

# CalSAWS

California Statewide Automated Welfare System

## **Design Document**

CA-215920 | DDID 2314 | DDID 2319

Add Common – “CalSAWS 2” NOA – “Denial” to  
the Template Repository

<b>CalSAWS</b>	<b>DOCUMENT APPROVAL HISTORY</b>	
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	Reviewed By	

<b>DATE</b>	<b>DOCUMENT VERSION</b>	<b>REVISION DESCRIPTION</b>	<b>AUTHOR</b>
02/09/2021	1.0	Initial Version	Cathay Lawrence
3/8/2021	2.0	Updated document based on WCDS and CalSAWS feedback.	Cathay Lawrence
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# 1 OVERVIEW

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## 1.1 Current Design

The common "CalSAWS 2-Denial" NOA is not available in the LRS/CalSAWS system.

## 1.2 Requests

The system change request will add the new "CalSAWS 2-Denial" NOA to LRS/CalSAWS. New NOA template and fragments will be added as well.

## 1.3 Overview of Recommendations

1. Add "CalSAWS 2-Denial" - NOA to the LRS/CalSAWS Template Repository.

## 1.4 Assumptions

1. "CalSAWS 2-Denial" NOA will have the LRS/CalSAWS Standard Header.
2. The NOA will be implemented in the languages that are available in CalWIN.
3. The NOA template and fragments (NOA Header Text, Body Text, Footer Text, Rules, Hearings Text, Back Page) depicted in this document are meant to provide a starting point for non-CalWIN counties to copy and customize, so that the GA/GR NOA(s) are tailored to the county's needs. The NOA text in this document refers to both General Assistance and General Relief as the program name, however the actual county NOA will only reference the program name as specified by the county.

## 2 RECOMMENDATIONS

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### 2.1 Add “CalSAWS 2” -- “Denial” to the Template Repository

#### 2.1.1 Overview

Add the common form “CalSAWS 2-Denial” to the LRS/CalSAWS Software. The “CalSAWS 2-Denial” NOA will be made available in the Template Repository.

**County NOA:** CalSAWS 2-Denial

**Program:** General Assistance/General Relief

**Attached Forms:** N/A

**Category:** NOA

**Languages:** The available languages are associated at the Reason Code level. Refer to section 2.1.6 below for the available languages by Reason Code.

#### 2.1.2 Description of Change

Create a new “CalSAWS 2” – “Denial” NOA that can be generated from the Template Repository.

1. Create the “CalSAWS 2-Denial” NOA with 2 impressions. 1<sup>st</sup> page will have “CalSAWS 2-Denial” and the 2<sup>nd</sup> page will have the common Back page noted in section 2.1.12 below.

**NOA Header:** GAGR Standard Header

**NOA Title:** Denial

**NOA Number:** CalSAWS 2

**Include County Back Page:** No

**NOA Mockups:** Please refer to Section 3.0 – Supporting Documents.

2. Add “CalSAWS 2-Denial” NOA to the Template Repository with the following parameters.

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

The Language input on the Document Parameters page will be requested language. If the GAGR Correspondence Service does not have correspondence in the requested language, then the document will be rendered in English.

“CalSAWS 2-Denial” NOA will be pre-populated with Reason Code text and the (existing CalWIN) variables associated to the document as it generated from the GAGR Correspondence Service repository. LRS/CalSAWS Standard Header will be populated with worker and case information.

3. Add the following barcode options to the “CalSAWS 2-Denial” NOA:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

4. Add the following print options to the “CalSAWS 2-Denial” NOA:

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

**Mailing Requirements:**

Mail-To (Recipient): Primary Applicant of the Program selected on the Document parameter page.

Mailed From (Return): Worker's Office Address of General Assistance program

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: N/A

**Additional Requirements:**

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: N/A

Post to Self Service Portal (SSP): Yes

**2.1.3 NOA Fair Hearing Text**

The NOA Fair Hearing is created as a paragraph in Exstream.

Fair Hearing	Supporting Document
Common_Hearing-00-Main	Questions? Ask your Worker.

Fair Hearing	Supporting Document
	<p><b>County Hearing:</b> If you think this action is wrong, you can ask for a county hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.</p>

### 2.1.4 NOA Header (Action) Text

The NOA Header is created as a paragraph in Exstream.

