow.
2. Update County Fiscal Auth table to include thresholds for "Auxiliary Authorization" for all 58 counties.
   a. Default the threshold limit for Auxiliary Authorization Payments to $0 for all 58 counties.
   Note: After this SCR is implemented, all 58 counties will be able to update the threshold limit for Auxiliary Authorization Payments via the County Benefit Issuance Threshold List page as their business processes allow.
3. Update Task Types table to include new entries for Auxiliary Authorizations:
   a. Supervisor Authorization – Auxiliary Authorization.
      i. Type Code: Auxiliary Authorization (Category 399)
   b. Deputy Authorization – Auxiliary Authorization.
      i. Type Code: Auxiliary Authorization (Category 399)

Estimated Number of Records Impacted/Performance

1. 58 additional rows for County Auth table.
2. 58 additional rows for County Fiscal Auth table.
3. 2 additional rows for Task Types table.

2.6   Code Table Change Request

Overview

This code table change request is to update CT 10585, CT 10600, CT 10350, CT 399, and CT 10507 to include the appropriate selections for Auxiliary Authorizations.

Description of Change

1. Update CT 10585 to include a new County Authorizations Type Code for Auxiliary Authorizations.
2. Update CT 10600 to include a new County Fiscal Authorization Type for Auxiliary Authorization Thresholds.
3. Update CT 10350 to include the new type Auxiliary Authorization.
4. Update CT 399 to include a new type for the following:
   a. Supervisor Authorization Auxiliary Authorization
   b. Deputy Authorization Auxiliary Authorization.
5. Update CT 10507 to include Task Orchestration Rules for Auxiliary Authorizations.
   a. Supervisor Authorization Auxiliary Authorization
      i. Reference Table 1: Auxiliary Authorization (Category 10350)
      ii. Reference Table 2: Supervisor Authorization Auxiliary Authorization (Category 399)
      iii. Reference Table 3: Deputy Authorization Auxiliary Authorization (Category 399)
   b. Deputy Authorization Auxiliary Authorization
      i. Reference Table 1: Auxiliary Authorization (Category 10350)
      ii. Reference Table 2: Deputy Authorization Auxiliary Authorization (Category 10350)

Note: This section is only for development purposes.

Estimated Number of Records Impacted/Performance

1. One additional row added to Code Detail table CT 10585.
2. One additional row added to Code Detail table CT 10600.
3. One additional row added to Code Detail Tale CT10350.
4. Two additional rows added to Code Detail Table CT 399.
5. Two additional rows added to Code Detail Table CT 10507.

2.7   Automated Regression Test

Overview

Create new automated regression test scripts to cover the Auxiliary Authorization options on the County Authorizations, County Benefit Issuance Threshold List - CalWORKs, and Pending Authorizations pages.

Description of Changes

Create new scripts to cover the following scenarios:

1. Verify the presence of the "Auxiliary Authorization" row in the Fiscal section of the County Authorizations page, in both view and edit modes.
2. Verify the existence of the "Auxiliary Authorization" table on the County Benefit Issuance Threshold List - CalWORKs page, and that the value can be changed through the associated Auxiliary Authorization Threshold Detail – CalWORKs page.
3. Verify the existence of the "Auxiliary Authorization" option in the Type dropdown on the Pending Authorizations page.

3 REQUIREMENTS

3.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2140	**Original:** The CONTRACTOR shall add the ability to pay a full grant to two payees/resources in the same time period concurrently with a single EDBC in the CalSAWS Software. The CONTRACTOR shall add the ability to split a single grant payment amount in a month for the same aid code in the CalSAWS Software. Note: Across all programs **Revised:** The CONTRACTOR shall add Fiscal Authorization types and Benefit Issuance Thresholds for Auxiliary Authorization Payment requests to be	**Original:** - This requirement applies to Foster Care (including ARC), Kin-GAP, and AAP. - Criteria to split the grant payment amount is the Payee identifier. - Secondary vendor will have a single rate association (i.e., no additional supplemental payment, ISP, SCI, etc.). - No updates to the DCFS Datamart are included in this estimate. CWS/CMS does not currently support concurrent vendors or payees. - Additional assumptions: - The child cannot be placed with two resources at the same time. - The need is to be able to pay for supportive services (wrap around) for the child. One payment is to the	Fiscal Authorization types and Benefit Issuance Thresholds for Auxiliary Authorization Payment requests are added to the system.

	configurable by each county.	placement provider, and the second payment for the same month is for supportive services. This would be a payment that needs to be paid ongoing. Also, SILP placements: the youth can request the payment or a portion of the payment to go directly to another responsible adult. Example: $900 for the SILP and want $750 to go directly to their landlord, the remaining would go to the youth. This would be under the same aid code. With ACL 17-11 the new type of payment (ISFC) for foster care, the system needs the ability to pay two facilities for the same time period. In AAP, the AAP child can be place in an out of home treatment facility and the AAP parent still gets the basic AAP rate and the treatment facility also gets paid for the same period. **Revised:**	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-212363 | DDID 1360

Add Direct Deposit Functionality to CalSAWS for CalWIN Counties

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Ishrath Khan
	Reviewed By	Fiscal build & Design leads

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/10/2020	1.0	Initial Revision	Ishrath Khan

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1 OVERVIEW

1.1 Current Design

The C-IV Direct Deposit functionality was removed from LRS as part of the Los Angeles County go-live. Though payments can still be issued as Direct Deposit in CalSAWS for Los Angeles County, the data collection for the Customer Account Number, Customer Routing Number information, and Direct Deposit National Automated Clearing House Association (NACHA) interface is done externally outside of CalSAWS.

1.2 Requests

Per Design Differences ID (DDID) 1360, the Direct Deposit functionality, batch job, and interface needs to be added back into CalSAWS for all 58 Counties.

This design will be adding the Direct Deposit functionality and interfaces for the CalWIN counties only. CA-207344 added the Direct Deposit interface for the C-IV Counties.

1.3 Overview of Recommendations

The Direct Deposit interfaces for CalWIN counties will be added to CalSAWS. The associated Direct Deposit data collection was added under Issuance Method Detail page to collect the Customer's Bank Account information as part of CA-207344.

1.4 Assumptions

1. Los Angeles County will continue to utilize their external Direct Deposit process and interface. The existing Issuance Method Detail page for Direct Deposit will remain for Los Angeles County. A new Issuance Method Detail page for Direct Deposit will be created for the 57 Migration Counties.
2. All Customer Bank Account information for the 57 Migration Counties will be migrated with the conversion effort.
3. All previously verified migrated Customer Bank Accounts will not require another prenote.
4. All county interface testing with the county banks will occur with DDID 1970.
5. The Issuance Type category (CT 112) determines what Programs can be issued as Direct Deposit, EBT, and Warrants in CalSAWS.
6. The C-IV General Assistance (Managed) Program will be migrated into CalSAWS with DDCR 10002 (CA-201377), including all CM related codes table updates. The DDCR will allow the C-IV General Assistance (Managed) program to be issued as EBT, Warrant, and Direct Deposit.
7. All batch scheduling will be addressed by CA-208599, CA-208600, CA-208601, CA-208602, CA-208603, CA-208604, and CA-208605.

8. The security rights, roles, and groups for the Issuance Method Detail page already exists in CalSAWS for CalWIN counties.
9. The FIN 200 will migrated into CalSAWS with DDID 2675.
10. Supervisor/2nd Level Authorization is county customizable and has been implemented with with CA-207102 (DDID 1052, 1091, 1092, 1094, 1095, 1096, 1529, 1532).
11. The Direct Deposit functionality for Resource Data Bank (RDB) has already been implemented with CA-217791.
12. For CalWIN counties that will be sending a return file for Direct Deposit, the file format will be the NACHA format.

2 RECOMMENDATIONS

2.1 Direct Deposit Interface

2.1.1 Overview

Create the Direct Deposit batch modules for all CalWIN counties in CalSAWS.

2.1.2 Description of Change

1. Create the Direct Deposit batch job properties for the CalWIN counties in CalSAWS. This includes the Writer, FTP, Reader jobs (if applicable), and Direct Deposit Update batch.

   Note:
   1. The Direct Deposit Update batch job also initiates the generation of the FIN 200. The FIN 200 will be migrated in CalSAWS with DDID 2675. Until DDID 2675 is implemented, the Direct Deposit Update batch job will suppress the generation of the FIN 200.
   2. The Direct Deposit Reader job will be in the NACHA format. Please refer to spreadsheet attached to JIRA to see counties that will send a return file to CalSAWS.
   3. For the Direct Deposit Writer file, a spreadsheet with header/field information for each county is also attached to JIRA.

2.1.3 Execution Frequency

N/A – The execution frequency will be addressed by CA-208599, CA-208600, CA-208601, CA-208602, CA-208603, CA-208604, and CA-208605.

2.1.4 Key Scheduling Dependencies

N/A – All scheduling dependencies will be addressed by CA-208599, CA-208600, CA-208601, CA-208602, CA-208603, CA-208604, and CA-208605.

2.1.5 Counties Impacted

CalWIN Counties

2.1.6 Data Volume/Performance

N/A

2.1.7 Interface Partner

Individual County IT Departments

2.1.8 Failure Procedure/Operational Instructions

N/A – All procedural/operational instructions will be addressed by CA-208599, CA-208600, CA-208601, CA-208602, CA-208603, CA-208604, and CA-208605

3 REQUIREMENTS

3.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1360	**Original:** The CONTRACTOR shall migrate the existing C-IV Direct Deposit functionality on the Issuance Method Detail page for the 58 Counties. **Revised:** The CONTRACTOR shall migrate the existing C-IV Direct Deposit functionality on the Issuance Method Detail page for the 57 Counties.	It is assumed that CALWIN uses the same Direct Deposit Functionality as C-IV. The existing direct deposit functionality that resides in C-IV has been removed from LRS and will need to be added back into LRS. There will be two versions of the Issuance Method Detail page - one for LRS and one for the remaining 57 counties. The C-IV batch jobs for the DD Functionality would have to be migrated along with creating new jobs for the CALWIN counties.	~~1. A new Issuance Method page for Direct Deposit functionality has been created for the 57 Migration Counties to capture the Customer Banking Account information.~~ ~~2. All direct deposit batch modules have been migrated into CalSAWS.~~ 3. All direct deposit batch properties for the CAIWIN counties have been migrated/replicated in CalSAWS.

4 APPENDIX

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-213514 | DDID 1967

BRM Envelopes for Applicable Forms

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Nithya Chereddy
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
01/04/2021	1.0	Original	Nithya Chereddy
01/28/2021	1.1	Added assumptions 5 and 6	Nithya Chereddy

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1 OVERVIEW

The purpose of this change is to add Business Reply Mail (BRM) envelopes for the applicable forms.

1.1 Current Design

Certain forms in CalSAWS do not include a BRM envelope.

1.2 Requests

Add the BRM envelope to the below listed forms:

1. RFTHI - Request for Tax Household Information (RFTHI)
2. MC 176 TMC - Transitional Medi-Cal Quarterly Status Report
3. MC 604 IPS - Additional Income and Property Information Needed for Medi-Cal
4. NA 1273 - Electronic Notification Agreement and Courtesy Confirmation Receipt
5. CSF 103 - Verification Request List
6. CF 377.11E - CalFresh Able-Bodied Adult Without Dependents (ABAWD) Time Limit Exemption Screening Form
7. CF 10 – Dependent Care Cost Affidavit

1.3 Overview of Recommendations

Add the BRM envelope to the below listed forms:

1. RFTHI - Request for Tax Household Information (RFTHI)
2. MC 176 TMC - Transitional Medi-Cal Quarterly Status Report
3. MC 604 IPS - Additional Income and Property Information Needed for Medi-Cal
4. NA 1273 - Electronic Notification Agreement and Courtesy Confirmation Receipt
5. CSF 103 - Verification Request List
6. CF 377.11E - CalFresh Able-Bodied Adult Without Dependents (ABAWD) Time Limit Exemption Screening Form
7. CF 10 – Dependent Care Cost Affidavit

1.4 Assumptions

1. CF 10 is being migrated to CalSAWS with the SCR CA-216444.
2. BRM addresses for C-IV Migration counties were added to CalSAWS with CA-201214. SCR CA-217127 will migrate BRM addresses for CalWIN Migration counties.
3. Forms mentioned in this SCR are not being updated to newer versions with this SCR.
4. New threshold language forms will not be added with this SCR.

5. The bundling job is only available for LA County. The bundling jobs for the Migration Counties will be migrated with **SCR CA-207312**, therefore testing of the bundles for migration counties is not possible at this time.

6. This SCR adds a BRM header and BRM envelope to the forms mentioned in recommendation 2.1.2. After this SCR goes live, workers are only supposed to reprint these forms locally, this condition is only for the forms that were generated before the go live date of this SCR. Reprinting centrally will error out the forms that were generated before the go live date of this SCR. Reprint centrally and Reprint locally options will function the same way as they function today for the all the forms mentioned in recommendation 2.1.2 that are generated after this SCR goes live.

   Scenario 1: Form will error out if the form is generated on 05/20/2021, SCR goes live on 05/24/2021 and the worker is trying to reprint the form centrally on 06/11/2020.

   Scenario 2: Form will not error out if the form is generated on 06/01/2021, and the worker is trying to reprint the form locally/centrally on 06/06/2021.

2   RECOMMENDATIONS

2.1   Add BRM envelopes to the forms

2.1.1   Overview

Certain forms to the CalSAWS currently do not have a BRM envelope. With this effort a BRM envelope will be added to those forms.

2.1.2   Description of Change

Add the BRM envelope to the below listed forms.

See Supporting Documents #1 through #7 for Mock Ups.

See Supporting Document #8 for threshold language translations for the sentences on the coversheet and the BRM header.

No.	Form Number	From Title	Languages Available	Version
1.	RFTHI	Request for Tax Household Information (RFTHI)	EN, SP	01/14
2.	MC 176 TMC	Transitional Medi-Cal Quarterly Status Report	EN, SP	05/07

No.	Form Number	From Title	Languages Available	Version
3.	MC 604 IPS	Additional Income and Property Information Needed for Medi-Cal	EN, SP, AE, CA, CH, KO, RU, TG, VI	05/14
4.	NA 1273	Electronic Notification Agreement and Courtesy Confirmation Receipt	EN, SP, AE, AR, CA, CH, FA, TG, HM, KO, LA, RU, VI	07/13
5.	CSF 103	Verification Request List	EN, SP, AE, AR, CA, CH, FA, TG, HM, KO, LA, RU, VI	05/20
6.	CF 377.11E	CalFresh Able-Bodied Adult Without Dependents (ABAWD) Time Limit Exemption Screening Form	EN, SP	01/20
7.	CF 10	Dependent Care Cost Affidavit	EN, SP	12/13

2.2 Route Forms to the Centralized Location/District Office Address

2.2.1 Overview

Certain forms in CalSAWS currently do not have a BRM envelope. With this effort a BRM envelope will be added to those forms.

2.2.2 Description of change

1. Route the forms (listed in Section 2.1.2) to the Expo Park location for the below listed District Offices for Los Angeles County.

   Centralized office address for Expo Park:

   DPSS – CSU EXPO PARK

   3833 S VERMONT AVE

   LOS ANGELES CA 90037-9920

Number	District Office Name	OFFICE_NUM_IDENTIF (From Office table)
1.	Belvedere	05
2.	Southwest Special	08
3.	West Valley	82
4.	East Valley	11
5.	Metro Special Office	70
6.	San Fernando Branch	32
7.	Metro Family	13
8.	Pasadena	03
9.	Wilshire Special Office	10
10.	Glendale	02
11.	Santa Clarita Branch	51

2. Route the forms (listed in Section 2.1.2) to the San Gabriel/El Monte Centralized location for the below listed District Offices for Los Angeles County.
Centralized office address for San Gabriel/El Monte:
DPSS – CSU EL MONTE/SAN GABRIEL
3400 AERO JET AVE
EL MONTE CA 91731-9935

Number	District Office Name	OFFICE_NUM_IDENTIF (From Office table)
1.	Pomona	36
2.	Metro East	15
3.	Cudahy	06
4.	Compton	26
5.	Norwalk	40
6.	Southwest Family	83
7.	El Monte (San Gab. V. Serv. Center)	04
8.	San Gabriel Valley	20
9.	Lincoln Heights	66

3. Route the forms (listed in Section 2.1.2) to the La Cienega Centralized location for the below listed District Offices for Los Angeles County.
Centralized office address for La Cienega:
DPSS – CSU LA CIENEGA
9800 S LA CIENEGA BLVD FL 11
INGLEWOOD CA 90301-9958

Number	District Office Name	OFFICE_NUM_IDENTIF (From Office table)
1.	Exposition Park Family Service Center	12
2.	Florence	17
3.	South Central	27
4.	South Special	07
5.	South Family	31
6.	Metro North Office	38
7.	Rancho Park	60
8.	Paramount Office	62
9.	Civic Center	14

Note: 'MOD', 'MC LRS', 'Hawthorne' and 'MC Mail In' are not District Offices currently. As per existing functionality if any correspondence is generated from the offices MOD, MC LRS, Hawthorne or MC Mail In, the correspondence will exception out during the nightly batch process and it will be listed in the exception report.

4. For the C-IV Migration counties, populate the centralized office information on the BRM header if the county has a centralized location and populate the office information on the BRM header if the county does not have a centralized location.

Technical Note: CT15 REFER_TABLE_19_DESCR has the information of whether a County has a Centralized or Non-Centralized office.

2.3   Update the Bundler Priority

2.3.1 Overview

As part of the SCR CA-201214, Priority 1 was updated to include a BRM envelope with Standard Mail envelopes.

Currently MC 176 TMC is being sent to the print vendor in Priority 5 bundle and CF 377.11E in Priority 6 bundle. As MC 176 TMC and CF 377.11E are

mailed in a standard mail envelope with BRM, the mail priority for these forms should be updated to 1.

2.3.2 Description of Change

1. Update MC 176 TMC and CF 377.11E forms to get bundled with Priority 1.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	RFTHI	RFTHI.PDF
2	Correspondence	MC 176 TMC	MC176TMC.PFD
3	Correspondence	MC 604 IPS	MC604IPS.PDF
4	Correspondence	NA 1273	NA1273.PDF
5	Correspondence	CSF 103	CSF103.PDF
6	Correspondence	CF 377.11E	CF377_11E.PDF
7	Correspondence	CF 10	CF10.PDF
8	Correspondence	Coversheet Sentences Translation	Translations.PDF

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1967	As Side-by-Side sessions were focused on comparing the front end (online pages) functionality of the application, the CONTRACTOR shall budget an allowance of twenty-nine thousand, one hundred fifty-five hours (29,155) to accommodate for any Unforeseen differences in the code base that result in additional requirements. The requirements for the allowance of hours must be finalized and approved by the CONSORTIUM for the CONTRACTOR to meet design, build and System Test milestones, subject to the requirements meeting requirements in the LRS Agreement. As the requirements for the designated SCRs are identified, the SCRs will be calculated by the CONTRACTOR and reviewed and prioritized by the CONSORTIUM for approval through the County Change Control Board process.	- Estimates will include the necessary Tasks in the software development lifecycle required to implement the CalSAWS DD&I SCR including deployment and change management. - For the new requirements to be included with CalSAWS DD&I UAT preparation activities (targeted to begin April 2021 for C-IV), the requirements for the unforeseen Differences allowance hours must be finalized, approved by the CONSORTIUM and added to the CalSAWS DD&I SOR by July 1, 2020 for the CONTRACTOR to meet design, build and System Test milestones.	With SCR CA-213514 BRM envelope is being added to the below listed forms. 1. RFTHI 2. MC 176 TMC 3. MC 604 IPS 4. NA 1273 5. CSF 103 6. CF 377.11E 7. CF 10

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-214748 | DDID 2345

FDS: API - Document API

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Avi Bandaranayake
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/14/2021	1.0	Initial Draft	Avi Bandaranayake

Table of Contents

1 OVERVIEW

1.1 Current Design

There is no Application Programming Interface (API) available to external partners which allows access to read document data from the CalSAWS system.

1.2 Requests

Create a service that will allow the 58 Counties to search for documents by barcode or case number and to update documents to be marked as received.

1.3 Overview of Recommendations

Create a new endpoint that will retrieve and update document information.

1.4 Assumptions

1. Results are limited to county level data.
2. Results returned will be paginated to 20 values by default.
3. Limit parameter will allow a maximum of 250 values returned by default. Requesting a larger value will result in a 400 error response.
4. Code table values for this API can be found in the Appendix.
5. Code table values are limited to those available as of the API release date.
6. Requests and Responses will use Code Table values as described in the Appendix.

2 RECOMMENDATIONS

2.1 Document API

2.1.1 Overview

This API will expose document data from the CalSAWS system.

2.1.2 Description of Changes

The Document API will include the following filters, data elements, and error handling. Please refer to the **documents.html** document for the technical specifications and data element definitions.
Additional examples and specific error messages may be added during build for the developer portal.

2.1.3 Request

The API will include the following request parameters for case:
1. Barcode
2. Case number
3. Received date

2.1.4 Response

The API will return the following objects and elements.

```
"caseNum": "string",
"docInfo": [
  {
    "id": "string",
    "imagingBarcodeIdentifier": "string",
    "docBarcodeIdentifier": "string",
    "docTemplFormNumber": "string",
    "docTemplImagingFormNumber": "string",
    "docTemplFormName": "string",
    "docTemplImagingFormName": "string",
    "docTemplDocumentType": "string",
    "docTemplImagingDocumentType": "string",
    "alfFmsNum": "string",
    "confidentialFlags": [
      {
        "comnt": "string",
        "rmvdDate": "2021-01-20",
        "typeCode": "string"
      }
    ]
  "caseFlags": [
      {
        "typeCode": "string",
        "begDate": "2021-01-20",
        "endDate": "2021-01-20",
        "dueDate": "2021-01-20",
```

```
        "expireDate": "2021-01-20"
      }
    ]

  "docId": "string",
  "custRptPgmTypeId": "string",
  "statCode": "string",
  "statDate": "2021-01-15",
  "createdBy": "string",
  "updatedBy": "string",
  "createdOn": "2021-01-15T17:43:15.104Z",
  "updatedOn": "2021-01-15T17:43:15.104Z",
  "statDetlCode": "string",
  "scanSrcCode": "string"
}
```

2.1.5 Error Messages

1. Bad request. body/parameter {parameter name} is invalid. {Reason}
   a. Bad request. Document StatCode is either {Complete, Ready To Run or Not Applicable} and cannot be updated to Received.
   b. Bad request. Document {barcode} is already marked Received for the {receivedDate}
2. Authorization information is missing or invalid.
3. Bad request. Request body/parameter {parameter name} was not found.
4. Request Timeout.
5. Internal Server Error.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	API	Detailed Endpoint document	documents.html

4   REQUIREMENTS

4.1   Migration Requirements

REQ #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
DDID 2345	The CONTRACTOR shall create a service allowing 58 Counties to update documents to be received utilizing a CalSAWS API. This service will update the status of documents to received when called utilizing required information as specified by the CalSAWS Software.		Create Documents API

5 APPENDIX

The API complexity accounts for the ability to search for cases utilizing multiple filters and variety of individual level data that will be returned.

CT 10397 Customer Report Status Detail Code
CW is AR/CO
Action Required
No Change
No SAR Due
Pending Incomplete

CT 258 Customer Report Status Code
Completed
Complete- EDBC Accepted
Denied
Error
Generated
Incomplete
Not Applicable
Reviewed
Received
Reviewed- Ready to Run EDBC
Sent

CT 51 Confidentiality Type
Adoptions Assistance
CWS AAP Mask Address
Domestic Violence
Employee/Employee Relative
Foster Care
High Profile
Human Trafficking
CWS Foster Care/KinGap Mask Address
Minor Consent
CWS Sealed Mask Address
CWS Sensitive Mask Address

CT 1082 Flag Type
Federal
State
County
Court Case
Study
Civil Rights
Error Prone and High Risk

CT 10602 Imaging Type Codes
Lobby/Kiosk - Other
Self-Service - Other
Address/Residency
Adoption Assistance Program (AAP)
Application, Intake, or Screening
Appointment Letter
Authorized Rep and Release of Info
CalFresh (CF)
Cal-Learn
CalWORKs (CW)
CAPI
CFET
Child Care
County Medical Services Program (CMSP)
Court/Hearings Document
Customer Reporting
Customer Verification Forms
Customer/Worker Contact
DDSD
Domestic Violence
Education
Electronic Benefit Transfer (EBT)
E-Notification
Family Stabilization
Fiscal
Foster Care (FC)
GA/GR Work and Activities
Gen. Assistance/Gen. Relief (GA/GR)
Homeless Assistance (HA)
Housing Support Program (HSP)
IEVS

CT 10602 Imaging Type Codes
IHSS
Income
Inter-County Transfer (ICT)
Interoffice Correspondence
Jail/Inmate
Kin-GAP
Language
Learning Disability Documents
Medi-Cal (MC)
Medical Reports/Records
MEDS Related
Notification/NOA
Overpayment/Overissuance (OP/OI)
Person Verification
Sworn Statements
Personal Expenses
Property
Quality Assurance/Quality Control
Referrals
Rights and Responsibilities
Welfare to Work (WTW)
Sponsor Related
Tax Documents
Time Limit Documents
TNB/SNB
Transportation
Vendors and Providers
Verification Requests
Veterans
Voter Registration
Welfare to Work (WTW)
Child Support
Returned Mail

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-214749 | DDID 2346

FDS: API - Imaging API

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Howard Suksanti
	Reviewed By	Avi Bandaranayake

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/17/2020	1.0	Initial Draft	Howard Suksanti
1/25/21	1.1	Updated based on QA comments	Avi Bandaranayake

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1 OVERVIEW

1.1 Current Design

This is a new API made available to expose the list of documents associated to a Case and their corresponding meta-data utilizing a CalSAWS API. An API service to expose documents associated to a Case does not exist in the CalSAWS System.

1.2 Requests

Create a service that can retrieve a list of documents associated to a Case and their corresponding meta-data.

1.3 Overview of Recommendations

1. Create a new endpoint to retrieve a list of documents associated to a Case and their corresponding meta-data.
2. Add filter criteria based on case number, form name, and document type to limit the results returned.

1.4 Assumptions

1. Results returned will be paginated to 20 values by default.
2. Limit parameter will allow a maximum of 250 values. Requesting a larger value will result in a 400 error response.
3. Results are limited to county level data.
4. Code Table values in the Appendix are subject to change.
5. Requests and Responses will use Code Table values as described in the Appendix.

2 RECOMMENDATIONS

2.1 Imaging API

2.1.1 Overview

This API will expose a list of documents associated to a Case and their corresponding meta-data utilizing a CalSAWS API. Document meta-data will be retrieved from the CalSAWS Imaging Solution (Hyland).

2.1.2 Description of Changes

The Imaging API will include the following filters, data elements, and error handling. Please refer to the **imaging.html** document for the technical specifications and data element definitions.

Additional examples and specific error messages may be added during build for the developer portal.

2.1.3 Request Filters

The API will allow the following optional parameters as filters in the request body.

1. Form names
2. Custom Keys
3. Applicable Date After
4. Applicable Date Before
5. Received Date After
6. Received Date Before

2.1.4 Request Body

The Imaging API can be used to retrieve a list of documents associated to a Case. The request must contain the following fields:

1. Case number

2.1.5 Response

The Imaging API will return the following data elements:

```
[
  {
    "drawer": "string",
    "caseId": "string",
    "caseNumber": "string",
    "caseName": "string",
    "barcodeNumber": "string",
    "formName": "string",
    "documentType": "string",
    "notes": "string",
    "customKeys": [
      {
        "name": "ApplicableDate",
        "value": "string"
      }
    ],
    "documentID": "string",
    "numPages": 0,
    "sourceSize": 0,
    "docurl": "string"
  }
]
```

2.1.6 Error Messages

The Imaging API will return error messages in the following Scenarios:

1. Bad request. body/parameter {parameter name} is invalid. {Reason}

2. Authorization information is missing or invalid.
3. Bad request. Request body/parameter {parameter name} was not found.
4. Request Timeout.
5. Internal Server Error.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	API	Detailed Endpoint document	imaging.html
2	Imaging	List of imaging form names	ImagingFormNames.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
DDID 2346	The CONTRACTOR shall create a service allowing 58 Counties to retrieve a list of documents associated to a Case and their corresponding meta-data utilizing a CalSAWS API. This service will return a list of documents uploaded to the imaging solution when it is called utilizing a case id as a parameter. Additional filters, such as image category, will be defined during design.	Includes additional hours to support integration with the new imaging solution.	Create an Imaging API

5 APPENDIX

This section contains the code table (CT) values that are currently used in the system. API users can use and expect these values as specified in the technical design

CT 10602: imaging type code
Address/Residency
Adoption Assistance Program
Application, Intake, or Screening
Appointment Letter
Authorized Rep and Release of Info
CalFresh
Cal-Learn
CalWORKs
CAPI
CFET
Child Care
Child Support
County Medical Services Program
Court/Hearings Document
Customer Reporting
Customer Verification Forms
Customer/Worker Contact
DDSD
Domestic Violence
Education
Electronic Benefit Transfer
E-Notification
Family Stabilization
Fiscal
Foster Care

CT 10602: imaging type code
GA/GR Work and Activities
Gen. Assistance/Gen. Relief (GA/GR)
Homeless Assistance
Housing Support Program
IEVS
IHSS
Income
Inter-County Transfer
Interoffice Correspondence
Jail/Inmate
Kin-GAP
Language
Learning Disability Documents
Medi-Cal
Medical Reports/Records
MEDS Related
Notification/NOA
Overpayment/Overissuance
Person Verification
Personal Expenses
Property
Quality Assurance/Quality Control
Referrals
Returned Mail
Rights and Responsibilities
SIU
Sponsor Related

CT 10602: imaging type code
Sworn Statements
Tax Documents
Time Limit Documents
TNB/SNB
Transportation
Vendors and Providers
Verification Requests
Veterans
Voter Registration
Welfare to Work

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-214992

DDID 2579: Add WTW 100 – Good Cause/Exemption Letter

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Maria Jensen
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/12/2020	0.1	Initial Draft	Maria Jensen
11/18/2020	0.2	Peer Review fixes	Maria Jensen
12/10/2020	0.3	QA comments fixes	Maria Jensen
01/06/2021	0.4	Removed Imaging fields	Maria Jensen
01/13/2021	0.5	Added REP program	Maria Jensen

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1 OVERVIEW

This SCR will add the WTW 100 – Good Cause/Exemption Letter (9/20) state form to the CalSAWS system to serve as a Notice to Customers that they must participate in the Welfare To Work program.

1.1 Current Design

Currently the WTW 100 state form does not exist in the CalSAWS system.

1.2 Requests

1. Implement State Form WTW 100 - Good Cause/Exemption Letter. (See Supporting Documents #1-2)

2. WTW 100 replaces form PLAN 100 CIV – Employment Services for C-IV migration counties.

3. Make the form available in the Template Repository.

1.3 Overview of Recommendations

1. Add the WTW 100 form in CalSAWS.

2. Make the form available via the Template Repository in English and Spanish.

1.4 Assumptions

1. If generated for LA County, the header fields will remain read-only if populated in the context of a case, as per CalSAWS standards.

2   RECOMMENDATIONS

2.1   Add Form WTW 100 - Good Cause/Exemption Letter

2.1.1   Overview

This SCR will add the state form WTW 100 – Good Cause/Exemption Letter (revision 9/20) to the CalSAWS system to be used as a Notice to Customers that they must participate in the Welfare To Work program. Please see the attached Supporting Documents #1-2 for details.

State Form: WTW 100 (9/20)

Programs: Welfare To Work, REP

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English, Spanish

2.1.2   Create Form WTW 100 XDP

1. The new form will have a single impression which will consist of specific verbiage provided by the state, and several input fields. Please see the Supporting Documents #1-2 for details.

   Form Header: CalSAWS Standard Header #1
   Form Title (Document List Page Displayed Name): Good Cause/Exemption Letter
   Template Description: This form is used as a Notice to Customers that they must participate in the Welfare-To-Work program.
   Form Number: WTW 100
   Include NA Back 9: No
   Imaging Form Name: N/A
   Imaging Document Type: N/A
   Form Mockups/Examples: See Supporting Documents #1-2 for PDF Mockups

2. Barcode options for the WTW 100 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	N

3. Add Form WTW 100 to the Template Repository in both English and Spanish for all 58 counties.

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

4. Include the following Print Options and Mailing Requirements for Form WTW 100:

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): Participant selected on the document parameters page

Mailed From (Return): Standard Population

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard Outgoing Mail

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: No

Electronic Signature: No

Post to SSP: Yes

Clock Indicator: N/A

2.1.3 Form Variable Population

Three of the input fields coincide with standard header fields so they will automatically be populated when generated via the Template Repository.

Dear <CUSTOMER_NAME_HEADER> ,

Our records show that your reason for not doing Welfare-to-Work activities based on:

_____

_____

will end on _____. If the reason you have not been doing Welfare-to-Work activities no longer
　　　　　　(Date)

exist, you will need to start doing Welfare-to-Work.

☐ If this box is checked, please call our office by _____ at <STAFF_PHONE>
　　　　　　　　　　　　　　　　　　　　　　　　　(Date)　　　　　　　　　　　　(Telephone Number)

　　to talk about whether you need to start doing/performing Welfare-to-Work activities.

☐ If this box is checked, please come into our office on _____ at _____ to
　　　　　　　　　　　　　　　　　　　　　　　　(Date)　　　　　　　　　　　(Time)

meet with your Welfare-to-Work Case Manager, <STAFF_NAME> .
Your Case Manager will talk with you about whether you need to start doing Welfare-to-Work activities and
what the next steps will be. Contact your worker if you need to change this meeting time.

Figure 2.1.3 – Form WTW 100 body

Form Body Variables:

Variable Name	Population	Formatting	Editable*	Template Repository Population
CUSTOMER_NAME_HEADER	Inherited from standard header population	Arial Font Size 10	Y	Y
STAFF_PHONE	Inherited from standard header population	Arial Font Size 10	Y	Y
STAFF_NAME	Inherited from standard header population	Arial Font Size 10	Y	Y

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	WTW 100 (English)	WTW100_EN.pdf
2	Correspondence	WTW 100 (Spanish)	WTW100_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2579	The CONTRACTOR shall add State Form WTW 100 - Good Cause/Exemption Letter to the CalSAWS Software.	1. Estimate is for migrating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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.	With SCR CA-214992, form WTW 100 – Good Cause/Exemption Letter will be added to the CalSAWS system.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215002 | DDID 2584

FDS: Non-State Forms - Add State Form WTW 112

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sureshnaidu Mullaguri
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/09/2020	1.0	Original	Harish Katragadda
12/10/2020	1.1	QA comments fixes	Maria Jensen

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1 OVERVIEW

The purpose of this change is to add State form WTW 112 - Care of a Household Member Verification form version (09/20) in LRS/CalSAWS and make this form available for all 58 counties.

1.1 Current Design

State form WTW 112 (09/20) form is currently not available in LRS/CalSAWS Template Repository.

1.2 Requests

Add State form WTW 112 (09/20) and make it available to all 58 counties.

1.3 Overview of Recommendations

1. Add WTW 112 (09/20) form to LRS/CalSAWS Template Repository in English and Spanish.
2. Make the form available to all 58 counties.

1.4 Assumptions

1. All Fields are editable unless specified.

2 RECOMMENDATIONS

2.1 WTW 112 (09/20) – Care of a Household Member Verification

2.1.1 Overview

This section will cover the updates needed for WTW 112 (09/20) form

State Form: WTW 112 (09/20)
Programs: CalWORKs, Welfare to Work
Attached Forms: N/A
Forms Category: Forms
Template Repository Visibility: All Counties
Languages: English, Spanish

2.1.2 Description of Change

1. Add WTW 112 (09/20) in English and Spanish.

    a. Create WTW 112 (09/20) Form XDP's in English and Spanish.

       Form Header: LRS/CalSAWS Standard Header

       Form Title: Care of a Household Member Verification

       Template Description: Used to verify that an individual is exempt from work registration due to caring for a disabled household member.

       Form Number: WTW 112

       Include NA Back 9: No

       Imaging Form Name: Care of a Household Member Verif

       Imaging Document Type: Customer Verification Forms

       Form Mockup/Example: See Supporting Documents #1

2. CalSAWS standard footer will be used for the form.

3. Add the WTW 112 (09/20) – Care of a Household Member Verification to Template Repository. The following parameters will be required:

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

4. Make the WTW 112 (09/20) form available to all 58 counties.

5. Add the following barcode options to the WTW 112 (09/20) Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

6. Add the following print options to the WTW 112 (09/20) 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): Case Person 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
Mailing Priority: Same Day Priority

Additional Requirements:
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to SSP (Self Service Portal): Y
Clock Indicator: N/A

7. **Variable Population for WTW 112 Form**

i.   Header fields population

Field	Description
Section: Header (CalSAWS Standard Header), Page 1	
Worker Name	Name of Worker who is assigned to the Program
Worker ID	ID of Worker who is assigned to the Program
Worker Phone Number	Phone Number of Worker who is assigned to the Program
Case Name	Case Name on the Case
Date	Date on which WTW 112 form generated
Customer ID	Customer Id of the Participant
Case Number	Case Number on the Case

ii.   Form fields population:
All fields are blank and editable when WTW 112 (09/20) form generated from Template Repository.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	WTW 112 (09/20)	WTW_112_EN.pdf WTW_112_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2584	The CONTRACTOR shall add State Form WTW 112 - Care of a Household Member Verification to the CalSAWS Software.	1. Estimate is for migrating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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.	With CA-215002 English and Spanish language version of State form WTW 112 (09/20) - Care of a Household Member Verification will be added in to LRS/CalSAWS Template Repository and available to all 58 counties.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215073

DDID 2619: Add CW 108 – Child Immunization
Status (10/20)

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Pramukh Karla

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/02/2020	0.1	Initial Draft	Maria Jensen
12/03/2020	0.2	Added revision number to title	Maria Jensen
12/11/2020	0.3	BA comments fixes	Maria Jensen
12/22/2020	0.4	QA comments fixes: Imaging barcode, Variables notes, Original Requirements removed	Maria Jensen

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1 OVERVIEW

This SCR will add the CW 108 – Child Immunization Status (10/20) state form to the CalSAWS system to be used to indicate the necessary vaccinations for all children in the household who are under the age of 6.

