



California Statewide Automated Welfare System

Design Document

CA-220188

Add Missing Foster Care NOAs that existed in C-IV, Phase 1

CalSAWS	DOCUMENT APPROVAL HISTORY	
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1 OVERVIEW

CalSAWS currently only has a limited number of Foster Care (FC) NOAs. This effort will add three new NOA reasons into the system.

1.1 Current Design

Currently CalSAWS generates a Discontinuance Notice for Foster Care when the placement ends for the following reason: No longer in Care.

CalSAWS does not currently generate verbiage for discontinuing benefits when a Placement has ended Mid-Month nor when a Child becomes eligible for Kin-GAP.

1.2 Requests

Generate NOAs for the following reasons:

1. Placement has ended Mid-Month
2. Child is Eligible to Kin-GAP
3. Infant Supplement Payment (ISP) has started

1.3 Overview of Recommendations

1. Update Foster Care NOA Action and Message Fragments in CalSAWS
2. Add new Foster Care Discontinuance Action Fragment into the System
3. Add new Foster Care NOA Message Fragment for Placement Ends Mid-Month, Child is Eligible to Kin-GAP reasons
4. Add new 'Placement Ends Mid-Month' NOA Reason for Discontinuance
5. Add new 'Child Eligible to Kin-GAP' NOA Reason for Discontinuance
6. Update the 'ISP Started' NOA Reason for Benefit Change

1.4 Assumptions

1. Additional Foster Care NOA reasons will be added with SCRs CA-238042, CA-240146 and CA-229838.
2. The NOAs per this effort are generatable for any county as long as its generation conditions are satisfied from the Foster Care's EDBC Summary pages (as detailed in Section 2.6, 2.7, 2.8).
3. This effort is implementing the English and Spanish version of the new NOA reasons. Threshold Language versions will be added with CA-238347.
4. For this effort, the new NOA Message will be added to the Discontinuance reasons of Placement Ends Mid-Month, Child Eligible to Kin-GAP. This new Message will be updated for all other FC Discontinuance NOAs in CA-240146.
5. The system's Template Repository continues to have the CSF 166 – Free Format NOA template. This NOA template allows the user to fill in any necessary details to be generated into a NOA.
6. CA-223829 is scoped to provide new verbiage of NA 403 and NA 403A for proration and effective dates.

2 RECOMMENDATIONS

2.1 Update FC NOA Action Fragment, FC_KG_CH_ACTION3

2.1.1 Overview

The recommendation is updating the verbiage of the existing Foster Care Change Action and adding it in Spanish.

Action Fragment Name and ID: FC_KG_CH_ACTION3 (ID = 4111)

State NOA: This verbiage comes from State NA 403

Current Program(s): Foster Care

Current Action Type(s): Change

Current Fragment Level: Program

Currently Repeatable: No, this generates once as the first fragment on the NOA.

Existing Languages: English

2.1.2 NOA Verbiage

Update Fragment XDP

Update the action verbiage in English and add the fragment in Spanish.

Note: The following verbiage is used with rate structures of CCR.

1. Update the FC Change Action XDP verbiage in English.

Description	Existing Text	Updated Text	Add'l Formatting*
Static	As of <DATE>, the county is Changing your <PGMTYPE> aid from \$<PRIORAMT> to \$<NEWAMT>. This aid is for: Name: Type of Aid: <PERSON> <TYPE> Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.	As of <DATE>, the county is Changing your <PGMTYPE> aid from \$<PRIORAMT> to \$<NEWAMT>. This aid is for: Name: Type of Aid: <PERSON> <TYPE> Here's why: Your rate is based on a level of care determination as defined in AB 403 and WIC section 11461.	'Changing' is bolded.

*English is in Arial font size 10; Spanish and threshold will generate based on project standards for that language.

2. Add a new FC Change Action XDP for the verbiage in Spanish.

2.1.3 NOA Variable Population

Fragment Variable Population

There are no changes to the variable population.

2.1.4 NOA Generation Conditions

Fragment Generation

There are no changes to the existing generation logic.

2.2 Update FC NOA Action Fragment, FC_KG_CH_ACTION4

2.2.1 Overview

The recommendation is updating the verbiage of the existing Foster Care Change Action in English and Spanish.

Action Fragment Name and ID: FC_KG_CH_ACTION4 (ID = 4130)

State NOA: This verbiage comes from State NA 403

Current Program(s): Foster Care

Current Action Type(s): Change

Current Fragment Level: Program

Currently Repeatable: No, this generates once as the first fragment on the NOA.

Existing Languages: English, Spanish

2.2.2 NOA Verbiage

Update Fragment XDP

Update the action verbiage in English and in Spanish.

Note: The following verbiage is used with rate structures of Non-CCR.

1. Update the FC Change Action XDP verbiage in English.

Description	Existing Text	Updated Text	Add'l Formatting*
Static	As of <DATE>, the county is Changing your <PGMTYPE> aid from \$<PRIORAMT> to \$<NEWAMT>. This aid is for: <PERSON> Here's why:	As of <DATE>, the county is Changing your <PGMTYPE> aid from \$<PRIORAMT> to \$<NEWAMT>. This aid is for: <PERSON> Here's why:	'Changing' is bolded.

*English is in Arial font size 10; Spanish and threshold will generate based on project standards for that language.

2. Update the FC Change Action XDP verbiage in Spanish.

2.2.3 NOA Variable Population

Fragment Variable Population

There are no changes to the variable population.

2.2.4 NOA Generation Conditions

Fragment Generation

There are no changes to the existing generation logic.

2.3 Update FC NOA Message Fragment, FC_CH_MESSAGE1

2.3.1 Overview

The recommendation is adding Spanish verbiage of an existing Foster Care Change Message. This change message will continue to generate on the Change CCR NOA of 'ISP Started' (Section 2.8).

Message Fragment Name and ID: FC_CH_MESSAGE1 (ID = 5092)

State NOA: This verbiage comes from State NA 403

Current Program(s): Foster Care

Current Action Type(s): Change

Current Fragment Level: Program

Currently Repeatable: No, this generates once as the first fragment on the NOA.

Existing Languages: English

The existing verbiage in English is the following:

Due to funding requirements, you may receive multiple checks for this benefit month. The sum of these checks will be equal to the amount listed above.

2.3.2 NOA Verbiage

Update Fragment XDP

Add a new FC Change Message XDP for the verbiage in Spanish.

Description	Text*
Static	Es posible que usted reciba varios cheques para este mes de beneficios a causa de los requisitos de financiación. La suma de estos cheques será igual a la cantidad anotada arriba.

*English is in Arial font size 10; Spanish and threshold will generate based on project standards for that language.

2.3.3 NOA Variable Population

Fragment Variable Population

There are no variables in this verbiage.

2.3.4 NOA Generation Conditions

Fragment Generation

There are no changes to the existing generation logic.

2.4 Add a New FC NOA Discontinuance Action Fragment

2.4.1 Overview

The recommendation is adding a new Foster Care Discontinuance NOA Action to use with the new Placement Ends Mid-Month NOA reason. (See Sections 2.6)

Known County NOA: This verbiage comes from the C-IV Foster Care Discontinuance NOA, derived from the C-IV's equivalent action fragment, ACTN_FOSTER_CARE_DISCONTINUANCE.

Program(s): Foster Care

Action Type(s): Discontinuance

Fragment Level: Person

Repeatable: Yes

Languages: English, Spanish

2.4.2 NOA Verbiage

Create Fragment XDP

A new action fragment will be created for FC Discontinuance NOAs.

NOA Mockups/Examples: See Supporting Documents #1

1. Add the new FC Discontinuance Action XDP for the verbiage in English.

Description	Text	Formatting*
Static	As of <DATE>, the County is stopping your <PGM_NAME> for <PERSON>. Here's why:	Arial Font Size 10

*English only; Spanish and threshold will generate based on project standards for that language.

2. Add the new FC Discontinuance Action XDP for the verbiage in Spanish.

2.4.3 NOA Variable Population

Add Fragment Variable Population

The new FC Discontinuance Action will have three variables.

Variable Name	Population	Formatting*
PERSON	Name of the Child. For Example: John Doe	Arial Font Size 10
PGM_NAME	Populates with the name of the program being noticed. For Example: Foster Care	Arial Font Size 10
DATE	Populates with the Placement End Date.	Arial Font Size 10 MM/DD/YYYY

	Sourced from: FC_BUDGET.PLACEMENT_END_DATE For Example: 01/15/2022	
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*English only; Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: N/A

Technical Note: The variable population of this new reason fragment can be derived from the CIV's equivalent fragment, ACTN_FOSTER_CARE_DISCONTINUANCE.