Header ID	Header Text
H-75393	<p>As of &lt;Application_date_case_pgm_using_Case_ID &gt; the County has denied your application for General Assistance/General Relief. Here's why: *</p>

\*While this NOA Body Text refers to General Assistance/General Relief as the program name, counties may customize NOA Header Texts and tailor to their county needs.

### 2.1.5 NOA Header (Action) Variables

CalWIN Variable Description	Variable Name
Application date fetched with Case ID	Application_date_case_pgm_using_Case_ID

### 2.1.6 NOA Body (Action) Text

The NOA Body Text is created as a paragraph in Exstream.

Reason Code	NOA Action	Body Text ID	Body Text	Reason Description	Languages
NM0883	Denial	T-75394	<p>You did not attend the medical appointment scheduled for you on &lt;Man_Date_of_appointment&gt;. *</p>	<p>Manually generated CalSAWS - 2 Denial NOA</p>	EN

**Languages Legend:** Armenian (AE), Arabic (AR), Cambodian (CA), Cantonese (CN), English (EN), Farsi (FA), Hmong (HM), Korean (KO), Lao (LA), Russian (RU), Spanish (SP), Tagalog (FI), Vietnamese (VI)

\*While this NOA Body Text is for a specific situation, counties may customize NOA Body Texts.

### 2.1.7 NOA Body (Action) Variables

Variable Description	Variable Name
Date of appointment	Man_Date_of_appointment

### 2.1.8 NOA Rules (Regulations) Text

The NOA Rules (Regulations) associated to the Reason Code.

Reason Code	Body Text ID	Rule Type	Rule Text
NM0883	T-75394	GAGR Manual Section(s)	50-1 II A.3, 50-1 III B *

\*While this NOA Rules Text is for a specific section, counties may customize NOA Rules Text.

### 2.1.9 NOA Footer (CalSAWS Message) Text

The NOA Footer is created as a paragraph in Exstream.

Footer ID	Footer Text
F-75395	<p><b>Medi-Cal:</b> This notice DOES NOT change or stop Medi-Cal Benefits. <b>Keep using your plastic Benefits Identification Card(s).</b> You will get another notice telling you about any changes to your health benefits.</p> <p><b>CalFresh:</b> This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.</p> <p>Receiving Medi-Cal and/or CalFresh only DOES NOT count against your cash aid time limits.</p>

### 2.1.10 NOA Footer Variables

Variable Description	Variable Name
NOA Footer Text does not include variables*	

\*Although this NOA Footer Text does not include variables, counties may customize NOA Footers to include Footer Variable(s).

### 2.1.11 NOA Budget Text

The NOA Budget is created as a paragraph in Exstream.

Budget Name	Supporting Document
NOA does not include a budget*	

\*Although this NOA does not include a budget, counties may customize a NOA to include a budget.

## 2.1.12 NOA Back Page

The NOA Back Page is created as a message in Exstream.