1.1 Current Design

Currently the CW 108 state form does not exist in the CalSAWS system.

This form will replace the CalSAWS IMM STATUS form currently generating through the Template Repository in English for LA county only.

1.2 Requests

1. Implement State Form CW 108 - Child Immunization Status in the CalSAWS. (See Supporting Documents #1-2)
2. Make the form available in the Template Repository for all 58 Counties with the CalSAWS standard header information.
3. This form replaces the existing IMM STATUS - Children Immunization Status. Hide the IMM STATUS in the Template Repository for all counties.

1.3 Overview of Recommendations

1. Add the CW 108 form in CalSAWS.
2. Make the CW 108 form available via the Template Repository in English and Spanish for all counties.
3. Hide IMM STATUS from Template Repository.

1.4 Assumptions

1. When generated in the context of a case, the body fields will be editable for all counties, as per CalSAWS standards.

2 RECOMMENDATIONS

2.1 Add Form CW 108 - Child Immunization Status

2.1.1 Overview

This SCR will add the state form CW 108 – Child Immunization Status (revision 10/20) to the CalSAWS system. The form will be used to indicate the necessary vaccinations for all children in the household who are under the age of 6.

State Form: CW 108 (10/20)
Programs: CalWORKs
Attached Forms: None
Forms Category: Forms
Template Repository Visibility: All Counties
Languages: English, Spanish

2.1.2 Create Form CW 108 XDP

1. The new form will have a single impression which will consist of specific verbiage provided by the state, and several input fields. Please see the Supporting Documents #1-2 for details.

   Form Header: CalSAWS Standard Header #1
   Form Title (Document List Page Displayed Name): Child Immunization Status
   Template Description: This form is used to indicate the necessary vaccinations for all children in the household who are under the age of 6.
   Form Number: CW 108
   Include NA Back 9: No
   Imaging Form Name: Child Immunization Status
   Imaging Document Type: Medical Reports/Records
   Form Mockups/Examples: See Supporting Documents #1-2 for PDF Mockups

2. Barcode options for the CW 108 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. Add Form CW 108 to the Template Repository in both English and Spanish for all 58 counties. Hide the IMM STATUS in the Template Repository for all counties.

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

4. Include the following Print Options and Mailing Requirements for Form CW 108:

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): Participant selected on the document parameters page
Mailed From (Return): Standard Population
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard Outgoing Mail
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: No
Electronic Signature: No
Post to SSP: Yes

5. **Form Variable Population**
The current state form allows the display of immunization statuses of only 4 children. For larger households, the worker will have to manually fill in additional forms for the remaining children.
Please see the below figure and table for details on the form body variables population.

Note: The current logic does not have a predefined order or sequencing for names and ages if there are multiple children in the household.
Note: The current logic populates the checkboxes related to immunization status based on the information filled in on the Eligibility->Customer Information->Immunizations page. This information is required prior to Running and Accepting CalWORKs EDBC.

Children Under 6 Years in Household	Name: <Name1>	Name: <Name2>	Name: <Name3>	Name: <Name4>
	Age: <Age1>	Age: <Age2>	Age: <Age3>	Age: <Age4>
Immunization(s) Status	**Immunization(s) Needed**	**Immunization(s) Needed**	**Immunization(s) Needed**	**Immunization(s) Needed**
A. ☐ Your child(ren) may be behind on immunizations and needs them now: We need proof they have gotten them.	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B
B. ☐ We are unable to determine the status of your child(ren)'s immunization(s). See your doctor to update the status of the checked immunizations.	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B <RequireShots>	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B	☐ Polio ☐ DTP ☐ HIB ☐ MMR ☐ Varicella ☐ Hepatitis B

<UnableToDetermine>

Take your child to your regular doctor or clinic to get these immunization(s). Your child needs the protection

Figure 2.1.2.5 – Form CW 108 body

Form Body Variables:

Variable Name	Population	Formatting	Editable*	Template Repository Population
Name1	Name of First Child	Arial Font Size 10	Y	Y
Name2	Name of Second Child	Arial Font Size 10	Y	Y
Name3	Name of Third Child	Arial Font Size 10	Y	Y
Name4	Name of Fourth Child	Arial Font Size 10	Y	Y
Age1	Age of First Child	Arial Font Size 10	Y	Y
Age2	Age of Second Child	Arial Font Size 10	Y	Y
Age3	Age of Third Child	Arial Font Size 10	Y	Y
Age4	Age of Fourth Child	Arial Font Size 10	Y	Y

RequireShots	Check box if one or more children in the household are in need of shots	Arial Font Size 10	Y	Y
UnableToDetermine	Check box if unable to determine immunization status of one or more children	Arial Font Size 10	Y	Y

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CW 108 (English)	CW108_EN.pdf
2	Correspondence	CW 108 (Spanish)	CW108_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2619	The CONTRACTOR shall implement new State form CW 108 – Child Immunization Status in the CalSAWS Software as follows: 1) Make the form available in the Template Repository for all 58 Counties with the CalSAWS standard header information. 2) This form replaces the existing IMM STATUS - Children Immunization Status. Hide the IMM STATUS in the Template Repository for all counties.	1. Estimate is for updating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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.	With SCR CA-215073, form CW 108 – Child Immunization Status will be added to the CalSAWS system. The existing form IMM STATUS will be hidden from the Template Repository for all counties.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215076 | DDID 2621

Add CW 105 – Pregnancy Verification (09/2020) Form to CalSAWS System

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Pramukh Karla
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/21/2020	1.0	Original	Pramukh Karla

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1 OVERVIEW

The purpose of this change is to add the CW 105 – Pregnancy Verification (09/2020) form to CalSAWS System for all 58 counties.

1.1 Current Design

The CW 105 – Pregnancy Verification (09/2020) state form does not exist in CalSAWS System.

1.2 Requests

1. Add the CW 105 – Pregnancy Verification (09/2020) form to CalSAWS System in English and Spanish languages for all 58 counties.

1.3 Overview of Recommendations

1. Add the CW 105 – Pregnancy Verification (09/2020) form to CalSAWS System for all 58 counties.

1.4 Assumptions

1. This form replaces the VER 105 CIV - School Attendance and Expense Verification.
2. No batch trigger will be implemented with this effort. This form must be generated and used with the CW 2200 manually by the case worker.
3. When generated in the context of a case, the body fields will be editable, but the header fields will remain read-only for all counties, as per CalSAWS standards.

2 RECOMMENDATIONS

2.1 Add CW 105 – Pregnancy Verification (09/2020)

2.1.1 Overview

This section will cover the updates needed to add CW 105 – Pregnancy Verification (09/2020) form to CalSAWS for all 58 counties.

State Form: CW 105
Programs: CalWORKs
Attached Forms: N/A
Forms Category: Forms
Template Repository Visibility: All Counties

Languages: English and Spanish

2.1.2 Description of Change

1. Add CW 105 – Pregnancy Verification (09/2020) form to CalSAWS System for all 58 counties.

   Form Header: CalSAWS Standard Header

   Form Title: Pregnancy Verification

   Form Template Description: This form is used by counties to document the verification of pregnancy for CalWORKs Customers.

   Form Number: CW 105

   Include NA Back 9: No

   Imaging Form Name: Pregnancy Verification

   Imaging Document Type: Medical Reports/Records

   Form Mockup/Example: See Supporting Document #1

2. Add the new CW 105 to Template Repository. The following parameters will be required:

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

   CW 105 form will be blank when generated from the Template Repository, but LRS/CalSAWS Standard Header will be populated with Customer and Worker Information.

3. Add the following barcode options to the CW 105 form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

4. Add the following print options to the CW 105 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): Person selected on the Documents Parameters Page
Mailed From (Return): Worker's Office Address
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard Mail
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Clock Indicator: N/A
Post to SSP (Self Service Portal): Yes

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CW 105 Mockups	CW105_EN.pdf CW105_SP.pdf

4   REQUIREMENTS

4.1   Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2621	The CONTRACTOR shall add State Form CW 105 - Pregnancy Verification to the CalSAWS Software.	1. Estimate is for migrating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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	With SCR CA-215076, CW 105 – Pregnancy Verification (09/2020) form is added to the CalSAWS System in English and Spanish languages.

		being modified/migrated/created. Consortium staff will be modifying or creating FDDs.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215101

DDID 2633: Add GEN 853 – Sworn Statement (10/20)

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Maria Jensen
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/03/2020	0.1	Initial Draft	Maria Jensen
12/09/2020	0.2	BA comments	Maria Arceo, Maria Jensen
12/23/2020	0.3	QA comment fixes: Imaging Barcode, Clock Indicator, Removed Original Requirements	Maria Jensen

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1 OVERVIEW

This SCR will add the GEN 853 – Sworn Statement (10/20) state form to the CalSAWS system and remove the PA 853 – Affidavit.

1.1 Current Design

Currently PA 853 – Affidavit exist in the CalSAWS system in English and Spanish and generates from the Template Repository. The GEN 853 state form does not exist in the CalSAWS system.

1.2 Requests

1. Implement State Form GEN 853 - Sworn Statement in the CalSAWS system. (See Supporting Documents #1-2)
2. Make the form available in the Template Repository for all 58 Counties with the CalSAWS standard header information.
3. This form replaces the existing PA 853 - Affidavit. Remove the PA 853 from the Template Repository for all counties.

1.3 Overview of Recommendations

1. Add the GEN 853 form in CalSAWS.
2. Make the GEN 853 form available via the Template Repository in English and Spanish for all counties.
3. Remove PA 853 from Template Repository.

1.4 Assumptions

1. When generated in the context of a case, the body fields will be editable for all counties, as per CalSAWS standards.

2 RECOMMENDATIONS

2.1 Add Form GEN 853 - Sworn Statement

2.1.1 Overview

This SCR will add the state form GEN 853 – Sworn Statement (revision 10/20) to the CalSAWS system.

State Form: GEN 853 (10/20)
Programs: CalWORKs, CalFresh, Medi-Cal, General Assistance/General Relief, CAPI
Attached Forms: None
Forms Category: Forms
Template Repository Visibility: All Counties
Languages: English, Spanish

2.1.2 Create Form GEN 853 XDP

1. The new form will have a single impression which will consist of specific verbiage provided by the state, and several input fields. Please see the Supporting Documents #1-2 for details.

   Form Header: CalSAWS Standard Header #1
   Form Title (Document List Page Displayed Name): Sworn Statement
   Template Description: This form is utilized to obtain a sworn statement from the customers.
   Form Number: GEN 853
   Include NA Back 9: No
   Imaging Form Name: Sworn Statement
   Imaging Document Type: Sworn Statements
   Form Mockups/Examples: See Supporting Documents #1-2 for PDF Mockups

2. Barcode options for the GEN 853 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. Add Form GEN 853 to the Template Repository in English and Spanish for all 58 counties. Remove the PA 853 from the Template Repository for all counties.

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

4. Include the following Print Options and Mailing Requirements for Form GEN 853:

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): Participant selected on the document parameters page
Mailed From (Return): Standard Population
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard Outgoing Mail
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: No
Electronic Signature: No
Post to SSP: Yes
Clock Indicator: N/A

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	GEN 853 (English)	GEN853_EN.pdf
2	Correspondence	GEN 853 (Spanish)	GEN853_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2633	The CONTRACTOR shall implement new State form GEN 853 – Sworn Statement in the CalSAWS Software as follows: 1) Make the form available in the Template Repository for all 58 Counties with the CalSAWS standard header information. 2) This form replaces the existing PA 853 – Affidavit. Hide the PA 853 in the Template Repository for all counties.	1. Estimate is for updating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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.	With SCR CA-215101, form GEN 853 – Sworn Statement will be added to the CalSAWS system. The existing form PA 853 will be removed from the Template Repository for all counties.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215133 | DDID 2649 FDS

Non State Forms - Update ADM 101-LA

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Raj Devidi
	Reviewed By	Sureshnaidu Mullaguri

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/11/2020	1.0	Initial Revision	Raj Devidi
01/04/2021	1.1	Updated as per DEL comments	Raj Devidi
1/28/2021	1.2	No changes to batch jobs as this is Los Angeles county only functionality	Raj Devidi

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1 OVERVIEW

The purpose of this change is to rename ADM 101-LA to CSF 163 (10/2020) Form and add it to LRS/CalSAWS.

1.1 Current Design

The form ADM 101-LA (10/13) - New Worker Letter is available in English in LRS/CalSAWS.

1.2 Requests

This form will be available in all threshold languages including English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese languages.

1. Make the form available on the Document Enclosure Detail page.

2. Update the batch trigger for the ADM 101 and make configurable for the 58 Counties. The 58 Counties will have the option to opt in or out of the batch trigger at the time of migration.

3. Update the online trigger to trigger the ADM 101 from the Pending Workload Assignments List page for all 58 Counties.

4. Update ADM 101-LA and rename to CalSAWS standard naming/numbering format, CSF 163 (10/2020).

5. This form will be available in the Template Repository in all threshold languages.

1.3 Overview of Recommendations

Add CSF 163 (10/2020) form to LRS/CalSAWS Template Repository in English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese languages. Make the form available in Document Enclosure Detail page and add trigger to generate the form for 58 counties.

1.4 Assumptions

1. Page numbers will be added on the form.
2. CSF 163 (10/2020) form will be available for all 58 counties.
3. All form fields are editable unless specified.
4. No changes to existing form variable population.
5. No changes to PB19M112 and PB19M115 batch jobs. These batch jobs schedules appointments and creates pending unassigned pool for the WTW, REP and CalLearn programs for Los Angeles county.
6. Currently there is no trigger available to generate new worker letter from Pending Workload Assignments page in CalSAWS so there are no updates to generate new worker letter from Pending Workload Assignments page for 58 counties.

2 RECOMMENDATIONS

2.1 Rename ADM 101-LA to CSF 163 (10/2020)- New Worker Letter

2.1.1 Overview

English version of form ADM 101-LA is available in CalSAWS. Update ADM 101-LA form number to CSF 163 (10/2020) and add threshold languages to LRS/CalSAWS.

Form: CSF 163 (10/2020)
Programs: All Programs
Attached Forms: N/A
Forms Category: Form
Languages: English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.
Template Repository Visibility: All 58 counties

2.1.2 Description of Change

1. Add CSF 163 (10/2020) form in English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese languages to the LRS/CalSAWS Software.

   Form Header: LRS/CalSAWS State Standard Header
   Form Title/Name: New Worker Letter
   Form Description: This form is used to notify a Customer that he/she has a new Worker. The User can select a case, person, and program to prepopulate the form. This form is not barcoded and can be printed centrally.
   Form Number: CSF 163
   Include NA Back 9: N/A
   Imaging Form Name: New Worker Letter
   Imaging Document Type: Customer/Worker Contact
   Form Mockups: Please refer to Section 3.0 – Supporting Document #1.

2. Add the CSF 163 (10/2020) form to Template Repository. The following parameters will be required:

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

3. Populate fields as below when CSF 163 (10/2020) form is generated from Template Repository.

   a. Header fields population

Field	Description
Section: Header (CalSAWS Standard Header), Page 1	
Worker Name	Name of Worker who is assigned to the Program
Worker ID	ID of Worker who is assigned to the Program
Worker Phone Number	Phone Number of Worker who is assigned to the Program
Case Name	Case Name on the Case
Date	Date on which CSF 163 (10/2020) form generated
Customer ID	Customer Id of the Participant
Case Number	Case Number on the Case

4. No changes to the existing form body variable population.

5. Footer requirements
   English: CSF 163 (10/2020)
   All other languages: CSF 163 (10/2020) <LanguageName>
   Ex: CSF 163 (10/2020) Spanish

6. Agency name requirements

   County of <CountyName>

7. Add the following barcode options to the CSF 163 (10/2020) form

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	N

8. Add the following print options to the CSF 163 (10/2020) 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: No change to the 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: No changes to the below requirements.
Special Paper Stock: N/A
Enclosures: Yes
Clock Indicator: N
Electronic Signature: N/A
Post to YBN/C4Y: Yes

2.2 Update Workload Reassignment Detail page to generate CSF 163 (10/2020) form for 58 counties

2.2.1 Overview

Update Form generation trigger on Workload Reassignment Detail page to generate CSF 163 (10/2020) form for 58 counties.

2.2.2 Description of Change

1. Rename the existing ADM 101-LA to CSF 163 (10/2020) and update form generation trigger to generate this form for 58 counties.

2.2.3 Page Location

- **Global: Admin Tools**
- **Local: Workload Assignment**
- **Task: Workload Reassignment**

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	CSF 163 (10/2020) Form	CSF163_EN.pdf CSF163_SP.pdf CSF163_AE.pdf CSF163_AR.pdf CSF163_CA.pdf CSF163_CH.pdf CSF163_FA.pdf CSF163_HM.pdf CSF163_KO.pdf CSF163_LA.pdf CSF163_RU.pdf CSF163_TG.pdf CSF163_VI.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2649	The CONTRACTOR shall update the ADM 101-LA New Worker Letter in the CalSAWS Software as follows: 1) Update the form language to read: "As of \<Date>, the worker(s) listed below are assigned to assist you. \<bold font>You do not need to contact the county about this notice. If you need to contact the county, please remember to always have your case name and number available. You may also view your case information through the internet at \<Self Service portal> or call the self-service automated system at: \<County IVR Number> " 2) Update the form number from "ADM 101-LA" to CalSAWS standard naming/numbering format 3) Remove the text: "Also IMPORTANT: It is important that you make an appointment with your worker before you visit the office. If you have an appointment, please arrive on time. If you arrive late your appointment will be rescheduled for another time. Without an appointment, you will be seen by a Customer Service	1. Estimate is for updating the form in English and Spanish along with updating the batch and online triggers. 2. Spanish translations will be provided by the Consortium. 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.	SCR CA-215133 updates CSF 163 (10/2020)-New Worker Letter Form and implement in English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese languages.

Representative who will evaluate your situation." The CONTRACTOR shall update the batch trigger for the ADM 101 and make configurable for the 58 Counties. The 58 Counties will have the option to opt in or out of the batch trigger at the time of migration. The CONTRACTOR shall update the online trigger to trigger the ADM 101 from the Pending Workload Assignments List page for all 58 Counties.		

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215146

DDID 2656: Add State Form CW 106

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Pramukh Karla

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/06/2020	0.1	Initial Draft	Maria Jensen
11/16/2020	0.2	BA questions	Maria Jensen
11/20/2020	0.3	QA comments	Maria Jensen
11/25/2020	0.4	Moved some Recommendations to Assumptions	Maria Jensen
01/06/2021	0.5	Removed Imaging fields	Maria Jensen

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1 OVERVIEW

This SCR will add the state form CW 106 – School Financial Aid and Expense Verification (9/20) to the CalSAWS system to document the verification of student financial aid and expenses.

1.1 Current Design

Currently the CW 106 state form does not exist in the CalSAWS system.

1.2 Requests

1. Add the CW 106 form in CalSAWS.
2. Make the form available via the Template Repository in English and Spanish.
3. Make the form available for e-sign and tele-sign.

1.3 Overview of Recommendations

1. Implement State Form CW 106 - School Financial Aid and Expense Verification. (See Supporting Documents #1-2)
2. This form will be available via the Template Repository.
3. Set the e-signature and tele-signature indicator to 'Yes'.

1.4 Assumptions

1. This form replaces the VER 106 CIV - School Attendance and Expense Verification.
2. No batch trigger will be implemented with this effort. This form must be generated and used with the CW 2200 manually by the case worker.
3. This form cannot be used for children under 18 years of age nor to verify enrollment or graduation verification.
4. When generated in the context of a case, the body fields will be editable but the header fields will remain read-only for all counties, as per CalSAWS standards.

2 RECOMMENDATIONS

2.1 Add Form CW 106 - School Financial Aid and Expense Verification

2.1.1 Overview

This SCR will add the state form CW 106 – School Financial Aid and Expense Verification (revision 9/20) to the CalSAWS system to document the verification of student financial aid and expenses.

State Form: CW 106 (9/20)

Programs: CalWORKs

Attached Forms: None

Forms Category: Application

Template Repository Visibility: All Counties

Languages: English, Spanish

2.1.2 Create Form CW 106 XDP

1. The new form will consist of 2 impressions with several input fields but no variables or prepopulated values, except for the standard header variable population. Please see the Supporting Documents #1-2 for details.

   Form Header: CalSAWS Standard Header #1

   Form Title (Document List Page Displayed Name): School Financial Aid and Expense Verification

   Template Description: This form is used to document the verification of student financial aid and expenses.

   Form Number: CW 106

   Include NA Back 9: No

   Imaging Form Name: N/A

   Imaging Document Type: N/A

   Form Mockups/Examples: See Supporting Documents #1-2 for PDF Mockups

2. Barcode options for the CW 106 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	N

3. Add Form CW 106 to the Template Repository in both English and Spanish for all 58 counties.

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

4. Include the following Print Options and Mailing Requirements for Form CW 106:

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): Participant selected on the document parameters page

Mailed From (Return): Standard Population

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard Outgoing Mail

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: No

Electronic Signature: Yes

Post to SSP: Yes

Note: the CW 106 form will also have the tele-signature indicator set to "Yes".

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CW 106 (English)	CW106_EN.pdf
2	Correspondence	CW 106 (Spanish)	CW106_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2656	The CONTRACTOR shall add State Form CW 106 - School Financial Aid and Expense Verification to the CalSAWS Software.	1. Estimate is for migrating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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.	With SCR CA-215146, the state form CW 106 – School Financial Aid and Expense Verification (9/20) will be added to the CalSAWS system.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215151 | DDID 2658

Non State Forms - Update PA 1672-1

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Raj Devidi
	Reviewed By	Suresh Naidu Mullaguri

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/27/2020	1.0	Initial Revision	Raj Devidi

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1 OVERVIEW

The purpose of this change is to add the CSF 160 (10/2020) Request for Employment Verification to the LRS/CalSAWS and make this form available for Los Angeles county.

1.1 Current Design

PA 1672-1 (06/09) Request for Employment Verification form exist in LRS/CalSAWS in English, Spanish, Chinese, Korean, Russian, Tagalog and Vietnamese languages.

1.2 Requests

Update PA 1672-1 (06/09) and rename it to CSF 160 (10/2020) in LRS/CalSAWS for Los Angeles county and add in English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese languages.

1.3 Overview of Recommendations

1. Rename PA 1672-1 (06/09) to CSF 160 - Request for Employment Verification (10/2020) in LRS/CalSAWS for Los Angeles county.
2. Update PA 1672-1 (06/09) and rename it to CSF 160 - Request for Employment Verification (10/2020) in Template Repository for Los Angeles county in English, Spanish, Chinese, Korean, Russian, Tagalog and Vietnamese languages.
3. Add CSF 160 - Request for Employment Verification (10/2020) in Template Repository for Los Angeles county in Arabic, Armenian, Cambodian, Farsi, Hmong and Lao languages.

1.4 Assumptions

1. CSF 160 form will be available for Los Angeles county.
2. Page numbers will be added on the form.

2 RECOMMENDATIONS

2.1 Add CSF 160 - Request for Employment Verification to the Template Repository

2.1.1 Overview

This section will cover the updates needed to add CSF 160 (10/2020) Form to LRS/CalSAWS.

CalSAWS Form: CSF 160 (10/2020)

Programs: CalWORKs, Child Care, General Assistance/General Relief, REP and Welfare to Work

Attached Forms: N/A

Forms Category: Forms

Languages: English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese languages.

Template Repository Visibility: Los Angeles county

2.1.2 Description of Change

Create a new CSF 160 (10/2020) – Request for Employment Verification form that can be generated from the Template Repository.

1. Create CSF 160 (10/2020) Form XDP with 1 impression. First Impression will be CSF 160 (10/2020) form.

   Form Header: LRS/CalSAWS Standard Header

   Form Title: REQUEST FOR EMPLOYMENT VERIFICATION

   Template Description: This form is used to report changes for the given participant's case.

   Form Number: CSF 160

   Include NA Back 9: No

   Imaging Form Name: Request for Employment Verification

   Imaging Document Type: Verification Requests

   Form Mockup/Example: See Supporting Document #1

2. Add the CSF 160 (10/2020) – Request for Employment Verification Form to Template Repository. The following parameters will be required:

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

3. Add the following barcode options to the CSF 160 (10/2020) Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

4. Add the following print options to the CSF 160 (10/2020) 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): Applicant selected on the Document Parameters page.
Mailed From (Return): Worker's Office Address
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Mailing Priority: Same Day Priority
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to SSP: Yes
Clock Indicator: N/A

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CSF 160	CSF160_EN.pdf
			CSF160_SP.pdf
			CSF160_AE.pdf
			CSF160_AR.pdf
			CSF160_CA.pdf
			CSF160_CH.pdf
			CSF160_FA.pdf
			CSF160_HM.pdf
			CSF160_KO.pdf
			CSF160_LA.pdf
			CSF160_RU.pdf
			CSF160_TG.pdf
			CSF160_VI.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2658	**Original:** Update the PA 1672-1 – Request for Employment Verification in the CalSAWS Software as follows: 1) Update Page 1 (Cover letter) as follows: a) Add standard CalSAWS Header b) Remove Last 4 digits of SSN b)Update the text language to read as follows: "This is to request employment information for <text line>. The employee has authorized the release of their income information. Please complete the form and return it to the county by <text line>. If you have any questions, please contact the county at the number listed above." 2) Update top portion of Page 2 as follows: a) Update "Please return completed form" to a text box labeled "Case	1. Estimate is for updating the form in English and Spanish along with updating the online trigger. 2. Spanish translations will be provided by the Consortium. 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.	With CA-215151, PA 1672-1 will be renamed to CSF 160 in LRS/CalSAWS in Template Repository for Los Angeles county in English, Spanish, Chinese, Korean, Russian, Tagalog and Vietnamese languages. Add CSF 160 - Request for Employment Verification (10/2020) in Template Repository for Los Angeles county in Arabic, Armenian, Cambodian, Farsi, Hmong and Lao languages.

Number: <case number>" b) Update "(GSW/EW File#) by" to a text box labeled "Case Name: <case name>" c) Remove "(Due Date)" 3) Update the EMPLOYEE AUTHORIZATION section as follows: a) Add <text line> after "Employer" [Add subscript "Employer"] b) Relabel "Agency Name" with "Employer Name" 4) Remove "GENERAL EMPLOYMENT VERIFICATION SECTION" title 5) Move "Employer/Company Name", "Employer Address", "Employee Worksite Address" and "Phone" fields to the "Employee Information" section above the two checked boxed items. 6) Add the following below the "Person is no longer employed with this company firm": a) Indicate: Last Date of Work: <text line> Reason for Leaving: <text line> b)Date last pay was received: <text line>		

Gross amount of last check: $ <text line>		
c) <checkbox> Person is currently employed (Please complete all sections)		
d) Does this company employ 26 employees or more? <check box> No <check box> Yes below the question "Is Employment" in the Employment Information section.7)Add <checkbox> "Work Study" to question "Is Employment?"		
8) Add <check box> "On Call" to "This Employee works: in the "Work Schedule" section.		
9) Add "Hours expected to work per week: "Min <text box> "Max" <text box> above chart in		
"work schedule" section.		
10) Replace the two bullets in the "Work Schedule" section with "Hours expected to work per week: Min <text box> Max <text box> Please provide current schedule below."11) Remove "INCOME INFORMATION" title12) Move "How often is Employee Paid? question and check		

boxes below "Employee Earnings:"		
13) Move " You may include photocopies of payroll records, or computer/payroll printouts. above the "Gross Earnings table"		
14) Add Fax: with blank text line in the "Certification of Employer" section.		
15) Remove "OFFICE USE ONLY" section		
16)Add "Deductions taken per pay period: <check box>Health Insurance: $ <text line> <check box> Court Ordered Child Support: $ <text line>" above "Record of Gross Earnings For the Period"		
17) Add "Do you provide free housing? <text line>" and "Do you free utilities? <text line>" after "Holiday Pay"		
18) Remove subscripts in the "Certification of Employer" section.		
19) Replace "Email" with "Fax:" <text line> in "Certification of Employer" section		
20) Update form number from "PA 1672" to CalSAWS standard naming/numbering format		
NOTE: See template titled "Updates to PA		

1672-1" for formatting and content. NOTE: This form will display for LA County Only. **Revised:** Update the PA 1672-1 – Request for Employment Verification in the CalSAWS Software as follows: 1) Update Page 1 (Cover letter) as follows: a) Add standard CalSAWS Header b) Remove Last 4 digits of SSN b)Update the text language to read as follows: "This is to request employment information for <text line>. The employee has authorized the release of their income information. Please complete the form and return it to the county by <text line>. If you have any questions, please contact the county at the number listed above." 2) Update top portion of Page 2 as follows: a) Update "Please return completed form" to a text box labeled "Case Number: <case number>"		

b) Update "(GSW/EW File#) by" to a text box labeled "Case Name: <case name>" c) Remove "(Due Date)" 3) Update the EMPLOYEE AUTHORIZATION section as follows: a) Add <text line> after "Employer" [Add subscript "Employer"] b) Relabel "Agency Name" with "Employer Name" 4) Remove "GENERAL EMPLOYMENT VERIFICATION SECTION" title 5) Move "Employer/Company Name", "Employer Address", "Employee Worksite Address" and "Phone" fields to the "Employee Information" section above the two checked boxed items. 6) Add the following below the "Person is no longer employed with this company firm": a) Indicate: Last Date of Work: <text line> Reason for Leaving: <text line> b)Date last pay was received: <text line> Gross amount of last check: $ <text line> c) <checkbox> Person is currently		

employed (Please complete all sections)		
d) Does this company employ 26 employees or more? <check box> No <check box> Yes below the question "Is Employment" in the Employment Information section.7)Add <checkbox> "Work Study" to question "Is Employment?"		
8) Add <check box> "On Call" to "This Employee works: in the "Work Schedule" section.		
9) Add "Hours expected to work per week: "Min <text box> "Max" <text box> above chart in		
"work schedule" section.		
10) Replace the two bullets in the "Work Schedule" section with "Hours expected to work per week: Min <text box> Max <text box> Please provide current schedule below."11) Remove "INCOME INFORMATION" title12) Move "How often is Employee Paid? question and check boxes below "Employee Earnings:"		
13) Move " You may include photocopies of payroll records, or computer/payroll		

printouts. above the "Gross Earnings table" 14) Add Fax: with blank text line in the "Certification of Employer" section. 15) Remove "OFFICE USE ONLY" section 16)Add "Deductions taken per pay period: <check box>Health Insurance: $ <text line> <check box> Court Ordered Child Support: $ <text line>" above "Record of Gross Earnings For the Period" 17) Add "Do you provide free housing? <text line>" and "Do you free utilities? <text line>" after "Holiday Pay" 18) Remove subscripts in the "Certification of Employer" section. 19) Replace "Email" with "Fax:" <text line> in "Certification of Employer" section 20) Update form number from "PA 1672" to CalSAWS standard naming/numbering format NOTE: See template titled "Updates to PA 1672-1" for formatting and content. NOTE: This form will display for LA County Only.		

	21) This form will be available in the Template Repository in all threshold languages, including. • Arabic • Armenian • Cambodian • Cantonese • Chinese • Farsi • Hmong • Korean • Lao • Other Chinese Language • Russian • Tagalog • Vietnamese NOTE: This form will display for LA County Only.		

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215159 | DDID 2662

FDS: Non-State Forms - Implement New State form CF 6177

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Harish Katragadda
	Reviewed By	Suresh Naidu Mullaguri

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/03/2020	1.0	Original	Harish Katragadda
12/21/2020	2.0	Updated as per QA Review	Harish Katragadda

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1   OVERVIEW

The purpose of this change is to add State form CF 6177 (10/20) CalFresh Student Exemption Screening Form in LRS/CalSAWS system and make this form available for all 58 counties.

1.1   Current Design

State form CF 6177 (10/20) is currently not available in LRS/CalSAWS Template Repository. Non-State form CF 6177 (03/18) – CalFresh Student Exemption Checklist is currently available in CalSAWS.

1.2   Requests

1. Add State form CF 6177 (10/20) CalFresh Student Exemption Screening Form to CalSAWS Template Repository and make it available to all 58 counties.
2. Hide Non-State Form CF 6177 (03/18) – CalFresh Student Exemption Checklist in Template Repository for all 58 counties.

1.3   Overview of Recommendations

1. Add CF 6177 (10/20) Form to LRS/CalSAWS Template Repository in English and Spanish.
2. Make the CF 6177 (10/20) Form available to all 58 counties.
3. Hide Non-State Form CF 6177 (03/18) – CalFresh Student Exemption Checklist Form in Template Repository.

1.4   Assumptions

1. All Fields are editable unless specified.
2. CF 6177 is state form and will not use the Non-State form CSF XXX naming standard.
3. BRM will be added to the form with SCR CA-222353.

2   RECOMMENDATIONS

2.1   CF 6177 (10/20) – CalFresh Student Exemption Screening Form

2.1.1   Overview

This section will cover the updates needed for CF 6177 (10/20) form.

State Form: CF 6177 (10/20)

Programs: CalFresh

Attached Forms: N/A

Forms Category: Forms
Template Repository Visibility: All Counties
Languages: English, Spanish

2.1.2 Description of Change

1. Add CF 6177 (10/20) CalFresh Student Exemption Screening Form in English and Spanish languages.

    a. Create CF 6177 (10/20) CalFresh Student Exemption Screening Form XDPs in English and Spanish.

    Form Header: CalSAWS Standard Header
    Form Title: CalFresh Student Exemption Screening Form
    Template Description: CF 6177 Form is used to check if the participant is eligible for exemption from the CalFresh student eligibility rule.
    Form Number: CF 6177
    Include NA Back 9: No
    Imaging Form Name: CF Student Exemption Screening
    Imaging Document Type: Education
    Form Mockup/Example: See Supporting Documents #1
   Notes:
    a. Mockup doesn't have Standard Header, but CalSAWS Standard Header will be added to the form.
    b. The subtext 'To Be Completed By the Student' in the brackets below the form title in mockup will be part of the form Title in the header of the XDP.

2. Hide Non-State Form CF 6177 (03/18) – CalFresh Student Exemption Checklist from Template Repository for all 58 counties.

3. CalSAWS standard footer will be used for the form.

4. Add the CF 6177 (10/20) – CalFresh Student Exemption Screening Form to Template Repository. The following parameters will be required:

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

5. Make the CF 6177 (10/20) Form available to all 58 counties.

6. Add the following barcode options to the CF 6177 (10/20) Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

7. Add the following print options to the CF 6177 (10/20) 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): Case Person 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 SSP (Self Service Portal): Y
Clock Indicator: N/A

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CF 6177 (10/20)	CF6177_EN.pdf CF6177_SP.pdf

4 REQUIREMENTS

4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2662	The CONTRACTOR shall implement new State form CF 6177 - CalFresh Student Exemption Screening Form in the CalSAWS Software as follows: 1) Make the form available in the Template Repository for all 58 Counties with the CalSAWS standard header information. 2) This form replaces the existing CF 6177 (03/18) – CalFresh Student Exemption Checklist. Hide the CF 6177 (03/18) in the Template Repository for all counties.	1. Estimate is for updating the form in English and Spanish. 2. Spanish translations will be provided by the Consortium. 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.	With CA-215159 State Form CF 6177 will be added in English and Spanish to LRS/CalSAWS Template Repository. CF 6177 will be available to all 58 counties. Non-State Form CF 6177 (03/18) – CalFresh Student Exemption Checklist will be hidden from Template Repository

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-215560

IVR Enhancement to CalSAWS system

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Erika Kusnadi-Cerezo
	Reviewed By	Long Nguyen, Srividhya Sivakumar, Michael Wu, Himanshu Jain, William Baretsky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/24/2020	1.0	Initial	Erika Kusnadi-Cerezo

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1 OVERVIEW

The Call Log Detail page is currently used by county workers that are working from a Call Center or County office(s) to log calls.

1.1 Current Design

Currently, the Interactive Voice Response (IVR) functionality is incorporated to the C-IV system. For this reason, Call Log have specific functionality for when calls are coming through the IVR.

1.2 Requests

Update the CalSAWS Call Log Detail page to auto populate information passed down from the IVR system and create new validations for counties that are not set up with Generic Workers.

1.1 Overview of Recommendations

1. Update the system to redirect the CalSAWS main page to the appropriate page based on the information provided by the IVR system and to open the Call Log Detail page in Create mode.
2. Update Call Log Detail page to auto populate information being passed down from the IVR system.
3. Update the CalSAWS system to allow more than one System Administered Worker Code.
4. Create new validation on the New/Reapplication Detail, New Programs Detail page and Application Registration Summary page for counties that does not have Generic Workers set up.