2.4.4 NOA Generation Conditions

Add Fragment Generation

This new Discontinuance Action Fragment will generate when one of the following Reasons Fragments are triggered:

- Placement Ends Mid-Month (See Section 2.6)

Ordering on NOA: The Fragment generates once prior to all associated Reason Fragments on the NOA.

2.5 Add a New FC NOA Message Fragment

2.5.1 Overview

The recommendation is adding a new Foster Care NOA Message to use with the FC Discontinuance NOA reasons: Placement Ends Mid-Month, Child Eligible to Kin-GAP. (Respectively Section 2.6, Section 2.7)

Note: This new Message will be updated for all other FC Discontinuance NOAs in CA-240146.

Known County NOA: This verbiage comes from NA 290 and derived from existing FC_DN_MESSAGE1 (Fragment ID: 5060).

Program(s): Foster Care

Action Type(s): Discontinuance

Fragment Level: Program

Repeatable: No

Languages: English, Spanish

2.5.2 NOA Verbiage

Create Fragment XDP

1. Add a new FC message fragment XDP in English.

Description	Text	Add'l Formatting*
Static	Medi-Cal: This notice DOES NOT change or stop Medi-Cal Benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.	'Medi-Cal:' and the sentence 'Keep using your plastic Benefits Identification Card(s).' are bolded.

*English is in Arial font size 10; Spanish and threshold will generate based on project standards for that language.

2. Add a new FC message fragment XDP in Spanish.

2.5.3 NOA Variable Population

There are no variables in this verbiage.

2.5.4 NOA Generation Conditions

Fragment Generation

This new Message Fragment will generate when one of the following Reason Fragments are triggered:

- Placement Ends Mid-Month (See Section 2.6)
- Child Eligible to Kin-GAP (See Section 2.7)

Ordering on NOA: This generates after all of the associated Reason Fragments on the NOA.

2.6 Add New FC NOA Discontinuance Reason: Placement Ends Mid-Month

2.6.1 Overview

The recommendation is adding a new FC Discontinuance NOA reason.

Known County NOA: This reason verbiage is derived from C-IV's reason fragment of: MSG_MOVED_TO_A_NEW_FACILITY.

NOA Template: FC_NOA_TEMPLATE (Fragment ID = 3030)
Program(s): Foster Care
Action Type(s): Discontinuance
Fragment Level: Person
Repeatable: Yes
Include NA Back 9: Yes
Forms/NOAs Generated with this NOA: N/A
Languages: English, Spanish

2.6.2 NOA Reason Verbiage

Create new reason fragment XDP

Add a new FC NOA reason fragment XDP to display the following verbiage.

NOA Mockups/Examples: See Supporting Documents #1

1. Add the new FC Discontinuance Reason XDP for the verbiage in English.

Description	Text	Formatting*						
Static	<p><PERSON> left your facility/home or became ineligible to Foster Care on <ENDDATE>. The county will stop paying for Foster Care from the day the child became ineligible or leaves the facility/home. You will be paid <AMOUNT> for the following period(s):</p> <table> <tr> <td>From</td><td>To</td><td>Amount</td></tr> <tr> <td><FROMDATE></td><td><TODATE></td><td><AMOUNT></td></tr> </table>	From	To	Amount	<FROMDATE>	<TODATE>	<AMOUNT>	Arial Font Size 10
From	To	Amount						
<FROMDATE>	<TODATE>	<AMOUNT>						

*English only; the text in Spanish and threshold will generate based on project standards for that language.

2. Add the new FC Discontinuance Reason XDP for the verbiage in Spanish.

2.6.3 NOA Reason Variable Population

Add Fragment Variable Population

Add new variables for this reason fragment:

Technical Note: The variable population of this new reason fragment can be derived from the CIV's equivalent fragment, MSG_MOVED_TO_A_NEW_FACILITY.

Variable Name	Population	Formatting*
<PERSON>	The full name of the person. For Example: Jane Doe	Arial Font Size 10
<ENDDATE>	The end date of when <PERSON> left the placement or became ineligible. Sourced from: FC_BUDGET.PLACEMENT_END_DATE For Example: 02/12/2022	Arial Font Size 10 MM/DD/YYYY
<FROMDATE>	The date of when Foster Care payments started. Sourced from: FC_BUDGET.BEG_DATE For Example: 02/01/2022	Arial Font Size 10 MM/DD/YYYY
<TODATE>	The date of when Foster Care payments will end. Sourced from: FC_BUDGET.END_DATE For Example: 02/12/2022	Arial Font Size 10 MM/DD/YYYY
<AMOUNT>	The amount of Foster Care payment. Sourced from: EDBC.AUTH_AMT For Example: \$22.00	Arial Font Size 10

*English only; the text in Spanish and threshold will generate based on project standards for that language.

Add Fragment Regulations

Add the following regulations derived from C-IV:

CCR Regulations: EAS 22-001 (a) (1); EAS 22-001 (t) (1), EAS 45-302.5

Non-CCR Regulations: EAS 22-001 (a) (1); EAS 22-001 (t) (1), EAS 45-302.5

Add NOA Title and Footer Reference

The below references and details will be included for this new fragment:

NOA Reference on Document List Page: Plcmt Ends Mid-Mth

NOA Title:

NOA Type	NOA Title	Fragment Name (ID) to generate Title
CCR	Notice of Action – Discontinued	FC_TN_NOA_TYPE_CCR (3141)
Non-CCR	Notice of Action – Termination	FC_TN_NOA_TYPE (3120)

NOA Footer:

NOA Type	NOA Footer
CCR	NA 403 (01/22) REQUIRED FORM - SUBSTITUTES PERMITTED
Non-CCR	NA 290 - Termination (02/14) AFDC-FC

2.6.4 NOA Reason Fragment Generation

1. Add Reason Fragment Generation

This new reason fragment will generate when EDBC is run for Foster Care (CCR or Non-CCR) and the following are satisfied:

- The EDBC has an End Date (it is not a high-dated EDBC)
- The child is no longer living at the placement and the placement has an end date (the latest FC_BUDGET.PLACEMT_END_DATE) that is before the last day of the EDBC benefit month
- The placement that is ending has an end reason (CHILD_PLACEMT_DETL.END_RSN_CODE) of one of the following:
 - 'Change of Placement'
 - 'Child ran away from Placement'
 - 'Reunified with parent/Guardian (Court)'
 - 'Reunified with parent/Guardian (Non-Court)'

Ordering on NOA: Generate this reason following the Action fragment.

2. Below are the associated action, message, and budget fragments for this reason.

A. Action, Message

CCR

Action Fragment: 4112, FC_KG_TN_ACTION4

Message Fragment: The new FC Message from Section 2.5

Non-CCR

Action Fragment: The new Discontinuance Action from Section 2.4

Message Fragment: The new FC Message from Section 2.5

B. Budget

Add the budget fragment, BUDGT_FC_APPROVAL (Fragment ID: 25) to this reason.

Technical Note: This BUDGT_FC_APPROVAL budget to be added on this Discontinuance NOA was per the FC Committee's request.

Note: The system may generate a FC approval NOA informing the Foster Care benefits originally approved for a Placement. And if the Placement satisfies above generation conditions for 'Placement Ends Mid-Month', then this new FC discontinuance NOA will also generate.

2.7 Add New FC NOA Discontinuance Reason: Child Eligible to Kin-GAP

2.7.1 Overview

The recommendation is adding a new FC Discontinuance NOA reason.

Known County NOA: This reason verbiage is derived from C-IV's reason fragment of: RSN_CHILD_ELIGIBLE_TO_KINGAP

NOA Template: FC_NOA_TEMPLATE (SNIPPET_ID = 3030)

Program(s): Foster Care

Action Type(s): Discontinuance

Fragment Level: Program

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages: English, Spanish

2.7.2 NOA Reason Verbiage

Create new reason fragment XDP

Add a new FC NOA reason fragment XDP to display the following verbiage.

NOA Mockups/Examples: See Supporting Documents #2

1. Add the new FC Discontinuance Reason XDP for the verbiage in English.

Description	Text	Formatting*
Static	The Foster Care child is no longer eligible to Foster Care benefits because he/she is now Eligible to Kin-GAP benefits.	Arial Font Size 10

*English only; the text in Spanish and threshold will generate based on project standards for that language.