NOA Back Name	Supporting Document				
Common Back Page*	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>YOUR HEARING RIGHTS</b>            You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.</p> <p><b>If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:</b></p> <ul style="list-style-type: none"> <li>Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.</li> <li>Your Child Care Services may stay the same while you wait for a hearing.</li> <li>Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.</li> </ul> <p><b>If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got.</b> To let us lower or stop your benefits before the hearing, check below:</p> <p>Yes, lower or stop: <input type="checkbox"/> Cash Aid <input type="checkbox"/> CalFresh  <input type="checkbox"/> Child Care</p> <p><b>While You Wait for a Hearing Decision for: Welfare to Work.</b>            You do not have to take part in the activities. You may receive child care payments for employment and for activities approved by the county before this notice. If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity. If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.</p> <ul style="list-style-type: none"> <li>To get those supportive services, you must go to the activity the county told you to attend.</li> <li>If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.</li> </ul> <p><b>Cal-Learn:</b></p> <ul style="list-style-type: none"> <li>You cannot participate in the Cal-Learn Program if we told you we cannot serve you.</li> <li>We will only pay for Cal-Learn supportive services for an approved activity.</li> </ul> <p><b>OTHER INFORMATION</b>  <b>Medi-Cal Managed Care Plan Members:</b> The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.  <b>Child and/or Medical Support:</b> The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.  <b>Family Planning:</b> Your welfare office will give you information when you ask for it.  <b>Hearing File:</b> If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&amp;I Code Sections 10850 and 10950.)</p> </div> <div style="margin-top: 10px;"> <p><b>TO ASK FOR A HEARING:</b></p> <ul style="list-style-type: none"> <li>Fill out this page.</li> <li>Make a copy of the front and back of this page for your records.</li> <li>If you ask, your worker will get you a copy of this page.</li> <li>Send or take this page to:           <div style="font-size: small; margin-left: 20px;">             Office of Appeals Coordinator              1470 Eerie Circle              Suite 1000              Concord, CA 94526-2171           </div> </li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-452-8349.</li> </ul> <p><b>To Get Help:</b> You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.</p> <div style="font-size: x-small; margin-top: 10px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">               Bay Area Legal Aid                Pione Central &amp; East County: (925) 439-1123                From West County: (510) 223-4554                Or Toll Free: 1-800-651-4554 or 1-800-400-6275                (510) 223-9954             </td> <td style="width: 50%;">               Test Welfare Rights Office #1                123 Main Street                Suite 9884                Placerita, CA 95667                (955) 954-8548             </td> </tr> <tr> <td></td> <td>               Test Welfare Rights Office #2                321 Main Street                Suite 9884                Placerita, CA 95667                (955) 213-8547             </td> </tr> </table> </div> </div> <div style="margin-top: 10px;"> <p><b>If you do not want to go to the hearing alone, you can bring a friend or someone with you.</b></p> <p style="text-align: center;"><b>HEARING REQUEST</b></p> <p>I want a hearing due to an action by the Welfare Department of _____ County about my:</p> <p><input type="checkbox"/> Cash Aid    <input type="checkbox"/> CalFresh    <input type="checkbox"/> Medi-Cal</p> <p><input type="checkbox"/> Other (list) _____</p> <p><b>Here's Why:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> If you need more space, check here and add a page,  <input type="checkbox"/> I need the state to provide me with an interpreter at no cost to me,      (A relative or friend cannot interpret for you at the hearing.)</p> <p>My language or dialect is: _____</p> <p>NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED _____</p> <p>BIRTH DATE _____ PHONE NUMBER _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>SIGNATURE _____ DATE _____</p> <p>NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____</p> <p><input type="checkbox"/> I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)</p> <p>NAME _____ PHONE NUMBER _____</p> <p>STREET ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> </div>	Bay Area Legal Aid Pione Central & East County: (925) 439-1123 From West County: (510) 223-4554 Or Toll Free: 1-800-651-4554 or 1-800-400-6275 (510) 223-9954	Test Welfare Rights Office #1 123 Main Street Suite 9884 Placerita, CA 95667 (955) 954-8548		Test Welfare Rights Office #2 321 Main Street Suite 9884 Placerita, CA 95667 (955) 213-8547
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	Test Welfare Rights Office #2 321 Main Street Suite 9884 Placerita, CA 95667 (955) 213-8547				