1.3 Assumptions

1. C-IV Contact Center functionality (CCP) will be migrated to CalSAWS system under CA-207026.
2. Outbound IVR call being logged under the Contact history CA-218722
3. Existing functionality will remain unchanged unless it is mentioned in the Description of Changes section below.

2 RECOMMENDATIONS

Update the Call Log Detail page to auto populate with information being passed down through the IVR. Secondly, the CalSAWS system will be updated to allow more than one Generic Worker.

2.1 Incoming IVR Command

2.1.1 Overview

Update the CalSAWS system to open the Call Log Detail page in Create mode and for the CalSAWS main page to be directed to the appropriate page based on the information provided by the IVR system.

2.1.2 Description of Changes

1. For CSC (Contact Service Centers) or RCC (Regions Call Centers) workers that are accessing the Call Log Detail page through the IVR system, the Call Log Detail page will open in 'Create' mode on a separate window.
2. The CalSAWS main page will be directed to the 'Case Summary' page when the IVR system provides a valid Case Number for the specific County it is accessing.
3. The CalSAWS main page will be directed to the Person Search page when the IVR system does not provide a Case Number or the Case Number provided does not exist for the specific county is it accessing.

2.2 Call Log Detail

2.2.1 Overview

Update the Call Log Detail page to auto populate with information being passed down through the IVR.

2.2.2 Call Log Detail Mockup

Figure 2.2.1a – Call Log Detail page via IVR

Figure 2.2.1b – Call Log Detail page via IVR

2.2.3 Description of Changes

1. For Call Log Detail page that is opened through the IVR system, it will open in Create mode on a separate window.
   a. Call Log Detail page will auto populate with the information being pass down from the IVR system.
      i. 'Case Number' field will auto populate with the Case Number information that's pass down through the IVR system (Figure 2.2.1a).
         1. If no Case Number information is pass down through the IVR, the 'Case Number' field will not display any value (Figure 2.2.1b).
         2. 'Case Number' field will be an editable text field.
      ii. 'Person' field will be a drop down field that will list the Person information associated to the Case Number (as shown on Figure 2.2.1a)
         1. 'Person' field will be an editable text field if there's no Case Number information that's passed down through the IVR (Figure 2.2.1b).

2. If the Case Number information is pass down through the IVR but it does not exist for the County chosen on the 'County of Residence' field, the 'Person' field will be an editable text field (Figure 2.2.1b).

iii. Caller's County of Residence field will auto populate with the County information that is passed down from IVR.
   1. If there's no County information that's pass down through the IVR, the 'Caller's County of Residence' field will default to the county that the worker is located in.
      a. This is based on the worker information that is logged into the CalSAWS system.
   2. For non RCC workers this will be a non-editable field.
   3. For RCC workers this will be a drop down editable field and will display a list of all 58 counties.

iv. 'Language' field will auto populate with the language information that's being pass down through the IVR (Figure 2.2.1a).
   1. If there's no language information that's passed down through the IVR, the 'Language' field will be an editable drop down field and will default to blank (Figure 2.2.1b)
      a. Language field drop down will display the same value as when the Call Log Detail page is opened manually (not through the IVR flow).

v. 'Tracking ID' field will auto populate with the Tracking ID information that's pass down through the IVR.
   1. If there's no Tracking ID information that's pass down through the IVR, this field will remain blank.
   2. 'Tracking ID' field will not editable.

Note: Tracking ID only populates if the call is received for Covered California Calls and the Call Log Detail page was opened through the IVR flow.

vi. 'Call Source' information will auto populate with either 'Covered California' or 'Call Center' depending on the information on the 'Tracking ID field.
   1. If the 'Tracking ID' field is blank, the 'Call Source' field will auto populate with 'Call Center'.
   2. If the 'Tracking ID' field display a value other than 'blank' the 'Call Source' field will auto populate with 'Covered California'.
   3. 'Call Source' field will not be an editable field.

Note: Call Source information is dependent on the value on the 'Tracking ID' field which is based on whether or not there is information being pass down through the IVR.

    vii. 'Contact Type' field will auto populate with 'Inbound' if the 'Call Source' field is Covered California and it will not be an editable field.

        1. If the 'Contact Type' does not equal to 'Covered California, the 'Contact Type' field will be an editable drop down field and will default to blank.

            a. Contact Type field drop down will display the same value as when the Call Log Detail page is opened manually (not through the IVR flow).

    b. Call Log detail page will display 'Other Requested Programs' instead of 'Program' when there's a value present on the Tracker ID field and it is open through the IVR system as shown on Figure 2.2.1a and Figure 2.2.1b.

        i. 'Other Requested Programs' block will have two options:

            1. CalWORKs

            2. CalFresh

2. Create a new validation (as shown on Figure 2.2.1b) on the Call Log Detail page to display the following message: 'Case Number – This Case Number is not valid for the selected county.'

    a. This validation message will be trigger when the worker clicks/tab out of the 'Case Number' field and the value entered does not exist in the county that is selected.

2.2.4 Page Location

- **Global: Admin Tools**
- **Local: Office Admin**
- **Task: Call Log**

Note: The above functionality is only available for Call Log Detail if it's opened through the IVR that is generated for RCC or CSC users.

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

Update page mapping for 'Other Requested Programs'.

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3   New/Reapplication Detail

2.3.1   Overview

Add a new validation to the New/Reapplication Detail page to only allow Counties set up with Generic Worker to choose RCC as the 'Source' type.

2.3.2   New/Reapplication Detail Mockup

Figure 2.3.1 – New validation on New/Reapplication Detail page

2.3.3   Description of Changes

1. Create a new validation on the New/Reapplication Detail page.
   a. New validation will display the following message: 'Source – RCC is not a valid option as there is no Generic Worker in this County'
      i. Validation will be trigger when a worker is trying to save the page with the Source of 'RCC' for counties that does not have a Generic Worker set up.

2.3.4   Page Location

- **Global: Case Info**
- **Local: Case Summary, <Program> Detail**
- **Task: N/A**

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Page Usage/Data Volume Impacts

N/A

2.4 New Programs Detail

2.4.1 Overview

Add a new validation to the New Programs Detail page to only allow Counties set up with Generic Worker to choose RCC as the 'Source' type.

2.4.2 New Program Detail Mockup

Figure 2.4.1 – New validation on New Program Detail page

2.4.3 Description of Changes

1. Create a new validation on the New Programs Detail page.

12

a. New validation will display the following message: 'Source – RCC is not a valid option as there is no Generic Worker in this County'

      i. Validation will be trigger when a worker is trying to save the page with the Source of 'RCC' for counties that does not have a Generic Worker set up.

2.4.4 Page Location

- **Global: Case Info**
- **Local: New Application**
- **Task: N/A**

2.4.5 Security Updates

N/A

2.4.6 Page Mapping

N/A

2.4.7 Page Usage/Data Volume Impacts

N/A

2.5 Application Registration Summary

2.5.1 Overview

Add a new validation to the Application Registration Summary page to only allow Counties set up with Generic Worker to choose RCC as the 'Source' type.

2.5.2 Application Registration Summary Mockup

Application Registration Summary

✱- Indicates required fields   Save and Return

• **Source** - RCC is not a valid option as there is no Generic Worker in this County

Source: **App Date:** ✱ 12/16/2020 🔲   **Case Number:**
RCC ▾

App Site:
▾

Figure 2.5.1 – New validation on New Program Detail page

2.5.3 Description of Changes

1. Create a new validation on the Application Registration Summary page.
   a. New validation will display the following message: 'Source – RCC is not a valid option as there is no Generic Worker in this County'
      i. Validation will be trigger when a worker is trying to save the page with the Source of 'RCC' for counties that does not have a Generic Worker set up.

2.5.4 Page Location

- **Global: Case Info**
- **Local: New Application**
- **Task: Application Registration**

2.5.5 Security Updates

N/A

2.5.6 Page Mapping

N/A

2.5.7 Page Usage/Data Volume Impacts

N/A

2.6 Database Changes

2.6.1 Overview

Update the CalSAWS system to allow for more than one System Administered Worker Code.

2.6.2 Description of Change

1. Update the CalSAWS system to allow more than one System Administered Worker Code.
   a. System Administered Worker Code will be categorized as either 'Generic Worker' or 'IVR Worker'.

i. Convert the current staff records to use the System Administered Worker Code.

Note: The following pages will need to be updated to be able to support more than one System Administered Worker Code. Please refer to the Appendix section for more details on how the following pages will look like.

a. Call Log
b. New Program Detail
c. Position Detail
d. Position Search
e. Staff Assignment List
f. Staff Assignment Detail
g. Staff Detail
h. Staff Search
i. Subscriber County Review List
j. Unit Detail
k. Unit Search

2.6.3 Page Mapping

Update page mapping for Position Detail page and Staff Detail page to now reference the System Administered Worker Code.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.2.1.3	LRS shall provide a method for capturing the purpose of the contact.	Call Log Detail page and the Task Detail page is updated to allow worker to create a Call Log Task if one is needed.
2.2.1.4	LRS shall provide a method to log and record individual contact and inquiries.	Call Log Detail page and the Task Detail page is updated to allow worker to create a Call Log Task if one is needed.

4 APPENDIX

PAGE NAME	DESCRIPTION
Call Log Detail	On the Call Log Detail page, the 'Transfer Complete' button will present (this will display the day after the Call Log Record is created) and will receive the following validation when the Medi-Cal program is assigned to a System Administered Worker. Validation will display the following message: 'Transfer Complete – This action cannot be taken until the program is reassigned.'
New Program Detail	When a new Case is being created through the 'New Program Detail page, when Source field is equal to 'RCC' and one of the Program being added is Medi-Cal, The Medi-Cal program will automatically be assign to a generic Worker. Note: After clicking the 'Save and Continue' button it will save the information and the worker will automatically be directed to the Case Summary page (it will bypass the 'Pending Assignment List' page). On the Medi-Cal program block, it will display that the Medi-Cal program is assigned to a Generic Worker.
Position Detail	When the Position is a System Administered Worker, a 'lock' icon will display for that specific Worker ID (Edit button and Copy button will not display). There will also be a field titled 'System Administered' and it will display a 'Yes' value.
Position Search	When the Position is a System Administered Worker, a 'lock' icon will display for that specific Worker ID (Edit button will not display).
Staff Assignment List	When the Position is a System Administered Worker, a 'lock' icon will display for that specific Worker ID.
Staff Assignment Detail	When a worker tries to assign a Staff to a Position that is a System Administered Worker through the Staff Assignment Detail page, upon clicking the 'Save and Return' button a validation message will display. Validation message will display the following message 'Worker Identification – Position selected is System Administered. Please select a different value.'
Staff Detail	When the Staff is associated to a Position with System Administered code, a 'lock' icon will display for that specific Staff (Edit button and Security Assignment button will not display).

Staff Search	When the Staff is associated to a Position with System Administered code, a 'lock' icon will display for that specific Staff (Edit button will not display).
Subscriber County Review list	The Call Log Record will display on the Subscriber County Review List, if the Medi-Cal program is assigned to a Generic Worker.
	Note: All other conditions still apply for the Call Log Record to display on the Subscriber County Review List (i.e. Call Source is Covered California etc.).
Unit Detail	When there's a Position with System Administered code associated to a Unit, a 'lock' icon will display for that specific Unit (Edit button will not display).
Unit Search	When there's a Position with System Administered code associated to a Unit, a 'lock' icon will display for that specific Unit (Edit button will not display).

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216444

Migrate CF 10 - Dependent Care Cost Affidavit

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Harish Katragadda
	Reviewed By	Pramukh Karla

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/24/2020	1.0	Original	Harish Katragadda

Table of Contents

1 OVERVIEW

The purpose of this change is to add State form CF 10 (12/13) Dependent Care Cost Affidavit in CalSAWS system and make this form available for all 58 counties.

1.1 Current Design

State form CF 10 (12/13) Form is currently not available in CalSAWS Template Repository.

1.2 Requests

Add State form CF 10 (12/13) and make it available to all 58 counties.

1.3 Overview of Recommendations

1. Add CF 10 (12/13) Form to CalSAWS Template repository in English and Spanish.
2. Make the form available to all 58 counties.

1.4 Assumptions

1. All Fields are editable unless specified.
2. CF 10 is a State form and will not use the Non-State form CSF XXX naming standard.
3. BRM will be added to CF 10 (12/13) Form with SCR CA-222353.
4. CF 10 (12/13) Form will be added in Threshold languages to CalSAWS with SCR CA-52410.

2 RECOMMENDATIONS

2.1 CF 10 (12/13) – Dependent Care Cost Affidavit

2.1.1 Overview

This section will cover the updates needed for CF 10 (12/13) form.

State Form: CF 10 (12/13)

Programs: CalFresh

Attached Forms: N/A

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English, Spanish

2.1.2 Description of Change

1. Add CF 10 (12/13) in English and Spanish languages.

   a. Create CF 10 (12/13) Form XDPs in English and Spanish.

   Form Header: CalSAWS Standard Header

   Form Title: Dependent Care Cost Affidavit

   Template Description: Used by Customers to report dependent care costs.

   Form Number: CF 10

   Include NA Back 9: No

   Imaging Form Name: Dependent Care Cost Affidavit

   Imaging Document Type: CalFresh (CF)

   Form Mockup/Example: See Supporting Documents #1

2. CalSAWS standard footer will be used for the form.

3. State Agency Names on the Header

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

4. Add the CF 10 (12/13) – Dependent Care Cost Affidavit to Template Repository. The following parameters will be required:

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

5. Make the CF 10 (12/13) Form available to all 58 counties.

6. Add the following barcode options to the CF 10 (12/13) Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

7. Add the following print options to the CF 10 (12/13) 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): Case Person 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: Y
Post to SSP (Self Service Portal): Y
Clock Indicator: N/A

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CF 10 (12/13)	CF10_EN.pdf CF10_SP.pdf

CalSAWS

Design Document

CA-216445

Migrate NA 1267 - CalFresh Informing Notice of Receiving Intercounty Transfer

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sureshnaidu Mullaguri, Maria Jensen
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/24/2020	1.0	Original	Sureshnaidu Mullaguri
12/08/2020	1.1	BA comments fixed	Maria Jensen

Table of Contents

1 OVERVIEW

The purpose of this change is to add State form NA 1267 (04/13) CalFresh Informing Notice of Receiving Intercounty Transfer form in CalSAWS system and make this form available for all 58 counties.

1.1 Current Design

State form NA 1267 (04/13) Form is currently not available in CalSAWS Template Repository.

1.2 Requests

Add State form NA 1267 (04/13) and make it available to all 58 counties.

1.3 Overview of Recommendations

1. Add NA 1267 (04/13) Form to CalSAWS Template repository in English and Spanish.
2. Make the form available to all 58 counties.

1.4 Assumptions

1. All Fields are editable unless specified.

2 RECOMMENDATIONS

2.1 NA 1267 (04/13) – CalFresh Informing Notice of Receiving Intercounty Transfer Form

2.1.1 Overview

This section will cover the updates needed for NA 1267 (04/13) form.

State Form: NA 1267 (04/13)
Programs: CalFresh
Attached Forms: N/A
Forms Category: Forms
Template Repository Visibility: All Counties
Languages: English, Spanish

2.1.2 Description of Change

1. Add NA 1267 (04/13) in English and Spanish languages.
   Create NA 1267 (04/13) Form XDPs in English and Spanish.

   Form Header: CalSAWS Standard Header

   Form Title: CalFresh Informing Notice of Receiving Intercounty Transfer

   Template Description: Informing notice sent by the receiving county to notify Customers that their case is being transferred to a new county.

   Form Number: NA 1267

   Include NA Back 9: Yes

   Imaging Form Name: CF Informing Notice of Receiving ICT

   Imaging Document Type: Inter-County Transfer (ICT)

   Form Mockup/Example: See Supporting Documents #1

2. CalSAWS standard footer will be used for the form.

3. State Agency Names and State Hearing section on the form Header displayed as shown in mockups.

4. Add the NA 1267 (04/13)– CalFresh Informing Notice of Receiving Intercounty Transfer form to Template Repository. The following parameters will be required:

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

5. Make the NA 1267 (04/13) Form available to all 58 counties.

6. Add the following barcode options to the NA 1267 (04/13) Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

7. Add the following print options to the NA 1267 (04/13) 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): Case Person selected on the Document parameter page
Mailed From (Return): Worker's Office Address
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard Outgoing Mail
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Post to SSP (Self Service Portal): Y
Clock Indicator: N/A

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	NA 1267 (04/13)	NA1267_EN.pdf NA1267_SP.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216536

Migrate MC 05 – Military Verification and Referral Form

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Pramukh Karla

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/18/2020	0.1	Initial Draft	Maria Jensen
11/24/2020	0.2	Fixed Imaging Document Type	Maria Jensen
11/30/2020	0.3	BA comments	Maria Jensen

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1 OVERVIEW

This SCR will migrate the MC 05 – Military Verification and Referral Form (02/2016) state form to the CalSAWS system to be used by counties to verify Customers' veteran status and to refer them for veteran services.

1.1 Current Design

Currently the MC 05 state form does not exist in the CalSAWS system.

The C-IV implementation of the MC 05 is a 1-page form consisting of 2 impressions: state verbiage and several input fields on the front, and static text on the back. The form can be generated from the Template Repository in English only.

1.2 Requests

1. Migrate the C-IV MC 05 form to CalSAWS.

1.3 Overview of Recommendations

1. Add the MC 05 form to the CalSAWS Template Repository.
2. Set the tele-sign indicator to 'Yes'.

1.4 Assumptions

1. When generated in the context of a case, the body fields will be editable but the header fields will remain read-only for all counties, as per CalSAWS standards.

2 RECOMMENDATIONS

2.1 Add Form MC 05 - Military Verification and Referral Form

2.1.1 Overview

This SCR will migrate the state form MC 05 – Military Verification and Referral Form (revision 02/2016) to the CalSAWS system to be used by counties to verify Customers' veteran status and to refer them for veteran services. Please see the attached Supporting Document #1 for details.

State Form: MC 05 (02/2016)

Programs: Medi-Cal

Attached Forms: None

Forms Category: Application

Template Repository Visibility: All Counties

Languages: English

2.1.2 Create Form MC 05 XDP

1. The new form will have 2 impressions. The front will consist of specific verbiage provided by the state, and several input fields. The back will consist of static verbiage. Please see the Supporting Document #1 for details.

   Form Header: DHCS static labels
   Form Title (Document List Page Displayed Name): Military Verification and Referral Form
   Template Description: This form is used by counties to verify Customers veteran status and to refer them for veteran services.
   Form Number: MC 05
   Include NA Back 9: No
   Imaging Form Name: Military Verif and Referral Form
   Imaging Document Type: Veterans
   Form Mockups/Examples: See Supporting Document #1 for PDF Mockup

2. Barcode options for the MC 05 Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. Add Form MC 05 to the Template Repository in English for all 58 counties.

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

4. Include the following Print Options and Mailing Requirements for Form MC 05:

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): Participant selected on the document parameters page
   Mailed From (Return): Standard Population
   Mail-back-to Address: N/A
   Outgoing Envelope Type: Standard Outgoing Mail
   Return Envelope Type: N/A

   Additional Requirements:
   Special Paper Stock: N/A
   Enclosures: No
   Electronic Signature: No
   Post to SSP: Yes
   Tele-sign: Yes

5. **Form Variable Population**
   Several input fields in SECTION A will be prepopulated when generated via the Template Repository.

SECTION A: TO BE COMPLETED BY MEDI-CAL ELIGIBILITY WORKERS		

1. NAME AND ADDRESS OF MEDI-CAL ELIGIBILITY WORKER'S OFFICE:

<OFFICE_NAME>
<OFFICE_ADDRLINE1>
<OFFICE_ADDRLINE2>

3. CASE WORKER NAME:
<STAFF_NAME>
4. WORKER PHONE #:
<STAFF_PHONE>
5. WORKER EMAIL:
<STAFF_EMAIL_ADDRESS>

2. NAME AND ADDRESS OF COUNTY VETERANS SERVICE OFFICE:

6. CASE NUMBER:
<CASE_NUMBER>

7. MEDI-CAL AID CODE OF VETERAN OR FAMILY MEMBER: (Required*)

VETERAN INFORMATION

8. VETERAN NAME (FIRST, MIDDLE, LAST)
<CUSTOMER_NAME>

9. DATE OF BIRTH (DOB):
<CUSTOMER_DOB>

10. SOCIAL SECURITY NUMBER (SSN):

11. VETERAN MARITAL STATUS (Mark only ONE):
☐ SINGLE ☐ MARRIED ☐ DIVORCED
☐ WIDOWED ☐ UNKNOWN

12. VETERAN ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP)
<CUSTOMER_ADDRESS1>
<CUSTOMER_ADDRESS2>

13. VETERAN CONTACT INFO:
<CUSTOMER_PHONE>

14. VA INCOME REPORTED (if applicable):
$

15. MILITARY BACKGROUND (Dates/Branch of Service):

VETERAN'S FAMILY INFORMATION

16. NAME: | **17. RELATIONSHIP TO VETERAN:** | **18. DATE OF BIRTH:** | **19. SOCIAL SECURITY NUMBER:** | **20. ADDRESS:**

21. MEDI-CAL ELIGIBILITY WORKER REMARKS:

Figure 2.1.2.5 – Form MC 05 body

Form Body Variables:

Variable Name	Population	Formatting	Editable*	Template Repository Population
OFFICE_NAME	Populated using case information	Arial Font Size 10	Y	Y
OFFICE_ADDRLINE1	Populated using case information	Arial Font Size 10	Y	Y
OFFICE_ADDRLINE2	Populated using case information	Arial Font Size 10	Y	Y
STAFF_NAME	Populated using case information	Arial Font Size 10	Y	Y
STAFF_PHONE	Populated using case information	Arial Font Size 10	Y	Y
STAFF_EMAIL_ADDRESS	Populated using case information	Arial Font Size 10	Y	Y
CASE_NUMBER	Populated using case information	Arial Font Size 10	Y	Y
CUSTOMER_NAME	Populated using case information	Arial Font Size 10	Y	Y
CUSTOMER_ADDRESS1	Populated using case information	Arial Font Size 10	Y	Y
CUSTOMER_ADDRESS2	Populated using case information	Arial Font Size 10	Y	Y

CUSTOMER_DOB	Populated using case information	Arial Font Size 10	Y	Y
CUSTOMER_PHONE	Populated using case information	Arial Font Size 10	Y	Y

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	MC 05 (English)	MC05_EN.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216638

Migrate MC 360R – Medi-Cal Intercounty
Transfer Packet Receipt

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/25/2020	0.1	Initial Draft	Maria Jensen
12/01/2020	0.2	Peer Review correction	Maria Jensen
01/12/2021	0.3	Added Barcode info, Program document parameter	Maria Jensen

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1 OVERVIEW

This SCR will migrate the C-IV MC 360R – Medi-Cal Intercounty Transfer Packet Receipt (05/07) state form to the CalSAWS system to be used by counties as a notice of receipt of the Intercounty transfer packet.

1.1 Current Design

The MC 360R - Medi-Cal Intercounty Transfer Packet Receipt does not exist in CalSAWS.

The C-IV implementation of the MC 360R is a 1-impression form consisting of state verbiage and several input fields, some of which are prepopulated with case information. The form can be generated from the Template Repository in English only.

1.2 Requests

1. Migrate the C-IV MC 360R form to CalSAWS.

1.3 Overview of Recommendations

1. Migrate the C-IV MC 360R form to CalSAWS.

1.4 Assumptions

1. When generated in the context of a case, the body fields will be editable for all counties, as per CalSAWS standards.

2 RECOMMENDATIONS

2.1 Add Form MC 360R - Medi-Cal Intercounty Transfer Packet Receipt

2.1.1 Overview

This SCR will migrate the state form MC 360R – Medi-Cal Intercounty Transfer Packet Receipt (revision 05/07) to the CalSAWS system to be used by counties as a notice of receipt of the Intercounty transfer packet. Please see the attached Supporting Document #1 for details.

State Form: MC 360R (05/07)

Programs: Medi-Cal

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English

2.1.2 Create Form MC 360R XDP

1. The new form will have 1 impression with specific verbiage provided by the state, and several input fields. Please see the Supporting Document #1 for details.

   Form Header: DHCS static labels
   Form Title (Document List Page Displayed Name): Medi-Cal Intercounty Transfer Packet Receipt
   Template Description: This form is used by counties as a notice of receipt of the Intercounty transfer packet.
   Form Number: MC 360R
   Include NA Back 9: No
   Imaging Form Name: MC ICT Packet Receipt
   Imaging Document Type: Inter-County Transfer (ICT)
   Form Mockups/Examples: See Supporting Document #1 for PDF Mockup

2. Barcode options for the MC 360R Form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	N

3. Add Form MC 360R to the Template Repository in English for all 58 counties.

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

4. Include the following Print Options and Mailing Requirements for Form MC 360R:

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): Participant selected on the document parameters page
   Mailed From (Return): Standard Population
   Mail-back-to Address: N/A
   Outgoing Envelope Type: Standard Outgoing Mail

Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: No
Electronic Signature: No
Post to SSP: Yes

5. **Form Variable Population**
   Some of the input fields will be prepopulated when generated via the Template Repository in the context of a case.

MEDI-CAL INTERCOUNTY TRANSFER PACKET RECEIPT

TO: <RECEIVING_COUNTY>
(Receiving County)

FROM: <COUNTY_NAME>
(Sending County)

SENDING COUNTY: Complete this information and attach to the ICT packet.

➢ **Enclose a self-addressed return envelope.**

Case name: <CASE_NAME>

SSN and/or CIN: SSN: <CUSTOMER_SSN> CIN: <CUSTOMER_CIN>

Worker name/worker code: <STAFF_NAME> / <WORKER_ID>

Worker phone number (including area code): <STAFF_PHONE>

E-mail address: <STAFF_EMAIL_ADDRESS>

RECEIVING COUNTY: Complete this information.

➢ **Use the enclosed envelope to return to Sending County when the ICT packet has been received/assigned.**

ICT packet was received on <CURRENT_DATE>. It has been assigned to:
(date)

Worker name/worker code: /

Worker phone number (including area code):

E-mail address:

MC 360 R (05/07)

MC 360R

Page 1 of 1
2000653

[Print] [Save and Print Locally]

Figure 2.1.2.4 – Form MC 360R body

Form Body Variables:

Variable Name	Population	Formatting	Editable*	Template Repository Population
RECEIVING_COUNTY	Populated using case information	Arial Font Size 10	Y	Y
COUNTY_NAME	Populated using case information	Arial Font Size 10	Y	Y
CASE_NAME	Populated using case information	Arial Font Size 10	Y	Y
CUSTOMER_SSN	Populated using case information	Arial Font Size 10	Y	Y
CUSTOMER_CIN	Populated using case information	Arial Font Size 10	Y	Y
STAFF_NAME	Populated using case information	Arial Font Size 10	Y	Y
WORKER_ID	Populated using case information	Arial Font Size 10	Y	Y
STAFF_PHONE	Populated using case information	Arial Font Size 10	Y	Y
STAFF_EMAIL_ADDRESS	Populated using case information	Arial Font Size 10	Y	Y
CURRENT_DATE	Current System Date	Arial Font Size 10	Y	Y

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	MC 360R (English)	MC360R_EN.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216640

Add MC 250A – Application for Medi-Cal for Former Foster Care Youth Form to CalSAWS System

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Pramukh Karla
	Reviewed By	Harish Katragadda

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/08/2020	1.0	Original	Pramukh Karla

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1 OVERVIEW

The purpose of this change is to add the MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14) form to CalSAWS System.

1.1 Current Design

The MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14) state form does not exist in CalSAWS System.

1.2 Requests

1. Add the MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14) form to CalSAWS System in English and Spanish languages for all 58 counties.

1.3 Overview of Recommendations

1. Add the MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14) form to CalSAWS System for all 58 counties.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 Add MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14)

2.1.1 Overview

This section will cover the updates needed to add MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14) form to CalSAWS System for all 58 Counties.

State Form: MC 250A

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English and Spanish

2.1.2 Description of Change

1. Add MC 250A – Application for Medi-Cal for Former Foster Care Youth (12/14) form to CalSAWS System for all 58 counties.

   Form Header: N/A – MC 250A will not have a Standard Header

   Form Title: Application for Medi-Cal for Former Foster Care Youth

   Form Template Description: Application for Medi-Cal benefits used by Former Foster Care Youth Customers.

   Form Number: MC 250A

   Include NA Back 9: No

   Imaging Form Name: Application for MC for Former FC Youth

   Imaging Document Type: Application, Intake, or Screening

   Form Mockup/Example: See Supporting Document #1

2. Add the new MC 250A to Template Repository. The following parameters will be required:

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

   MC 250A form will be blank when generated from the Template Repository

3. Add the following barcode options to the MC 250A form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

4. Add the following print options to the MC 250A 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): Person selected on the Document Parameters page
Mailed From (Return): Worker's Office Address
Mail-back-to Address: N/A

Outgoing Envelope Type: Standard Mail
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: N/A
Electronic Signature: N/A
Clock Indicator: N/A
Post to SSP (Self Service Portal): Yes

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	MC 250A Mockups	MC250A_EN.pdf MC250A_SP.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

SCR CA-217713 Update NVRA VPF Threshold
Languages with State Translations

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Connor Gorry
	Reviewed By	Nithya Chereddy, Shilpa Suddavanda, Sreekanth Kalvoju

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/18/20	1.0	Initial Draft	Connor Gorry
2/7/21	1.1	Design Clarification – Added Korean to 'Existing Languages' list	Connor Gorry

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1 Overview

The NVRA VPF was migrated to the CalSAWS with SCR CA-211748. This change will update the NVRA VPF in state-provided threshold languages and turn off those languages for which the state has not provided translations.

1.1 Current Design

The NVRA VPF (1/13) exists in the CalSAWS Template Repository in all threshold languages; However, the state's translations of the NVRA VPF (1/13) contain some minor differences.

This change will update the NVRA VPF to match the state verbiage in the languages provided and will remove those translations in languages that the state has not yet provided.

As the migrated NVRA VPF replaced the non-state PA 106 Form, the PA 106 will also be removed from the Template Repository as a part of this change.

1.2 Requests

Update the NVRA Voter Preference Form in state-provided Threshold Languages to match state verbiage. Remove the PA 106.

1.3 Overview of Recommendations

1.3.1 Update Identified NVRA VPF Translations

1.3.2 Remove PA 106

1.4 Assumptions

1. No alterations will be made to the English or Spanish versions of the NVRA VPF.
2. NVRA VPF will continue to use the cover sheets currently appended when generated from the Template Repository.
3. Translation of 'Worker ID' and 'Customer ID' on the system standard header and cover sheet will be addressed with future SCR CA-217613.
4. There will be no changes to the Mailing Cover Sheet or header.

2 Recommendations

2.1 Update NVRA VPF in provided Threshold Languages

2.1.1 Overview

Update the NVRA VPF in the following languages provided on the Secretary of State's website: Cambodian (Khmer), Chinese, Korean, Tagalog, and Vietnamese.

State Form: NVRA Voter Preference Form
Current Programs: Multiple
Current Attached Form(s): Mailing Cover Sheet using Header 1
Current Forms Category: Forms
Existing Languages:
English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean Lao, Russian, Tagalog, Vietnamese

2.1.2 Updates to NVRA VPF Form

Update the NVRA VPF in select Threshold Languages.

Updated Languages: Cambodian, Chinese, Korean, Tagalog, and Vietnamese
Form Header: N/A (NVRA VPF has an attached cover sheet instead)
Form Title: Voter Preference Form
Form Number: NVRA VPF (1/13)
Forms Category: Forms
Visibility: All Counties (AL)
Include NA Back 9: N
Form Mockups/Examples: See Supporting Documents

2.1.3 Turn Off Threshold Language Forms

Turn off Threshold Languages for: Arabic, Armenian, Farsi, Hmong, Lao, Russian

2.2 Turn off PA 106 Form

Remove PA 106 – Would You Like to Register to Vote? – from the CalSAWS Template Repository.

3 Supporting Documents

Ref #	Functional Area	Description	Attachment
1	Client Correspondence	State-provided NVRA VPF - Cambodian	PDF NVRA VPF - Cambodian
2	CC	State-provided NVRA VPF - Chinese	PDF NVRA VPF - Chinese
3	CC	State-provided NVRA VPF - Korean	PDF NVRA VPF - Korean
4	CC	State-provided NVRA VPF - Tagalog	PDF NVRA VPF - Tagalog
5	CC	State-provided NVRA VPF - Vietnamese	PDF NVRA VPF - Vietnamese
6	CC	Current English NVRA VPF (including cover sheet)	PDF NVRA VPF - English

4 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1206	The LRS shall generate written material, including notices, NOAs, forms, flyers, letters, and stuffers, to applicants, participants, caregivers, sponsors, authorized representatives, and/or any other entities, **in English, all threshold languages, and any other language for which the State has provided a translation.**	Adds State-provided Threshold Languages to the system repository.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-217781

Implement Auxiliary Issuance Framework in CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sidhant Garg; Esequiel Herrera-Ortiz
	Reviewed By	Kapil Santosh, Naresh Barsagade, John Besa, Eric Chu, Ravneet Bhatia, Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/09/2020	1.0	Initial Version	Sidhant Garg

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1   OVERVIEW

This SCR is to introduce the Auxiliary Issuance framework to the CalSAWS system which can be used by the counties to issue the benefits without any eligibility determination. Furthermore, this framework may be utilized to issue additional supplemental payments to the individuals and entities other than the primary payee associated to the program. For instance, for Adoption Assistance Program (AAP) this framework could be used to issue the split payment to a second resource where the primary payee (resource) received the benefit via EDBC authorization.

1.1   Current Design

In CalSAWS, the benefit issuances are created via EDBC authorization records (Online, Batch, Manual) and Supportive Service Payment issuances are created via Payment Request authorization records. There are daily and monthly issuance batch jobs that will attempt to create issuances for these authorization records. If an issuance fails to be created during batch, the issuance will be logged in the Skipped Issuance Report.

1.2   Requests

Introduce a framework in CalSAWS that can be used to issue payments through the system without making any significant changes for policies in the short time. Moreover, this framework can be used to issue additional supplemental payments for individuals and entities who are not the primary payee on the program.

1.3   Overview of Recommendations

1.   Create a new Auxiliary Authorization List page.
2.   Create a new Auxiliary Authorization Detail page.
3.   Update the Issuance Detail page.
4.   Create new Nightly Auxiliary Authorization Issuance Sweep procedures.
5.   Update the Issuance Batch and Skip Issuance logic to process Auxiliary authorizations.
6.   Create new Pre-Claiming and Claiming batches to process/claim issuances associated to the authorization type of Auxiliary.
7.   Create the Auxiliary Issuance Daily Report and the Auxiliary Issuance Monthly Report.
8.   Update the Skipped Issuance Report to capture skipped Auxiliary Issuance.

1.4   Assumptions

1.   Given the criticality and nature of the Auxiliary pages in CalSAWS, it is recommended that the counties adapt necessary and reasonable steps to assure a careful assessment of a user's profile before granting adequate access to these pages.
2.   It is critical to understand that the Issuances associated to the authorization type of Auxiliary will not be included in the Previous Potential Calculation logic

when running EDBC for a program and for a month where the Auxiliary Issuance already exists.

3. The CalSAWS System will not track any OI/OP automatically for auxiliary payments/issuances. If any auxiliary payment is issued in error then, the users are expected to set up an external recovery account.

4. If an already approved Auxiliary authorization record is no longer valid and the current or ongoing auxiliary payments needs to be stopped then it would require manual intervention from the user. There are two ways of doing it:
   ➢ First is by updating the End Month field to a valid month. This way the auxiliary payment will stop once the End Month is reached.
   ➢ Second way is by Voiding the record using VOID button. This will stop any further auxiliary payment with immediate effect.
   Note: Voided records are not considered for processing regardless of whether the End Month is populated or not.

5. If an issuance associated to the authorization type of auxiliary is already issued for a month and later user creates another auxiliary payment record for the same program, same benefit month and the same amount then the system is not going to mark the second auxiliary authorization record as the duplicate of the first. The second auxiliary authorization record would be treated as a standalone new request.

6. Issuances associated to the authorization type of Auxiliary will only accommodate a single payee per authorization record.

7. No Updates to the EBT Benefit Type Determination logic.

8. Issuances associated to the authorization type of Auxiliary will follow the existing EBT availability date staggering logic.

9. This SCR does not introduce ant new Forms/NOAs for the Auxiliary Authorization framework neither it impacts any existing available Forms/NOAs in any way.

10. This SCR will not impact the current system functionality of the issuances are transmitted to the EBT vendor or an Auditor Controller. Existing functionality will be utilized to transmit Auxiliary issuances.

11. This SCR will not have any updates/impacts to how a Fund code is determined for an issuance. Existing rules will be used when assigning a Fund Code. The only change with this SCR is for LA county where the Fund Code Determination batch will be updated to find the placement type for the issuances associated to the authorization type of auxiliary from the Auxiliary Authorization Detail page when the program is Foster Care or AAP.

12. The CalSAWS system will not automate the creation of time clocks as a result of an Auxiliary Issuances. If at all time clock needs to be created, it would has to be done manually by the worker.

13. Issuances associated to the authorization type of Auxiliary will follow the existing EBT expungement and reactivation rules for Cash and Food programs. Moreover, no modifications to the existing Claiming jobs for Expunged issuances associated to the authorization type of auxiliary.

14. For reporting, the system will provide the Auxiliary Issuance Daily Report and Auxiliary Issuance Monthly Report which counties can then use to manually update any report they deem necessary of the information.