2. Add the new FC Discontinuance Reason XDP for the verbiage in Spanish.

2.7.3 NOA Reason Variable Population

Variable Population

This verbiage has no variables.

Add Fragment Regulations

Add the following regulations derived from C-IV:

CCR Regulations:

EAS 22-001 (a) (1); EAS 22-001 (t) (1); Title 22, CCR, Section 50179.5

Non-CCR Regulations:

EAS 22-001 (a) (1); EAS 22-001 (t) (1); Title 22, CCR, Section 50179.5

Add NOA Title and Footer Reference

The below references and details will be included for this new fragment:

NOA Reference on Document List Page: Child Elig Kin-GAP

NOA Title:

NOA Type	NOA Title	Fragment Name (ID) to generate Title
CCR	Notice of Action – Discontinued	FC_TN_NOA_TYPE_CCR (3141)
Non-CCR	Notice of Action – Termination	FC_TN_NOA_TYPE (3120)

NOA Footer:

NOA Type	NOA Footer
CCR	NA 403 (01/22) REQUIRED FORM - SUBSTITUTES PERMITTED
Non-CCR	NA 290 - Termination (02/14) AFDC-FC

2.7.4 NOA Reason Fragment Generation

1. Add Reason Fragment Generation

This new reason fragment will generate when EDBC is run for Foster Care (CCR or Non-CCR) and the following are satisfied:

- o The EDBC results in a program status of Discontinued
- o The EDBC status reason is 'Child Eligible to Kin-GAP' (CT73_JL)

Ordering on NOA: Generate this reason following the Action fragment.

2. Below are the associated action, message, and budget fragments for this reason.

A. Action, Message

CCR

Action Fragment: 4112, FC_KG_TN_ACTION4

Message Fragment: The new FC Message from Section 2.5

Non-CCR

Action Fragment: The new Discontinuance Action from CA-220188, Section 2.4

Message Fragment: The new FC Message from Section 2.5

B. Budget

Add the budget fragment, BUDGT_FC_APPROVAL (Fragment ID: 25) to this reason.

Technical Note: This BUDGT_FC_APPROVAL budget to be added on this Discontinuance NOA was per the FC Committee's request.

2.8 Update FC NOA Change Reason: Infant Supplemental Payment (ISP) Started

2.8.1 Overview

Update an existing CalSAWS FC benefit change NOA reason, deriving the reason verbiage from the C-IV's equivalent NOA reason.

Reason Fragment Name and ID:

FC_CH_INFANT_SUPLIMENT_PAY_T312 (ID: 7487)

Known County NOA: This reason verbiage is derived from the C-IV's equivalent reason fragment of: RSN_CHILD_PLACEMT_ISP_STARTED

Current NOA Template: FC_NOA_TEMPLATE (Fragment ID = 3030)

Current Program(s): Foster Care

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English

2.8.2 NOA Reason Verbiage

Update reason fragment XDP

Update the reason verbiage in English and add the fragment in Spanish

Updated Languages: English, Spanish

NOA Mockups/Examples: See Supporting Documents #3

1. Update the existing XDP verbiage in English.

Description	Existing Text	Updated Text	Formatting*
Static	Your case has been issued an Infant Supplemental Payment.	An Infant Supplemental Payment is being issued for <PERSON> in the amount of <FcISP>.	Arial Font Size 10

*English only; the text in Spanish and threshold will generate based on project standards for that language.

2. Add a new XDP for the fragment in Spanish.

2.8.3 NOA Reason Variable Population

Add Fragment Variable Population

Add new variables for the updated reason fragment:

Variable Name	Population	Formatting*
<PERSON>	The full name of the person. For Example: Jane Doe	Arial Font Size 10
<FcISP>	The total amount of Infant Supplemental Payment for the FC recipient. (The summation of FC Budget page's ISP + IS Rate Supplement Payment categories) Sourced from: FC_BUDGET.ADDL_PMT_AMT For Example: \$100.00	Arial Font Size 10

*English only; the text in Spanish and threshold will generate based on project standards for that language.

Fragment Regulations

The regulations will be updated to the following:

CCR Regulations: EAS 22-001 (a) (1); EAS 22-001 (t) (1), EAS 45-200.2; EAS 45-302.2; EAS 11-415, Assembly Bill 1603 (Chapter 25, Statutes of 2016), for the ISRS

Non-CCR Regulations: EAS 22-001 (a) (1); EAS 22-001 (t) (1), EAS 45-200.2; EAS 45-302.2; EAS 11-415, Assembly Bill 1603 (Chapter 25, Statutes of 2016), for the ISRS

Update NOA Title and Footer Reference

Currently the NOA Reference on the Distributed List page is: *Infant Supplemental Payment*

1. Update the NOA Reference for this reason to:
NOA Reference on Document List Page: ISP Started
2. The NOA Title and Footer for the existing FC_CH_INFANT_SUPLIMENT_PAY_T312 fragment of CCR scenarios will remain the same.

Now with the NOA generating for Non-CCR scenarios, below details and references will distinguish the NOA for NonCCR scenarios.

NOA Title:

NOA Type	NOA Title	Fragment Name (ID) to generate Title
CCR	Notice of Action – Change	FC_CH_NOA_TYPE_CCR (3142)
Non-CCR	Notice of Action – Rate Change	FC_CH_NOA_TYPE (3121)

NOA Footer:

NOA Type	NOA Footer
CCR	NA 403 (01/22) REQUIRED FORM - SUBSTITUTES PERMITTED
Non-CCR	NA 290 Rate Change (02/14) AFDC-FC

2.8.4 NOA Reason Fragment Generation

Update Reason Fragment Generation

1. Update the existing generation logic to also generate for Non-CCR rate scenarios.

Technical Note: The existing generation logic for CCR rate scenarios will not be changed.

Below is the updated association of action and message fragments for this reason.

CCR

Action Fragment: 4111, FC_KG_CH_ACTION3

Message Fragment: 5092, FC_CH_MESSAGE1

Non-CCR

Action Fragment: 4130, FC_KG_ACTION4

Message Fragment: N/A; there will be no message fragment.

Ordering on NOA: Generate this reason following the action fragment.

2.9 Automated Regression Test

2.9.1 Overview

Create new automated regression test scripts to generate the following NOA reason/fragments: Discontinuance NOA of 'Placement Ends Mid-Month'; Change NOA of 'ISP Started' (Non-CCR); Change NOA of 'Child Eligible to Kin-GAP'.

2.9.2 Description of Changes

Create new regression scripts to verify the NOA reason/fragments generated in the following scenarios:

1. In the context of an ongoing Foster Care case, end-date the final placement mid-month. Run EDBC and verify that a Discontinuance NOA generates containing the 'Placement Ends Mid-Month' fragment.
2. In the context of an ongoing Foster Care case with a Non-CCR rate, add a new Infant Supplement Additional Rate. Run EDBC and verify that a Change NOA generates containing the 'ISP Started' fragment.
3. In the context of an ongoing Foster Care case, add a new Kin-GAP program (and required Summary and Rate details) mid-month. Run EDBC and verify that:
 - a. The Kin-GAP program is made Active
 - b. The Foster Care program is Discontinued
 - c. A Discontinuance NOA generates containing the 'Child Eligible to Kin-GAP' fragment

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOA	FC Discontinuance NOA for Placement Ending Mid-Month	CA 220188_01 – NonCCR – DS – Plcmt Ends Mid-Mth.pdf
2	NOA	FC Discontinuance NOA for Child Eligible to Kin-GAP	CA 220188_02 – CCR – DS – Child Elig Kin-GAP.pdf
3	NOA	FC BC NOA for ISP Started	CA 220188_03 – CCR – BC – ISP Started.pdf
4	NOA	Zip folder holding design-related NOA fragments in PDFs	CA 220188 PDFs.zip

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.7 CAR-1243	The LRS shall identify case actions that require a notice, NOA, form, letter, stuffer, or flyer, and shall generate that appropriate notice, NOA, form, letter, stuffer, or flyer, using variable case-specific information.	This SCR will add Foster Care NOAs for reasons of Placement Ends Mid-Month, Child Eligible to Kin-GAP, and ISP Started.



California Statewide Automated Welfare System

Design Document

CA-220208

Add OI/OP Packets in Threshold Languages

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Daniel Rosales, Jasmine Chen
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
01/27/2022	0.1	Initial Draft	Daniel Rosales
04/05/2022	1.1	Updated design to include NA 274H of CW OP Packet in threshold languages	Jasmine Chen
05/12/2022	1.2	Design Clarifications: Added assumptions and technical notes	Jasmine Chen

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1 OVERVIEW

This effort will add the OI/OP packets in all available threshold languages.