NA BACK 9 (EN) REPLACES NA BACK 8 AND EP 6 (REVISED 4/2013) • REQUIRED FORM • NO SUBSTITUTES PERMITTED

NOA Back Name	Supporting Document
<p><b>**EXAMPLE ONLY**</b></p> <p>County Customized NOA Back Page</p>	<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center;">Employment and Human Services Department <span style="float: right;">Contra Costa County</span></p> <p>You have the right to a Conference with your General Assistance (GA) worker to talk about this intended action. At such a conference, you may speak for yourself or be represented by a lawyer, a friend, or other person. If you want a conference with your worker or a supervisor's review of this proposed action, contact your GA worker prior to the date that this action will take place.</p> <p>If this notice proposes a denial, discontinuance, aid reduction, or a period of ineligibility for failure to meet program requirements, you are entitled to a Hearing at which the Employment and Human Services Department (EHSD) must prove your failure to comply and you will be given the opportunity to show that the failure is excused for good cause.</p> <p><u>This is a list of good cause reasons (Verification may be required):</u></p> <ul style="list-style-type: none"> <li>• The failure has occurred due to your physical or mental disability</li> <li>• You have obtained employment</li> <li>• You had a scheduled job interview or job testing the day of your GA appointment</li> <li>• You had a mandatory Court appearance the day of your GA appointment</li> <li>• You were in jail or prison the day that you had your GA appointment</li> <li>• There was a death in your family</li> <li>• You had a breakdown of your transportation arrangements</li> <li>• The failure to comply was insubstantial (such as failure to date a form)</li> <li>• The Employment and Human Services Department made an error</li> <li>• Other valid reason approved by the Employment and Human Services Department</li> </ul> <p>Regardless of whether you request a Conference or not, you also have the right to request a Hearing and a decision. <b>Your request for a Hearing must be in writing and it must be mailed or delivered to the Employment and Human Services Department within 30 days of the date of this notice, including the date of the notice.</b></p> <p><u>If you need assistance or Americans with Disabilities Act (ADA) accommodations to assist you in filing an appeal:</u></p> <ul style="list-style-type: none"> <li>• Call your GA worker and let him/her know you need assistance to file an appeal.</li> </ul> <p>If you ask for a Hearing within <b>30 days</b> of the date of this notice, and if this notice proposes a reduction or termination of a GA grant that you are now receiving, your aid will continue until a Hearing decision has been reached. If the decision is that you were not entitled to the aid that you were paid, the overpayment may be recovered from you by reducing your General Assistance grant after the decision, or through other legal means.</p> <p>At a Hearing you have the right to be represented by an attorney or any other person of your choice. If you need an interpreter, we will provide one for you. You may obtain <u>free legal advice</u> and services by contacting the nearest legal services office at:</p> <p style="text-align: center;"><b>BAY AREA LEGAL AID</b>  Central &amp; East County: (925) 219-3325  West County: (510) 250-5270  Legal Advice Line: (800) 551-5554</p> <p>You have the right to request that the GA worker, or any staff member who has actual knowledge regarding the issue under appeal, be present at the Hearing as a witness. Regulations governing Hearings are available at this office of the county welfare department.</p> <p><b>IF YOU WISH TO REQUEST A HEARING, WRITE TO:</b></p> <p style="text-align: center;"><b>Office of the Appeals Coordinator</b>  <b>400 Ellinwood Way, Pleasant Hill, CA 94523</b></p> <p>Please include one copy of this notice with your hearing request and keep a copy for your records. If you wish to have your worker or other staff person present at the Hearing, please indicate that on your Hearing request.</p> <p><b>REMEMBER THAT YOUR REQUEST FOR HEARING MUST BE MAILED OR DELIVERED TO THE EMPLOYMENT AND HUMAN SERVICES DEPARTMENT WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE.</b></p> <p style="font-size: small;">GA 239H NOA Back (1/19)</p> </div>

\*While this NOA utilizes the State NA Back 9 (with example hearings and legal aid information), counties may customize a NOA to include a NOA Back Page tailored to their county needs, as depicted in the example of a county customized back page.

### 3 SUPPORTING DOCUMENTS

**Note:** These Supporting "CC Test Print Document(s)" reflect the current CalWIN CC documents. They will eventually be updated to comply with the GA/GR Correspondence Service requirements.

Reason Code	Language	Attachment
NM0883	EN	ALL -- CalSAWS 2 -- Denial - Common -- NM0883 -- EN.pdf

## 4 REQUIREMENTS

### 4.1 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
2319	The GA/GR Correspondence Service must create a standard "CalSAWS 2-Denial" NOA to allow Non-CalWIN Counties to opt into the GA/GR service.	The CONTRACTOR shall update the CalSAWS Software with manually triggered CalWIN common NOAs and Forms associated to the GA/GR program.	This requirement is met based on the "CalSAWS 2" NOA functionality described in this design document.
2314	The GA/GR Correspondence Service must create a standard "CalSAWS 2-Denial" NOA to allow Non-CalWIN Counties to opt into the GA/GR service.	The CONTRACTOR shall update the CalSAWS Software to determine the benefit levels, resource limits and benefit allocation amounts (housing, utility, etc.) based on each counties GA/GR eligibility determination rules with updates through security rights. Eligibility determination rules shall include the following: 1) Residency 2) Income 3) Aid paid pending 4) Immediate need 5) Property/resource 6) Deductions 7) Household composition/Assistance Unit 8) Aid codes 9) Hearings 10) Sanctions	This requirement is met based on the "CalSAWS 2" NOA functionality described in this design document.

		11) Non-compliances 12) Living Arrangement 13) Citizenship 14) Expenses 15) Special Need	
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