2   RECOMMENDATIONS

2.1   Auxiliary Authorization List Page

2.1.1   Overview

The Auxiliary Authorization List page will allow the user to view the list of all Auxiliary authorization records created for the case. This page would also allow the user to navigate to the Auxiliary Authorization Detail page by clicking the "Add" button.

2.1.2   Auxiliary Authorization List Page Mockup

Figure 2.1.1 – Auxiliary Authorization List page

2.1.3   Description of Changes

1. Create a new Auxiliary Authorization List page that will be visible to users with the "Auxiliary Authorization List View" security group.
2. Users would be able to navigate to this page from the "Auxiliary Authorization List" left hand navigation link under the Case Summary context. The 'Auxiliary Authorization List' page link can be found below the 'Issuance History' left hand navigation link.
3. The First section on this page will include the following fields:
   ➢ Program: This field will provide a listing of all the programs associated to the case we are in context of. The Default Option selected would be 'ALL' on page load.

- Status: This field will be a dropdown list of all the statuses associated to an Auxiliary Authorization Record. The Default Option selected would be 'ALL' on page load.
- Begin Month – This field will be a date field that will allow the users to filter the results in this page based on the begin month of an Auxiliary Authorization Record.
- End Month – This field will be a date field that will allow the users to filter the results in this page based on the end month of an Auxiliary Authorization Record.

4. The second section on this page will include the following fields:
- Auxiliary Number: This field will be a read only field that will display the number associated with an auxiliary Authorization record. This will be a hyper link that will navigate the users to Auxiliary Authorization Detail page in view mode if the user has appropriate rights for viewing it.
- Begin Month: This field be a read only field that will display the begin month associated with an auxiliary Authorization record.
- End Month: This field be a read only field that will display the end month associated with an auxiliary authorization record.
- Program: This field be a read only field that will display the Program associated with an auxiliary authorization record.
- Payee: This field be a read only field that will display the payee's name associated with an auxiliary authorization record.
- Amount: This field be a read only field that will display the amount associated with an auxiliary authorization record.
- Status: This field be a read only field that will display the status associated with an auxiliary authorization record.

5. The results on this page would be paginated and would have a default sort by Begin Month and program in Descending order.

6. This page will have the following buttons:
- Add – This button will allow a user with appropriate rights to navigate to the Auxiliary Authorization Detail page in create mode.
- Close: This button will allow the user to navigate back to Case Summary page.

2.1.4 Page Location

Global: Case Info

Local: Case Summary

Task: Auxiliary Authorization List

2.1.5 Security Updates

Security Right	Right Description	Right to Group Mapping
AuxiliaryAuthorizationListView	This right grant view access to the "Auxiliary Authorization List" page on the click of "Auxiliary Authorization List" left hand navigation link under the Case Summary context.	Auxiliary Authorization List View
AuxiliaryAuthorizationDetailEdit	This right grant create/edit access to the "Auxiliary Authorization Detail" page on the click of "Edit" button on the Auxiliary Authorization Detail page or on the click of "Add" button on the Auxiliary Authorization List page.	Auxiliary Authorization Detail Edit

2.1.6 Page Mapping

	Table Name	Column	Description
Auxiliary Number	AUX_PMT	AUX_CTRL_NUM_IDENTIF	This is a system-generated unique identifier.
Begin Month	AUX_PMT	BEG_DATE	This is the begin month to which the auxiliary payment is associated.
End Month	AUX_PMT	END_DATE	This is the end month to which the auxiliary payment is associated.
Program	AUX_PMT	PGM_CODE	18-This field captures the program associated to the auxiliary authorization record.
Payee	AUX_PMT	PERS_ID	This field captures the Payee information.
Amount	AUX_PMT	PMT_AMT	This is the amount associated to the auxiliary authorization record.
Status	AUX_PMT_DETL	STAT_CODE	This field captures the status of the auxiliary payment.

2.1.7 Page Usage/Data Volume Impacts

No Change.

2.2 Auxiliary Authorization Detail Page

2.2.1 Overview

The Auxiliary Authorization Detail page will allow the users to create and authorize auxiliary authorization requests without requiring any eligibility determination and it would be up to the County discretion to decide what, when, how and to whom to issue the benefits.

2.2.2 Auxiliary Authorization Detail Page Mockup

Auxiliary Authorization Detail

❋ - Indicates required fields

[Save and Continue] [Cancel]

Auxiliary Number:

Case Number:
L123456

County:
Los Angeles

Program: ❋
[- Select - ▾]

Aid Code: ❋
[- Select - ▾]

Pay Code:
[- Select - ▾]

Amount: ❋
[   ]

Payee Details

Payee Type: ❋
[- Select - ▾]

Issuance Method: ❋
[- Select - ▾]

Immediacy: ❋
[- Select - ▾]

Payout Schedule

Begin Month: ❋
[   ] 📅

End Month: ❋
[   ] 📅

Issuance Business Day: ❋
[- Select - ▾]

Only Issue After Regular Benefit is Created: ❋
[- Select - ▾]

Claiming Configuration Details

Claimed As:

Comments

[   ]

Status History

Status	Status Date	Authorized By

[Save and Continue] [Cancel]

**Figure 2.2.1 – Auxiliary Authorization Detail page – On Page Load
(Create Mode)**

Auxiliary Authorization Detail

[Save and Continue]   [Cancel]

Auxiliary Number:

Case Number:
L123456

County:
Los Angeles

Program: ✳
[CalFresh ▾]

Aid Code: ✳
[09 - CalFresh ▾]

Pay Code:
[- Select - ▾]

Amount: ✳
[   ]

Payee Details

Payee Type: ✳
[Person ▾]

Name: ✳
[- Select - ▾]

Issuance Method: ✳
[- Select - ▾]

Immediacy: ✳
[- Select - ▾]

Payout Schedule

Begin Month: ✳
[   ] 📅

End Month: ✳
[   ] 📅

Issuance Business Day: ✳
[- Select - ▾]

Only Issue After Regular Benefit is Created: ✳
[- Select - ▾]

Claiming Configuration Details

Claimed As:
Mixed

Federal Person(s): ✳
[   ]

Non-Federal Person(s): ✳
[   ]

Comments

[   ]

Status History

Status	Status Date	Authorized By

[Save and Continue]   [Cancel]

Figure 2.2.2 – Auxiliary Detail page – Person Payee Mockup (Create Mode)

Auxiliary Authorization Detail

❋- Indicates required fields

[Save and Continue] [Cancel]

Auxiliary Number:

Case Number:
L123456

County:
Los Angeles

Program: ❋
[CalWORKs ▼]

Aid Code: ❋
[3H - CW-Zero Parent (Mixed) ▼]

Pay Code:
[- Select - ▼]

Amount: ❋
[_____]

Payee Details

Payee Type: ❋
[Resource ▼]

Name: ❋
[Select]

Issuance Method: ❋
[- Select - ▼]

Immediacy: ❋
[- Select - ▼]

Payout Schedule

Begin Month: ❋
[_____] 📅

End Month: ❋
[_____] 📅

Issuance Business Day: ❋
[- Select - ▼]

Only Issue After Regular Benefit is Created: ❋
[- Select - ▼]

Claiming Configuration Details

Claimed As:
Mixed

Federal Person(s): ❋
[_____]

Non-Federal Person(s): ❋
[_____]

Comments

[   ]

Status History

Status	Status Date	Authorized By

[Save and Continue] [Cancel]

Figure 2.2.3 – Auxiliary Authorization Detail page – Resource Payee Mockup (Create Mode)

Auxiliary Authorization Detail

✳- Indicates required fields

[Save and Continue]   [Cancel]

Auxiliary Number:	**Case Number:** L123456	**County:** Los Angeles
Program: ✳ [Foster Care ▼]	**Aid Code:** ✳ [40 - AFDC-FC (State) ▼]	
Pay Code: [- Select - ▼]	**Amount:** ✳ [_____]	

Payee Details

Payee Type: ✳ [Resource ▼]	**Name:** ✳ John Doe [Select]	**Placement Type:** Foster Family Agency (Treatment)
Issuance Method: ✳ [- Select - ▼]	**Immediacy:** ✳ [- Select - ▼]	

Payout Schedule

Begin Month: ✳ [_____] 📅	**End Month:** ✳ [_____] 📅	**Issuance Business Day:** ✳ [- Select - ▼]
Only Issue After Regular Benefit is Created: ✳ [- Select - ▼]		

Claiming Configuration Details

Claimed As:
Non-Federal

Comments

[_____]

Status History

Status	Status Date	Authorized By

[Save and Continue]   [Cancel]

Figure 2.2.4 – Auxiliary Detail page – Resource Payee Foster Care Mockup (Create Mode)

Auxiliary Authorization Detail

✱- Indicates required fields

Approve	Disapprove	Void	Edit	Close

Auxiliary Number:
1900000001

Case Number:
L123456

County:
Los Angeles

Program: ✱
Foster Care

Aid Code: ✱
40 - AFDC-FC (State)

Pay Code:

Amount: ✱
100

Payee Details

Payee Type: ✱
Resource

Name: ✱
JOHN DOE

Placement Type:
Foster Family Agency (Treatment)

Issuance Method: ✱
Warrant

Immediacy: ✱
Routine

Payout Schedule

Begin Month: ✱
09/2020

End Month: ✱
09/2020

Issuance Business Day: ✱
10

Only Issue After Regular Benefit is Issued: ✱
No

Claiming Configuration Details

Claimed As:
Non-Federal

Comments

Auxiliary Payment for Foster Care

Status History

Status	Status Date	Authorized By
Awaiting Approval(L1)	09/15/2020	19DP83BS3R

Approve	Disapprove	Void	Edit	Close

**Figure 2.2.5 – Auxiliary Authorization Detail page – Resource Payee
Foster Care Mockup (View Mode)**

Auxiliary Authorization Detail

*- Indicates required fields

[Void] [Edit] [Close]

Auxiliary Number:
1900000001

Case Number:
L123456

County:
Los Angeles

Program: *
Foster Care

Aid Code: *
40 - AFDC-FC (State)

Pay Code:

Amount: *
100

Payee Details

Payee Type: *
Resource

Name: *
JOHN DOE

Placement Type:
Foster Family Agency (Treatment)

Issuance Method: *
Warrant

Immediacy: *
Routine

Payout Schedule

Begin Month: *
09/2020

End Month: *
09/2020

Issuance Business Day: *
10

Only Issue After Regular Benefit is Issued: *
No

Claiming Configuration Details

Claimed As:
Non-Federal

Comments

Auxiliary Payment for Foster Care

Status History

Status	Status Date	Authorized By
Approved	09/15/2020	19DP85BS5R
Awaiting Approval(L2)	09/15/2020	19DP84BS4R
Awaiting Approval(L1)	09/15/2020	19DP83BS3R

[Void] [Edit] [Close]

Figure 2.2.6 – Auxiliary Authorization Detail page (View Mode after Final Approval)

Auxiliary Authorization Detail

*- Indicates required fields

Close

Auxiliary Number: 1900000001	**Case Number:** L123456	**County:** Los Angeles
Program: * Foster Care	**Aid Code:** * 40 - AFDC-FC (State)	
Pay Code:	**Amount:** * 100	

Payee Details

Payee Type: * Resource	**Name:** * JOHN DOE	**Placement Type:** Foster Family Agency (Treatment)
Issuance Method: * Warrant	**Immediacy:** * Routine	

Payout Schedule

Begin Month: * 09/2020	**End Month:** * 09/2020	**Issuance Business Day:** * 10

Only Issue After Regular Benefit is Issued: *
No

Claiming Configuration Details

Claimed As:
Non-Federal

Comments

Auxiliary Payment for Foster Care

Status History

Status	Status Date	Authorized By
Disapproved	09/15/2020	19DP85BS5R
Awaiting Approval(L2)	09/15/2020	19DP84BS4R
Awaiting Approval(L1)	09/15/2020	19DP83BS3R

Close

Figure 2.2.7 – Auxiliary Authorization Detail page (View Mode after Disapproved)

2.2.3 Description of Changes

1. Create a new Auxiliary Authorization Detail page that will be visible to users with the "Auxiliary Authorization Detail View" security group.
2. Users would be able to navigate to this page from the Auxiliary Authorization Issuance List page.
3. This page will include the following fields:
   - Auxiliary Number – This field will provide the number associated to the Auxiliary Issuance record. This will be a read only field. In create mode, this field will be blank. Once the record is saved, the system will define the number based on the following composition.
   XX00000001, where XX is the county number for which this Auxiliary payment is being created.
   - Case Number – This field will provide the case number the system is in context of. This will always be a read only field and is not allowed to be editable in any page mode.
   - County - This field will provide the name of the county associated to the case in context. This will always be a read only field and is not allowed to be editable in any page mode.
   - Program – This field will provide a listing of all the programs associated to the case we are in context of. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved.
   - Aid Code – This field will provide a listing of all the available aid codes that are mapped to the program selected. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved. This field will follow the similar logic that exists today on the Service Arrangement Detail page.
   - Pay Code – This field will provide a listing of all the available Pay codes that are mapped to the program and County combination. This field cannot not be edited after the auxiliary issuance record is Approved or Disapproved. This field will always be required for supportive service programs such as but not limited to Welfare to Work, Cal-Learn, GROW etc. This field will not be required for programs which allow EDBC to run such as but not limited to CalWORKs, CalFresh.
   - Amount – This field will be a text box. This will be a required field and cannot be edited after the auxiliary issuance record is Approved or Disapproved. ==The maximum size allowed will be 8 characters. This field will only support numeric digits==.
   - This Page will have the 'Payee Details' section. This section will have following fields.

a. Payee Type – will have two options 'Person' and 'Resource'. Based on the selection, the page will display the following fields. Please see figure 2.2.2 and figure 2.2.3 for reference.
b. When Person is selected:
   I.   Name – This field will provide a listing of all the Active persons associated to the case. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved.
   II. Issuance Method - will provide a listing of all the Issuance Method types associated to the program selected in the first section. This mapping is available in Category 112 for Issuance Method. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved.
   III. Immediacy - will provide a listing of all the Issuance Immediacy types. This field will be required and cannot be edited after the auxiliary issuance record is Approved or Disapproved. The list will have the following options to select:
           i.   -Select
           ii. Rush
           iii. Routine
           iv. Manually Issued
c. When Resource is selected:
   I.   Name – This field will display the name of the Payee who is intended to receive the auxiliary payment. This will always be a Read only field.
   II. Select – This button will only be displayed in the Create and Edit Mode. On click of this button, it will navigate the user to the 'Select Resource' page when the program is anything but Foster Care, Kin-GAP, AAP where the user may select an appropriate payee. When the program is either Foster Care, Kin-GAP, AAP, then the Select button would take the user to the 'Select Foster Care Resource' page.
   III. Placement Type - This field will display the Placement Type selected on the Select Foster Care Resource page by the user. This field will only appear when the program selected is Foster Care, AAP, Kin-GAP. This field will be a Read-Only. Please see figure 2.2.4 for reference.
   IV. Issuance Method – This field will provide a listing of all the Issuance Method types associated to the program selected in the first section. This mapping

is available in the Category 112 for Issuance Method. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved.
NOTE: For LA County the page will have a validation when trying to 'Rush' warrants.

    v.   Immediacy - will provide a listing of all the Issuance Immediacy types. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved. The list will have the following options to select:

        i.   -Select
        ii.   Routine
        iii.   Manually Issued

➢ This Page will have the 'Payout Schedule' section. This section will have following fields.

    a.   Begin Month - This field will provide the begin month of the auxiliary authorization period. This display in the format MM/YYYY. This field will be always required. After the auxiliary authorization record has been approved, this field will no longer be editable.

    b.   End Month - This field will provide the end month of the auxiliary authorization period. This display in the format MM/YYYY. After the auxiliary authorization record has been approved, this field will still be editable. Please refer to validation section for validations that pertains to editing of this field.

    c.   Issuance Business Day - This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved. This field will always display business days ranging from 1-28.

    d.   Only Issue After Regular Benefit Issuance is Created – This field will be used to make the determination to ensure if the regular EDBC benefit is issued or not before the system tries to issue the auxiliary payment. This field will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved. This field will only display for EDBC eligible programs such as but not limited to CalWORKs, CalFresh. The default value on page load would be 'Yes'. The list will have the following options to select:

        i.   -Select-
        ii.   Yes
        iii.   No

➢ This Page will have the 'Claiming Configuration Details' section. This section will have following fields:

a. Claimed As: This will be a Read-Only field in all the page modes and would display the information as how an auxiliary authorization record would be claimed based either Federal, Non-Federal or mixed. This determination would be based on the Aid Code selected from the first section of the page. For Instance, for a CalWORKs program if the Aid Code is selected as '30 - CW-All Other Families (Fed)' then the value would be displayed as 'Federal'.

b. Federal Person(s): This field will be a text box which will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved. This field will only display when the Claimed As value is 'Mixed'. Please see figure 2.2.2 for reference.

c. Non-Federal Person(s): This field be a text box which will be required and cannot be edited after the auxiliary authorization record is Approved or Disapproved. This field will only display when the Claimed As value is 'Mixed'. Please see figure 2.2.2 for reference.

➤ This Page will have a 'Comments' section to allow a user to enter any remarks. This field will always be editable in all the page modes.

➤ A status history section will include the list of status changes to the Auxiliary Authorization Detail page. When the status is changed, the system will log the date of the change and create a new status history record that will be displayed. This section will include the following fields:

a. Status: This will be a Read Only Field and would display the status of the auxiliary authorization record. This Field will Display one of the following statuses:
    i. Awaiting Approval (L1)
    ii. Awaiting Approval (L2)
    iii. Approved
    iv. Disapproved
    v. Voided

The Initial Status when an auxiliary authorization record is created and saved will be 'Awaiting Approval (L1)'. After which the page would load in the view mode. The users with appropriate security rights can now either "Approve" or "Disapprove" the auxiliary payment record. If the users chose to Approve it further, then the status would be updated to 'Awaiting Approval (L2)'. Once in this status in the view mode, the users with appropriate security rights can now either again "Approve" or "Disapprove" the auxiliary payment record. If the users chose to Approve it further, then the status would be updated to 'Approved'. This would be

the final status for **<u>authorizing</u>** an auxiliary payment record and from here the users can only Void the record <mark>provided there does not exists any Issuance associated to the Auxiliary Authorization record</mark>. Before an auxiliary payment record is authorized if "Disapprove" button is clicked, then the status of the auxiliary payment record would be updated to 'Disapproved'. This page would follow the Authorization process and each county would have the capability to administer the authorization level required for auxiliary authorization records from the County Authorization page. The capability to configure the authorization levels for auxiliary authorizations will be implemented in CalSAWS with CA-207150 in the 21.05 release.

b. Status Date: This will be a Read Only Field and would display the date when a particular action is taken for the corresponding status. This field will display in the following format "07/25/2020 8:00:33 PM". This section will sort by the status date in descending order.

c. Authorized By: This will be a Read Only Field and would display the Staff Id of the person by whom the action is taken for the corresponding status. This will be a hyperlink which would navigate the user to the Worker Detail page.

➢ <mark>This page will also support the Task Management framework to notify the users about the approvals or disapprovals for an Auxiliary Authorization record. The following 3 types of tasks will be triggered:</mark>

a. <mark>Level 1 (L1) Authorization Task: Upon initiation or SAVE of an Auxiliary Authorization record by the worker, the system checks the approval required, and will generate the task to L1 for approval.</mark>

i. <mark>The Level 1 must share a unit and office with the worker.</mark>

<mark>Trigger Condition</mark>	<mark>An Auxiliary Issuance has been requested by the worker</mark>
<mark>Task Category</mark>	<mark>Auxiliary Issuance</mark>
<mark>Task Type</mark>	<mark>Auxiliary Authorization – Awaiting Approval (L1)</mark>
<mark>Task Priority</mark>	<mark>Medium</mark>
<mark>Task Due Date</mark>	<mark>10 Business Days</mark>
<mark>Expire Tasks</mark>	<mark>No</mark>

Expiration Period	N/A
Expiration Type	N/A
Task Long Description	Auxiliary Authorization – Awaiting Approval (L1)
Office Distribution	No
Task Initial Assignment	Current Program Worker Supervisor
Task Newly Assigned Indicator	5 Days
Task Available Online	No
Task Navigation Template	Auxiliary Authorization Detail Page

b. Level 2 task: When the status of the Auxiliary Authorization record changes from 'Awaiting Approval (L1)' to 'Awaiting Approval (L2)', a task will be generated for the Level 2 user if that user shares a section and office with the Level 1 who approved the request.

Trigger Condition	An Auxiliary Issuance has been requested by the worker, requiring a Level 2 approval
Task Category	Auxiliary Issuance
Task Type	Auxiliary Authorization – Awaiting Approval (L2)
Task Priority	Medium
Task Due Date	10 Business Days
Expire Tasks	No
Expiration Period	N/A
Expiration Type	N/A
Task Long Description	Auxiliary Authorization – Awaiting Approval (L2)
Office Distribution	No
Task Initial Assignment	Current Program Worker Supervisor
Task Newly Assigned Indicator	5 Days
Task Available Online	No

NOTE: Level 1 and Level 2 tasks cannot be manually cleared. Tasks remaining in "Awaiting Approval (L1)" status for more than 90 days will be automatically expired via the existing batch process.

c. Disapproved task: This task will be generated when the status is changed from 'Awaiting Approval (L1)' to 'Disapproved' or 'Awaiting Approval (L2)' to 'Disapproved'.

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

Trigger Condition	An Auxiliary Issuance has been Disapproved
Task Category	Auxiliary Issuance
Task Type	Auxiliary Authorization – Disapproved
Task Priority	Medium
Task Due Date	10 Business Days
Expire Tasks	No
Expiration Period	N/A
Expiration Type	N/A
Task Long Description	Auxiliary Authorization – Disapproved
Office Distribution	No
Task Initial Assignment	Current Program Worker Supervisor
Task Newly Assigned Indicator	5 Days
Task Available Online	No

Task Navigation Template	Auxiliary Authorization Detail Page

➢ This Page will have the following Buttons:

    a. Approve – This button would be displayed when the status is either 'Awaiting Approval (L1)' or 'Awaiting Approval (L2)' and in view mode. After clicking this button, the system would again load the Auxiliary Authorization Detail page in view mode.

    b. Disapprove - This button would be displayed when the status is either 'Awaiting Approval (L1)' or 'Awaiting Approval (L2)' and in view mode. After clicking this button, the system would again load the Auxiliary Authorization Detail page in view mode.

    c. Edit - This button would be displayed when the status is either 'Awaiting Approval (L1)' or 'Awaiting Approval (L2)' and in view mode. After clicking this button, the system would again load the Auxiliary Authorization Detail page in edit mode.

    d. Void - This button would be displayed when the status is 'Approved', in view mode and when there does not exist any Issuance record associated to the Auxiliary Authorization. After clicking this button, the system would again load the Auxiliary Authorization Detail page in view mode.

    e. Save and Continue - This button would be displayed in the create or edit mode.

    f. Cancel - This button would be displayed in the create or edit mode. In create mode, after using this button, the user would be navigated back to the Auxiliary Authorization List page. In Edit mode, after using this button, the system would again load the Auxiliary Authorization Detail page in view mode.

    g. Close - This button would be displayed in the view mode. After clicking this button, the user would be navigated back to the Auxiliary Authorization List page.

➢ Add the logic to do an EBT host to host when rushing an Auxiliary authorization payment. In the event when H2H call is not successful, then that record will be sent in the Nightly EBT files to the vendor.
Also, add the logic to display skip issuance validation messages on the Auxiliary Authorization Detail when Immediacy is RUSH.

➢ Add the logic to initiate a Host-to-Host call to automatically Reactivate the Cash and/or CalFresh account types or create EBT accounts if one does not exist already. This logic will be similar to the existing logic on the EDBC Detail page.

➢ Add a validation message when the following required fields are missing a value on saving the page. The validation message will state "Field is required. Please enter a value."

    a. Program

    b. Aid Code

    c. Amount

    d. Issuance Method

    e. Immediacy

    f. Begin Month

    g. End Month

    h. Issuance Business Day

    i. Only Issue After Regular Benefit Issuance is Created

    j. Federal Person(s)

    k. Non-Federal Person(s)

➢ Add a page validation that will prevent an auxiliary authorization record to be saved when the program is not active even for one of the months in the duration of the auxiliary authorization record spanning across several months. The validate message will state "Program – The program is not active for one of the months in the duration of the auxiliary authorization record."

➢ Add a page validation that will prevent an auxiliary authorization record to span across several months when the Immediacy Code is either 'Rush' or 'Manually Issued'. The validate message will state "End Month – The End Month cannot be span across multiple months.".

➢ Add a page validation that will prevent the auxiliary authorization end month from being greater than twelve months from the begin month. The validate message will state "End Month – The End Month cannot be greater than 12 Months from the Begin Month.".

➢ Add a page validation that will prevent the end month from being prior to the begin month. The validation message will state "End Month – End month cannot be prior to the begin month.".

➢ Add validation that prevents the "End Month" from being changed to prior to an already Issued Auxiliary issuance. The validation message will state "End Month – Cannot change end month to be prior to a month where an Auxiliary authorization has already been issued."

➢ Add a page validation that prevents users from saving an Auxiliary Authorization record with 'Person' as payee for Foster Care, Kin-GAP or AAP program. The validation message will state "Payee Type – The Payee Type is not supported for this program. Please choose a different payee type.".

- Add a page validation for LA County that prevents the users from saving an Auxiliary Authorization record with Issuance Method as Warrant and Immediacy as Rush. The validation message will state" Immediacy – Rush is not allowed. Please choose a different Immediacy option".
- Add a page validation that prevents the users from saving an Auxiliary Authorization record with Issuance Method as EBT and Payee as Resource. The validation message will state" Issuance Method – EBT is not allowed. Please choose a different Issuance Method option".
- Add a validation message to restrict users from doing Rush when Issuance Method is Direct Deposit. The validation message will state" Immediacy – Rush is not allowed. Please choose a different Immediacy option".
- Add a validation message to restrict users from doing Rush for a future month. The validation message will state" " Immediacy – Unable to rush future month benefits".
- Allow the following fields/sections to be editable after an auxiliary authorization record is in Approved Status:
  a. Comments Section
  b. End Date
- After a record is saved from the Auxiliary Authorization Detail page, it would be saved in AUX_PMT table with the type of Auxiliary.

2.2.4 Page Location

Global: Case

Local: Case Summary

Task: Auxiliary Authorization List

2.2.5 Security Updates

Security Right	Right Description	Right to Group Mapping
AuxiliaryAuthorizationDetailView	This right grant view access to the "Auxiliary Authorization Detail" page on the click of hyperlink for the Auxiliary Number on the Auxiliary	Auxiliary Authorization Detail View

Security Right	Right Description	Right to Group Mapping
	Authorization List Page.	
AuxiliaryAuthorizationDetailEdit	This right grant create/edit access to the "Auxiliary Authorization Detail" page on the click of "Edit" button on the Auxiliary Authorization Detail page or on the click of "Add" button on the Auxiliary Authorization List page.	Auxiliary Authorization Detail Edit
AuxiliaryAuthorizationDetailDisapprove	This right grant access to the Disapprove button on the "Auxiliary Authorization Detail" page.	Auxiliary Authorization Detail Disapprove
AuxiliaryAuthorizationDetailApprovalL1	This right grant access to the Approve button on the "Auxiliary Authorization Detail" page.	Auxiliary Authorization Detail Approve L1
AuxiliaryAuthorizationDetailApprovalL2	This right grant access to the Approve button on the "Auxiliary Authorization Detail" page.	Auxiliary Authorization Detail Approve L2

2.2.6 Page Mapping

	Table Name	Column	Description
Auxiliary Number	AUX_PMT	AUX_CTRL_NUM_IDENTIF	This is a system-generated unique identifier.
Case Number	AUX_PMT	CASE_ID	This field captures the case number associated to the auxiliary payment.

	Table Name	Column	Description
County	AUX_PMT	COUNTY_CODE	This field captures the county name associated to the auxiliary payment.
Program	AUX_PMT	PGM_CODE	18-This field captures the program associated to the auxiliary authorization record.
Aid Code	AUX_PMT	AID_CODE	184-This field captures the aid code associated to the auxiliary authorization record.
Placement Type	AUX_PMT	PLACEMENT_TYPE_CODE	298-This field captures the placement type associated to the auxiliary authorization record.
Pay Code	AUX_PMT	PAY_CODE	623-This field captures the pay code associated to the auxiliary authorization record.
Payee Type	AUX_PMT_PERS	PERS_ID, ORG_ID	This field captures the type of the payee associated to the auxiliary authorization record.
Name	AUX_PMT_PERS	PERS_ID, ORG_ID	This field captures the name of the payee associated to the auxiliary authorization record.
Issuance Method	AUX_PMT_PERS	ISSUANCE_TYPE_CODE	This field captures the issuance method associated to the auxiliary authorization record.
Immediacy	AUX_PMT_PERS	IMMED_CODE	This field captures the immediacy associated to the auxiliary authorization record.
Begin Month	AUX_PMT	BEG_DATE	This is the begin month to which the auxiliary payment is associated.
End Month	AUX_PMT	END_DATE	This is the end month to which the auxiliary payment is associated.
Issuance Business Day	AUX_PMT	ISSUANCE_BUSINESS_DAY	This field captures the business day as when the auxiliary payment would be issued in a month.
Only Issue after regular benefit is Created	AUX_PMT	RGLR_BEN_ISSUED	This field captures the information if it is required to check for regular benefit is issued for that month before issuing Auxiliary payment.
Claimed As	AUX_PMT	AID_CODE	184-This field captures the claiming information associated to the aid code of the auxiliary authorization record.

	Table Name	Column	Description
Federal Person(s)	AUX_PMT	FED_ADULT_QTY	This field captures the federal count of the persons when the aid code is a mixed aid code.
Non-Federal Person(s)	AUX_PMT	NON_FED_ADULT_QTY	This field captures the non-federal count of the persons when the aid code is a mixed aid code.
Status	AUX_PMT_DETL	STAT_CODE	This field captures the status of the auxiliary payment.
Status Date	AUX_PMT_DETL	STAT_DATE	This field captures the status date of the auxiliary payment.
Authorized By	AUX_PMT_DETL	CREATED_BY	This field captures the Id of the user who took an action on the auxiliary payment record.

2.2.7 Page Usage/Data Volume Impacts

No Change.

2.3 Issuance Detail

2.3.1 Overview

The Issuance Detail page allows the user to view and edit the issuance details for a program and benefit month. In addition, this page also allows the user to replace EBT benefits.

2.3.2 Issuance Detail Page Mockup

Issuance Detail

*- Indicates required fields

| Affidavit | External Reissue | Reissue | Replace | Edit | Close |

| **Control Number:** 1952989380 | **Category:** Supplemental Benefit | **Benefit/Service Month:** 09/2020 |
| **Case Number:** ▬▬▬ | **Case Name:** ▬▬▬ | **Program:** CalWORKs |

Payee Information

| **Payee:** * ▬▬▬ | **Payee Address:** ▬▬▬ LOS ANGELES, CA 90002-1929 | **Reference:** |

Basic Information

Issuance Method: EBT	**Immediacy:** Routine	**Payment Amount:** 878.00	**Invoice Number:**
Issue Date: 09/01/2020	**Available Date:** 09/03/2020	**Account Number:** ▬▬▬	
Status: Issued	**Status Reason:** System		

Financial Information

Pay Code:

| **Aid Code:** 32 - CW-TANF-Timed Out (State) | **Fund Code:** CT |
| **EDBC:** View | **Authorized Worker:** 518618 |

Status History

Status	Reason	Date	Authorized By
Issued	System	08/31/2020 8:00:39 PM	System
Submitted	System	08/31/2020 8:00:39 PM	System
Ready For Issuance	New	08/31/2020 8:00:39 PM	System

▸ **Pay Code History**

Figure 2.3.2.1 – Issuance Detail page (EDBC)

Issuance Detail

Close

Control Number:	Category:	Benefit/Service Month:
1956180325	Service Payment	11/2020
Case Number:	Case Name:	Program:
▬▬▬	▬▬▬	Welfare to Work

Payee Information

Payee: ✱	Payee Address:	Reference:
▬▬▬	▬▬▬	
	LOS ANGELES, CA 90011-3009	

Basic Information

Issuance Method:	Immediacy:	Payment Amount:	Invoice Number:
EBT	Rush	100.00	
Issue Date:	Available Date:	Account Number:	
11/06/2020	11/06/2020	▬▬▬	
Status:	Status Reason:		
Issued	System		

Financial Information

Pay Code: ✱
WT FE TR EM

Aid Code:	Fund Code:
30 - CW-All Other Families (Fed)	WA
Payment Request:	Authorized Worker:
View	509705

Status History

Status	Reason	Date	Authorized By
Issued	System	11/06/2020 3:47:00 PM	System
Submitted	System	11/06/2020 3:47:00 PM	System
Ready For Issuance	New	11/06/2020 3:47:00 PM	19ESWD8K00

▸ Pay Code History

Figure 2.3.2.2 – Issuance Detail page (Payment Request)

Issuance Detail

*- Indicates required fields

<div align="right">Close</div>

Control Number:
1956140840

Category:
Reactivated Expungement

Benefit/Service Month:
09/2005

Case Number:
▬▬▬▬

Case Name:
▬▬▬▬▬▬

Program:
CalWORKs

Payee Information

Payee: *
▬▬▬▬▬

Payee Address:
▬▬▬
GLENDALE, CA 91209-1187

Reference:

Basic Information

Issuance Method:
EBT

Immediacy:
Routine

Payment Amount:
0.46

Invoice Number:

Issue Date:
11/03/2020

Available Date:
11/04/2020

Account Number:
▬▬▬▬

Status:
Issued

Status Reason:
System

Financial Information

Pay Code:

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

Fund Code:
CA

Expungement:
View

Authorized Worker:

Status History

Status	Reason	Date	Authorized By
Issued	System	11/03/2020 8:01:26 PM	System
Submitted	System	11/03/2020 8:01:26 PM	System
Ready For Issuance	Reactivation	11/03/2020 8:01:26 PM	System

▸ **Pay Code History**

Figure 2.3.2.3 – Issuance Detail page (Expungement)

Issuance Detail

*- Indicates required fields

Close

Control Number:	Category:	Benefit/Service Month:
0029738873	Collections Refund	12/2019
Case Number:	Case Name:	Program:
▉▉▉▉	▉▉▉▉▉▉	CalWORKs

Payee Information

Payee: *
▉▉▉▉▉▉

Payee Address:
▉▉▉▉▉▉▉▉
▉▉▉
POMONA, CA 91767-3525

Reference:

Basic Information

Issuance Method:	Immediacy:	Payment Amount:	Invoice Number:
Warrant	Routine	382.00	
Issue Date:	Expiration Date:	Delivery Method:	
09/21/2020		Mail	
Status:	Status Reason:		
Paid			
		Paid Date:	
		09/24/2020	

Financial Information

Document ID:
ST202620018

Pay Code:

Aid Code:	Fund Code:
30 - CW-All Other Families (Fed)	4M

Recovery Account Transaction:
View

Authorized Worker:

Status History

Status	Reason	Date	Authorized By
Paid		09/26/2020 8:01:27 PM	System
Issued		09/21/2020 8:00:45 PM	System
Submitted	New	09/18/2020 7:00:24 PM	System
Ready For Issuance	New	09/18/2020 7:00:24 PM	System

Figure 2.3.2.4 – Issuance Detail page (Recovery Account Transaction)

Issuance Detail

*- Indicates required fields

[Affidavit] [Replace] [Edit] [Close]

Control Number:	**Category:** Supplemental Benefit	**Benefit/Service Month:** 09/2020
Case Number: L123456	**Case Name:** JOHN DOE	**Program:** CalWORKs

Payee Information

Payee: * JOHN DOE	**Payee Address:** 1211 ABC STREET LOS ANGELES, CA 90002- 1929	**Reference:**

Basic Information

Issuance Method: EBT	**Immediacy:** Routine	**Payment Amount:** 878.00	**Invoice Number:**
Issue Date: 09/01/2020	**Available Date:** 09/03/2020	**Account Number:** 1901L123456	
Status: Issued	**Status Reason:** System		

Financial Information

Pay Code:

Aid Code: 32 - CW-TANF-Timed Out (State)	**Fund Code:**
Auxiliary Authorization: [View]	**Authorized Worker:** 518618

Status History

Status	Reason	Date	Authorized By
Ready For Issuance	New	08/31/2020 8:00:39 PM	System

▸ **Pay Code History**

Affidavit History

Figure 2.3.2.5 – Issuance Detail page (Auxiliary Authorization)

2.3.3 Description of Changes

1. Update Issuance Detail page to enable the EBT host to host when rushing an Auxiliary payment.
2. Update the Financial Section on the Issuance Detail page to provide a 'View' button for each type of authorization that results into an

issuance record. The fields will be dynamic based on the associated authorization and will display following:

- ➢ EDBC – If the issuance is associated to EDBC authorization. The 'View' button will navigate the user to the appropriate EDBC Detail page in View mode. Please refer to the page mockup Figure 2.3.2.1
- ➢ Payment Request - If the issuance is associated to Payment Request authorization. The 'View' button will navigate the user to the appropriate Payment Request Detail page in View mode. Please refer to the page mockup Figure 2.3.2.2
- ➢ Expungement - If the issuance is associated to expungement authorization. The 'View' button will navigate the user to the appropriate Expungement Detail page in View mode. Please refer to the page mockup Figure 2.3.2.3
- ➢ Recovery Account Transaction - If the issuance is associated to recovery account transaction authorization. The 'View' button will navigate the user to the appropriate Transaction Detail page in View mode. Please refer to the page mockup Figure 2.3.2.4
- ➢ Auxiliary Authorization - If the issuance is associated to Auxiliary authorization. The 'View' button will navigate the user to the appropriate Auxiliary Authorization Detail page in View mode. Please refer to the page mockup Figure 2.3.2.5

3. Update Issuance Detail page to not allow Pay Code field to be editable for Issuances associated to authorization type of Auxiliary.