1.1 Current Design

The OI/OP (Overissuance / Overpayment) packets currently exist in English and Spanish per CA-207159 DDID 2126. The CF 377.7C form within the CalFresh Inadvertent Household Error (CF IHE) Packet is using an outdated revision (5/02) for English and Spanish.

1.2 Requests

Add the OI/OP packets in all available threshold languages. Update CF 377.7C to the latest state version (2/14) in the provided state languages. This revision will be used when creating the threshold languages of the CF IHE Packets.

1.3 Overview of Recommendations

1. Add the CalFresh Inadvertent Household Error (CF IHE) packet in available threshold languages.
 - a. The packet for Los Angeles County will contain the following forms:
 - i. CF 377.7B (CalFresh Overissuance for Client Error)
 - ii. PA 1820 (CalFresh Repayment Agreement Cover Notice)
 - iii. CF 377.7C (CalFresh Repayment Agreement for Inadvertent Household Errors Only)
 - iv. CSF 104 (EBT Release Form)
 - v. NA 1263 (Overissuance Budget Worksheet)
 - b. The packet for the 57 Migration Counties will contain the following forms:
 - i. CF 377.7B (CalFresh Overissuance for Client Error)
 - ii. CF 377.7C (CalFresh Repayment Agreement for Inadvertent Household Errors Only)
 - iii. CSF 104 (EBT Release Form)
 - iv. NA 1263 (Overissuance Budget Worksheet)
2. Add the CalFresh Administrative Error (CF AE) packet in available threshold languages.
 - a. The packet for Los Angeles will contain the following forms:
 - i. CF 377.7D3 (CalFresh Overissuance Notice for Administrative Errors)
 - ii. PA 1820 (CalFresh Repayment Agreement Cover Notice)
 - iii. CF 377.7E1 (CalFresh Repayment Agreement for Administrative Errors Only)
 - iv. CSF 104 (EBT Release Form)
 - v. NA 1263 (Overissuance Budget Worksheet)
 - b. The packet for the 57 Migration Counties will contain the following forms:

- i. CF 377.7D3 (CalFresh Overissuance Notice for Administrative Errors)
 - ii. CF 377.7E1 (CalFresh Repayment Agreement for Administrative Errors Only)
 - iii. CSF 104 (EBT Release Form)
 - iv. NA 1263 (Overissuance Budget Worksheet)
- 3. Add the CalFresh Intentional Program Violation (CF IPV) packet in available threshold languages.
 - a. The packet for Los Angeles County will contain the following forms:
 - i. DFA 377.7F (CalFresh Overissuance Notice for Intentional Program Violation (IPV))
 - ii. PA 1820 (CalFresh Repayment Agreement Cover Notice)
 - iii. DFA 377.7G (CalFresh Repayment Agreement for an Intentional Program Violation (IPV) Only)
 - iv. CSF 104 (EBT Release Form)
 - v. NA 1263 (Overissuance Budget Worksheet)
 - b. The packet for the 57 Migration Counties will contain the following forms:
 - i. DFA 377.7F (CalFresh Overissuance Notice for Intentional Program Violation (IPV))
 - ii. DFA 377.7G (CalFresh Repayment Agreement for an Intentional Program Violation (IPV) Only)
 - iii. CSF 104 (EBT Release Form)
 - iv. NA 1263 (Overissuance Budget Worksheet)
- 4. Add the CalWORKs Overpayment (CW OP) packet in available threshold languages. The packet will contain the following forms for all Counties (Los Angeles and the 57 Migration Counties):
 - a. M44-350I (CalWORKs Overpayment Notice)
 - b. Continuation Page
 - i. NA 274G (Overpayment Computations before 06/01/2020) OR
 - ii. NA 274H (Overpayment Computations after 06/01/2020)
- 5. Update CF 377.7C to the latest state version (2/14) in the CalFresh Inadvertent Household Error (CF IHE) packet in both English and Spanish.

1.4 Assumptions

- 1. Print options for threshold packets will remain the same as the print options for English and Spanish Packets.
- 2. There are no changes to the generation logic of these Packets. All Requirements for the new threshold packets will be the same as the existing packets.
- 3. All fields (blank or prepopulated) will be editable.

4. State-provided threshold form CF 377.7B may have sentences misplaced. For example, Armenian 'Fill out...repayment form...' sentence is misplaced under #1 section: 'Pay in Full'. Per Consortium BA, the packets implemented will have the correct sentence placement mimicking the English version of the form.
5. State-provided threshold form NA 274G may have incorrect date ranges under title, 'For Overpayments Occurring...'. The packets implemented will have the correct date range of 10-1-2013 to 5-31-2020.
6. State-provided threshold form NA 274H may have incorrect date ranges under title 'For Overpayments Occurring...' (i.e. Lao). The packets implemented will have the correct date range of 6-1-2020 to 5-31-2021. NA 274H in Lao will also have the correct DBI amount of \$500.
7. State-provided threshold form NA 1263 may have mistyped calculation lines. For example, Chinese Section I #5 shows (I3+I4). The English calculation line is (I3-I4). The packets implemented will have the correct calculation lines mimicking the English NA 1263.
8. Supporting Documents section references attachments found on Jira website.

2 RECOMMENDATIONS

2.1 CalFresh Inadvertent Household Error (IHE) Packet

2.1.1 Overview

This section will cover the requirements for adding the CalFresh IHE packet in available threshold languages. There are two CalFresh IHE packets, one for Los Angeles County and the other for the 57 Migration Counties. Add both packets in available threshold languages.

State Form: CalFresh IHE Packet

Current Programs: CalFresh

Current Attached Forms: See included forms below

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

2.1.2 Form Verbiage

Create CalFresh IHE Packet XDP's for Threshold Languages

Create page fragments to represent each page within the CalFresh IHE Packet XDP.

Technical Note: The page attributes of the threshold packets will mimic those of the English packet. For example, if CF 377.7C in the English packet has a

Header_1, Claim # field and is 2 pages, the threshold version of CF 377.7C in the packet will also mimic the same.

- a. The packet for Los Angeles County will contain the following forms:
 - i. CF 377.7B (has NA Back 9)
 - ii. PA 1820
 - iii. CF 377.7C
 - iv. CSF 104
 - v. NA 1263
- b. The packet for the 57 Migration Counties will contain the following forms:
 - i. CF 377.7B (has NA Back 9)
 - ii. CF 377.7C
 - iii. CSF 104
 - iv. NA 1263

Threshold Languages: Armenian, Arabic, Cambodian, Chinese*, Farsi, Tagalog/Filipino, Hmong Korean, Lao, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese, and Mandarin.

Form Mockups/Examples: See Supporting Documents #1, 5

2.1.3 Form Variable Population

Field Mappings: Use the same field mappings as the English and Spanish packets for existing population logic.

2.1.4 Form Generation Conditions

Update Dynamic Form generation batch jobs

Update Dynamic Form generation batch jobs (PB00R201- PB00R320) to generate the CalFresh IHE packet in newly added threshold languages.

Technical Note: Update CT942_CF1 (LA packet) and CT942_CF2 (Non-LA packet)

Form Print/Mailing Options

Threshold packets will have the same Form Print/Mailing Options as their corresponding English/Spanish packets.

Print Options:

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

N	Y	Y	Y	Y	Y
---	---	---	---	---	---

Mailing Options:

Mailing Options	Option for CF IHE Packet
Mail-To (Recipient)	When generated through the batch process, the CalFresh Primary Applicant. When generated through the Recovery Account Detail page, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalFresh Worker's Office/District Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CF IHE Packet
Post to Self-Service Portal	Y

2.2 CalFresh Administrative Error (AE) Packet

2.2.1 Overview

This section will cover the requirements for adding the CalFresh Administrative Error (AE) Packet in threshold languages. There are two CalFresh AE packets, one for Los Angeles County and the other for the 57 Migration Counties. Add both packets in available threshold languages.

State Form: CalFresh Administrative Error (AE) Packet

Current Programs: CalFresh

Current Attached Forms: See included forms below

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.2.2 Form Verbiage

Create CalFresh AE Packet XDP's for Threshold Languages

Create page fragments to represent each page within the CalFresh AE Packet XDP.

Technical Note: The page attributes of the threshold packets will mimic those of the English packet. For example, if CF 377.7E1 in the English packet has a Header_1, Claim # field and is 2 pages, the threshold version of CF 377.7E1 in the packet will also mimic the same.

- a. The packet for Los Angeles County will have the following forms:
 - i. CF 377.7D3 (has NA Back 9)
 - ii. PA 1820
 - iii. CF 377.7E1
 - iv. CSF 104
 - v. NA 1263
- b. The packet for the 57 Migration Counties will have the following forms:
 - i. CF 377.7D3 (has NA Back 9)
 - ii. CF 377.7E1
 - iii. CSF 104
 - iv. NA 1263

Threshold Languages: Armenian, Arabic, Cambodian, Chinese*, Farsi, Tagalog/Filipino, Hmong Korean, Lao, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese, and Mandarin.

Form Mockups/Examples: See Supporting Documents #2, 5

2.2.3 Form Variable Population

Field Mappings: Use the same field mappings as the English and Spanish packets for existing population logic.

2.2.4 Form Generation Conditions

Update Dynamic Form generation batch jobs

Update Dynamic Form generation batch jobs (PB00R201- PB00R320) to generate the CalFresh AE Packet in newly added threshold languages.

Technical Note: Update CT942_CF3 (LA packet) and CT942_CF4 (Non-LA packet)

Form Print/Mailing Options

Threshold packets will have the same Form Print/Mailing Options as their corresponding English/Spanish packets.

Print Options:

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

Mailing Options:

Mailing Options	Option for CF AE Packet
Mail-To (Recipient)	When generated through the batch process, the CalFresh Primary Applicant. When generated through the Recovery Account Detail page, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalFresh Worker's Office/District Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CF AE Packet
Post to Self-Service Portal	Y

2.3 CalFresh Intentional Program Violation (IPV) Packet

2.3.1 Overview

This section will cover the requirements for adding CalFresh IPV packet in available threshold languages. There are two CalFresh IPV packets, one for Los Angeles County and the other for the 57 Migration Counties. Add both packets in available threshold languages.

State Form: CalFresh IPV Packet

Current Programs: CalFresh

Current Attached Forms: See below for included forms

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.3.2 Form Verbiage

Create CalFresh IPV Packet XDP's for Threshold Languages

Create page fragments to represent each page within the CalFresh IPV Packet XDP.

Technical Note: The page attributes of the threshold packets will mimic those of the English packet. For example, if DFA 377.7G in the English packet has a Header_1, Claim # field and is 1 page, the threshold version of DFA 377.7G in the packet will also mimic the same.

- a. The packet for Los Angeles County will have the following forms:
 - i. DFA 377.7F (has NA Back 9)
 - ii. PA 1820
 - iii. DFA 377.7G
 - iv. CSF 104
 - v. NA 1263
- b. The packet for the 57 Migration Counties will have the following forms:
 - i. DFA 377.7F (has NA Back 9)
 - ii. DFA 377.7G
 - iii. CSF 104
 - iv. NA 1263

Threshold Languages: Armenian, Arabic, Cambodian, Chinese*, Farsi, Tagalog/Filipino, Hmong Korean, Lao, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese, and Mandarin.

Form Mockups/Examples: See Supporting Documents #3, 5

2.3.3 Form Variable Population

Field Mappings: Use the same field mappings as the English and Spanish packets for existing population logic.

2.3.4 Form Generation Conditions

Form Print/Mailing Options

Threshold packets will have the same Form Print/Mailing Options as their corresponding English/Spanish packets.

Print Options:

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

Mailing Options:

Mailing Options	Option for CF IPV Packet
Mail-To (Recipient)	When generated through the Recovery Account Detail page, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalFresh Worker's Office/District Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CF IPV Packet
Post to Self-Service Portal	Y

2.4 CalWORKs Overpayment (OP) Packet

2.4.1 Overview

This section will cover the requirements for adding CalFresh Overpayment Packet in available threshold languages. If the oldest overpayment month associated to the recovery account is before 06/01/2020, the CW OP Packet will generate with NA 274G. If the oldest overpayment month associated to the recovery account is on or after 06/01/2020, the CW OP Packet will generate with NA 274H. There is one packet for all counties (Los Angeles and Migration Counties).

State Form: CalWORKs Overpayment Packet

Current Programs: CalWORKs

Current Attached Forms: See below for included forms

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.4.2 Form Verbiage

Create CalWORKs Overpayment Packet XDP's for Threshold Languages

Technical Note: The page attributes of the threshold packets will mimic those of the English packet. For example, if NA 274H in the English packet has a Header_1, Claim # field, NA Back 9, and its Rules / State Hearing verbiage is displayed across bottom of page, the threshold version of NA 274H in the packet will also mimic the same.

1. Create page fragments to represent each page within the CalWORKs Overpayment Packet XDP having NA 274G.
 - a. The packet for both Los Angeles County and the 57 Migration Counties will have the following forms:
 - i. M44-350I (has NA Back 9)
 - ii. NA 274G (has NA Back 9)
2. Create page fragments to represent each page within the CalWORKs Overpayment Packet XDP having NA 274H.

- a. The packet for both Los Angeles County and the 57 Migration Counties will have the following forms:
 - i. M44-350I (has NA Back 9)
 - ii. NA 274H (has NA Back 9)

Threshold Languages: Armenian, Arabic, Cambodian, Chinese*, Farsi, Tagalog/Filipino, Hmong Korean, Lao, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese, and Mandarin.

Form Mockups/Examples: See Supporting Documents #4, 6

2.4.3 Form Variable Population

Field Mappings: Use the same field mappings as the English and Spanish packets for existing population logic.

2.4.4 Form Generation Conditions

Update Dynamic Form generation batch jobs

1. Update Dynamic Form generation batch jobs (PB00R201- PB00R320) to generate the CalWORKs OP Packet (with NA 274G) in newly added threshold languages.

Technical Note: Update CT942_CWO and CT942_COB

2. Update Dynamic Form generation batch jobs (PB00R201- PB00R320) to generate the CalWORKs OP Packet (with NA 274H) in newly added threshold languages.

Technical Note: Update CT942_COA

Form Print/Mailing Options

Threshold packets will have the same Form Print/Mailing Options as their corresponding English/Spanish packets.

Print Options:

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

Mailing Options:

Mailing Options	Option for CW OP Packet
Mail-To (Recipient)	When generated through the batch process, the CalWORKs Primary Applicant. When generated through the Recovery Account Detail page, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalWORKs Worker's Office/District Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW OP Packet
Post to Self-Service Portal	Y

2.5 Update CF 377.7C to the latest state version (2/14) in CF IHE Packets

2.5.1 Overview

This section will cover the requirements for updating the CF 377.7C used in the CF IHE Packets for both LA and Migration Counties.

State Form: CalFresh Repayment Agreement for Inadvertent Household Errors Only

Current Programs: CalFresh

Current Attached Forms: none

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.5.2 Form Verbiage

Update CF 377.7C used in the CF IHE Packets for both LA County and Migration Counties to the 2/14 revision.

Languages: English, Spanish

2.5.3 Form Variable Population

N/A - This effort will not be updating population logic for this form.

2.5.4 Form Generation Conditions

N/A - This effort will not be updating generation conditions for this form.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	Zip Folder of Forms within the CalFresh Inadvertent Household Error (IHE) Packet in threshold languages	CF_IHE_PACKET_TRANSLATIONS.zip
2	Form	Zip Folder of Forms within the CalFresh Administrative Error (AE) Packet in threshold languages	CF_AE_PACKET_TRANSLATIONS.zip
3	Form	Zip Folder of Forms within the CalFresh Intentional Program Violation (IPV) Packet in threshold languages	CF_IPV_PACKET_TRANSLATIONS.zip
4	Form	Zip Folder of Forms within the CalWORKS Overpayment (OP) Packet in threshold languages	CW_OP_PACKET_G.zip
5	Form	Zip Folder of PA 1820 in threshold languages	CA 220208 PA1820 - PDFs.zip
6	Form	Zip Folder of NA 274H in threshold languages	CA 220208 NA274H - PDFs.zip
7	Form	Excel of 'Claim #:' in threshold languages	CA 220208 - Translated 'Claim #'.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	<p>OI/OP Packets are being added in all available threshold languages.</p>



California Statewide Automated Welfare System

Design Document

CA-223907

ACL 20-129 CF 1239 (12/20) CalFresh Notice of
Approval/Termination Transitional Benefits

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Daniel Rosales
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/11/2021	0.1	Initial Draft	Daniel Rosales
08/16/2021	0.2	Peer Review comments and fixes	Daniel Rosales
12/1/2021	0.3	Changed Recommendation #4	Daniel Rosales

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1 OVERVIEW

This effort will update the CF 1239 to the newest State version (12/20).