4. Update the Issuance Detail Page to **not display** the following buttons when the issuance is associated an authorization type of 'Auxiliary'.
   - ➢ Collect
   - ➢ External Reissue

5. Update the Issuance Detail Page to **display** the following buttons when the issuance is associated an authorization type of 'Auxiliary'.
   - ➢ Replace
   - ➢ Reissue
   - ➢ Cancel
   - ➢ Close
   - ➢ Edit
   - ➢ Affidavit
   - ➢ Print

NOTE: There is no change being introduced with any of these buttons existing functionality that exists today in CalSAWS and same would be used for the Auxiliary Issuances.

2.3.4 Page Location

Global: Case Info

Local: Case Summary

Task: Issuance History

2.3.5 Security Updates

No Change.

2.3.6 Page Mapping

No Change.

2.3.7 Page Usage/Data Volume Impacts

No Change.

2.4 Nightly Auxiliary Issuance Sweep Batch

2.4.1 Overview

The Issuance Sweep procedures scan and identify all authorized EDBCs or Payment Requests that have not been processed for payments/issuances. All eligible authorization records are then inserted into the ISSUANCE_TRANSACT table to be processed by Issuance Batch. This update is to create a new issuance sweep job to process the Auxiliary Payments.

2.4.2 Description of Changes

1. Create a new nightly Auxiliary Sweep job that will identify all Auxiliary authorization records with the following conditions.
   - ➢ The Approved Status Date or End Date of an Auxiliary Authorization is within past 12 months.
   - ➢ Program status is active for the benefit month.
   - ➢ No auxiliary issuance has been created for the benefit month.
   - ➢ The payment amount is greater than zero.
   - ➢ Issuance Business Day is on or before the nightly batch run date.

      For example, if 'Issuance Business Day' is set to the 4th business day for the Auxiliary record on the Auxiliary Authorization Detail page, then for Oct 2020 benefit month the system will first attempt to issue this auxiliary record on 6th October 2020 and would continue to process every night until the payment is successfully processed.

      If an Auxiliary Authorization record is created today on 10/20/2020 for October 2020 benefit month and the 'Issuance Business Day' is set to the 4th business day for the Auxiliary record on the Auxiliary Authorization Detail page, then for Oct 2020 benefit month the system will first attempt to issue this auxiliary record on 10/20/2020 as this date is after the set

> The EDBC benefits for the same benefit month and the same program already exist when regular benefit is required to be issued first. This requirement is indicated by the value of ‘Only Issue After Regular Benefits Is Created’ field.

2. Insert sweep results into Issuance_Transact table with Authorization Type ‘AUX’ and the Batch Type is ‘Nightly’.

2.4.3 Programs Impacted

All

2.4.4 Execution Frequency

No change.

2.4.5 Key Scheduling Dependencies

All days except holidays and Sunday.

2.4.6 Counties Impacted

All CalSAWS Counties

2.4.7 Data Volume/Performance

No Change.

2.4.8 Failure Procedure/Operational Instructions

No Change.

2.5 Issuance Batch

2.5.1 Overview

Issuance Batch is responsible for creating an Issuance record for each authorization that is subject to be paid on a Monthly/Nightly basis. This update is to configure the Issuance Batch to process authorizations for the Auxiliary payments.

2.5.2 Description of Change

1. Update Issuance Batch to create Issuances for auxiliary Authorization.

2. Update the Skip Issuance logic in the Issuance Batch **to exclude** the Auxiliary authorizations associated to the following Periodic Reporting and Redetermination/Recertification Skip Issuance reasons:
   - Periodic Report Does Not Exist for the Reporting Period
   - Periodic Report Incomplete
   - Periodic Report Not Received for the Reporting Period
   - Periodic Report Received After 10 Day is Not Complete
   - Redetermination/Recertification Does Not Exist for submit month
   - Redetermination/Recertification not received for submit month
   - Redetermination/Recertification received is not complete
   - Child Placement Does Not Match Placement/Payee on Authorization Record
   - End Dated SCI Exists on EDBC
   - First Month CalFresh Cannot be Created Before Third Business Day
   - Future Month Issuance Cannot be Created Before Last Business Day
   - Invalid Authorized Amount on Authorization Record
   - KG3 not on file
   - SUAS Benefit Cannot be Created Before Third Business Day
   - Homeless Payment Already Issued (This skip reason is specific to LA County)
   - Payment 7 days before Service Arrangement start (This skip reason is specific to LA County)
   - CMS/CWS Vendor Number Does Not Exist for the Vendor (This skip reason is specific to LA County)
   - Child Placement End Dated Prior to the Benefit Month (This skip reason is specific to LA County)
   - Voucher Not Received for the Benefit Month (This skip reason is specific to LA County)
3. Update the Skip Issuance logic in the Issuance Batch **to apply** the following skip issuance reasons to the Auxiliary authorizations:
   - 3A/3C aid code is invalid for benefit/service month after 11/2013
   - 3F/K1 aid code is invalid for benefit/service month before 12/2013
   - Aid Code Does Not Exist on Authorization Record
   - Primary Applicant Does Not Exist for the Benefit Month
   - Payee Does Not Exist for the Benefit Month
   - Payee Mailing Address Cannot be Determined
   - Aid Code Does Not Exist on Authorization Record
   - No Payment Method Assigned
   - Payment Hold Exists on Foster Care Program
   - Payment Hold Exists on AAP Program
   - Payment Hold Exists on Kin-GAP Program
   - Extended CalWORKs – NMD
   - Unknown
   - Vendor is Suspended
   - Payment cannot be submitted as vendor is not established in eCAPS (This skip reason is specific to LA County)

> ➢ No Secondary Payee for Homeless (This skip reason is specific to LA County)
> ➢ Warrant mailing address is District Office (This skip reason is specific to LA County)

4. Update the issuance batch to populate following values from the details that are stored on the Auxiliary Detail page:
   - ➢ Program
   - ➢ Aid code
   - ➢ Placement Type
   - ➢ Pay Code
   - ➢ Amount
   - ➢ Payee
   - ➢ Issuance Method

5. Add the logic to update the Issuance Method to 'Warrant', if the issuance method associated to the authorization type of auxiliary is Direct Deposit and the payee do not have the Direct Deposit set up yet.

6. Update the Issuance Batch to populate the address on the issuance from the Mailing Address associated to the person for the benefit month.

7. Update the issuance batch to populate the EBT Account type based on the program associated to the auxiliary authorization record. If the program is a food program, then populate the account type as 'Food'. If the program is a cash program, then populate the account type as 'Cash'.

8. Update the Issuance Batch to create the issuances associated to Auxiliary Authorizations with the category of 'Supplemental Benefit'.

2.5.3 Execution Frequency

No Change.

2.5.4 Key Scheduling Dependencies

No Change.

2.5.5 Counties Impacted

All CalSAWS Counties

2.5.6 Data Volume/Performance

No Change.

2.5.7 Failure Procedure/Operational Instructions

No Change.

2.6 Fund Code Determination

2.6.1 Overview

Fund codes are used to store the accounting string information for a County. This update is to add the logic to find the placement type for the issuances associated to the authorization type of auxiliary.

2.6.2 Description of Change

1. Update the Fund Code Determination batch to find the placement type for the issuances associated to the authorization type of auxiliary from the Auxiliary Authorization Detail page when the program is Foster Care or AAP.

   NOTE: This update is specific to LA County as for LA county fund code determination for FC/AAP program the placement type is required.

2.6.3 Execution Frequency

No Change.

2.6.4 Key Scheduling Dependencies

No Change.

2.6.5 Counties Impacted

All CalSAWS Counties.

2.6.6 Data Volume/Performance

No Change.

2.6.7 Failure Procedure/Operational Instructions

No Change

2.7 Auxiliary Issuance Pre-Claiming Batch (PBXXF201)

2.7.1 Overview

Update the existing IssuancePreClaimingBatch module to identify all the issuances associated to the authorization type of Auxiliary that were set to a status of Issued between the LAST_SUCCESS_DATE and BATCH_DATE.

Once these Issuances are identified, they will be inserted into the CLAIM_TRANSACT table in the order of their ISSUANCE_ID and Status Date to be processed by the appropriate Claiming modules. If an Issuance is Issued and Cancelled on the same day, the statuses will be processed in the order that they occur.

2.7.2 Description of Changes

1. This process will identify all Issuances associated to the authorization type of Auxiliary in CLAIM_TRANSACT and ISSUANCE_CLAIM_TRANSACT that meet the following criteria:
   ➢ Issuance has a Status of Issued.
   ➢ Issuance has a Status Date between the LAST_SUCCESS_DATE and BATCH_DATE.

2.7.3 Technical Flow

The technical flow for this batch module is shown in Figure 1.
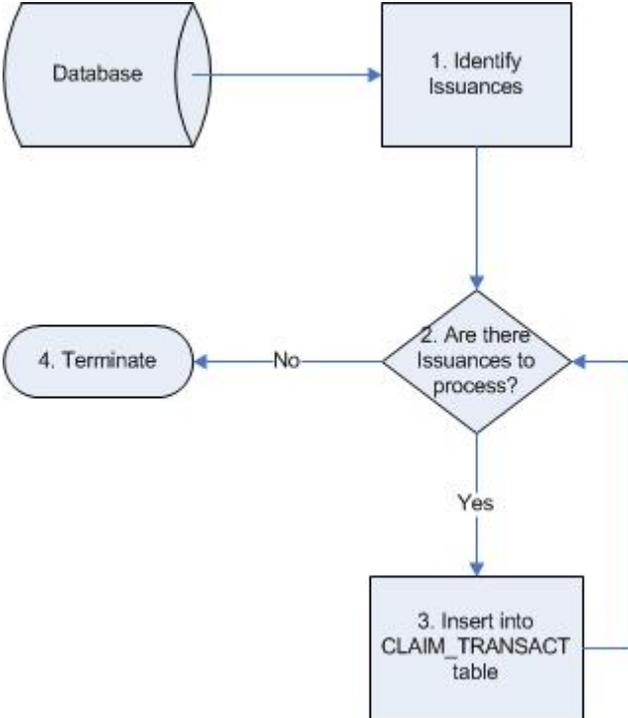
2.7.4 Programs Impacted

All programs

2.7.5 Execution Frequency

All days except holidays and Sunday.

2.7.6 Key Scheduling Dependencies

This job will be configured to run sequentially with other Claiming jobs.

2.7.7 Counties Impacted

All CalSAWS Counties

2.7.8 Data Volume/Performance

No Change.

2.7.9 Failure Procedure/Operational Instructions

No Change.

2.8 Auxiliary Issuance Claiming Batch (PBXXF__)

2.8.1 Overview

Create a new batch module under Claiming called the Auxiliary Issuance Claiming batch. This batch job will process Issuances associated to the authorization type of Auxiliary from the CLAIM_TRANSACT table where the Process Date is between the LAST_SUCCESS_DATE and BATCH_DATE. Only Auxiliary Issuances that have not been previously processed will be included.

Note: Any reference to an Aid Code in this document implies distinct Aid Code and Pay Code combination.

2.8.2 Description of Changes

1. This process will identify all Auxiliary Issuances in CLAIM_TRANSACT that meet the following criteria:
   - ➤ The Issuance is associated to the authorization type of 'Auxiliary'.
   - ➤ The Process date in CLAIM_TRANSACT is between the LAST_SUCCESS_DATE and BATCH_DATE.
   - ➤ The Status Code in CLAIM_TRANSACT_DETL is Unprocessed (UP).

   Note: If there is more than one Auxiliary Issuance for the same Program and Benefit Month, the issuances will be ordered by the time they are created.

2. This process will set the Person counts as 0 for the issuances associated to the authorization type of 'Auxiliary'.

   Note: The CFAP amount for CalFresh and State Grant Amount for ARC programs will not be included for Auxiliary issuances as these will

ideally be claimed under the regular monthly benefit through EDBC issuances.

3. This process will set the Payment Amount as Federal or Non-Federal based on the Aid Code of the Issuance. If the Aid Code is a federal Aid Code, then the Payment Amount will be claimed as Federal. If the Aid Code is a Non-Federal Aid Code, then the Payment Amount will be claimed as Non-Federal. If the Aid Code is a mixed Aid Code, the payment amount will be split between Federal and Non-Federal based on the counts of the Federal to Non-Federal individuals defined on the Auxiliary Issuance detail page with the same Program and Benefit Month.

4. This process will get the Non-Zero records from Claiming for the Issuance. This is done by summing all Claiming records with the same ISSUANCE_ID as the current Issuance by distinct combination of Aid Code and Pay Code. Once grouped, the records that have non-zero values for Federal Adult Quantity, Federal Child Quantity, Federal Amount, Non-Federal Adult Quantity, Non-Federal Child Quantity, Non-Federal Amount, Payment Amount, or FBU Quantity will be identified as Non-Zero records for the Issuance.

5. Claiming Adjustments: For Auxiliary issuances, no aid code and pay code adjustments will be allowed. Only Cancellations will be allowed via the Issuance detail page which would then be adjusted/claimed accordingly.

6. Create the records in the ClAIM_HIST table with the transaction type of 'Auxiliary Benefit Issuance' to identify these issuances.

2.8.3 Programs Impacted

All programs

2.8.4 Execution Frequency

All days except holidays and Sunday.

2.8.5 Key Scheduling Dependencies

This job will be configured to run sequentially with other Claiming jobs.

2.8.6 Counties Impacted

All CalSAWS Counties

2.8.7 Data Volume/Performance

No Change.

2.8.8 Failure Procedure/Operational Instructions

No Change.

2.9 Database Change Request (DBCR) and Code Table Change Request (CTCR)

1. Add a new AUX_PMT_DETL Table. This table will have the following fields:
   - ID
   - AUX_PMT_ID
   - STAT_CODE
   - STAT_DATE
   - DESCR
   - CREATED_BY
   - UPDATED_BY
   - CREATED_ON
   - UPDATED_ON
2. Add following fields to the AUX_PMT table:
   - PGM_ID
   - AID_CODE
   - PAY_CODE
   - ISSUANCE_BUSINESS_DAY
   - RGLR_BEN_ISSUED
   - PERS_ID
   - ORG_ID
   - ISSUANCE_TYPE_CODE
   - IMMED_CODE
   - PLACEMT_TYPE_CODE
   - FED_ADULT_QTY
   - NON_FED_ADULT_QTY
3. Add following field to the ISSUANCE, SKIP_ISSUANCE and CLAIM_HIST table:
   - AUX_PMT_ID
4. Add a new following Code to the Category 566:
   - Auxiliary
5. Add a new Claiming Transaction type code for Auxiliary Issuances to CT 420. This code will be used when claiming issuances with a type of Auxiliary.
   - CODE_NUM_IDENTIF: AX
   - SHORT_DECODE_NAME: Auxiliary Benefit Issuance
   - LONG_DEOCDE_NAME: Auxiliary Benefit Issuance

2.10 Auxiliary Issuance Daily Report

2.10.1 Overview

The new Auxiliary Issuance Daily Report captures all Auxiliary Issuances which are Issued, Cancelled, Reactivated or Expunged in the report date. This allows counties to make manual adjustments wherever necessary.

2.10.2 Auxiliary Issuance Daily Report – Summary Sheet Screenshot

CalSAWS Auxiliary Issuance Daily Report

Los Angeles
Run Date: JUL-28-2020 12:16 AM
Date: 07/27/2020

Issued Summary

Program	Aid Code	Transaction Total	Fed Amt	NFed Amt	Issued Amount
Adoption Assistance Program	03	1	$205.00	$0.00	$205.00
CalWORKs	30	1	$857.00	$0.00	$857.00
Foster Care	40	1	$438.00	$0.00	$438.00
Totals		**3**	**$1,500.00**	**$0.00**	**$1,500.00**

Cancelled Summary

Program	Aid Code	Transaction Total	Fed Amt	NFed Amt	Issued Amount
CalWORKs	30	1	$755.00	$0.00	$755.00
Totals		**1**	**$755.00**	**$0.00**	**$755.00**

Expungement Summary

Program	Aid Code	Transaction Total	Amount
Totals		**0**	**$0.00**

Reactivation Summary

Program	Aid Code	Transaction Total	Amount
CalWORKs	30	1	$205.00
Totals		**1**	**$205.00**

Summary | Issued Details | Cancelled Details | Expungement Details | Reactivation Details | ⊕

2.10.3 Auxiliary Issuance Daily Report – Issued Details Sheet Screenshot

CalSAWS Auxiliary Issuance Daily Report

Los Angeles
Run Date: JUL-28-2020 12:16 AM
Date: 07/27/2020

Summary

| | | | | | | | | | | | Transaction Total | 3 | | Total | $1,500.00 | $0.00 | $1,500.00 |

Control Number	Auxiliary Number	Case Number	Case Name	Payee Name	Program	Aid Code	Pay Code	Fund Code	Placement Type	EBT Benefit Type	Issuance Method	Immediacy	Claimed Indicator	Benefit Month	Auth. Worker ID	Fed Amt.	NFed Amt.	Benefit Amount
1000000001	AU1900000001	B000002	Case Name1	Payee Name1	CalWORKs	30					EBT	Routine	Y	07/2020	19DD00000Y	$857.00	$0.00	$857.00
1000000002	AU1900000002	B000001	Case Name2	Payee Name2	Foster Care	40	OZ	U4	Foster Family Agency (Treatment)		Warrant	Rush	Y	07/2020	19DD00000Y	$438.00	$0.00	$438.00
1000000003	AU1900000003	B000005	Case Name3	Payee Name3	Adoption Assistance Program	03		AD			Direct Deposit	Manually Issued	Y	07/2020	19DD00000Y	$205.00	$0.00	$205.00

*Please see the attached mockup in the Supporting Documents section.

2.10.4 Description of Change

1. Report Header – Create the following header for every sheet:

Line	Field Name	Field Description
1	System Logo and Report Title	The system logo followed by the report title. See the attached mockup in the Supporting Documents section for reference.
2	County Name	The county name for which the report was generated for. Format: [County Name]
3	Run Date	The date the report was generated. Format: Run Date: MON-DD-YY HH:MM AM/PM
4	Date	The reporting date the data was captured for. Format: Date: MM/DD/YYYY

2. Summary Sheet - Create the 'Summary' Sheet for the Auxiliary Issuance Daily Report. This sheet will provide the following four summary sections:

Field Name	Field Description
Issued Summary	Provides static totals of all the auxiliary issuance listed in the 'Issued Details' sheet grouped by Program and Aid Code. The following fields are provided: • Program – The program associated to the issued auxiliary issuances. • Aid Code – The aid code associated to the issued auxiliary issuances. • Transaction Total – The count of all the issued auxiliary issuances for the given program and aid code pair. • Fed Amt - The sum of all the issued auxiliary issuance's federal amount for the given program and aid code pair. Format: $0.00 • NFed Amt - The sum of all the issued auxiliary issuance's nonfederal amount for the given program and aid code pair. Format: $0.00 • Issued Amount - The sum of all issued amount of all the auxiliary issuance's issued amount for the given program and aid code pair. Format: $0.00

	Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.
Cancelled Summary	Provides static totals of all the auxiliary issuance listed in the 'Cancelled Details' sheet grouped by Program and Aid Code. The following fields are provided: • Program – The program associated to the cancelled auxiliary issuances. • Aid Code – The aid code associated to the cancelled auxiliary issuances. • Transaction Total – The count of all the cancelled auxiliary issuances for the given program and aid code pair. • Fed Amt - The sum of all the cancelled auxiliary issuance's federal amount for the given program and aid code pair. Format: $0.00 • NFed Amt - The sum of all the cancelled auxiliary issuance's nonfederal amount for the given program and aid code pair. Format: $0.00 • Issued Amount - The sum of all cancelled auxiliary issuance's federal amount for the given program and aid code pair. Format: $0.00 Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.
Expungement Summary	Provides static totals of all the expungement related to auxiliary issuance listed in the 'Expungement Details' sheet grouped by Program and Aid Code. The following fields are provided: • Program – The program associated to the expungements. • Aid Code – The aid code associated to the reactivated auxiliary issuances. • Transaction Total – The count of all the expungements for the given program and aid code pair. • Amount - The sum of all expungements' amounts given program and aid code pair.

	Format: $0.00 Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.
Reactivation Summary	Provides static totals of all the reactivation of expungement related to auxiliary issuance listed in the 'Reactivation Detail' sheet grouped by Program and Aid Code. The following fields are provided: • Program – The program associated to the reactivated auxiliary issuances. • Aid Code – The aid code associated to the reactivated auxiliary issuances. • Transaction Total – The count of all the reactivations of auxiliary issuances for the given program and aid code pair. • Amount - The sum of all reactivations' amounts given program and aid code pair. Format: $0.00 Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.

3. Create the 'Issued Details' sheet.
   I. Base Population – The sheet captures all auxiliary issuances that meet the following condition:
      i. The Issuance is an Auxiliary Issuance.
         *Technical Note – An auxiliary issuance can be identified by looking at the new auxiliary id column on the issuance table.
      ii. The issuance was issued during the report date.

Code-111	Short Description
IS	Issued
MI	Manually Issued

   *Note This looks at the 'Issued' status date of the issuance.
      iii. The issuance County Code is equal to the county the report is generated for.
         Please see the

Note: Please see Appendix 7.1 for examples.

II.   Totals – The sheet provides the following Totals at the top right of the sheet:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Fed Amt.	A dynamic summation over the Fed Amt. column.
NFed Amt.	A dynamic summation over the NFed Amt. column.
Benefit Amount	A dynamic summation over the Benefit Amount column.

III.   Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
Placement Type	298 – Displays the Foster Care placement type associated to the auxiliary issuance if one exists.

EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Issuance Method	112 – Displays the type of payment for the auxiliary issuance.
	Possible values:
	• Warrant
	• Direct Deposit
	• EBT
	These are the current available values. The report will not restrict to these values.
Immediacy	314 – Displays whether the auxiliary issuance was rushed or regular.
	Possible Values:
	• Manually Issued
	• Routine
	• Rush
	These are the current possible values. The report will not restrict to these values.
Claimed Indicator	Indicates whether the auxiliary issuance was claimed.
	Possible Values:
	'Y' – The auxiliary issuance was claimed.
	'N' – The auxiliary issuance was not claimed.
	*Note When claimed, an auxiliary issuance can be found on the Fiscal History Search page.
Benefit Month	Displays the benefit month on the auxiliary issuance.
	Format:
	MM/YYYY
Fed Amt.	Displays the amount that is claimed by the federal government on the auxiliary issuance.
	Format:
	$0.00
	The field will be blank if the issuance has not been claimed.
NFed Amt.	Displays the amount that is claimed by the state or county on the auxiliary issuance.
	Format:
	$0.00

	The field will be blank if the auxiliary issuance has not been claimed.
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Benefit Amount	The benefit amount for the auxiliary issuance. Format: $0.00

4. Create the 'Cancelled Details' sheet.
   I. Base Population – The sheet captures all auxiliary issuances that meet the following condition:
      i. The Issuance is an Auxiliary Issuance.
         *Technical Note – An auxiliary issuance can be identified by looking at the new auxiliary id column on the issuance table.
      ii. The issuance was cancelled during the report date.

Code-111	Short Description
CA	Cancelled

   iii. The issuance County Code is equal to the county the report is generated for.

   Note: Please see Appendix 7.2 for examples.

   II. Totals – The sheet provides the following Totals at the top right of the sheet:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Fed Amt.	A dynamic summation over the Fed Amt. column.
NFed Amt.	A dynamic summation over the NFed Amt. column.
Benefit Amount	A dynamic summation over the Benefit Amount column.

   III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.

Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
Placement Type	298 – Displays the Foster Care placement type associated to the auxiliary issuance if one exists.
EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Issuance Method	112 – Displays the type of payment for the auxiliary issuance. Possible values: • Warrant • Direct Deposit • EBT These are the current available values. The report will not restrict to these values.
Immediacy	314 – Displays whether the auxiliary issuance was rushed or regular. Possible Values: • Manually Issued • Routine • Rush These are the current possible values. The report will not restrict to these values.

Claimed Indicator	Indicates whether the auxiliary issuance was claimed. Possible Values: 'Y' – The auxiliary issuance was claimed. 'N' – The auxiliary issuance was not claimed. *Note When claimed, an auxiliary issuance can be found on the Fiscal History Search page.
Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Fed Amt.	Displays the amount that is claimed by the federal government on the auxiliary issuance. Format: $0.00 The field will be blank if the issuance has not been claimed.
NFed Amt.	Displays the amount that is claimed by the state or county on the auxiliary issuance. Format: $0.00 The field will be blank if the auxiliary issuance has not been claimed.
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Benefit Amount	The benefit amount for the auxiliary issuance. Format: $0.00

5. Create the 'Expungement Details' sheet.
    I. Base Population – The sheet captures all expungements of auxiliary issuances that meet the following condition:
        i. The expungement is for an issued Auxiliary Issuance.
           *Technical Note – The expungements can be identified by joining the EXPNGMNT record to the ISSUANCE table and verifying the ISSUANCE record has a populated auxiliary id.
        ii. The Expungement has a status of 'Received' with a status date in the report date.

Code-2011	Short Description
RC	Received

    iii. The issuance County Code is equal to the county the report is generated for.

Please see Appendix 7.3 for examples.

II. Totals – The sheet provides the following Totals at the top right of the sheet.:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Amount	A dynamic summation over the Amount column.

III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.

EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Amount	The amount of the expungement for the auxiliary issuance. Format: $0.00

6. Create the 'Reactivation Details' sheet.
   I. Base Population – The sheet captures all reactivation of expungements related to auxiliary issuances that meet the following condition:
       i. The reactivation is for an Auxiliary Issuance.
          *Technical Note – The reactivations can be identified by joining the EXPNGMNT record to the ISSUANCE table and verifying the ISSUANCE record has a populated auxiliary id.
       ii. The Expungement has a status of 'Reactivated' with a status date in the report date.

Code-2011	Short Description
RA	Reactivated

   iii. The issuance County Code is equal to the county the report is generated for.

   Please see Appendix 7.4 for examples.

   II. Totals – The sheet provides the following Totals at the top right of the sheet.:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Amount	A dynamic summation over the Amount column.

   III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description

Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Amount	The reactivation amount for the auxiliary issuance. Format: $0.00

7. The report will be generated and made available every scheduled batch night. For holidays or Sundays, the report will be generated on the next scheduled batch night.

2.10.5 Report Location

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

2.10.6 Counties Impacted

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

2.10.7 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping
AuxiliaryIssuanceDailyReport	Provides access to the Auxiliary Issuance Daily Report.	Auxiliary Issuance Reports

2. Security Groups

Security Group	Group Description	Group to Role Mapping
Auxiliary Issuance Reports	Provides access to the Auxiliary Issuance Daily Report and the Auxiliary Issuance Monthly Report.	• Fiscal Staff • Fiscal Supervisor • View Only • System Administrator

2.10.8 Report Usage/Performance

Similar fiscal reports are accessed less than 50 times a month. This report is expected to be accessed around the same.

2.11 Auxiliary Issuance Monthly Report

2.11.1 Overview

The new Auxiliary Issuance Monthly Report captures all Auxiliary Issuances which are Issued, Cancelled, Reactivated or Expunged in the report month. This allows counties to make manual adjustments wherever necessary.

2.11.2 Auxiliary Issuance Monthly Report – Summary Sheet Screenshot

CalSAWS **Auxiliary Issuance Monthly Report**

Los Angeles
Run Date: AUG-01-2020 12:16 AM
Report Month: 07/2020

			Issued Summary			
Program	Aid Code	Transaction Total	Fed Amt	NFed Amt	Issued Amount	
Adoption Assistance Program	03	1	$205.00	$0.00	$205.00	
CalWORKs	30	1	$857.00	$0.00	$857.00	
Foster Care	40	1	$438.00	$0.00	$438.00	
Totals		3	$1,500.00	$0.00	$1,500.00	

			Cancelled Summary			
Program	Aid Code	Transaction Total	Fed Amt	NFed Amt	Issued Amount	
CalWORKs	30	1	$755.00	$0.00	$755.00	
Totals		1	$755.00	$0.00	$755.00	

		Expungement Summary	
Program	Aid Code	Transaction Total	Amount
Totals		0	$0.00

		Reactivation Summary	
Program	Aid Code	Transaction Total	Amount
CalWORKs	30	1	$205.00
Totals		1	$205.00

| ◄ ► | **Summary** | Issued Details | Cancelled Details | Expungement Details | Reactivation Details | ⊕ |

2.11.3 Auxiliary Issuance Monthly Report – Issued Details Sheet Screenshot

Control Number	Auxiliary Number	Case Number	Case Name	Payee Name	Program	Aid Code	Pay Code	Fund Code	Placement Type	EBT Benefit Type	Issuance Method	Immediacy	Claimed Indicator	Benefit Month	Issue Date	Auth. Worker ID	Fed Amt.	NFed Amt.	Benefit Amount
1000000001	AU1900000001	B000002	Case Name1	Payee Name1	CalWORKs	30					EBT	Routine	Y	07/2020	07/02/2020	19DD00000Y	$857.00	$0.00	$857.00
1000000002	AU1900000002	B000001	Case Name2	Payee Name2	Foster Care	40	OZ	U4	Foster Family Agency (Treatment)		Warrant	Rush	Y	07/2020	07/03/2020	19DD00000Y	$438.00	$0.00	$438.00
1000000003	AU1900000003	B000005	Case Name3	Payee Name3	Adoption Assistance Program	03		AD			Direct Deposit	Manually Issued	Y	07/2020	07/04/2020	19DD00000Y	$205.00	$0.00	$205.00

*Please see the attached mockup in the Supporting Documents section.

2.11.4 Description of Change

1. Report Header – Create the following header for every sheet:

Line	Field Name	Field Description
1	System Logo and Report Title	The system logo followed by the report title. See the attached mockup in the Supporting Documents section for reference.
2	County Name	The county name for which the report was generated for. Format: [County Name]
3	Run Date	The date the report was generated. Format: Run Date: MON-DD-YY HH:MM AM/PM
4	Report Month	The reporting month the data is captured for. Format: Report Month: MM/ YYYY

2. Summary Sheet - Create the 'Summary' Sheet for the Auxiliary Issuance Monthly Report. This sheet will provide the following four summary sections:

Field Name	Field Description
Issued Summary	Provides static totals of all the auxiliary issuance listed in the 'Issued Details' sheet grouped by Program and Aid Code. The following fields are provided: - Program – The program associated to the issued auxiliary issuances. - Aid Code – The aid code associated to the issued auxiliary issuances. - Transaction Total – The count of all the issued auxiliary issuances for the given program and aid code pair.

	• Fed Amt - The sum of all the issued auxiliary issuance's federal amount for the given program and aid code pair. Format: $0.00 • NFed Amt - The sum of all the issued auxiliary issuance's nonfederal amount for the given program and aid code pair. Format: $0.00 • Issued Amount - The sum of all issued amount of all the auxiliary issuance's issued amount for the given program and aid code pair. Format: $0.00 Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.
Cancelled Summary	Provides static totals of all the auxiliary issuance listed in the 'Cancelled Details' sheet grouped by Program and Aid Code. The following fields are provided: • Program – The program associated to the cancelled auxiliary issuances. • Aid Code – The aid code associated to the cancelled auxiliary issuances. • Transaction Total – The count of all the cancelled auxiliary issuances for the given program and aid code pair. • Fed Amt - The sum of all the cancelled auxiliary issuance's federal amount for the given program and aid code pair. Format: $0.00 • NFed Amt - The sum of all the cancelled auxiliary issuance's nonfederal amount for the given program and aid code pair. Format: $0.00 • Issued Amount - The sum of all cancelled auxiliary issuance's federal amount for the given program and aid code pair. Format: $0.00

	Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.
Expungement Summary	Provides static totals of all the expungement related to auxiliary issuance listed in the 'Expungement Details' sheet grouped by Program and Aid Code. The following fields are provided:
	• Program – The program associated to the expungements.
	• Aid Code – The aid code associated to the reactivated auxiliary issuances.
	• Transaction Total – The count of all the expungements for the given program and aid code pair.
	• Amount - The sum of all expungements' amounts given program and aid code pair. Format: $0.00
	Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.
Reactivation Summary	Provides static totals of all the reactivation of expungement related to auxiliary issuance listed in the 'Reactivation Details' sheet grouped by Program and Aid Code. The following fields are provided:
	• Program – The program associated to the reactivation of auxiliary issuances.
	• Aid Code – The aid code associated to the reactivated auxiliary issuances.
	• Transaction Total – The count of all the reactivations of auxiliary issuances for the given program and aid code pair.
	• Amount - The sum of all reactivations' amounts given program and aid code pair. Format: $0.00
	Note the Program and Aid Code totals will be sorted by Program ascending followed by Aid Code ascending. The program and aid code will only be listed if data exists for the given pair.

3. Create the 'Issued Details' sheet.

I. Base Population – The sheet captures all auxiliary issuances that meet the following condition:
   i. The Issuance is an Auxiliary Issuance.
      *Technical Note – An auxiliary issuance can be identified by looking at the new auxiliary id column on the issuance table.
   ii. The issuance was issued during the report month.

Code-111	Short Description
IS	Issued
MI	Manually Issued

   iii. The issuance County Code is equal to the county the report is generated for.

   Please see Appendix 7.4 for examples.

II. Totals – The sheet provides the following Totals at the top right of the sheet:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Fed Amt.	A dynamic summation over the Fed Amt. column.
NFed Amt.	A dynamic summation over the NFed Amt. column.
Benefit Amount	A dynamic summation over the Benefit Amount column.

III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format:

	[First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
Placement Type	298 – Displays the Foster Care placement type associated to the auxiliary issuance if one exists.
EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Issuance Method	112 – Displays the type of payment for the auxiliary issuance. Possible values: • Warrant • Direct Deposit • EBT These are the current available values. The report will not restrict to these values.
Immediacy	314 – Displays whether the auxiliary issuance was rushed or regular. Possible Values: • Manually Issued • Routine • Rush These are the current possible values. The report will not restrict to these values.
Claimed Indicator	Indicates whether the auxiliary issuance was claimed. Possible Values: 'Y' – The auxiliary issuance was claimed. 'N' – The auxiliary issuance was not claimed. *Note When claimed, an auxiliary issuance can be found on the Fiscal History Search page.

Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Issue Date	Displays the date the auxiliary issuance was issued. Format: MM/DD/YYYY
Fed Amt.	Displays the amount that is claimed by the federal government on the auxiliary issuance. Format: $0.00 The field will be blank if the issuance has not been claimed.
NFed Amt.	Displays the amount that is claimed by the state or county on the auxiliary issuance. Format: $0.00 The field will be blank if the auxiliary issuance has not been claimed.
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Benefit Amount	The benefit amount for the auxiliary issuance. Format: $0.00

4. Create the 'Cancelled Details' sheet.
   I. Base Population – The sheet captures all auxiliary issuances that meet the following condition:
       i.   The Issuance is an Auxiliary Issuance.
             *Technical Note – An auxiliary issuance can be identified by looking at the new auxiliary id column on the issuance table.
       ii.   The issuance was cancelled during the report month.

Code-111	Short Description
CA	Cancelled

       iii. The issuance County Code is equal to the county the report is generated for.
       Please see Appendix 7.5 for examples.
   II. Totals – The sheet provides the following Totals at the top right of the sheet:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Fed Amt.	A dynamic summation over the Fed Amt. column.
NFed Amt.	A dynamic summation over the NFed Amt. column.
Benefit Amount	A dynamic summation over the Benefit Amount column.

III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
Placement Type	298 – Displays the Foster Care placement type associated to the auxiliary issuance if one exists.
EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.

Issuance Method	112 – Displays the type of payment for the auxiliary issuance. Possible values: • Warrant • Direct Deposit • EBT These are the current available values. The report will not restrict to these values.
Immediacy	314 – Displays whether the auxiliary issuance was rushed or regular. Possible Values: • Manually Issued • Routine • Rush These are the current possible values. The report will not restrict to these values.
Claimed Indicator	Indicates whether the auxiliary issuance was claimed. Possible Values: 'Y' – The auxiliary issuance was claimed. 'N' – The auxiliary issuance was not claimed. *Note When claimed, an auxiliary issuance can be found on the Fiscal History Search page.
Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Cancelled Date	Displays the date the auxiliary issuance was cancelled. Format: MM/DD/YYYY
Fed Amt.	Displays the amount that is claimed by the federal government on the auxiliary issuance. Format: $0.00 The field will be blank if the issuance has not been claimed.
NFed Amt.	Displays the amount that is claimed by the state or county on the auxiliary issuance.

	Format:
	$0.00
	The field will be blank if the auxiliary issuance has not been claimed.
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Benefit Amount	The benefit amount for the auxiliary issuance.
	Format:
	$0.00

5. Create the 'Expungement Details' sheet.
    I. Base Population – The sheet captures all expungements of auxiliary issuances that meet the following condition:
        i. The expungement is for an issued Auxiliary Issuance.
           *Technical Note – The expungements can be identified by joining the EXPNGMNT record to the ISSUANCE table and verifying the ISSUANCE record has a populated auxiliary id.
        ii. The Expungement has a status of 'Received' with a status date in the report month.

Code-2011	Short Description
RC	Received

        iii. The issuance County Code is equal to the county the report is generated for.

   Please see Appendix 7.5 for examples

    II. Totals – The sheet provides the following Totals at the top right of the sheet.:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Amount	A dynamic summation over the Amount column.

    III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.

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Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.
Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Expungement Date	Displays the date the auxiliary issuance was expunged. Format: MM/DD/YYYY
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Amount	The amount of the expungement for the auxiliary issuance. Format: $0.00

6. Create the 'Reactivation Details' sheet.

I. Base Population – The sheet captures all reactivation of expungements related to auxiliary issuances that meet the following condition:
   i. The reactivation is for an Auxiliary Issuance.
      *Technical Note – The reactivations can be identified by joining the EXPNGMNT record to the ISSUANCE table and verifying the ISSUANCE record has a populated auxiliary id.
   ii. The Expungement has a status of 'Reactivated' with a status date in the report month.

Code-2011	Short Description
RA	Reactivated

   iii. The issuance County Code is equal to the county the report is generated for.

Please see Appendix 7.5 for examples

II. Totals – The sheet provides the following Totals at the top right of the sheet.:

Total	Short Description
Transaction Total	A dynamic row count over the Case Number column. The count represents the transaction total displayed in the detail sheet.
Amount	A dynamic summation over the Amount column.

III. Column Definition – The sheet will provide the following columns:

Field Name	Short Description
Control Number	Displays the system-generated unique identifier control number for the auxiliary issuance.
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Case Number	Displays the case number of the case associated to the auxiliary payment.
Case Name	Displays the case name of the case associated to the auxiliary issuance.
Payee Name	Displays the name of the payee associated to the auxiliary issuance. Format: [First Name] [Last Name]
Program	18 – Displays the program associated to the auxiliary issuance.

Aid Code	184 – Displays the aid code associated to the auxiliary issuance.
Pay Code	623 - Displays the pay code associated to the auxiliary issuance.
Fund Code	522 – Displays the fund code associated to the auxiliary issuance.
EBT Benefit Type	2055 – Displays the EBT benefit type of the auxiliary issuance if one exists.
Benefit Month	Displays the benefit month on the auxiliary issuance. Format: MM/YYYY
Reactivation Date	Displays the date the expungement was reactivated. Format: MM/DD/YYYY
Auth Worker ID	Displays the Worker ID of the worker who approved the auxiliary issuance.
Amount	The reactivation amount for the auxiliary issuance. Format: $0.00

7. The report will be generated monthly. The report month will be the prior month of the current month. The report will be scheduled to be available on or before the 3rd business day of every month. For example, on or before August 5, 2020 the report will be available for the report month of July 2020.

2.11.5 Report Location
- **Global: Reports**
- **Local: Scheduled**
- **Task: Fiscal**

2.11.6 Counties Impacted
All CalSAWS' counties will be impacted by the changes outlined in this section.

2.11.7 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping
AuxiliaryIssuanceMonthlyReport	Provides access to the Auxiliary Issuance Monthly Report.	Auxiliary Issuance Reports

2. Security Groups

Security Group	Group Description	Group to Role Mapping
Auxiliary Issuance Reports	Provides access to the Auxiliary Issuance Daily Report and the Auxiliary Issuance Monthly Report.	• Fiscal Staff • Fiscal Supervisor • View Only • System Administrator

2.11.8 Report Usage/Performance

Similar fiscal reports are accessed less than 50 times a month. This report is expected to be accessed around the same.

2.12 Skipped Issuance Report

2.12.1 Overview

The Skipped Issuance Report provides a breakdown of Skipped Issuances, and the Skipped Issuance reasons that have a batch date equal to the Report Date. The logic used to populate the skipped issuance report is determined by the Skipped Issuance Batch Job. Currently the Skipped Issuance Reports provides information for the following skipped issuance:

- EDBC – Actionable
- EDBC – Informational
- Payment Request
- Recovery Account

- Reactivated Expungements

The report will be updated to include a new sheet as well as summary counts for Auxiliary issuances.

2.12.2 Skipped Issuance Report – Summary Sheet Screenshot

CalSAWS **Skipped Issuance Report**

Los Angeles
Run Date: NOV-16-20 10:40 PM
Date: 11/16/2020
Type Summary

			Total Count	Total Amount
		EDBC - Actionable	1	$334.00
		EDBC - Informational	1	$595.00
		Payment Request Total	1	$256.00
		Recovery Account Total	2	$69.00
		Reactivated Expungement Total	0	$0.00
		Auxiliary	1	$595.00
		Grand Total	6	$1,515.00

Skipped Reason Summary

Type	Category	Reason	Total Count	Total Amount
EDBC	Supplemental Benefit	CMS/CWS Vendor Number Does Not Exist for the Vendor	1	$334.00
EDBC	Supplemental Benefit	Homeless Payment Already Issued	1	$595.00
Payment Request	Supplemental Benefit	Payment cannot be submitted as vendor is not established in eCAPS.	1	$256.00
Recovery Account	Supplemental Benefit	Aid Code Does Not Exist on Authorization Record	5	$69.00
Auxiliary	Supplemental Benefit	Homeless Payment Already Issued	1	$595.00

*Please see the attached mockup in the Supporting Documents section.

2.12.3 Skipped Issuance Report – Auxiliary Sheet Screenshot

CalSAWS **Skipped Issuance Report**

Los Angeles
Run Date: NOV-16-20 10:40 PM
Date: 11/16/2020
Auxiliary   Summary

| | | | | | | | | | | | Total Count: | 1 |
| | | | | | | | | | | | Total Amount: | $595.00 |

Category	Office	Worker Number	Worker Name	Case Number	Reason	Program	Benefit Month	Auxiliary Number	Auxiliary Begin Date	Authorized Date	Amount
Supplemental Benefit	Office Name1	1900000001	Worker Name1	L0000000	Homeless Payment Already Issued	Homeless - Temp	11/2020	AU1900000001	10/01/2020	10/23/2020	$595.00

Summary | EDBC - Actionable | EDBC - Informational | Payment Requests | Recovery Accounts | Reactivated Expungements | **Auxiliary** | ⊕

*Please see the attached mockup in the Supporting Documents section.

2.12.4 Description of Change

1. Create a new sheet titled 'Auxiliary' which will capture all skipped Auxiliary Issuance that meet the following conditions:
   a. The Skipped Issuance's Batch Date is equal to the report date.
   b. The issuance is associated to the county which the report was generated for.
   c. The Skipped Issuance must be marked as Display on Report. This logic is defined by the skipped issuance batch job.

Technical Note – This is identified by looking at the Reference
Column 1 = 'Y' in the code_detl table for the Skip Reason value.

2. The new Auxiliary Issuance sheet will have the following columns:

Field Name	Short Description
Category	313 – Displays the skipped issuance category.
Office	Displays the office name of the worker associated to auxiliary issuance.
Worker Number	Displays the worker number of the program assigned worker or last known program assigned worker during the report date associated to the skipped issuance.
Worker Name	Displays the worker name of the program assigned worker or last known program assigned worker during the report date associated skipped issuance.
Case Number	The case number on the case associated to the auxiliary authorization record.
Reason	1642- Displays the skipped issuance reason.
Program	Displays the program name of the program.
Benefit Month	The benefit month of the auxiliary skipped issuance. *Technical Note – This is the effective date column in the skipped issuance table. Format: MM/YYYY
Auxiliary Number	Displays the system-generated unique identifier assigned to the auxiliary issuance.
Auxiliary Issuance Begin Date	The begin month of the auxiliary authorization period. Format: MM/DD/YYYY
Authorized Date	The date the auxiliary issuance was approved. Format: MM/DD/YYYY
Amount	The authorized amount on the EDBC associated to the skipped auxiliary authorization record. Format:

$0.00	

3. Update the 'Summary' sheet to include Skipped Auxiliary Issuance information
   a. Include a summary total titled 'Auxiliary' right below 'Reactivated Expungement Total'. The total will include the following:
      i. Total Count – The total skipped auxiliary authorization records identified in the report date.
      ii. Total Amount – The summation of authorized amount of all the identified skipped auxiliary authorization records identified in the report date.
   b. Update the 'Grand Total – Total Count' and 'Grand Total – Total Amount' to include the Auxiliary totals.
   c. Update the Skipped Reason Summary list in to include skipped auxiliary Issuance information. Each row presents the total count and total amount related to all skipped issuance identified in the report date grouped by type, skipped issuance category, and skipped issuance reason.
      i. The Type column will be updated to include 'Auxiliary' as a possible option. All other columns will continue to pull data form the same source.

Field Name	Short Description
Type	Displays the type related to the skipped issuance. Possible Values: • EDBC • Payment Request • Recovery Account • Reactivated Expungement • **Auxiliary**

2.12.5 Report Location

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

2.12.6 Counties Impacted

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

2.12.7 Security Updates

No updates will be made to the report's security.

2.12.8 Report Usage/Performance

No noticeable impact to performance is expected with the changes outlined in this section.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Fiscal	Security Matrix	[Excel icon] CA 217781 Auxiiary Issuance Framework
2	Reports	Auxiliary Issuance Daily Report	[Excel icon] Auxiliary Issuance Daily Report Mockup
3	Reports	Auxiliary Issuance Monthly Report	[Excel icon] Auxiliary Issuance Monthly Report Mo
4	Reports	Skipped Issuance Report	[Excel icon] Skipped Issuance Report Mockup.xls

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.10.1.11	The LRS shall include a method for issuing benefits outside of the regular issuance process for accrual months prior to LRS implementation for participants and Vendors.	This requirement is met by introducing a framework in CalSAWS that can be used to issue payments through the system without making any significant changes for policies in the short time. Moreover, this framework can be used to issue additional supplemental

		payments for individuals who are not the primary payee on the program.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 OUTREACH

Given the criticality and nature of the Auxiliary pages in CalSAWS, it is recommended that the counties adapt necessary and reasonable steps to assure a careful assessment of a user's profile before granting adequate access to these pages.

7 APPENDIX

7.1 Auxiliary Issuance Daily Report – Issued Details - Examples

Assume the report is generated for county 19 and the report date is 11/01/2020.

Control Number	Case Number	County Code	Is Aux Pmt?	Issue Date	Cancelled Date	Ben Month	Appears on the Sheet?
10000001	A0000001	19	Y	11/01/2020		11/2020	Yes, the Issue Date is equal to the reporting date.
10000002	A0000002	19	Y	**11/31/2020**		11/2020	No, the Issue Date is not equal to 11/01/2020. The benefit month is not considered.
10000003	A0000003	19	Y	11/01/2020	11/01/2020	11/2020	Yes, this issuance will be reported as Issued as well as cancelled since both actions happened in the report date.
10000004	A0000004	19	Y	11/01/2020		08/2020	Yes, the Issue Date is equal to 11/01/2020. The benefit month is not considered. Note this case appears twice due to Issuance 10000004 and 10000005
10000005	A0000004	19	Y	11/01/2020		09/2020	
10000006	A0000005	**18**	Y	11/01/2020		11/2020	No, the county code of the issuance is not equal to the county for which the report was generated for.
10000007	A0000006	19	**N**	11/01/2020		11/2020	No, the issued issuance is not an auxiliary issuance.

7.2 Auxiliary Issuance Daily Report – Cancelled Details - Examples

Assume the report is generated for county 19 and the report date is 11/01/2020.

Control Number	Case Number	County Code	Is Aux Pmt?	Issue Date	Cancelled Date	Ben Month	Appears on the Sheet?
10000001	A0000001	19	Y	11/01/2020	11/01/2020	11/2020	Yes, the issuance appears on both the Issued Details sheet as well as the Cancelled Details sheet due to both actions occurring in the report date.

10000002	A0000002	19	Y	10/10/2020	11/01/2020	11/2020	Yes, due to the cancellation happening on 11/01/2020.
10000003	A0000003	19	Y	10/01/2020	**10/05/2020**	11/2020	No, due to the cancellation happening on 10/05/2020. The benefit month is not looked at.
10000004	A0000004	19	Y	10/10/2020	11/01/2020	08/2020	Yes. Both these cancellations for this case will be captured on the sheet due to the cancelations happening in the report date.
10000005	A0000004	19	Y	10/10/2020	11/01/2020	09/2020	
10000006	A0000005	19	**N**	11/01/2020	11/01/2020	11/2020	No, the cancelation is not for an auxiliary issuance.
10000007	A0000006	**24**	Y	10/10/2020	11/01/2020	11/2020	No, the issuance is not associated to the county the report was generated for.

7.3 Auxiliary Issuance Daily Report – Expungement Details - Examples

Assume the report is generated for county 19 and the report date is 11/01/2020.

Control Number	Case Number	County Code	Is for an Aux Pmt?	Issue Date	Expungement Date	Reactivation Date	Appears on the Sheet?
10000001	A0000001	19	Y	08/14/2019	11/01/2020		Yes, the issuance appears on the Expungement Detail sheet.
10000002	A0000002	19	Y	08/14/2019	11/01/2020	11/01/2020	Yes, this issuance will appear on the Expungement Detail Sheet as well as the Reactivation Detail sheet since both actions happen in the report date (This is not a rare scenario).
10000003	A0000003	19	Y	07/20/2019	**10/31/2020**		No, the issuance expungement Date

Control Number	Case Number	County Code	Is for an Aux Pmt?	Issue Date	Expungement Date	Reactivation Date	Appears on the Sheet?
							is not in the report date.
10000003	A0000004	**24**	Y	08/10/2019	11/01/2020		No, the associated county code is outside the report date.
10000003	A0000004	19	**N**	08/11/2019	11/01/2020		No, the expungement is not for an auxiliary issuance.

7.4 Auxiliary Issuance Daily Report – Reactivation Details - Examples

Assume the report is generated for county 19 and the report date is 11/01/2020.

Control Number	Case Number	County Code	Is for an Aux Pmt?	Issue Date	Expungement Date	Reactivation Date	Appears on the Sheet?
10000001	A0000001	19	Y	08/14/2019	10/25/2020	11/01/2020	Yes, the issuance appears on the Reactivation Details sheet.
10000002	A0000002	19	Y	08/14/2019	11/01/2020	11/01/2020	Yes, this issuance appears on the Expungement Detail Sheet as well as the Reactivation Detail sheet since both actions happen in the report date (This is not a rare scenario).
10000003	A0000003	19	Y	07/20/2019	10/25/2020	**10/31/2020**	No, the issuance reactivation date is not in the report date.
10000003	A0000004	**24**	Y	08/10/2019	10/01/2020	11/01/2020	No, the issuance is not associated the county the report was generated for.
10000003	A0000004	19	**N**	08/11/2019	10/01/2020	11/01/2020	No, the reactivation is not for an auxiliary issuance.

7.5 Auxiliary Issuance Monthly Report – Examples

Assume the report is generated for county 19 and the report month is 11/2020.

Control Number	County Code	Is for an Aux Pmt?	Issue Date	Cancelled Date	Expungement Date	Reactivation Date	Appears on the Sheet?
10000001	19	Y	08/14/2019		10/25/2020	11/01/2020	Yes, the issuance appears on the Reactivation Details sheet.
10000002	19	Y	08/14/2019		11/01/2020	11/20/2020	Yes, this issuance appears in both the Expungement Detail sheet and the Reactivation Detail sheet.
10000003	19	Y	11/02/2020	11/20/2020			Yes, this issuance is captured under the Issued Detail sheet as well as the Cancelled Detail sheet.
10000006	19	Y	**09/20/2017**		**10/31/2020**	**12/01/2020**	No, the Issuance Date, Expungement Date or Reactivation Date are not within the report month.
10000007	**24**	Y	08/10/2019		10/01/2020	11/01/2020	No, the issuance is not associated the county the report was generated for.
10000008	19	**N**	08/11/2019		10/01/2020	11/01/2020	No, the issuance is not an Auxiliary Issuance.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-218178 | DDID 1967

Update Batch jobs to run for the correct months and for the correct Counties

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vallari Bathala
	Reviewed By	Amy Gill Dana Petersen Balakumar Murthy Karthikeyan Krishnamoorthy

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/09/2020	1.0	Initial Revision	Vallari Bathala

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1   OVERVIEW

Batch jobs determine 10-day cutoff at the County-level. Ten-day cutoff is subject to county-specific holidays, and therefore can be a different date depending on which County is running EDBC. Update all '00' EDBC Sweep jobs to calculate 10-day for each of the CalSAWS Counties.

Certain Batch jobs in the CalSAWS are specific to Los Angeles County are not explicitly set to run for only Los Angeles County. This SCR will update these batch jobs to run for Los Angeles County.

1.1   Current Design

CalSAWS has a critical step during the nightly batch window to process all programs that have been triggered to run at night. This step is dependent upon previous processes (Batch EDBC Sweep jobs) to queue the appropriate cases, and provide the batch EDBC process with the necessary input required for EDBC, such as negative action reasons, benefit months, and the reason why batch EDBC was initiated, for example. On any given batch window, different batch sweeps exist that trigger batch EDBC for a multitude of reasons and conditions. Typically, batch EDBC is expected to execute EDBC through the come-up month. The majority of Batch EDBC Sweep jobs are not county-specific; these jobs trigger EDBC to run in batch for all Counties for the same trigger conditions.

The come-up month (or latest month for which the system allows EDBC to be run) advances on the 10-day cutoff date. For example, if the 10-day cutoff is October 20th, 2020, EDBC opens up for December 2020, and Batch EDBC Sweeps jobs that should run EDBC through come-up now need to inform Batch EDBC to run for November AND December. Prior to 10-day, batch would only trigger EDBC for November.

Currently, there are Batch EDBC Sweep/trigger jobs that exist in CalSAWS that do not determine 10-day cutoff at the individual County-level.

Additionally, a number Los Angeles County specific jobs are configured in a way that once all 58 Counties are migrated to CalSAWS, they will run for all Counties.

Note: After Migration, there can be issues in determining the correct 10-day cutoff date for Migration Counties that can result in batch EDBC errors, or not running the correct number of benefits months via Batch EDBC.

1.2   Requests

Update the Batch EDBC Sweep jobs that trigger for multiple Counties, that need to calculate the 10-day cutoff date, to be able to trigger the appropriate number of months for all CalSAWS Counties.

Update County 19 only Batch jobs to only run for Los Angeles County and exclude the 57 Migration Counties.

1.3   Overview of Recommendations

1. Update all non-county specific Batch EDBC Sweep jobs to be able to calculate 10-day cutoff for all CalSAWS Counties.
2. Update all Los Angeles County specific Batch jobs to only run for Los Angeles County.

1.4   Assumptions

1. Task batch jobs will be addressed by the Task Management effort under DDID 1628 and DDID 1629.

2   RECOMMENDATIONS

2.1   Update Batch EDBC to run for the correct months for all CalSAWS Counties

2.1.1   Overview

Update non-county specific EDBC sweep jobs for all Counties in CalSAWS. The batch jobs will calculate 10-day cut off based on each individual county. Current CalSAWS General Batch EDBC Trigger framework is shared across multiple jobs that have their own specific triggers. Each job determines which months to trigger dynamically based on an expected individual county code at the batch job level. As part of Migration some of these jobs will be configured to run for multiple Counties, where the individual county code at the job level is no longer appropriate. Modify the framework to determine EDBC triggers months at the county level for each case.

2.1.2   Description of Change

1. Update the General Batch EDBC Trigger Sweep module to derive the county code from the Case ID.
    a. Update the query to extract the county code from the Case ID imported from the records in the SysTransact table.
        i. This county code will be passed on to the Benefit Month Helper to determine 10-day for each record based on the county.
    b. Update the condition 'this.countyCode != null' to check for the county code tied to a Case ID since a case must always be tied to a county.
    c. Impacted jobs are listed in the CA-218178 DDID 1967 Supporting Document.xlsx: "Calculate 10-day cutoff" tab.

2.1.3   Execution Frequency

Various – Multiple jobs

2.1.4   Key Scheduling Dependencies

N/A

2.1.5   Counties Impacted

All CalSAWS Counties

2.1.6 Data Volume/Performance

N/A

2.1.7 Failure Procedure/Operational Instructions

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

2.2 Update Los Angeles County Batch jobs to run only for County 19

2.2.1 Overview

Certain Batch jobs in the system should only run for Los Angeles County but do not currently exclude Migration Counties.

Update the specified Batch jobs to confirm they will only process for County 19 (Los Angeles County).

2.2.2 Description of Change

1. Add a County Code or County List property set to County '19' only to the jobs listed in the CA-218178 DDID 1967 Supporting Document.xlsx: "Update Jobs to run for 19" tab. The driving query/logic will be updated to read from the property and be used in the query.
2. Update the logic of the jobs listed in the CA-218178 DDID 1967 Supporting Document.xlsx: "Update to use County Code List" tab, to consume the County List property so it is explicit, and Counties can opt out via BPCR only.
3. Update the list of jobs listed in CA-218178 DDID 1967 Supporting Document.xlsx: "Update to run for all Counties" to run for all Counties.
4. Update downstream processes as needed for the jobs listed in in CA-218178 DDID 1967 Supporting Document.xlsx: "County Code needed downstream".

2.2.3 Execution Frequency

Various – Multiple jobs

2.2.4 Key Scheduling Dependencies

N/A

2.2.5 Counties Impacted

All CalSAWS Counties

2.2.6 Data Volume/Performance

N/A

2.2.7 Failure Procedure/Operational Instructions

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

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Batch/Interfaces	List of Jobs to update	CA-218178 DDID 1967 Supporting Document.xlsx

4   REQUIREMENTS

4.1   Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1967	As Side-by-Side sessions were focused on comparing the front end (online pages) functionality of the application, the CONTRACTOR shall budget an allowance of twenty-nine thousand, one hundred fifty-five hours (29,155) to accommodate for any Unforeseen differences in the code base that result in additional requirements. The requirements for the allowance of hours must be finalized and approved by the CONSORTIUM for the CONTRACTOR to meet design, build and System Test milestones, subject to the requirements meeting requirements in the LRS Agreement. As the requirements for the designated SCRs are identified, the SCRs will be calculated by the CONTRACTOR and reviewed and prioritized by the CONSORTIUM for approval through the County Change Control Board process.	- Estimates will include the necessary Tasks in the software development lifecycle required to implement the CalSAWS DD&I SCR including deployment and change management. - For the new requirements to be included with CalSAWS DD&I UAT preparation activities (targeted to begin April 2021 for C-IV), the requirements for the unforeseen Differences allowance hours must be finalized, approved by the CONSORTIUM and added to the CalSAWS DD&I SOR by July 1, 2020 for the CONTRACTOR to meet design, build and System Test milestones.	Update all non-county-specific Batch EDBC Sweep jobs to be able to calculate 10 day cutoff for all CalSAWS Counties. Update all LA specific Batch jobs to only run for Los Angeles County.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-218200 | DDID 1967

Update Cal-Learn Program Status and Worker Assignment for 57 Migration Counties

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sowmya Coppisetty
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/16/2020	1.0	Initial Design	Sowmya Coppisetty
1/27/2020	2.0	Updated Assumptions	Amy Gill

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1 OVERVIEW

In CalSAWS, the Cal-Learn program is automatically created by EDBC in a 'Pending' status and a separate batch job limited to Los Angeles County updates the program status to 'Active' and assigns the program to a Cal-Learn worker.

With this SCR, a new batch job will be created to update the Cal-Learn program status to 'Active' and assign a worker for the 57 Migration counties.

1.1 Current Design

In C-IV, the Cal-Learn program is created in 'Active' status and is assigned to the same worker as the CalWORKs program.

In CalSAWS, EDBC automatically creates a Cal-Learn program in a 'Pending' status when running CalWORKs EDBC and the following conditions are met:

1. CalWORKs program status is 'Active'
2. Person is under 19 years old
3. No high school diploma or equivalent
4. Pregnant or parenting

Batch job 'PB19M111' updates the 'Pending' Cal-Learn program status to 'Active' and assigns the program to a Cal-Learn worker in the same office as that of the program based on availability and creates an appraisal appointment with the worker. However, this batch job is applicable to Los Angeles County only and will not run for the 57 Migration counties.

1.2 Requests

1. Create a batch job for the 57 Migration counties to update the 'Pending' Cal-Learn program status to 'Active' and assign the program to either a Cal-Learn worker or CalWORKs worker.
2. Trigger Form CSF 163 New Worker Letter once batch has assigned a worker to the Cal-Learn program.

1.3 Overview of Recommendations

1. Create a batch job to update the status of a 'Pending' Cal-Learn program EDBC to 'Active' and assign the program to either a Cal-Learn worker or CalWORKs worker based on availability.
2. Trigger Form CSF 163 New Worker Letter once a worker has been assigned to the Cal-Learn program.

1.4 Assumptions

1. The CSF 163 form will be added to the CalSAWS as part of the SCR CA-215133 in the 21.03 release. The CSF 163 form will be pre-populated when generated as a result of the new batch job being added with this SCR.
2. There are no impacts to the Los Angeles County batch process with this SCR.

2   RECOMMENDATIONS

2.1   Create a new batch job for the Cal-Learn Program

2.1.1   Overview

Create a batch job for the 57 Migration counties to update the status of 'Pending' unassigned Cal-Learn programs to 'Active' and assign the program to either a worker that accepts the Cal-Learn program or to the same worker as the CalWORKs program, if there is no Cal-Learn program worker available.

2.1.2   Description of Change

1. Create a daily batch sweep job to update all 'Pending' unassigned Cal-Learn programs and Program Persons to 'Active' when:
   a. Cal-Learn program is in 'Pending' status as of the batch date
   b. Cal-Learn Program Person is in 'Pending' status as of the batch date
   c. Cal-Learn programs was created as of the last success batch date.
2. Identify the worker to be assigned to the Cal-Learn program as follows:
   a. Get the list of all Workers who are currently assigned to the programs in the same case as the Cal-Learn program and identify the worker as follows:
      i. Worker accepts Cal-Learn program for assignment
      ii. Position status of the Worker is 'Active' on the Position Detail page
      iii. Worker is of assign type 'Intake-Continuing' or 'Continuing'
      iv. Identify workers on the case who accept the primary language of the Cal-Learn program person
      v. Identify worker with the highest percentage of availability and assign the Cal-Learn program to the worker
   b. If the worker has not been identified from the list of workers assigned to the case, get the list of workers which holds the assignment for the programs in the companion cases to the same case as the Cal-Learn program and identify the worker as follows:
      i. Worker accepts Cal-Learn program for assignment
      ii. Position status of the Worker is 'Active' on the Position Detail page
      iii. Worker is of assign type 'Intake-Continuing' or 'Continuing'.
      iv. Identify workers on the case who accept the primary language of the Cal-Learn program person

v. Identify worker with the highest percentage of availability and assign the Cal-Learn program to the worker

c. If the worker has not been identified from the list of workers assigned to the case or a companion case, get the list of workers in the same office as the CalWORKs worker and identify the worker as follows:

i. Worker accepts Cal-Learn program for assignment

ii. Position status of the Worker is 'Active' on the Position Detail page

iii. Worker is of assign type 'Intake-Continuing' or 'Continuing'.

iv. Identify workers on the case who accept the primary language of the Cal-Learn program person.

v. Identify worker with the highest percentage of availability and assign the Cal-Learn program to the worker.

3. In the event that there is no worker identified from the list of workers assigned to the case, companion case, or in the Office of the CalWORKs program then assign the Cal-Learn program to the current Worker assigned to the CalWORKs program.

4. Create the below journal entry once batch updates the Cal-Learn program status and assigns a worker to the program.

Journal Entry	Description
New/Update	*New*
Journal Category	*All*
Journal Type	*Assignment*
Initiated By	*System*
Short Description	*Assignment*
Long Description	*Program assigned: {Program Code}* *New Worker: {Worker ID}*
Trigger Condition	*When batch updates the program status and assigns a worker*

5. Trigger the form CSF 163 New Worker Letter once a worker has been assigned to the Cal-Learn program by the new batch job.

2.1.3 Execution Frequency

Daily

2.1.4 Key Scheduling Dependencies

Schedule this Job to run after the program reassignment Job-PB00M102 and before the form generation jobs.

2.1.5 Counties Impacted

57 Migration Counties

2.1.6 Data Volume/Performance

Unknown

2.1.7 Failure Procedure/Operational Instructions

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

3 REQUIREMENTS

3.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1967	As Side-by-Side sessions were focused on comparing the front end (online pages) functionality of the application, the CONTRACTOR shall budget an allowance of twenty-nine thousand, one hundred fifty-five hours (29,155) to accommodate for any Unforeseen differences in the code base that result in additional requirements. The requirements for the allowance of hours must be finalized and approved by the CONSORTIUM for the CONTRACTOR to meet design, build and System Test milestones, subject to the requirements meeting requirements in the LRS Agreement. As the requirements for the designated SCRs are identified, the SCRs will be calculated by the CONTRACTOR and reviewed and prioritized by the CONSORTIUM for approval through the County Change Control Board process.	Estimates will include the necessary Tasks in the software development lifecycle required to implement the CalSAWS DD&I SCR including deployment and change management. - For the new requirements to be included with CalSAWS DD&I UAT preparation activities (targeted to begin April 2021 for C-IV), the requirements for the unforeseen Differences allowance hours must be finalized, approved by the CONSORTIUM and added to the CalSAWS DD&I SOR by July 1, 2020 for the CONTRACTOR to meet design, build and System Test milestones.	Create a batch job to update Cal-Learn program status to Active and Assign a worker to the program for 57 migration counties only.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-218455

ACL 20-87 Revised TNB 4

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	James Tran
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/05/2020	1.0	Initial Draft	James Tran
01/15/2021	1.1	Adding batch trigger conditions, clarified BRM address, updated Electronic Signature to 'N'	James Tran

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1   OVERVIEW

Per ACL 20-87, Transitional Nutritional Benefit (TNB) households must report all income changes, including an income change caused by a COLA to the Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefit amount. This caused households with increases in SSI/SSP benefits due to COLA to complete a CalFresh application in order to comply with TNB recertification rules. To address this, a $50 threshold for changes in monthly income will be implemented so that TNB households will not be required to complete a CalFresh application to complete their TNB recertification.

1.1   Current Design

- The form TNB 4 exists in the CalSAWS system. The TNB 4 Recertification Packet exists in the CalSAWS system for LA county only.
- The current version of the forms have verbiage that asks whether the household's total monthly income has changed, either increasing or decreasing. The question does not currently contain a threshold amount.
- The form TNB 4 is available in English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.
- The form TNB 4 Recertification Packet is available in English and Spanish.

1.2   Requests

1. Revise the verbiage in Question #4 on form TNB 4 and TNB 4 Recertification Packet to include a 50 dollar threshold amount.
2. Add a new TNB 4 Recertification Packet for 57 migrating counties.

1.3   Overview of Recommendations

1. Update the verbiage in Question #4 on form TNB 4 and TNB 4 Recertification Packet in the CalSAWS to include a 50 dollar threshold amount.

1.4   Assumptions

1. This update is for the CalSAWS system only. Due to the release date being close to migration, this change will not be required for the C-IV system.
2. For both forms, only one line in Question #4 (the change income question) on page 2, will be updated. All else on the form will remain unchanged.
3. The electronic signature portion of this SCR will be handled with another SCR: CA-200332

2   RECOMMENDATIONS

2.1   Update Nutrition Benefit form TNB 4

2.1.1   Overview

The existing form TNB 4 – "Notice of Recertification for the Transitional Nutrition Benefit Program" is out of date. The update is only for the CalSAWS system. This form is currently being generated via the Template Repository.

State Form: TNB 4

Current Programs: Nutrition Benefit

Current Attached Form(s): None

Current Forms Category: Forms

Existing Languages:

English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

2.1.2   Description of Change

1. Updates to Form XDP

Update the form TNB 4 – "Notice of Recertification for the Transitional Nutrition Benefit Program" with the updated verbiage to match the latest state version (8/20).

Updated Languages:

English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong (new), Korean, Laos (new), Russian, Tagalog, Vietnamese

Include NA Back 9: N

Imaging Form Name: Notice of RE for TNB Program

Imaging Document Type: Customer Reporting

Form Mockups/Examples: See Supporting Documents #1

2.2 Update Nutrition Benefit form TNB 4 Recertification Packet for LA county

2.2.1 Overview

The existing form TNB 4 Recertification Packet is out of date. The update is only for the CalSAWS system. This form is currently being generated via batch and the Template Repository for LA county only.

State Form: TNB 4

Current Programs: Nutrition Benefit

Current Attached Form(s): CF 285

Current Forms Category: Application

Existing Languages:

English and Spanish

2.2.2 Description of Change

1. Updates to Form XDP

Update the form TNB 4 Recertification Packet xdp with the updated verbiage to match the latest state version (8/20). In Section 1, item 4 of the form, the question asks if there has been a total monthly income change, either decreasing or increasing, from a new job. This verbiage has been updated to include a 50 dollar threshold. Please see mockup for the exact wording.

Updated Language:

English and Spanish

Include NA Back 9: N

Imaging Form Name: TNB 4 Recertification Packet

Imaging Document Type: Customer Reporting

Form Mockups/Examples: See Supporting Documents #2

2.3 Adding new Nutrition Benefit form TNB 4 Recertification Packet for migrating counties

2.3.1 Overview

The effort is adding a new TNB 4 Recertification Packet for migrating counties. Although this effort is to add a new form to the CalSAWS system, it uses the original version of TNB 4 Recertification Packet as a base. While the original version of TNB 4 Recertification Packet serves only the LA county, this new version of TNB 4 Recertification Packet will service the 57 migrating counties.

State Form: TNB 4

Programs: Nutritional Benefit

Attached Forms: CF 285

Forms Category: Application

Template Repository Visibility: 57 Migration Counties

Languages:

English and Spanish

2.3.2 Description of Change

1. **Create Form XDP**

A new Nutritional Benefit form TNB 4 Recertification Packet will be created for use for the 57 migrating counties. This new form will use the original version of TNB 4 Recertification Packet that is currently for the use of LA county as a base. This new TNB 4 will also include the verbiage update for the original TNB 4 form outlined in section 2.2.2.

Form Header: Header_1

Form Title (Document List Page Displayed Name): Notice of Recertification for Transitional Nutrition Benefit (TNB) Program

Form Number: TNB 4 Recert Packet

Include NA Back 9: N

Imaging Form Name: TNB 4 Recertification Packet

Imaging Document Type: Customer Reporting

Form Mockups/Examples: See Supporting Documents #3

2. **Add Form Generation**

This form will generate in the same way as the original TNB 4 Recertification Packet, but for the 57 migrating counties.

<mark>This form will generate via the Template Repository and through batch. The new batch trigger conditions are identical to the TNB 4 Recertification Packet for LA county and are as follows:</mark>

1. <mark>Program is NB and sub program type is Transitional.</mark>
2. <mark>TNB program's RE is due the month following the batch run month.</mark>
3. <mark>TNB 4 Recertification Packet does not exist for the same effective month.</mark>

Required Form Input: Case Number, Program, Language, Customer Name

3. **Add Form Variable Population**

This form will contain all of the same variables as the original TNB 4 Recertification Packet for LA county. Additionally, it will contain all the standard population for the header.

4. **Add Form Control**

Due Date: Date the form is generated + 30 days, excluding weekends and holidays.

Tracking Barcode	BRM Barcode	Imaging Barcode
Y	Y	Y

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

5. **Add Form to Template Repository**

Add the form TNB 4 Recertification Packet for the 57 migrating counties to the Template Repository with the following Document Parameters:

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

6. **Add Form Print Options and Mailing Requirements**

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): Participant

Mailed From (Return): Program Worker's Office Address

Mail-back-to Address: <mark>BRM Address*</mark>

Outgoing Envelope Type: Standard Outgoing Mail

Return Envelope Type: BRM Envelope

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: <mark>Y**</mark>

Post to YBN: Yes

<mark>* BRM Addresses are in the system and were added to the system with SCR CA-201214.</mark>

<mark>**Electronic Signature for this form is handled with SCR CA-200332</mark>

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	Mockup for form TNB4	See "TNB 4.zip" attached to the SCR
2	Form	Mockup for form TNB4 Recertification Packet for LA county	See "TNB 4 RE (la county).zip" attached to the SCR
3	Form	Mockup for form TNB4 Recerficiation Packet for the 57 counties	See "TNB 4 RE (migrating counties).zip" attached to the SCR

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.2 CAR-1206	The LRS shall generate written material, including notices, NOAs, forms, flyers, letters, and stuffers, to applicants,	This SCR involves the generation of a form in English as well as each system's

	participants, caregivers, sponsors, authorized representatives, and/or any other entities, in English, all threshold languages, and any other language for which the State has provided a translation.	respective threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-218806 | DDID 1991

Update Outbound Email Domain and LRS References

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Farhat Ulain, Michael Barillas
	Reviewed By	Melissa Mendoza, Amy Gill, Matthew Lower

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
9/24/2020	1.0	Initial Draft	Farhat Ulain

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1 OVERVIEW

This design outlines the removal of LRS references from the outbound email domain that is used for emails sent to CalSAWS users and customers. Additionally, Verification of Lawful Presence (VLP) pages and other page validation/error messages will be updated to remove LRS and CalACES references.

1.1 Current Design

1. In CalSAWS, the outbound email domain for emails sent to users and customers uses the domain <lrsapplication@dpss.lacounty.gov>.
2. Verification of Lawful Presence (VLP) pages display the field name/label as 'CalACES County' and 'CalACES Case Number'. Also, it displays the Agency name as 'CalACES' or 'CalHEERS' that initiated the VLP Step transaction.
3. Validation/error messages display the LRS reference in the message phrase.