1.1 Current Design

The CF 1239 (5/13) exists in the CalSAWS Template Repository in English and Spanish. The CF 1239 (5/13) is also implemented as a NOA generated from EDBC in English and Spanish.

1.2 Requests

Update the Template Repository version of the CF 1239 to the newest State version (12/20) in English and Spanish and add the threshold languages. Update the CF 1239 NOA fragments and title to match the newest State version (12/20) in English and Spanish.

1.3 Overview of Recommendations

1. Update the Template Repository CF 1239 to the newest State version.
2. Update the existing CF 1239 NOA reason that generates from EDBC for TCF Approvals based on the newest state version of the CF 1239 (12/20).
3. Update the existing CF 1239 NOA message that generates from EDBC for TCF Approvals based on the newest state version of the CF 1239 (12/20).
4. Remove the existing CF 1239 NOA message that generates from EDBC for TCF Terminations based on the newest state version of the CF 1239 (12/20).
5. Update the NOA title that that generates from EDC for CW/CF Restoration TCF Terminations based on the newest state version of the CF 1239 (12/20).
6. Update the existing CF 1239 NOA reasons to populate the regulations from the newest state version of the CF 1239 (12/20).

1.4 Assumptions

1. The Template Repository version of the CF 1239 will only have population of the standard header and NA Back 9. No additional variable population will be included for the Template Repository version.
2. This effort is not updating any NOA/form generation conditions.
3. SCR CA-233619 will add the following threshold languages for the CF 1239 NOA: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Filipino, and Vietnamese.

2 RECOMMENDATIONS

2.1 Update Form CF 1239 – CalFresh Notice Of Approval/Denial/Termination Transitional Benefits

2.1.1 Overview

Update the CF 1239 in the Template Repository in English and Spanish to match the 12/20 version. Add the CF 1239 (12/20) in the following languages provided: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Filipino, Vietnamese. Update the form's title.

State Form: CalFresh Notice Of Approval/Denial/Termination Transitional Benefits (5/13)

Current Programs: CalFresh

Current Attached Forms: None

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.1.2 Form/NOA Verbiage

Update CF 1239 XDP

Update the CF 1239 for English and Spanish. Add the form in Threshold Languages. Update form title with the new Form Title in Template Repository.

Updated Languages: Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Filipino, Vietnamese

Form Title: CalFresh Notice Of Approval/Termination Transitional Benefits

Include NA Back 9: Yes, uses current CalSAWS version

Form Mockups/Examples: See Supporting Documents #1

Update Form Regulations

The “Rules” have been amended to reference the federal regulations until the state regulations are finalized to read: Rules: These rules apply: Title 7 CFR §273.26-§273.32

2.1.3 Form/NOA Variable Population

N/A – This effort is not updating variable population. It currently should only populate standard header and NA-Back 9 fields.

2.1.4 Form/NOA Generation Conditions

Add/Update Form Print/Mailing Options Post to Self Service Portal (SSP): Y

2.2 Update NOA Reason Fragment for Transitional CalFresh Approved

2.2.1 Overview

Update NOA Reason Fragment for Transitional CalFresh Approved (CF_AP_TFS_APPROVED_F615) to match the updated CF 1239 (12/20) version.

Reason Fragment Name and ID: CF_AP_TFS_APPROVED_F615 (Fragment ID: 7216)

State Form/NOA: Derived from CF 1239

Current NOA Template: CF_NOA_TEMPLATE (Fragment ID: 3027)

Current Program(s): CalFresh

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English, Spanish

2.2.2 Form/NOA Verbiage

Update CF AP TFS APPROVED F615 Fragment XDP

Update the CF_AP_TFS_APPROVED_F615 fragment with new verbiage in English and Spanish.

Updated Languages: English and Spanish.

Form Mockups/Examples: See Supporting Documents #2

Description	Existing Text	Updated Text	Formatting*
Static Section	<p>Because you CalWORKs case has been closed, you will get Transitional CalFresh benefits. You will get Transitional CalFresh benefits starting <ApprovalDate> and ending <EndDate>. This replaces your previous certification period.</p> <p>Your Transitional CalFresh benefits will end after 5 months unless your household recertifies.</p>	<p>Because your CalWORKs case has been closed, you will get Transitional CalFresh benefits. You will get Transitional CalFresh benefits starting <ApprovalDate> and ending <EndDate>. This replaces your previous certification period. A change to your benefit amount is due to the loss of CalWORKs income.</p> <p>Your Transitional CalFresh benefits will end after 5 months unless your household recertifies for CalFresh.</p>	Arial – Size 10

2.2.3 Form/NOA Variable Population

Currently when generated in the context of a case, the form has the following prepopulated variables: ApprovalDate and EndDate. This effort does not bring any updates to the form variable population. There will be an update to the NOA regulations to match the ones included in the newest State version of the CF 1239 (12/20).

Add/Update NOA Regulations

The “Rules” have been amended to reference the federal regulations until the state regulations are finalized to read: Rules: These rules apply: Title 7 CFR §273.26-§273.32

Note: See recommendation 2.4 for additional NOA Fragments where these regulations are being updated.

2.2.4 Form/NOA Generation Conditions

This effort is not updating generation conditions.

2.3 Update NOA Message Fragment for Transitional CalFresh Approvals

2.3.1 Overview

Update Message Fragment for Transitional CalFresh Approval (CF_AP_MESSAGE4) to match the updated CF 1239 (12/20) version.

Message Fragment Name and ID: CF_AP_MESSAGE4 (Fragment ID: 5025)

State Form/NOA: Derived from CF 1239

Current NOA Template: CF_NOA_TEMPLATE (Fragment ID: 3027)

Current Program(s): CalFresh

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English, Spanish

2.3.2 Form/NOA Verbiage

Update CF AP MESSAGE4 Fragment XDP

Update the CF_AP_MESSAGE4 fragment with new verbiage in English and Spanish.

Updated Languages: English and Spanish.

Form Mockups/Examples: See Supporting Documents #2

Description	Existing Text	Updated Text	Formatting*
Static Section	<p>Reporting: You are encouraged to report if you change your address. Households that get Transitional CalFresh benefits do not have to turn in a reporting form.</p> <p>Recertification: You will get a notice when it is time to recertify at the end of the 5-month</p>	<p>Reporting:</p> <ul style="list-style-type: none">Households that get Transitional CalFresh benefits are not required to report or provide verification for any household changes until the end of the Transitional CalFresh period or at recertification.The County will not act on household	<p>Arial – Size 10</p> <p>The first word, "Reporting:" will be in Bold Arial Size 10 Font.</p> <p>The word "Recertification:" listed after the second bullet will be in Bold</p>

	<p>Transitional CalFresh period.</p> <ul style="list-style-type: none"> • You may ask to recertify for regular CalFresh at any time during the Transitional CalFresh period. If you ask to recertify during the first four months of the Transitional CalFresh period and the regular CalFresh benefits are lower than the current Transitional CalFresh amount, you may withdraw your request for recertification. • If you apply and are approved for CalWORKs and regular CalFresh, you will have a new certification period. Eligibility for Transitional CalFresh will end when the CalWORKs and regular CalFresh benefits are approved, even if your 5 months have not ended. 	<p>changes that you report during the 5 month Transitional CalFresh period. However, you are encouraged to tell the county if you change your address.</p> <p>Recertification:</p> <ul style="list-style-type: none"> • If you have a decrease in income, an increase in expenses or a change in household size before the end of the 5 month Transitional CalFresh period, you may recertify early because your CalFresh benefits may increase. • You may ask to recertify for regular CalFresh at any time during the Transitional CalFresh period. If you ask to recertify during the first four months of the Transitional CalFresh period, your regular CalFresh benefits may be lower than the current Transitional CalFresh amount. You may withdraw your request to recertify if you believe that your benefits will go down. • If you do not recertify during the Transitional CalFresh period, you will get a notice when it is time to recertify. • If you apply and are approved for CalWORKs during the Transitional CalFresh period, you must recertify for CalFresh. Transitional CalFresh will end 	<p>Arial Size 10 Font.</p>
--	---	---	----------------------------

		when the CalWORKs and regular CalFresh benefits are approved, even if your 5 months have not ended. You will have a new CalFresh certification period.	
--	--	--	--

2.3.3 Form/NOA Variable Population

N/A – This effort is not adding variable population to this fragment.