1.2 Requests

1. Per Design Difference ID (DDID) 1991, update the outbound email domain from <lrsapplication@dpss.lacounty.gov> to <application@calsaws.org> in CalSAWS.
2. Update field name/labels and field values to CalSAWS on the VLP pages.
3. Update validation/error messages to display CalSAWS in the message phrase.

1.3 Overview of Recommendations

1. Update outbound email domain for emails sent to users and customers.
2. Update field name and field value for the following VLP pages:
   a. VLP Step 1A Re-Verify Request Detail
   b. VLP Step 1B Re-Submit with SEVIS ID Request Detail
   c. VLP Step 2 Initiate Additional Verification Request Detail
   d. VLP Step 3 Initiate Third Verification Request Detail
   e. VLP Search
3. Update LRS references in Validation/error Messages.

1.4 Assumptions

1. Fields not modified within the description of changes will retain their current functionality.
2. Existing email functionality will remain unchanged.
3. Functionality around validations/error messages will remain unchanged.
4. If Office 365 is used and the email server reaches maximum threshold of outbound emails in a day, the email account will be switched from <application@calsaws.org> to <application1@calsaws.org>, <application2@calsaws.org>, etc.

2 RECOMMENDATIONS

Update LRS reference in Outbound email domain, VLP pages and validation/error messages to display CalSAWS.

2.1 Update Outbound Email Domain

2.1.1 Overview

Per DDID 1991, outbound email domain will be updated to CalSAWS.

2.1.2 Description of Change

1. Update the outbound email domain from <lrsapplication@dpss.lacounty.gov> to be <application@calsaws.org>. Below is the list of online pages that will be impacted with this change that are sending outbound emails from CalSAWS.
   a. Contact Detail
   b. Appointment Detail
   c. Reception Log
   d. Oversight Agency Staff
   e. Security Assignment Detail

   Note: When the email server reaches maximum threshold of outbound emails in a day, the email account will be switched from <application@calsaws.org> to <application1@calsaws.org>, <application2@calsaws.org>, etc.

2.2 Update Verification of Lawful Presence Pages

2.2.1 Overview

Verification of Lawful Presence pages have the reference of LRS. Update field name and field value in VLP pages.

2.2.2 VLP Mockups

2.2.2.1 VLP Step 1A Re-Verify Request Detail Mockup

**Figure 2.2.2.1-1– VLP Step 1A Re-Verify Request Detail Page
Transaction Initiated by CalSAWS**

2.2.2.2 VLP Step 1B Re-Submit with SEVIS ID Request Detail Mockup

Figure 2.2.2.2-1– VLP Step 1B Re-Submit with SEVIS ID Request Detail Page Transaction Initiated by CalSAWS

2.2.2.3 VLP Step 2 Initiate Additional Verification Request Detail Mockup

Figure 2.2.2.3-1– VLP Step 2 Initiate Additional Verification Request Detail Page Transaction Initiated by CalSAWS

2.2.2.4 VLP Step 3 Initiate Third Verification Request Detail Mockup

Figure 2.2.2.4-1– VLP Step 3 Initiate Third Verification Request Detail Page Transaction Initiated by CalSAWS

Note: A Transaction initiated by CalHEERS will display CalHEERS in 'Initiated By' field in VLP pages mentioned above.

2.2.2.5 VLP Search Mockup

Figure 2.2.2.5-1– VLP Search Page

2.2.3 Description of Change

1. Update field value for the VLP pages given below:

Page Name	Field Name	Field Description
1. VLP Step 1A Re-Verify Request Detail 2. VLP Step 1B Re-Submit with SEVIS ID Request Detail 3. VLP Step 2 Initiate Additional Verification Request Detail 4. VLP Step 3 Initiate Third Verification Request Detail	Initiated By	A display of the Agency that initiated the VLP Step transaction. Possible values are: • CalSAWS • CalHEERS Note: CalACES will be updated to CalSAWS.

2. Update field Name for the VLP Pages given below:

Page Name	Field Name As-Is	Field Name To-Be
1. VLP Step 1A Re-Verify Request Detail 2. VLP Step 1B Re-Submit with SEVIS ID Request Detail 3. VLP Step 2 Initiate Additional Verification Request Detail 4. VLP Step 3 Initiate Third Verification Request Detail	CalACES Case Number	CalSAWS Case Number
	CalACES County	CalSAWS County
1. VLP Search	CalACES Case Number	CalSAWS Case Number

2.2.4 Page Location

Global: Eligibility
Local: Customer Information
Task: Citizenship
Page: VLP Case History

2.2.5 Security Updates

None

2.2.6 Page Mapping

Update field names for the above mentioned VLP pages in page mapping.

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 Print Template

2.3.1 Overview

This change will update the LRS reference at the top of the page in the Document Title and Document Header that displays when a user prints a page from CalSAWS.

2.3.2 Print Template Mockup

Figure 2.3.2-1 – Print Template

2.3.3 Description of Changes

1. Update the Document Title and the Document Header that displays when a user prints a page from CalSAWS as shown in Figure 2.3.2-1. This change will apply to all pages printed by a user.
    a. Update the Document Title to 'Page Name – County of XX – CalSAWS' (Example: Person Search – County of Los Angeles – CalSAWS).
    Page Name will be the Page Name that the user prints.
    XX in 'County of XX' will be the County of the logged in user.
    b. Update the Document Header to 'Printed from CalSAWS on Date, Time.' (Example: Printed from CalSAWS on 11/17/2020, 4:13:07 PM.)

2.3.4 Page Location

- **Global:** N/A
- **Local:** N/A
- **Task:** N/A

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Page Usage/Data Volume Impacts

N/A

2.4 Change Your Password

2.4.1 Overview

In CalSAWS, a user can access the Change Your Password page to change/update their account password. This change will update the LRS reference in the title of the page.

2.4.2 Change Your Password Mockup

CalSAWS

Change Your Password

To change your Password, please enter the following information.
Select a Password that is easy to remember and complies with the following standards:

- Must not be the same as your last 24 passwords
- Exclude all or part of your User Name
- Exclude keyboard patterns, keys listed next to each other vertically or horizontally on a standard keyboard
- Exclude commonly used words, or words written backwards or disguised with special characters
- Contain at least eight characters (spaces count as characters)
- Contain at least four unique characters and each character must not be repeated more than three times
- Contain characters from all of the following four categories:
  - Upper Case characters
  - Lower Case characters
  - Numerals
  - Special Characters (the <, > characters are not accepted)

UlainF@c36

Old Password:

New Password:

Confirm Password:

Submit **Cancel**

Figure 2.4.2-1 – Change Your Password

2.4.3 Description of Change

1. Update Change Your Password page header/Logo from LRS to CalSAWS as shown in figure 2.4.2-1.
   Note: This page is not available for Los Angeles County users.

2.4.4 Page Location

Navigation: When a user changes/updates an account password by clicking the Reset Password button on the Security Assignment page and logs back in with a temporary password, the system will navigate the user to the Change Your Password page.

2.4.5 Security Update

N/A

2.4.6 Page Mapping

N/A

2.4.7 Page Usage Data/Volume Impacts

N/A

2.5 Validations/Error Messages

2.5.1 Overview

There are error messages generated on various online pages in different scenarios in CalSAWS. These error messages display LRS references in the body of the message. This change will update the LRS references in the error messages to display CalSAWS.

2.5.2 Page Mockups

Figure 2.5.2-1 EDBC List

CalSAWS	Case Name: Case Name								
	Case Number: TD7858B		📖 Journal ✅ Tasks ❓ Help 📕 Resources 📖 Page Mapping 🖼 Images 🖼 DCFS Images ↗ Log Out						

Los Angeles SYS1	**Case Info**	Eligibility	Empl. Services	Child Care	Resource Databank	Fiscal	Special Units	Reports	Client Corresp.	Admin Tools

Case Summary

Case Number:
[   ] Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Application Questions
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History
Expungement History
Child Support Collections
Time Limit Aid Summary

Issuance Method Detail

✳ - Indicates required fields

[Edit] [Close]

EBT Account does not exist on EBT system - displaying CalSAWS EBT Account information. This could result in an unlinked benefit. Please create a new EBT account to resolve.

Payee:	Issuance Method:	Account Number:
BAKER, EVA 59M		19TD7858B00001B

Primary Cardholder: ✳	Primary Card Access Type: ✳	Primary Card Status:
BAKER, EVA	Cash & CalFresh	Issued

Staggered Issuance Exemption: ✳	Begin Date:	End Date:
No	04/21/2020	

EBT Stagger Day:	New Issuance Method: ✳	Status Reason: ✳
1		

Status History

Issuance Method	Status	Status Date	Reason	Authorized By

[Edit] [Close]

Figure 2.5.2-2 Issuance Method Detail

16

Figure 2.5.2-3 Duplicate Person List

CalSAWS

Case Name: Test Case
Case Number: M1015C3

📖 Journal ☑ Tasks ❓ Help 📗 Resources 📖 Page Mapping 🖼 Images 🖼 DCFS Images ↪ Log Out

Los Angeles
SYS1

| Case Info | Eligibility | Empl. Services | Child Care | Resource Databank | Fiscal | Special Units | Reports | Client Corresp. | Admin Tools |

New Application

Case Number:
[   ] Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Application Questions
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History
Expungement History
Child Support Collections
Time Limit Aid Summary

Select Programs

Select   Cancel

Name: Test Case

- **Select** – Test Case A Client Index Number is required to be added to a CalSAWS supported program.

☐ AAP   ☐ Child Care
☐ Cal-Learn   ☐ CAPI
☐ CalWORKs   ☐ Disaster CalFresh
☐ Diversion   ☐ Foster Care
☐ CalFresh   ☐ CFET
☐ General Assistance/General Relief   ☐ GROW
☐ Homeless - Perm   ☐ Homeless - Temp
☐ Immediate Need   ☐ Kin-GAP
☐ Medi-Cal   ☐ Nutrition Benefit
☐ RCA   ☐ REP
☐ Welfare to Work   ☐ Adult Protective Services
☐ Child Protective Services   ☐ IHSS/CMIPS II
☐ Linkages Adult Services   ☐ Multipurpose Senior Services

Select   Cancel

Figure 2.5.2-4 Select Programs

Figure 2.5.2-5 MAGI Determination List

2.5.3 Description of Change

1. EBT – Host-to-Host Connection Failure:
    When CalSAWS does not receive a response from EBT vendor in a stipulated time, an error message is displayed due to the loss of connection between CalSAWS and EBT system. Update the error message to "No response has been received from the EBT System. CalSAWS has timed out the connection." as shown in figure 2.5.2-1. Note: This error message is displayed on the online pages below that have Host-to-Host functionality enabled.
    a. EBT Account List
    b. EBT Account Detail

     c. EBT Card Detail

     d. EBT Card Transaction Search

     e. EBT Account Search

     f. EBT Repayment Detail

     g. EBT Card Print List

     h. Issuance Detail

     i. EDBC List

     j. Payment Request Detail

2. Absence of an EBT Account:

When the user selects an issuance method as EBT for a program and there is no EBT Account set up in the EBT system, an error message is displayed on the Issuance Method Detail page. Update the error message to "EBT Account does not exist on EBT system - displaying CalSAWS EBT Account information. This could result in an unlinked benefit. Please create a new EBT account to resolve." as shown in figure 2.5.2-2.

3. Duplicate CIN:

When a person is listed as duplicate having the same CIN of another person in the same case and the user tries to unmark/remove a duplicate person from the list, an error message is displayed on the Duplicate Person List page. Update the error message to "This Person has the same CIN as another person in the CalSAWS and cannot be unmarked as a duplicate." as shown in figure 2.5.2-3.

4. Absence of a CIN:

When the user creates a case or adding a person in a case and the CIN is not assigned to the person, an error message is displayed on the Select Programs page. Update the error message to "A Client Index Number is required to be added to a CalSAWS supported program." as shown in figure 2.5.2-4.

5. No Open Error Message:

When a MAGI Determination is requested without the required information or a pending or active application in CalSAWS, an error message is displayed on the MAGI Determination List page. Update the error message to "CalSAWS does not have an application pending or active for this program on or after 01/2014." as shown in figure 2.5.2-5.

     a. Update System Initiated field value from LRS to CalSAWS in MAGI Determination List page as shown in figure 2.5.2-5.

2.6 Batch – Modify Email Properties

2.6.1 Overview

Currently CalSAWS batch jobs use the 'dpss.lacounty.gov' domain. Modify batch jobs that reference the old DPSS email domain to reference the new CalSAWS email domain.

2.6.2 Description of Change

1. Modify the following batch jobs XML parameters email domain from the current <lrsapplication@dpss.lacounty.gov> to the new CalSAWS email <application@calsaws.org >
   a. PO00EM108, PO00EM109
2. Modify the email domains for the 'emailTo', 'emailCC', and 'emailFrom' batch job properties. New Email properties will contain the new domain <@calsaws.org> and will not include 'lrs' in the email address.
   Example: 'lrsapplication@dpss.lacounty.gov' will be updated to 'application@calsaws.org'.
   a. PB00R399, PB00B105, PB00B106, PB00B110, PB00C414, PB00P420, PB00P421, PB00P422, PB00P423, PB00P424, PB00V010, PB00V011, PB04R136, PB19B112, PB19C900, PB19C962, PB19C963, PB19R136, PB19S950, PB24F653, PB27R136, PB29R136, PB33F653, PB33R136, PB36F653, PB36R136, PB50F653, PB51R136, PI19C939, PIC4E100, PICHE200, PICWE100, PIHFE100, PILDE100, PO19C1155, PO19C1156, POC4E100, POCWE100, POLDE100, POSEE101, POSEE102, POSEE103, POSEE104, POSEE105, POSEE106, POSEE107, POSEE108, POSEE109, POSEE110, POSEE111, POSEE112, POSEE113, POSEE114, POSEE115, POSEE116, POSEE117, POSEE118, POSEE119, POSEE120, POSEE201, POSEE202, POSEE203, POSEE204, POSEE205, POSEE206, POSEE207, POSEE208, POSEE209, POSEE210, POSEE211, POSEE212, POSEE213, POSEE214, POSEE215, POSEE216, POSEE217, POSEE218, POSEE219, POSEE220, PS00S120, PS00S121, PS00S122, PS00S123, PS00S124, PS00S125, PS00S130, PS00S400, PS00S401, PS00S403, PB00B100, PB00B101, PB00B102, PB00B103, PB00B112, PB00P425, PB00R400, PB19C1900
3. Modify the email domain in PO19C437 batch job's module to be the new <@calsaws.org> domain.

2.6.3 Execution Frequency

No Change

2.6.4 Key Scheduling Dependencies

No Change

2.6.5 Counties Impacted

All Counties

2.6.6 Data Volume/Performance

N/A

2.6.7 Interface Partner

N/A

2.6.8 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

3.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1991	The CONTRACTOR shall display the CalSAWS name throughout the system including but not limited to page name, badges, logos, headers on forms and NOAs, to the 58 County users.	LRS State Forms and NOAs do not include a System or County logo as of July 2018. It is assumed the non-display of a System or County logo on State Forms and NOA's will continue with CalSAWS. Therefore, there is no associated estimate with updating a logo on LRS State Forms or NOAs. - There are 398 LRS BI Reports and 53 C-IV BI Reports that have been identified to be ported into the new system, for a total of 451 BI reports that will require updates as of July 2018. - The effort to create a new system logo is accounted for as part of Migration DDID #106. The dashboards will be updated to reflect the new CalSAWS system logo. There will be no County specific logos. - The image will be a static CalSAWS system logo in the OBIEE pages and will not dynamically change by county to county specific logos.	1. Outbound email domain is updated to <application@calsaws.org>. 2. VLP pages are updated to display CalSAWS Case Number, CalSAWS County, and Initiated By filed. 3. Error Messages are updated to display CalSAWS in the body of the message.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-220106

Add Business Reply Mail to CW 2200

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Chereddy
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
21/12/2020	1.0	Initial Draft	Nithya Chereddy
01/08/2021	1.1	Updated based on reviews from BAs and Build	Nithya Chereddy
1/26/2021	1.2	Updated the design document based on comments from the Committee	Nithya Chereddy

Table of Contents

1 OVERVIEW

The CW 2200 is a 'Request for Verification' form. This form does not currently include a return envelope or Business Reply Mail (BRM).

1.1 Current Design

With SCR CA-207451, CalSAWS implemented the updated CW 2200 form in English and the below listed threshold languages without a BRM:

Spanish, Armenian, Arabic, Chinese, Farsi, Tagalog, Hmong, Korean, Russian, Vietnamese.

1.2 Requests

1. Add the CW 2200 form in Cambodian and Lao with the BRM header.
2. Add BRM to the existing English and threshold language CW 2200 form.
3. Route the CW 2200 back to the respective Centralized or District offices.

1.3 Overview of Recommendations

1. Add the CW 2200 form in Cambodian and Lao with the BRM header.
2. Add BRM to the existing English and threshold language CW 2200 form.
3. Route the CW 2200 back to the respective Centralized or District offices.

1.4 Assumptions

1. The version of the CW 2200 is not being updated.
2. BRM addresses for C-IV Migration counties were added to CalSAWS with CA-201214. SCR CA-217127 will migrate BRM addresses for CalWIN Migration counties.
3. Mock office data will be used for testing C-IV BRM addresses.
4. The bundling job is only available for LA County. The bundling jobs for the Migration Counties will be migrated with **SCR CA-207312,** therefore testing of the bundles for migration counties is not possible at this time.
5. Currently CW 2200 does not include a return envelope. This SCR adds a BRM header and BRM envelope to CW 2200 form. After this SCR goes live, workers are only supposed to reprint the CW 2200 locally, this condition is only for the forms that were generated before the go live date of this SCR. Reprinting centrally will error out the forms that were generated before the go live date of this SCR. Reprint centrally and Reprint locally options will function the same way as they function today for the CW 2200 form that is generated after this SCR goes live.
Scenario 1: Form will error out if the form is generated on 05/20/2021, SCR goes live on 05/24/2021 and the worker is trying to reprint the form centrally on 06/11/2020.
Scenario 2: Form will not error out if the form is generated on 06/01/2021, and the worker is trying to reprint the form locally/centrally on 06/06/2021.

2 RECOMMENDATIONS

2.1 Add BRM to the CW 2200 and the missing threshold languages

2.1.1 Overview

The CW 2200 is the 'Request for Verifications' form. It does not include a BRM envelope currently.

State Form: CW 2200 (06/19)

Current Programs: General Assistance/General Relief, CalWORKs, CAPI, CalFresh, Medi-Cal, RCA, Cal-Learn, GROW

Current Attached Form(s): N/A

Current Forms Category: Forms

Include NA Back 9: No

Existing Languages:

English, Spanish, Armenian, Arabic, Chinese, Farsi, Tagalog, Hmong, Korean, Russian, Vietnamese

2.1.2 Description of Change

Update the existing CW 2200 form to add BRM coversheet and add the CW 2200 form in Cambodian and Lao threshold languages.

1. Add the language '**On the back of this sheet is the address for returning your form.**' on the first page of the coversheet. This sentence will be populated in threshold languages for the respective threshold language form.
2. Add the BRM header on the 2nd page of the coversheet (also be referred as back of the coversheet).
3. Add the language '**Please fold and ensure the County address information displays in the envelope window**' on the 2nd page of the coversheet following the BRM header. This sentence will be populated in threshold languages for the respective threshold language form.

    See Supporting Document #4 for the translations of the 2 sentences mentioned above.

Updated Programs: General Assistance/General Relief, CalWORKs, CAPI, CalFresh, Medi-Cal, RCA, GROW

Updated Languages:

English, Spanish, Armenian, Arabic, Chinese, Farsi, Tagalog, Hmong, Korean, Russian, Vietnamese

Added Languages:

Cambodian, Lao

Form Mockups/Examples: See Supporting Document #1

2.2 Route the CW 2200 form to Centralized Location/District Office Address

2.2.1 Overview

Currently the CW 2200 form does not include BRM. A BRM is being added to the CW 2200 form with this effort.

2.2.2 Description of change

1. Add the Expo Park Centralized location information to the CalSAWS system (CT 1622) and route the CW 2200 form to the Expo Park location for the below listed District offices for Los Angeles County.

Centralized office address for Expo Park:

DPSS – CSU EXPO PARK

3833 S VERMONT AVE

LOS ANGELES CA 90037-9920

Number	District Office Name	OFFICE_NUM_IDENTIF (From Office table)
1.	Belvedere	05
2.	Southwest Special	08
3.	West Valley	82
4.	East Valley	11
5.	Metro Special Office	70
6.	San Fernando Branch	32
7.	Metro Family	13
8.	Pasadena	03
9.	Wilshire Special Office	10
10.	Glendale	02
11.	Santa Clarita Branch	51

Technical Details:

Permit Number (CT 1622 REFER_TABLE_1_DESCR): 50762 LOS ANGELES CA

- Permit Number Format
  - If permit number (refer_table_1_descr from CT 1622) is 50762 LOS ANGELES CA, the permit number format will be 50762(3 Spaces)LOS ANGELES CA
- Format: 50762   LOS ANGELES CA

Following are the details used to encode the BRM Barcode for Expo Park centralized location.

Barcode ID: 00

Special Services: 708

Mailer ID: 901104952

Serial Number: 000000

Delivery Point ZIP Code: 900379920

Following is the Encoded Barcode value for Expo Park Centralized BRM address (CT 1622 REFER_TABLE_11_DESCR)

> TAFTADFFAATFAATDFDFTAAFTDFATDFFTFFADDATATAFATTAFTDTTADATDA AATTATT

2. Add the San Gabriel/El Monte Centralized location information to the CalSAWS system (CT 1622) and route the CW 2200 form to the San Gabriel/El Monte Centralized location for the below listed District offices for Los Angeles County.
   Centralized office address for San Gabriel/El Monte:
   DPSS – CSU EL MONTE/SAN GABRIEL
   3400 AERO JET AVE
   EL MONTE CA 91731-9935

Number	District Office Name	OFFICE_NUM_IDENTIF (From Office table)
1.	Pomona	36
2.	Metro East	15
3.	Cudahy	06
4.	Compton	26
5.	Norwalk	40
6.	Southwest Family	83
7.	El Monte (San Gab. V. Serv. Center)	04
8.	San Gabriel Valley	20
9.	Lincoln Heights	66

Technical Details:

Permit Number (CT 1622 REFER_TABLE_1_DESCR): 50762 LOS ANGELES CA

- Permit Number Format
  o If permit number (refer_table_1_descr from CT 1622) is 50762 LOS ANGELES CA, the permit number format will be 50762(3 Spaces)LOS ANGELES CA
- Format: 50762   LOS ANGELES CA

Following are the details used to encode the BRM Barcode for San Gabriel/El Monte centralized location.

Barcode ID: 00

Special Services: 708

Mailer ID: 901104952

Serial Number: 000000

Delivery Point ZIP Code: 917319935

Following is the Encoded Barcode value for San Gabriel/El Monte Centralized BRM address (CT 1622 REFER_TABLE_11_DESCR)

> TDAADADDADADTADATDFTTAAFFFDADDAAATTADTTFFTDFDFATDFFAAFAF
> DFAATFAAF

3. Add the La Cienega Centralized location information to the CalSAWS system (CT 1622) and route the CW 2200 form to the La Cienega Centralized location for the below listed District offices for Los Angeles County.
   Centralized office address for La Cienega:
   DPSS – CSU LA CIENEGA
   9800 S LA CIENEGA BLVD FL 11
   INGLEWOOD CA 90301-9958

Number	District Office Name	OFFICE_NUM_IDENTIF (From Office table)
1.	Exposition Park Family Service Center	12
2.	Florence	17
3.	South Central	27
4.	South Special	07
5.	South Family	31
6.	Metro North Office	38
7.	Rancho Park	60
8.	Paramount Office	62
9.	Civic Center	14

Note: 'MOD', 'MC LRS', 'Hawthorne' or 'MC Mail In' are not District offices currently. As per existing functionality if any correspondence is generated from the offices MOD, MC LRS, Hawthorne or MC Mail In, the correspondence will exception out during the nightly batch process and it will be listed in the exception report.

Technical Details:

Permit Number (CT 1622 REFER_TABLE_1_DESCR): 50762 LOS ANGELES CA

- Permit Number Format
  - If permit number (refer_table_1_descr from CT 1622) is 50762 LOS ANGELES CA, the permit number format will be 50762(3 Spaces)LOS ANGELES CA
    - Format: 50762   LOS ANGELES CA

Following are the details used to encode the BRM Barcode for La Cienega centralized location.

Barcode ID: 00

Special Services: 708

Mailer ID: 901104952

Serial Number: 000000

Delivery Point ZIP Code: 903019958

Following is the Encoded Barcode value for La Cienega Centralized BRM address (CT 1622 REFER_TABLE_11_DESCR)

DDAFATAFDTFADTATFFTADDAFAAFTDDFTDTAADDDDTDTFDFATTFAFTAA
AFTATDFFAD

4. For the C-IV Migration counties, populate the centralized office information on the BRM header if the county has a centralized location and populate the district office information on the BRM header if the county does not have a centralized location.
Technical Note: CT15 REFER_TABLE_19_DESCR has the information of whether a County has a Centralized or Non-Centralized office.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	Updated mockup of form CW 2200 - English	CW2200_EN.PDF
2	Client Correspondence	Updated mockup of form CW 2200 - Cambodian	CW2200_CA.PDF
3	Client Correspondence	Updated mockup of form CW 2200 - Lao	CW2200_LA.PDF
4	Client Correspondence	Translation of the 2 new sentences	Translations.PDF

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1206 2.18.1.2	The LRS shall generate written material, including notices, NOAs, forms, flyers, letters, and stuffers, to applicants, participants, caregivers, sponsors, authorized representatives, and/or any other entities, in English, all threshold languages, and any other language for which the State has provided a translation.	This SCR involves the update and generation of a form in English as well as each system's respective threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-220190

Update Fiscal Reports with New CCR Logic

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Esequiel Herrera-Ortiz, Remi Lassiter
	Reviewed By	Ravneet Bhatia

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/28/2020	1.0	Initial Revision	Esequiel Herrera-Ortiz; Remi Lassiter
12/03/2020	1.1	Updated per committee comments	Remi Lassiter
12/18/2020	1.2	Updated per committee comments	Remi Lassiter
2/2/2021	1.3	Logo updated on report mockups and screenshots	Remi Lassiter

Table of Contents

1 OVERVIEW

The Continuum of Care Reform (CCR) was implemented in CalSAWS and C-IV through a series of SCR's starting in 2016. To comply with CCR policy changes, updates were made for Foster Care (FC), Kin-GAP (KG), and the Adoption Assistance Program (AAP) in both systems in areas of online data collection, EDBC, the FC Resource Databank, fiscal processes, reports, the DCFS FC Inbound Reader Interface, and Client Correspondence.

With CA-200366 Migration SCR for CCR, the CalSAWS system will be updated to resolve design differences between the C-IV and CalSAWS CCR implementations.

This SCR will update the following reports to include the Foster Family Agency placement type:

- Retroactive Aid Code Adjustment Detail Report
- DCFS Claim Data Report
- DCFS Overpayment Identified Monthly Report
- DCFS Overpayment Distribution Monthly Report

1.1 Current Design

The following reports do not include the Foster Family Agency placement type:

- Retroactive Aid Code Adjustment Detail Report
- DCFS Claim Data Report
- DCFS Overpayment Identified Monthly Report
- DCFS Overpayment Distribution Monthly Report

1.2 Requests

1. Update the following reports to include the Foster Family Agency placement type:
   a. Retroactive Aid Code Adjustment Detail Report
   b. DCFS Claim Data Report
   c. DCFS Overpayment Identified Monthly Report
   d. DCFS Overpayment Distribution Monthly Report

1.3 Overview of Recommendations

All of these reports will automatically pick up the Foster Family Agency placement type, but will need the following small adjustments to the report logic:

- Update the Facility Category column logic and FFA totals calculations for the Retroactive Aid Code Adjustment Detail Report
- Update the Facility Category column logic for the DCFS Claim Data Report
- Update the Facility Category column logic and Summary sheet logic for the DCFS Overpayment Identified Monthly Report

- Update the Facility Type Category column logic and Summary sheet logic for the DCFS Overpayment Distribution Monthly Report

1.4 Assumptions

1. By the time this SCR is introduced, CA-200366 Migration SCR will be in the system and the new CCR logic will already be in place.
2. There will be no updates made to any of the report templates except the logo.
3. Updates will be made where applicable to the logic of all reports in this SCR to align Facility Category mapping to current DCFS mapping rules. See Supporting Documents for the current Facility Category Mapping code provided DCFS.

2   RECOMMENDATIONS

2.1   Retroactive Aid Code Adjustment Detail Report

2.1.1   Overview

The Retroactive Aid Code Adjustments Detail Report displays the overall adjustments made in the current and the prior month period for Foster Care, Kin-Gap and Adoption programs.

This report will automatically pickup Foster Family Agency expenditure information. However, some logic changes need to be made to the Facility Category columns on the detail sheets and the FFA totals calculations on the summary sheets to properly report the expenditures.

2.1.2   Retroactive Aid Code Adjustment Detail Report Screenshot

Figure 2.1.1 Retroactive Aid Code Adjustment Detail Report Screenshot

*Note: There will be no updates made to the report template except the logo.

2.1.3   Description of Change

1. Update the Facility Category column in the Current Month Detail sheet to display 'FFA' when the placement type is 'Foster Family Agency'.

Field	Short Description
Facility Category	Displays a Facility Category depending on the Facility Placement Type (Category 298) and, when applicable, the Relationship of Care Provider to Child of the record.

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	Possible Values:

	• 'FFA' – When the Facility Type is one of the following:
	   ○ TH - Transitional Housing Placement Program (THPP)
	   ○ TF - Transitional Housing Placement+FC (THP+FC)
	   ○ **AG - Foster Family Agency**
	   ○ AI - Foster Family Agency (Intensive Programs)
	   ○ AN - Foster Family Agency (Nontreatment)
	   ○ AT - Foster Family Agency (Treatment)
	   ○ MD - Multidimensional
	   ○ SI - Out of State Institutions
	   ○ RT - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment)
	   ○ RN - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Nontreatment)
	• 'GH' - When the Facility Type is the following:
	   ○ GH - Group Home
	   ○ CT - Community Treatment Facility
	   ○ SG - Out of State Group Home
	   ○ SR - Out of State Residential Treatment Facilities
	• 'FFH' - When the Facility Type is the following:
	   ○ AH – Adoptive Homes
	   ○ HO - Foster Family Home
	   ○ HS - Foster Family Home-Shelter Care
	   ○ SF - Specialized Foster Family Home
	   ○ SH - Small Family Home
	   ○ TS - Tribal Specific Home
	   ○ RF – Resource Family Home (and Care Provider Relationship to Child is Non-Relative Non-Guardian)
	• 'RH' - When the Facility Type is the following:
	   ○ RH - Relative Home
	   ○ RF – Resource family home (and Care Provider Relationship to Child is NREFM Guardian, NREFM Non-Guardian, Relative Guardian or Relative Non-Guardian)
	   ○ CR - County Shelter/Receiving Home (Non EA/AFDC)
	   ○ CS - Court Specified Home
	   ○ LG - Legal Guardian
	   ○ NH - Nonrelative Extended Family Member Home

- o RH – Relative Home
- o GD – Guardian Home
- 'SILP' - When the Facility Type is the following:
  - o SL - Supervised Independent Living.
- 'STRTP' - When the Facility Type is the following:
  - o ST - Short Term Residential Therapeutic Program.

2. Update the Facility Category column in the Prior Month Detail sheet to display 'FFA' when the placement type is 'Foster Family Agency'.

Field	Short Description

Facility Category	Displays a Facility Category depending on the Facility Placement Type (Category 298) and, when applicable, the Relationship of Care Provider to Child of the record.
	
	 Possible Values:
	
	 • 'FFA' – When the Facility Type is one of the following:
	     o TH - Transitional Housing Placement Program (THPP)
	     o TF - Transitional Housing Placement+FC (THP+FC)
	     o **AG - Foster Family Agency**
	     o AI - Foster Family Agency (Intensive Programs)
	     o AN - Foster Family Agency (Nontreatment)
	     o AT - Foster Family Agency (Treatment)
	     o MD - Multidimensional
	     o SI - Out of State Institutions
	     o RT - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment)
	     o RN - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Nontreatment)
	 • 'GH' - When the Facility Type is the following:
	     o GH - Group Home
	     o CT - Community Treatment Facility
	     o SG - Out of State Group Home
	     o SR - Out of State Residential Treatment Facilities
	 • 'FFH' - When the Facility Type is the following:
	     o AH – Adoptive Homes
	     o HO - Foster Family Home
	     o HS - Foster Family Home-Shelter Care

	o SF - Specialized Foster Family Home
	o SH - Small Family Home
	o TS - Tribal Specific Home
	o RF – Resource Family Home (and Care Provider Relationship to Child is Non-Relative Non-Guardian)
	• 'RH' - When the Facility Type is the following:
	  o RH - Relative Home
	  o RF – Resource family home (and Care Provider Relationship to Child is NREFM Guardian, NREFM Non-Guardian, Relative Guardian or Relative Non-Guardian)
	  o CR - County Shelter/Receiving Home (Non EA/AFDC)
	  o CS - Court Specified Home
	  o LG - Legal Guardian
	  o NH - Nonrelative Extended Family Member Home
	  o RH – Relative Home
	  o GD – Guardian Home
	• 'SILP' - When the Facility Type is the following:
	  o SL - Supervised Independent Living.
	• 'STRTP' - When the Facility Type is the following:
	  o ST - Short Term Residential Therapeutic Program.

3. Update the following FFA totals on the Summary sheet to include Foster Family Agency placement type per aid code adjustment totals:
   a. FFA Adjustment Amount +
   b. FFA Adjusted Amount –
   c. FFA Person Count +
   d. FFA Person Count -

Code-298	Short Description
TH	Transitional Housing Placement Program (THPP)
TF	Transitional Housing Placement+FC (THP+FC)
AG	**Foster Family Agency**
AI	Foster Family Agency (Intensive Programs)

AN	Foster Family Agency (Nontreatment)
AT	Foster Family Agency (Treatment)
MD	Multidimensional
SI	Out of State Institutions
RT	Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment)

Note: this change would also be reflected in the FFA grand totals for Adjustment Amount +, Adjustment Amount -, Person Count + and Person Count - at the bottom of the sheet.

4. Update the following FFA totals on the Current Month Summary sheet to include Foster Family Agency placement type per aid code adjustment totals.
   a. FFA Adjustment Amount +
   b. FFA Adjusted Amount –
   c. FFA Person Count +
   d. FFA Person Count -

Code-298	Short Description
TH	Transitional Housing Placement Program (THPP)
TF	Transitional Housing Placement+FC (THP+FC)
AG	**Foster Family Agency**
AI	Foster Family Agency (Intensive Programs)
AN	Foster Family Agency (Nontreatment)
AT	Foster Family Agency (Treatment)
MD	Multidimensional
SI	Out of State Institutions

Code-298	Short Description
RT	Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment)

Note: this change would also be reflected in the FFA grand totals for Adjustment Amount +, Adjustment Amount -, Person Count + and Person Count - at the bottom of the sheet.

5. Update the following FFA totals on the Prior Month Summary sheet to include Foster Family Agency placement type per aid code adjustment totals.
   a. FFA Adjustment Amount +
   b. FFA Adjusted Amount –
   c. FFA Person Count +
   d. FFA Person Count -

Code-298	Short Description
TH	Transitional Housing Placement Program (THPP)
TF	Transitional Housing Placement+FC (THP+FC)
AG	**Foster Family Agency**
AI	Foster Family Agency (Intensive Programs)
AN	Foster Family Agency (Nontreatment)
AT	Foster Family Agency (Treatment)
MD	Multidimensional
SI	Out of State Institutions
RT	Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment)

Note: this change would also be reflected in the FFA grand totals for Adjustment Amount +, Adjustment Amount -, Person Count + and Person Count - at the bottom of the sheet.

2.1.4 Report Location
- **Global: Reports**
- **Local: Scheduled**

- **Task: Fiscal**

2.1.5 Counties Impacted

Only LA county will be impacted by the changes outlined in this section.

2.2 DCFS Claim Data Report

2.2.1 Overview

The DCFS Claim Data report provides a detail listing of all payments, issuances and cancellations during the reporting period for the programs Kin GAP, Foster Care and AAP.

This report will automatically pickup Foster Family Agency claim information. However, some logic changes need to be made to the Facility Category column logic to properly report the claims.

2.2.2 DCFS Claim Data Report Screenshot

Figure 2.2.1 DCFS Claim Data Report Screenshot

*Note: There will be no updates made to the report template except the logo.

2.2.3 Description of Change

1. Update the Facility Category column logic for all sheets so that 'Foster Family Agency' displays when the facility placement type is 'Foster Family Agency'.