2.3.4 Form/NOA Generation Conditions

This effort is not updating generation conditions.

2.4 Remove NOA Message Fragment for Transitional CalFresh Termination

2.4.1 Overview

The NOA Message fragment for Transitional CalFresh Termination does not apply as it contains reporting and recertification verbiage for TCF. Remove Message Fragment for Transitional CalFresh Termination (CF_TN_MESSAGE6) that are associated with the CF APRVD AND TCF FAIL, CW APRVD AND TCF FAIL, and CW Restored TCF Fail NOAs.

Message Fragment Name and ID: CF_TN_MESSAGE6 (Fragment ID: 5095)

State Form/NOA: Derived from CF 1239

Current NOA Template: CF_NOA_TEMPLATE (Fragment ID: 3027)

Current Program(s): CalFresh

Current Action Type: Termination

Current Reasons: CF_TN_APPRVD_CF_FAILED_TFS_F619 (Fragment ID: 6485), CF_TN_APPRVD_CW_FAILED_TFS_F620 (Fragment ID: 6486), CF_TN_CW_RSTR_TCF_FAIL_F631 (Fragment ID: 6114)

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English, Spanish

2.4.2 Form/NOA Verbiage

Remove CF AP MESSAGE4 Fragment XDP

Remove the CF_AP_MESSAGE4 fragment that are associated with the CF APRVD AND TCF FAIL, CW APRVD AND TCF FAIL, and CW Restored TCF Fail NOAs in English and Spanish.

Updated Languages: English and Spanish.

Form Mockups/Examples: See Supporting Documents #3,

Description	Existing Text
Static Section	<p>Reporting: You are encouraged to report if you change your address. Households that get Transitional CalFresh benefits do not have to turn in a reporting form.</p> <p>Recertification: You will get a notice when it is time to recertify at the end of the 5-month Transitional CalFresh period.</p> <ul style="list-style-type: none">• You may ask to recertify for regular CalFresh at any time during the Transitional CalFresh period. If you ask to recertify during the first four months of the Transitional CalFresh period and the regular CalFresh benefits are lower than the current Transitional CalFresh amount, you may withdraw your request for recertification.• If you apply and are approved for CalWORKs and regular CalFresh, you will have a new certification period. Eligibility for Transitional CalFresh will end when the CalWORKs and regular CalFresh benefits are approved, even if your 5 months have not ended.

2.4.3 Form/NOA Variable Population

N/A – This effort is not adding variable population to this fragment.

2.4.4 Form/NOA Generation Conditions

Remove Message Fragment for Transitional CalFresh Termination (CF_TN_MESSAGE6) that are associated with the CF APRVD AND TCF FAIL, CW APRVD AND TCF FAIL, and CW Restored TCF Fail NOAs.

2.5 Update NOA Title Population for CW/CF Restored Transitional CalFresh Terminations

2.5.1 Overview

The NOA title fragment for CW/CF Restored Transitional Calfresh Termination does not apply as it currently reads as 'CALFRESH NOTICE OF APPROVAL' (Fragment ID: 3101). Update the title to populate as 'CALFRESH NOTICE OF TERMINATION OF TRANSITIONAL BENEFITS' (Fragment Id: 3132) in English and Spanish.

Title Fragment Name and ID: CF_AP_NOA_TYPE (Fragment ID: 5095)

State Form/NOA: Derived from CF 1239

Current NOA Template: CF_NOA_TEMPLATE (Fragment ID: 3027)

Current Program(s): CalFresh

Current Action Type: Termination

Current Reasons: CF_TN_CW_RSTR_TCF_FAIL_F631 (Fragment ID: 6114)

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: None

Existing Title Languages: Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Filipino, Vietnamese

2.5.2 Form/NOA Verbiage

The title on the NOA populates as a Variable/Fragment. The new title will read as 'CALFRESH NOTICE OF TERMINATION OF TRANSITIONAL BENEFITS'.

2.5.3 Form/NOA Variable Population

1. Update NOA Title

Update the title to populate as 'CALFRESH NOTICE OF TERMINATION OF TRANSITIONAL BENEFITS' (Existing Fragment Id: 3132) in English and Spanish for the reason CF_TN_CW_RSTR_TCF_FAIL_F631 (Fragment ID: 6114) appearing on the CW/CF Restoration TCF Failure NOA.

NOA Title: CALFRESH NOTICE OF TERMINATION OF TRANSITIONAL BENEFITS (Existing Fragment Id: 3132).

Updated Languages: English, Spanish

2.5.4 Form/NOA Generation Conditions

N/A – This effort is not adding/updating generation conditions for CW/CF Restored Transitional CalFresh Terminations.

2.6 Update Regulations for existing CF 1239 NOA Fragments

2.6.1 Overview

Update Regulations for the following fragments:

- CF_TN_APPRVD_CF_FAILED_TFS_F619
- CF_TN_APPRVD_CW_FAILED_TFS_F620
- CF_TN_CW_RSTR_TCF_FAIL_F631

*Note: Recommendation 2.1.3 recommends updating regulations for CF_TN_APPRVD_CF_FAILED_TFS_F619. In total this effort is updating regulations for 4 fragments.

Fragment Names and IDs:

- CF_TN_APPRVD_CF_FAILED_TFS_F619 (Fragment ID: 6485)
- CF_TN_APPRVD_CW_FAILED_TFS_F620 (Fragment ID: 6486)
- CF_TN_CW_RSTR_TCF_FAIL_F631 (Fragment ID: 6114)

Known County NOA: Derived from CF 1239

Current NOA Template: CF_NOA_TEMPLATE (Fragment ID: 3027)

Current Program(s): CalFresh

Current Action Type: Termination

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English, Spanish

2.6.2 Form/NOA Verbiage

NA- This effort is not updating verbiage for these fragments.

Form Mockups/Examples: See Supporting Documents #3, 4, and 5

2.6.3 Form/NOA Variable Population

Add/Update NOA Regulations

The "Rules" have been amended to reference the federal regulations until the state regulations are finalized to read: Rules: These rules apply: Title 7 CFR §273.26-§273.32

2.6.4 Form/NOA Generation Conditions

This effort is not updating generation conditions for these fragments.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CF 1239 (English) Form	CF1239_EN.pdf
2	Correspondence	TCF APPROVED NOA – Includes updated reason and message fragments and updated regulations	TCF APPROVED NOA.pdf
3	Correspondence	CF APRVD AND TCF FAIL NOA - Regulations for fragment CF_TN_APPRVD_CF_FAILED_TFS_F619	CF APRVD AND TCF Fail.pdf
4	Correspondence	CW APRVD AND TCF FAIL NOA - Regulations for fragment CF_TN_APPRVD_CW_FAILED_TFS_F620	CW APRVD AND TCF Fail.pdf
5	Correspondence	CW Restored TCF Fail NOA- Regulations for fragment CF_TN_CW_RSTR_TCF_FAIL_F631	CW Restored TCF Fail.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	ACL 20-129 is requiring an update to CF 1239 to its most recent revision (12/20).

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-228806

SB 1065 - Update Homeless Assistance

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Yale Yee
	Reviewed By	Business Analysts, Build teams, System Test

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
3/3/2022	1.0	Initial Document	Yale Yee

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1 OVERVIEW

The purpose of Senate Bill 1065 (SB 1065) is to expand and streamline the eligibility and administration of the CalWORKs Homeless Assistance (HA) Program through a series of policy changes impacting access to HA benefits.

HA benefits captures all special need benefits available for homeless and housing assistance. HA benefits encompass temporary shelter assistance, permanent housing assistance and HA exemptions and expansions.

- Temporary shelter assistance is often referred to as temporary homeless assistance, temp HA, or homeless assistance for temporary shelter. Temporary shelter assistance can pay up to 16 calendar days to temporary shelter within a 12-month period for eligible families in receipt of CalWORKs recipients or families apparently eligible for CalWORKs.
- Permanent housing assistance is often referred to as permanent homeless assistance, perm HA, and homeless assistance for permanent housing. Permanent housing assistance can pay for last month's rent and security deposits or up to two month of rent arrearage not to exceed 80 percent of Total Month Household Income (TMHI) for eligible families in receipt of CalWORKs within a 12 month period.
- Expanded HA for Victims of Domestic Abuse, often referred to as Expanded Temp HA for Victims of Domestic, requires that a CalWORKs applicant who provides a sworn statement of past or present domestic abuse and who is fleeing their abuser shall be deemed to be experiencing homeless and shall be eligible for up to 32 days of temp HA disregarding any income or assets attributable to the alleged abuser.