Field	Short Description
Facility Category	Displays a Facility Category depending on the Facility Placement Type (Category 298) and, when applicable, the Relationship of Care Provider to Child of the record. Possible Values: • 'Foster Family Agency' – When the Facility Placement Type is one of the following: o TH - Transitional Housing Placement Program (THPP)

- o TF - Transitional Housing Placement+FC (THP+FC)
- o **AG - Foster Family Agency**
- o AI - Foster Family Agency (Intensive Programs)
- o AN - Foster Family Agency (Nontreatment)
- o AT - Foster Family Agency (Treatment)
- o MD - Multidimensional
- o SI - Out of State Institutions
- o RT - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment)
- o RN - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Nontreatment)
- 'Group Home' - When the Facility Type is one of the following:
  - o GH - Group Home
  - o CT - Community Treatment Facility
  - o SG - Out of State Group Home
  - o SR - Out of State Residential Treatment Facilities
- 'Foster Family Home' - When the Facility Type is one of the following:
  - o AH – Adoptive Homes
  - o HO - Foster Family Home
  - o HS - Foster Family Home-Shelter Care
  - o SF - Specialized Foster Family Home
  - o SH - Small Family Home
  - o TS - Tribal Specific Home
  - o RF – Resource Family Home (and Care Provider Relationship to Child is Non-Relative Non-Guardian)
- 'Relative Home' - When the Facility Type is one of the following:
  - o RF – Resource family home (and Care Provider Relationship to Child is NREFM Guardian, NREFM Non-Guardian, Relative Guardian or Relative Non-Guardian)
  - o CR - County Shelter/Receiving Home (Non EA/AFDC)
  - o CS - Court Specified Home
  - o LG - Legal Guardian
  - o NH - Nonrelative Extended Family Member Home
  - o RH – Relative Home
  - o GD – Guardian Home

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	- 'Supervised Independent Living Program' - When the Facility Type is one of the following:
	    o SL - Supervised Independent Living.
	- 'Short Term Residential Therapeutic Program' - When the Facility Type is the following:
	    o ST - Short Term Residential Therapeutic Program.

2.2.4 Report Location

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

2.2.5 Counties Impacted

Only LA county will be impacted by the changes outlined in this section.

2.3 DCFS Overpayment Identified Monthly Report

2.3.1 Overview

The DCFS Overpayment Identified Report provides a monthly detailed list of the overpayment identified and recovery account status to become active during the reporting month.

This report will automatically pickup Foster Family Agency overpayment information. However, some changes need to be made to the Facility Category column logic on the Details sheet and the Person Count and Total Amounts calculations on the Summary sheet to properly report the overpayments.

2.3.2 DCFS Overpayment Identified Monthly Report Screenshot

CalSAWS	DCFS Overpayment Identified Report			
Los Angeles				
Run Date: FEB-01-21 09:36 PM				
Report Month: 01/2021				
Summary				
Program	**Aid Code**	**Facility Category**	**Person Count**	**Total Amounts**
AAP	03	Foster Family Home	0	$835.00
AAP	03	Group Home	1	$24,648.00
AAP	03	Relative Home	0	$62.00
AAP	03		4	$92,620.00
AAP	04	Foster Family Home	0	$3,107.00
AAP	04		0	$5,454.00
Foster Care	40	Foster Family Agency	0	$49,941.00
Foster Care	40	Group Home	0	$9,297.00
Foster Care	40		9	$234,814.53
Foster Care	42	Foster Family Agency	0	$8,583.00
Foster Care	42	Group Home	0	$5,161.00
Foster Care	42		1	$157,306.26
Foster Care	43	Foster Family Agency	0	$25,233.00
Foster Care	43		2	$43,928.00
Foster Care	45	Foster Family Agency	0	$13,346.00
Foster Care	45	Group Home	1	$7,607.00
Foster Care	45		1	$157,229.00
Foster Care	49	Foster Family Agency	0	$26,570.00
Foster Care	49	Group Home	0	$613.00
Foster Care	49		0	$2,341.00
Foster Care	5K	Foster Family Agency	1	$1,702.00
Foster Care	5K	Group Home	0	$436.00
Foster Care	5K		3	$42,540.00

◄ ►   **Summary**   Details   ⊕

Figure 2.3.1 DCFS Overpayment Identified Monthly Report Screenshot

*Note: There will be no updates made to the report template except the logo.

2.3.3 Description of Change

1. Update the Facility Category column logic for the 'Details' sheet so that 'Foster Family Agency' displays when the facility placement type is 'Foster Family Agency'.

Field	Short Description
Facility Category	Displays a Facility Category depending on the Facility Placement Type (Category 298) and, when applicable, the Relationship of Care Provider to Child of the record. Possible Values: • 'Foster Family Agency' – When the Facility Placement Type is one of the following: o TH - Transitional Housing Placement Program (THPP) o TF - Transitional Housing Placement+FC (THP+FC) o **AG - Foster Family Agency** o AI - Foster Family Agency (Intensive Programs) o AN - Foster Family Agency (Nontreatment) o AT - Foster Family Agency (Treatment) o MD - Multidimensional o SI - Out of State Institutions o RT - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Treatment) o RN - Foster Fam Agency Cert Resource Fam Home (FFACRFH) (Nontreatment) • 'Group Home' - When the Facility Type is one of the following: o GH - Group Home o CT - Community Treatment Facility o SG - Out of State Group Home o SR - Out of State Residential Treatment Facilities • 'Foster Family Home' - When the Facility Type is one of the following: o AH – Adoptive Homes o HO - Foster Family Home o HS - Foster Family Home-Shelter Care o SF - Specialized Foster Family Home o SH - Small Family Home o TS - Tribal Specific Home

	- o RF – Resource Family Home (and Care Provider Relationship to Child is Non-Relative Non-Guardian) 'Relative Home' - When the Facility Type is one of the following: - o RF – Resource family home (and Care Provider Relationship to Child is NREFM Guardian, NREFM Non-Guardian, Relative Guardian or Relative Non-Guardian) - o CR - County Shelter/Receiving Home (Non EA/AFDC) - o CS - Court Specified Home - o LG - Legal Guardian - o NH - Nonrelative Extended Family Member Home - o RH – Relative Home - o GD – Guardian Home 'Supervised Independent Living Program' - When the Facility Type is one of the following: - o SL - Supervised Independent Living. 'Short Term Residential Therapeutic Program' - When the Facility Type is the following: - o ST - Short Term Residential Therapeutic Program.

2. On, the Summary' sheet, which displays the total overpayments grouped by aid code and facility category, update the Foster Family Agency facility category to include the Foster Family Agency facility placement type ('AG') in the calculation of Person Count and Total Amounts.

2.3.4 Report Location
- **Global: Reports**
- **Local: Scheduled**
- **Task: Fiscal**

2.3.5 Counties Impacted
Only LA county will be impacted by the changes outlined in this section.

2.4 DCFS Overpayment Distribution Monthly Report

2.4.1 Overview

The DCFS Overpayment Distribution Monthly Report provides a monthly detailed list of the overpayment distributions during the report month.

The DCFS Overpayment Distribution Monthly Report will automatically pickup Foster Family Agency overpayment distribution information. However, some changes need to be made to the Facility Type Category column logic in the Details sheet and the Person Count and Total Amounts calculations in the summary sheet to properly report the overpayments.

2.4.2 DCFS Overpayment Distribution Monthly Report Screenshot

CalSAWS DCFS Overpayment Distribution Monthly Report

Los Angeles
Run Date: FEB-01-21 10:19 PM
Report Month: 01/2021
Collection Summary

Program	Aid Code	Facility Type Category	Transaction Type	Person Count	Total Amounts
AAP	03	Adoptive Homes	Back Out	0	$ -
AAP	03	Adoptive Homes	Void	0	$ 54,938.00
AAP	03	Group Home	Back Out	0	$ (2,195.00)
AAP	03	Group Home	Terminated	0	$ 15,200.00
AAP	03	Group Home	Void	0	$ 1,919.00
AAP	04	Adoptive Homes	Back Out	0	$ (4.00)
AAP	04	Adoptive Homes	Terminated	0	$ 16.00
AAP	04	Adoptive Homes	Void	0	$ 8,545.00
Foster Care	40	Adoptive Homes	Check	0	$ 56,722.00
Foster Care	40	Adoptive Homes	Void	0	$ 8,715.00
Foster Care	40	Community Treatment Facility	Check	0	$ 2,293.00
Foster Care	40	Foster Family Agency (Intensive	Back Out	0	$ (151.00)
Foster Care	40	Foster Family Agency (Intensive	Check	0	$ 64,511.00
Foster Care	40	Foster Family Agency (Intensive	Void	0	$ 12,059.00
Foster Care	40	Foster Family Agency (Nontreat	Back Out	0	$ (14.00)
Foster Care	40	Foster Family Agency (Nontreat	Check	1	$ 77,980.00
Foster Care	40	Foster Family Agency (Nontreat	Terminated	0	$ (2,351.00)
Foster Care	40	Foster Family Agency (Nontreat	Void	0	$ 9,109.00
Foster Care	40	Foster Family Agency (Treatmer	Check	0	$ 1,359.00
Foster Care	40	Foster Family Agency (Treatmer	Terminated	0	$ 70.00
Foster Care	40	Foster Family Agency (Treatmer	Void	0	$ 14,800.00
Foster Care	40	Group Home	Back Out	0	$ (4,171.00)
Foster Care	40	Group Home	Check	0	$ 200,983.00
Foster Care	40	Group Home	Void	0	$ 19,951.00
Foster Care	42	Adoptive Homes	Check	0	$ 14,510.00

◄ ►   **Summary**   Detail   ⊕

Figure 2.4.1 DCFS Overpayment Distribution Monthly Report Screenshot

*Note: There will be no updates made to the report template except the logo.

2.4.3 Description of Change

1. Update the Facility Type Category column logic for the 'Details' sheet so that 'Foster Family Agency' displays when the facility placement type is 'Foster Family Agency'.
2. Update the logic of the Summary sheet to include the facility placement type 'Foster Family Agency' as a Facility Type Category for calculating the total 'Person Count' and 'Total Amounts' of each

unique combination of program, aid code, facility type category and payment method.

2.4.4 Report Location

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

2.4.5 Counties Impacted

Only LA county will be impacted by the changes outlined in this section.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	Retroactive Aid Code Adjustment Detail Report	Retroactive Aid Code Adjustment Detail Rep
2	Reports	DCFS Claim Data Report	DCFS Claim Data Report Mockup
3	Reports	DCFS Overpayment Identified Monthly Report	DCFS Overpayment Identified Monthly Re
4	Reports	DCFS Overpayment Distribution Monthly Report	DCFS Overpayment Distribution Monthly I
5	Reports	DCFS Facility Category Mapping Code	Facility Category Mapping Code

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.2.1	LRS shall produce reports daily, weekly, monthly, quarterly, semi-annually, annually, and as needed, as specified by COUNTY.	The report satisfies a need to generate a report to assist in reconciling issuances for Group Home and FFA expenditures.

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

N/A

7   APPENDIX

N/A

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-221853

FCED: Phase 2

Automated Regression Test

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	William Baretsky
	Reviewed By	JoAnne Osborn, Sharon Teramura

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/16/2020	1.0	Initial Revision	William Baretsky

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1   OVERVIEW

This design outlines modifications to the Automated Regression Test (ART) scope to include coverage of additional FCED functional scenarios. The scenarios defined within this design document will be incorporated into the Regression Test Suite either through the creation of new test scripts, or by updating existing test scripts that are already present in the Regression Test Suite at the time of implementation.

1.1   Current Design

The Regression Test Suite provides functional test coverage of the primary CalSAWS online transactions based on usage data from the production system. This includes limited coverage of the Foster Care (FC) program and associated online data collection and EDBC functionality.

1.2   Requests

Add coverage of a subset of the online page and EDBC rules functionality associated to the next phase of the CalSAWS FCED implementation into the Regression Test Suite.

This includes the following FCED implementation SCRs:

- CA-215445 – FCED: Add Personal and Incidental Expenses to RCV Rate
- CA-215443 – FCED: Add soft validation for FC/AAP/KG programs on the Run EDBC page

1.3   Overview of Recommendations

Add ART coverage of the inclusion of the Personal and Incidental Expense values in the Regional Center Vendorized (RCV) rate.

Add ART coverage of the Run EDBC soft validation for the AAP, FC, and Kin-GAP programs when Birth Country or Citizenship information is missing.

1.4   Assumptions

1. No technical enhancements to the CAT Framework or Regression Test Suite orchestration will be made under this SCR: Batch job execution, PDF form content, and Report validation is out of scope.

2 RECOMMENDATIONS

This section will outline the targeted scope of the FCED regression test scenarios to be added into the Regression Test Suite for the LRS/CalSAWS System.

2.1 Add ART coverage of CA-215445 – FCED: Add Personal and Incidental Expenses to RCV Rate

2.1.1 Overview

CA-215449 implements:

1. The option to select Personal and Incidental expenses when setting a RCV rate

This section outlines the new ART coverage of this functionality in the LRS/CalSAWS System.

2.1.2 Description of Changes

Create automated scripts to cover each of the following scenarios:

Scenario 1:

➢ **Purpose:** Verify that when Foster Care (FC) EDBC is run for a Child Placement with a rate type of 'Regional Center Vendorized' with the 'Personal and Incidental expenses' indicator selected, this expense value is included in the rate calculation.

Scenario 2:

➢ **Purpose:** Verify that when Foster Care (FC) EDBC is run for a Child Placement with a rate type of 'Regional Center Vendorized' with the 'Personal and Incidental expenses' indicator not selected, this expense value is not included in the rate calculation.

2.2 Add ART coverage of CA-215443 – FCED: Add soft validation for FC/AAP/KG programs on the Run EDBC page

2.2.1 Overview

CA-215443 implements:

1. A new soft validation message on the Run EDBC page when an AAP, Foster Care, or Kin-GAP program is selected and birth country/citizenship information is not entered for at least one applicant

This section outlines the new ART coverage of this functionality in the LRS/CalSAWS System.

2.2.2 Description of Changes

Create automated scripts to cover each of the following scenarios:

Scenario 1:

➢ **Purpose:** Verify that the appropriate validation message displays when attempting to run EDBC for an AAP program when birth country/citizenship information is not specified for an applicant through the Individual Demographics Detail and Citizenship Status Detail pages. Verify that this is a soft validation that allows EDBC to be run.

Scenario 2:

➢ **Purpose:** Verify that the appropriate validation message displays when attempting to run EDBC for a Foster Care program when birth country/citizenship information is not specified for an applicant through the Individual Demographics Detail and Citizenship Status Detail pages. Verify that this is a soft validation that allows EDBC to be run.

Scenario 3:

➢ **Purpose:** Verify that the appropriate validation message displays when attempting to run EDBC for a Kin-GAP program when birth country/citizenship information is not specified for an applicant through the Individual Demographics Detail and Citizenship Status Detail pages. Verify that this is a soft validation that allows EDBC to be run.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-221962 | DDID 1967

Update MEDS Alert Configurability for Case Updates and add Other Program Assistance page validation

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	G. Limbrick
	Reviewed By	Amy Gill

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/7/2021	1.0	Initial	G. Limbrick

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1 OVERVIEW

This SCR will update the MEDS Alerts automatic Case Updates functionality to be configurable by county, so that counties can make the Case Updates Active or Inactive individually for their specific county.

This SCR will also add validation to the Other Program Assistance page to prevent a person from having multiple SSI and/or SSP Other Program Assistance records at the same time.

1.1 Current Design

MEDS Automated Action Configurability was introduced with CA-210615.

MEDS Alerts with Alert Type of Critical (CRITICL), Priority Accept (PRI-ACC), Priority Alert (PRI-ALT), and Priority Reject (PRI-REJ), and any associated automatic Case Updates, are enabled for all counties and cannot be made Inactive, although the associated Tasks are configurable by county.

The Other Program Assistance (OPA) page currently allows a person to have multiple records for SSI Only, SSI/SSP, and/or SSP Only during the same time frame.

1.2 Requests

Update the automatic Case Update functionality to be configurable by county so that counties can make the automated Case Updates Active or Inactive to match the Task configurability. Note: MEDS Alerts with Alert Type of Critical (CRITICL), Priority Accept (PRI-ACC), Priority Alert (PRI-ALT), and Priority Reject (PRI-REJ) will remain Active for all counties, only the Case Updates and Tasks should be configurable.

Update the Other Program Assistance page to prevent multiple records during the same time period for SSI Only, SSI/SSP, and/or SSP Only.

1.3 Overview of Recommendations

1. Automatic Case Updates associated to MEDS Alerts with an Alert Type of Critical (CRITICL), Priority Accept (PRI-ACC), Priority Alert (PRI-ALT), and Priority Reject (PRI-REJ) will now be able to be made Inactive at the county level.
2. Case Update Status for SSI-related MEDS Alerts will be set to Inactive for the 57 Migration Counties.
3. Add validation to prevent SSI Only, SSI/SSP, or SSP Only type Other Program Assistance records being added for a person during the same timeframe as an existing record of any of these types.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 MEDS Alert Admin Detail

2.1.1 Overview

Going forward any changes made to the Case Update Status for a MEDS Alert will apply only to the county of the logged in user making the change. Automatic Case Updates associated to MEDS Alerts including those with an Alert Type of Critical (CRITICL), Priority Accept (PRI-ACC), Priority Alert (PRI-ALT), and Priority Reject (PRI-REJ) will now be able to be made Inactive at the county level.

2.1.2 Page Mockup

N/A – No Page changes

2.1.3 Description of Changes

1. Configure the Case Update Status field on the MEDS Alert Admin Detail page to be configurable for each individual County separately.
   a. Set the 'Case Update Status' to "Inactive" for the following MEDS Alerts for the 57 non Los Angeles Counties:

Alert ID	Alert Description	Case Update Description
2046	SDX/COUNTY CONFLICT - RECORD UNDER FEDERAL CONTROL	SSI recipient information is updated for the person CIN.
9014	HISTORY SSI/SSP ELIGIBILITY ESTABLISHED	SSI recipient information is updated for the person CIN.
9015	CURRENT SSI/SSP PAYMENT OR ELIG-STATUS CHANGE REPORTED	SSI recipient information is updated for the person CIN
9019	MEDS SHOWS FOOD STAMP CLIENT CURRENTLY RECEIVING SSI/SSP	SSI recipient information is updated for the person CIN.
9506	SDX HAS ASSUMED RESPONSIBILITY FOR THIS RECORD	SSI recipient information is updated for the person CIN.
9518	MEDS SHOWS FOOD STAMP CLIENT CURRENTLY RECEIVING SSI/SSP	SSI recipient information is updated for the person CIN.

b. For all other Alerts, the current selection of this field will not be changed but will remain in effect for the individual counties until/unless they are changed.

c. Going forward any change made on the MEDS Alert Admin Detail page will apply only to the county of the logged in user. This will allow each individual county to decide whether Case Updates should apply automatically or require a worker to action the case.

2.1.4 Page Location

- **Global: Admin Tools**
- **Local: Admin**
- **Task: MEDS Alert Admin**

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Other Program Assistance Detail

2.2.1 Overview

Add validation to prevent SSI Only, SSI/SSP, or SSP Only type Other Program Assistance records being added for a person during the same timeframe as an existing record of any of these types.

2.2.2 Other Program Assistance Detail Mockup

Other Program Assistance Detail

✱- Indicates required fields   [Save and Add Another]   [Save and Return]   [Cancel]

- **Type of Assistance** - **There is already an Other Program Assistance record for SSI Only, SSI/SSP or SSP Only for the selected person during the time period selected.**

Name: ✱
[testing, testing 16M ▾]   [Retrieve Information]

Type of Assistance: ✱   **Amount or Value of Services:**
[- Select - ▾]   [   ]

State: **Re-Evaluation Due Date:**
[▾]   [📅]

Aid Code:
[▾]

Begin Date: ✱   **End Date:**
[01/01/2021 📅]   [📅]

Is this record for a child who lived with his/her parent(s)?:
[- Select - ▾]

Verified: ✱
[Pending ▾] [View]

                                   [Save and Add Another]   [Save and Return]   [Cancel]

2.2.3 Description of Changes

1. Add Validation to the 'Type of Assistance' dropdown: if the 'Save and Add Another' button or the 'Save and Return' button is pressed and the 'Type of Assistance' selected is "SSI Only", "SSI/SSP" or "SSP Only" logic will check that the new OPA record will not overlap the timeframe of an existing OPA record of any of these types, for the same person. If the check fails, display the validation message: "Type of Assistance – There is already an Other Program Assistance record for SSI Only, SSI/SSP or SSP Only for the selected person during the time period selected."

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Other Prog. Assist.**

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

N/A

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 Automated Regression Test

2.3.1 Overview

Create new automated regression test scripts to verify the configurability on the MEDS Alert Admin Detail page, and the validation message on the Other Program Assistance Detail page.

2.3.2 Description of Changes

1. Create new scripts to verify that:
   a. The Case Update Status can be updated for an applicable record on the MEDS Alert Admin Detail page
   b. This update is not applied to all counties
2. Create new scripts to verify that the appropriate validation message displays on the Other Program Assistance Detail page when attempting to save a new record for the same date range as an existing record with one of the applicable SSI / SSP types. All six combinations should be verified:
   a. Existing: SSI Only; New: SSI/SSP
   b. Existing: SSI Only; New: SSP Only
   c. Existing: SSI/SSP; New: SSI Only
   d. Existing: SSI/SSP; New: SSP Only
   e. Existing: SSP Only; New: SSI Only
   f. Existing: SSP Only; New: SSI/SSP

3   REQUIREMENTS

3.1   Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
1967	As Side-by-Side sessions were focused on comparing the front end (online pages) functionality of the application, the CONTRACTOR shall budget an allowance of twenty-nine thousand, one hundred fifty-five hours (29,155) to accommodate for any Unforeseen differences in the code base that result in additional requirements. The requirements for the allowance of hours must be finalized and approved by the CONSORTIUM for the CONTRACTOR to meet design, build and System Test milestones, subject to the requirements meeting requirements in the LRS Agreement. As the requirements for the designated SCRs are identified, the SCRs will be calculated by the CONTRACTOR and reviewed and prioritized by the CONSORTIUM for approval through the County Change Control Board process.	- Estimates will include the necessary Tasks in the software development lifecycle required to implement the CalSAWS DD&I SCR including deployment and change management. - For the new requirements to be included with CalSAWS DD&I UAT preparation activities (targeted to begin April 2021 for C-IV), the requirements for the unforeseen Differences allowance hours must be finalized, approved by the CONSORTIUM and added to the CalSAWS DD&I SOR by July 1, 2020 for the CONTRACTOR to meet design, build and System Test milestones.	Added new functionality to allow counties to configure MEDS Alerts and associated Automated Actions.

CalSAWS

California Statewide Automated Welfare System

Design Document

SCR CA-223277 – Update LA County Web Services to Include County Code

Table of Contents

1 OVERVIEW

County Code will be added to all listed webservices business logic and driving queries for Los Angeles county only services to prepare for the migration of C-IV and Calwin cases. County code checks are needed to ensure the correct cases specific to LA county are identified by each webservice. We are implementing county code checks for all of the following partners:

- YBN
- IVR
- EDMS
- CSC/Lagan

1.1 Current Design

LRS case numbers are unique identifiers for specific cases. However, C-IV and Calwin case numbers may overlap with LRS case numbers. Once migration of C-IV and Calwin is complete, CalSAWS case numbers will no longer be unique identifiers.

1.2 Requests

To avoid impact during migration, county code checks will be added to webservices. When combined with county code, case numbers become unique identifiers for CalSAWS.

1.3 Overview of Recommendations

The recommendations for the SCR are to add county code checks to the following webservices:

1. Accounts (Inbound)
    a. resetPin
    b. getCustomerContactDetails
    c. updateCustomerContactDetails
    d. emailVerification
    e. emailConfirmation
    f. getCustomerIdPin
2. ApplicationTransfer (Inbound)
    a. voterDetails
    b. duplicateGRApplication
    c. prepopulateGrApplication
3. Appointments (Inbound)
    a. getPendingAppointments
4. CaseInquiry (Inbound)
    a. getEbtDetails
    b. getEbtHistory
    c. getParticipantData
5. Notices (Inbound)
    a. getAvailableNotices

b. getNotice
6. IVR (Inbound)
   a. getCustomerIDPin
7. ApplicationUpdate (Outbound)
   a. updateApplicationStatus
   b. updatePin
8. FormsService (Outbound)
   a. updateFormStatus
   b. sendForm
9. TransferApplication (Outbound)
   a. appMissingVerifs
10. EDMS (Outbound)
   a. dpssQuery
   b. importPackage
   c. downloadFile
11. CSC (Outbound)
   a. taskOwnerUpdate
   b. taskClose

1.4 Assumptions

N/A

2   RECOMMENDATIONS

This SCR will ensure case numbers are unique through use of county code checks for the listed webservices.

2.1   Interface : YBN, IVR, EDMS, CSC/Lagan

2.1.1   Overview

Inbound and outbound webservices will add county code checks to ensure the correct cases are used after migration of C-IV and Calwin counties.

2.1.2   Description of Change

Inbound and outbound webservice code will be modified to add county code checks in the business layer. Additionally, queries will be modified to make use of these county code checks. There will not be any functional changes. The full list of webservices being modified is as follows:

1. Accounts (Inbound)
   a. resetPin
   b. getCustomerContactDetails
   c. updateCustomerContactDetails
   d. emailVerification
   e. emailConfirmation
   f. getCustomerIdPin
2. ApplicationTransfer (Inbound)
   a. voterDetails
   b. duplicateGRApplication
   c. prepopulateGrApplication
3. Appointments (Inbound)
   a. getPendingAppointments
4. CaseInquiry (Inbound)
   a. getEbtDetails
   b. getEbtHistory
   c. getParticipantData
5. Notices (Inbound)
   a. getAvailableNotices
   b. getNotice
6. IVR (Inbound)
   a. getCustomerIDPin
7. ApplicationUpdate (Outbound)
   a. updateApplicationStatus
   b. updatePin
8. FormsService (Outbound)
   a. updateFormStatus
   b. sendForm
9. TransferApplication (Outbound)

        a. appMissingVerifs
10. EDMS (Outbound)
        a. dpssQuery
        b. importPackage
        c. downloadFile
11. CSC (Outbound)
        a. taskOwnerUpdate
        b. taskClose

2.1.3 Execution Frequency

Real Time

2.1.4 Key Scheduling Dependencies

N/A.

2.1.5 Counties Impacted

Los Angeles County.

2.1.6 Interface Partner

YBN, IVR, EDMS, CSC/Lagan

3 SUPPORTING DOCUMENTS

[This section should include any supporting documents for the design as imbedded documents. Some examples of supporting documents include the Security Matrix, Form Design Documents, NOA Design Documents, and ETL Source-to-Target Mappings.]

Number	Functional Area	Description	Attachment

Conversion 7 Build Out

Table of Contents

PURPOSE

The purpose of this Document is to document the objects and actions to build out the Con7 environment. The Con7 environment is used for C-IV Mock Conversion and then will transition to CalWIN Mock Conversion. It has a need by date of 2/1/2021 and an end date of 6/30/2023. It will be built in the Accenture Application Development account.

PARENT TBCR

Number	Name	Date of Approval
55	Con7 Buildout	TBD

Instance Creation Tasks

1. Create Apache Web Server EC2 via CFN Script (to be developed as part of this change)
2. Deploy and configure OS/Apache via Ansible Playbooks
3. Create Weblogic EC2 via CFN Script (to be developed as part of this change)
4. Deploy and configure OS/Weblogic via Ansible Playbooks
5. Create Apache ALB (internal and External) via CFN Script (to be developed as part of this change)
6. Create Weblogic ALB via CFN Script (to be developed as part of this change)
7. Create Route 53 entries via CFN Script (to be developed as part of this change)
8. Create s3 encrypted bucket via AWS Service Catalog
9. Create Database Server via Cloud Formation Scripts
10. Apply latest DB patches
11. Deploy Con7 config files and deploy latest CalSAWS release
12. Create new Batch Folder for Con7 on cCon-Bat1
13. Update Analytics STG RDS inbound group to accept traffic on port 3306 from new App Server IP address via CFN Script (to be developed as part of this change)

Network Change Tasks

1. Create cert for Con7.calsaws.net and DNS entry via CFN Script (to be developed as part of this change)
2. Validate Con7.calsaws.net cert in Route 53 (Shared Services)
3. Create domain for Con7.calsaws.net in CalACES Active Directory DNS pointed to new Con7 external LB DNS name
4. Enable Con7 on the Extranet
   a. Assign Extranet IP 67.21.40.160 to Con7
   b. Add Con7 internal LB DNS name as n F5 pool member
   c. Create F5 Extranet VIP for 67.21.40.160 on Port 80 with point to Con7 F5 pool name
   d. Create F5 Extranet VIP for 67.21.40.160 on Port 443 with point to Con7 F5 pool name
5. WAF CF template
   a. Deploy the "waf2-county-access.cf.json" CloudFormation template in App Dev
   b. Associate the Con7 external LB with the WAF

Instances

Name	OS	Size	Purpose
cCon7_apache-Web1	RHEL 7	c5.large	Apache Web Server
cCon7-Online1C0	RHEL 7	r5.xlarge	Weblogic Application Server
cCon07-MainDB1	RHEL 7	r5.8xlarge	Oracle Database Server

Load Balancers

Name	Type
cCon7-Web	ALB
cCon7-Web-External	ALB
cCon7-Online	ALB

S3 Buckets

Name	Encryption Key
cCon7-docrepo.appdev.aws.calsaws.net	DEV-PII-P2 Customer managed Key

Security Groups

Object	Security Group
cCon7_apache-Web1	NetSec
cCon7_apache-Web1	cDev-Web
cCon7_apache-Web1	cCon7_apache-Web
cCon7-Online1C0	NetSec
cCon7-Online1C0	cDev-Online
cCon7-Online1C0	cCon7-Online
cCon7-Web	cCon7-Web
cCon7-Online	cCon7-Online
cCon07-MainDB1	NetSec
cCon07-MainDB1	DB_SG_APPDEV

*These instances will be updated with security groups have tight, narrow, explicit inbound and outbound rules during the network hardening project.

DNS

URL
con7.calsaws.net

Automation PSEUDO CODE

EC2 Instance Creation CFN

1. Create EC2
2. Add Tags
3. Create and assign Security Groups

EBS Creation CFN

1. Create Volumes
2. Add Tags
3. Attach to EC2

ELB Creation CFN

1. Create ALB/NLB
2. Add Tags
3. Create Target Groups
4. Assign Targets
5. Configure Listeners
6. Create and assign Security Groups

Route 53 Create CFN

1. Create Record DNS
2. Add Load Balancer

The Apache Ansible playbooks do the following:

1. Create Users
2. Install Apache
3. Install Splunk forwarder
4. Configure Splunk forwarder
5. Create ALB and attach Security Groups
6. Configure ALB
7. Create Route 53 config

The Weblogic Ansible playbooks do the following

1. Create Users
2. Install Java/Weblogic
3. Install Splunk forwarder
4. Configure Splunk forwarder
5. Create ALB and attach Security Groups
6. Configure ALB

7. Create Route 53 config

The DB Cloud Formation Scripts do the following
1. Create EC2 instance.
2. Create all EBS volumes.
3. Set email, NTP, CloudWatch Agent configuration.
4. Copy Oracle Install Software and patches from S3.
5. Format all Database disks.
6. Install Grid Infrastructure.
7. Patch Grid Infrastructure.
8. Add all database disks to ASM.
9. Install Oracle Home.
10. Patch Oracle Home.
11. Install Oracle Secure Backup libraries.
12. Create the database
13. Create route 53 entry for the server.
14. Remove all Oracle Install Software and patches.

The Network Cloud Formation Scripts do the following
1. Create WAF
2. Create and associate rules
3. Create Certificate
4. Create DNS Entry

TEST CRITERIA AND RESULTS

Tech Ops Team will login to con7 and do component level smoke testing. Environment will be turned over to Conversion for testing and acceptance.

PEER REVIEW DETAILS

No.	Name	Date
	Nemai Mondal	1/8/2021
	Marcelo Burgoa	1/8/2021
	Wildzfor Balan	1/8/2021

APPENDIX

A. Automation Scripts

Name	Step	Location
EC2 Creation CFN	AWS Provisioning	To be developed

EBS Creation CFN	AWS Provisioning	To be developed
ELB Creation CFN	AWS Provisioning	To be developed
Route 53 Creation CFN	AWS Provisioning	To be developed
Certificate and DNS CNF	AWS Provisioning	To be developed
create-sudo-user.yml	Apache	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
1_Install_Online_Apache.yml	Apache	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
1_Splunk_Cloud_Forwarder_Version_Upgrade_n_Configuration.yml	Apache	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
3_Splunk_Forwarder_Addon_for_OS_Resources.yml	Apache	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
create-sudo-user.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
2_jdk_installation.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
3_weblogic_installation.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
2_Memcached_server_installation.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
6_Online_Main_WLS_Domain_Creation.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
1_Splunk_Cloud_Forwarder_Version_Upgrade_n_Configuration.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
3_Splunk_Forwarder_Addon_for_OS_Resources.yml	Weblogic	https://code.calsaws.net/projects/CA/repos/tech_ops_ansible/browse?at=refs%2Fheads%2Fdevelopment
EC2.yaml	Database	https://code.calsaws.net/projects/CA/repos/dba/browse/CloudFormationScripts
BootStrapRH7.sh	Database	https://code.calsaws.net/projects/CA/repos/dba/browse/CloudFormationScripts

GI12cInstallRH7.sh	Database	https://code.calsaws.net/projects/CA/repos/dba/browse/CloudFormationScripts
OH12cBootStrapRH7.sh	Database	https://code.calsaws.net/projects/CA/repos/dba/browse/CloudFormationScripts
DB12cBootStrapRH7.sh	Database	https://code.calsaws.net/projects/CA/repos/dba/browse/CloudFormationScripts
waf2-county-access.cf.json	WAF	https://code.calsaws.net/projects/CA/repos/netsec/browse/cloudformation/waf2-county-access.cf.json?until=b9a830b49e36a9d6e2f906b045d5f76713c66ccf&untilPath=cloudformation%2Fwaf2-county-access.cf.json

B. Environment Diagram

Con7 Infrastructure Diagram
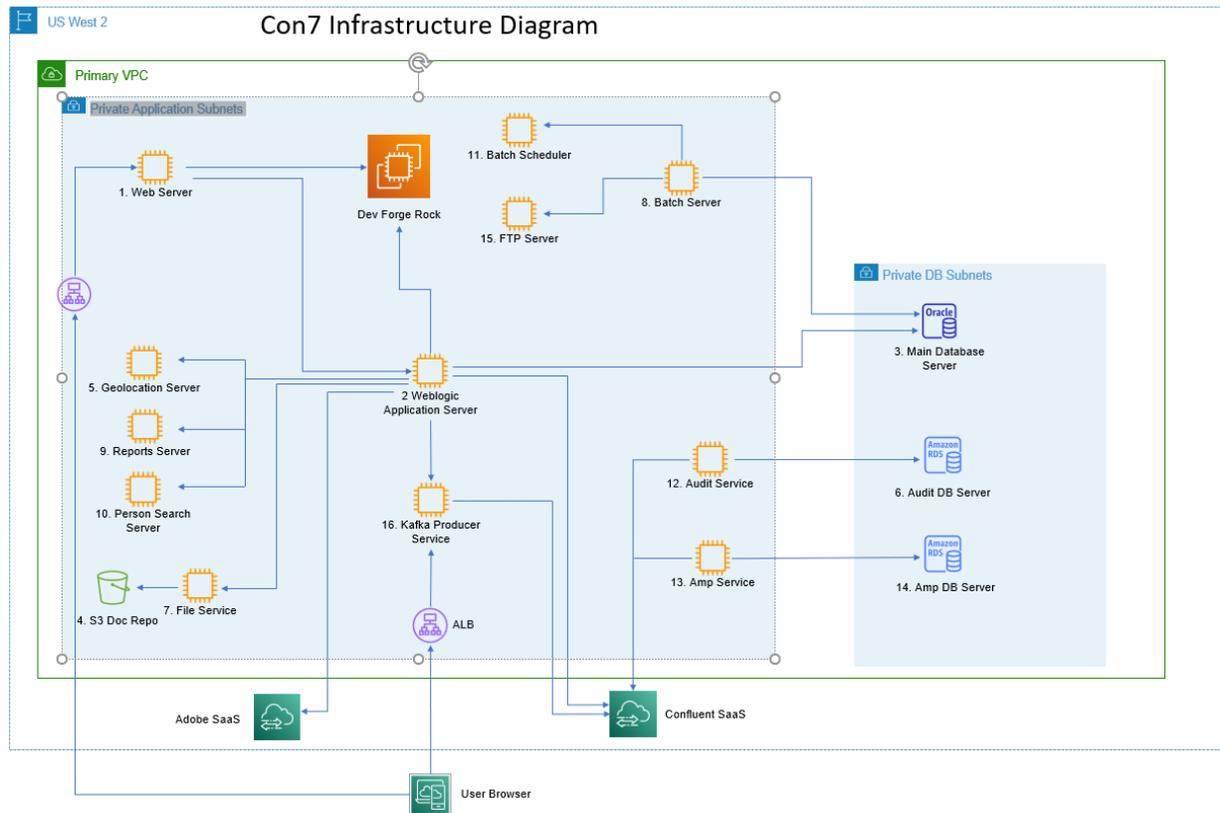
Components in Green are dedicated for Con7
Components in Red are dedicated to Conversion environments
Components in Black are shared across many dev environments

Component	Name
1. Web Server	cCon7_apache-Web1
2. Application Server	cCon7-Online1C0
3. Main Database Server	cCon7-MainDB1
4. S3 Doc Repo	ccon7-docrepo.appdev.aws.calsaws.net
5. Geolocation Server	cDev-Map1
6. Audit DB Server	audit (RDS)
7. File Service	cCon-File-Service
8. Batch Server	cCon1-Bat1
9. Reports Server	cDev-BIP1
10. Person Search Server	cDev-Pers1_2
11. Batch Scheduler	cCon1-BatSch1
12. Audit Service	cDev-Auditor
13. Amp Service	cDev-Amp
14. Audit Service	cDev-Auditor
15. FTP Server	cDev-FTP1
16. Kafka Producer Service	cDev-Kafka-Producer-Service