1.1 Current Design

1. A family receiving CalWORKs is ineligible to receive HA benefits if the family has over \$100 in exempt and nonexempt liquid resources, except for funds deposited in a restricted account.
2. If a family has received a notice to pay rent or quit, the family is required to demonstrate that the pending eviction resulted from a verified financial hardship due to extraordinary circumstances beyond the family's control.
3. CalWORKs applicants fleeing domestic abuse who meet the eligibility for Expanded HA for Victims of Domestic Abuse are eligible to receive two periods or no more than 16 cumulative dates each of temporary shelter assistance within an applicant's lifetime, equaling a total of 32 cumulative days. ACL 18-78 states that if the CalWORKs application is approved within the first 16 days of HA issuance, victims are no longer entitled to the second 16-day payment.
4. Participants who experienced homelessness as a direct and primary result of a state or federally declared natural disaster are eligible for temporary shelter and permanent housing assistance.
5. Permanent housing assistance is available to pay for last month's rent and security deposits if these payments are "reasonable" conditions of securing a residence.

6. The CW 42 Statement of Facts – Homeless Assistance form and the M44-211B & M44-211D NOAs are used for Homeless Assistance.

1.2 Requests

Per ACL 21-121:

1. Remove the \$100 liquid resource limit for families applying for HA benefits.
2. Update the 'Valid Financial Hardship Y/N' field in Homeless Assistance Detail – Permanent page to no longer be required.
3. HA applicants who are provided Expanded HA for Victims of Domestic Abuse are eligible for the second 16-day payment of temporary shelter assistance regardless if the applicant becomes a recipient of CalWORKs within the first 16-day period.
4. Update wording from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster' under the Exception dropdown on the Homeless Assistance Detail page.
5. Permanent HA benefit must not fail when the total amount of the last month rent and security deposit together equal more than twice the renter's total monthly household income (TMHI) as long as the monthly rent does not exceed 80% of TMHI.
Note: Permanent housing assistance payment for up to two months arrearages must still not be exceed twice of the 80% of TMHI.
6. Revisions for the CW 42, M44-211B, and M44-211D forms/NOAs.

1.3 Overview of Recommendations

1. Reword the 'State/Federal Declared Natural Disaster' found on the Exception drop down field on the Homeless Assistance Detail page (both Temporary and Permanent).
2. Update the 'Valid Financial hardship' field from the Homeless Assistance Detail – Permanent page to no longer be required.
3. Remove the \$100 liquid resource limit.
4. Update eligibility for Expanded HA for Victims of Domestic Abuse.
5. Update eligibility for HP regarding last month rent and security deposit amount compared to the TMHI.
6. Update the following forms/NOAs to match the latest State version:
 - a. CW 42
 - b. M44-211B
 - c. M44-211D

1.4 Assumptions

1. All existing functionalities will remain unchanged unless updated in this SCR.
2. There are no changes to the generation/trigger conditions of the forms/NOAs listed in Recommendation 3.
3. The M44-211B and M44-211D NOAs were broken down to multiple fragments. The fragments updated are represented in each section of section 2.

4. CA-218333 will implement any missing verbiage of the M44-211D not implemented with this effort.
5. CA-244744 will add/update the State provided threshold languages of CW 42, M44-211B, M44-211D.

2 RECOMMENDATIONS

2.1 Homeless Assistance Detail – Temporary

2.1.1 Overview

The Homeless Assistance Detail page allows the users to add, edit, or view Homeless Assistance detail information associated to the case. As part of SB 1065, participants are now eligible for homeless assistance for any state or federally declared disaster, not just natural disaster. This SCR will update the wording on the Exception drop down field from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster'.

2.1.2 Homeless Assistance Detail - Temporary Mockup

Homeless Assistance Detail - Temporary

*- Indicates required fields

Save and ReturnCancel

Type: Temporary

Reason: *

- Select -

Exception:

State/Federal Declared Disaster
Domestic Violence
Former Residence Uninhabitable
Physical/Mental Illness

Prior Misuse

CW 42 Received

Payments *

Payment Begin Date	Payment End Date	Verified	CW 74 Received
No Data Found			

Add

Save and ReturnCancel

This [Type 1](#) page took 0.46 seconds to load.

Figure 2.1.1 – Homeless Assistance Detail – Temporary

2.1.3 Description of Changes

1. Reword the value on the Exception drop down field from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster'.

Note: Change to the Homeless Assistance Detail – Temporary page is to reword one of the values on the Exception drop down field.

2.1.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Homeless Assistance**

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 Homeless Assistance Detail – Permanent

2.2.1 Overview

The Homeless Assistance Detail page allows the users to add, edit, or view Homeless Assistance detail information associated to the case. As part of SB 1065, participants are now eligible for homeless assistance for any state or federally declared disaster, not just natural disaster. Secondly, participants are no longer required to demonstrate to the county that the pay or quit is a result of a financial crisis. This SCR will update the wording on the Exception drop down field from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster' and update the Valid Financial Hardship field to no longer be required.



2.2.2 Homeless Assistance Detail - Permanent Mockup

Homeless Assistance Detail - Permanent


*- Indicates required fields


Save and Return Cancel


Type: Permanent


Begin Date: *  End Date: * 


Reason: *


- Select - 

Exception: 

Prior Misuse of Funds: 

Valid Financial Hardship: 

CW 42 Received Date: * 

Rental Agreement Received Date: 

Save and Return Cancel

This Type_1 page took 0.56 seconds to load.



Figure 2.2.1 – Homeless Assistance Detail – Permanent

Homeless Assistance Detail - Permanent


*- Indicates required fields


Save and Return Cancel


Type: Permanent


Begin Date: *  End Date: * 


Reason: *


- Select - 

Exception: 

Prior Misuse of Funds: * No 

Valid Financial Hardship: 

CW 42 Received Date: * 

Rental Agreement Received Date: 

Save and Return Cancel

This Type_1 page took 0.56 seconds to load.

Figure 2.2.2 – Homeless Assistance Detail – Permanent

2.2.3 Description of Changes

1. Reword the value on the Exception drop down field from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster'.
2. Update the 'Valid Financial Hardship' field from the Homeless Assistance Detail – Permanent page to no longer be required.
3. Add a new value to the 'Valid Financial Hardship' drop down field.
 - a. Add a 'Blank' value to the drop down field.
 - i. This will be the Default value in Create mode.
 - b. For existing Homeless Assistance Permanent record, the value that was saved will remain unchanged when users are viewing or editing the record.

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Homeless Assistance**

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 Remove the \$100 liquid resources limit for Homeless Assistance (HA)

2.3.1 Overview

The \$100 liquid resource limit for families applying for all homeless assistance benefits is removed.

2.3.2 Description of Changes

1. Update the logic for HP/HT EDBC to remove the \$100 liquid resource limit.

2.3.3 Programs Impacted

Homeless - Perm, Homeless - Temp

2.3.4 Performance Impacts

N/A

2.4 Updates to Expanded HA for Victims of Domestic Abuse

2.4.1 Overview

HA applicants who are provided Expanded HA for Victims of Domestic abuse are eligible for the second 16-day payment of temporary shelter assistance.

2.4.2 Description of Changes

1. Update HT EDBC to issue a second 16-day payment of temporary shelter regardless if the HA applicant becomes a recipient of CalWORKs (Approved status) during the first 16-day period.

2.4.3 Programs Impacted

Homeless - Temp

2.4.4 Performance Impacts

N/A

2.5 Updates to Permanent HA benefit

2.5.1 Overview

A county may not reject permanent housing assistance when the total amount of a required last month's rent and security deposit payment together equal more than twice the renter's TMHI as long as the monthly rent does not exceed 80% of TMHI

2.5.2 Description of Changes

1. Update HP EDBC to grant benefits when the monthly rent does not exceed 80% of the TMHI even when the total amount of last month's rent and security deposit payment combined is more than twice the renter's TMHI.

2.5.3 Programs Impacted

Homeless - Perm

2.5.4 Performance Impacts

N/A

2.6 Update References to Valid Financial Hardship Indicator

2.6.1 Overview

The 'Valid Financial Hardship' field from the Homeless Assistance Detail – Permanent page is no longer required.

2.6.2 Description of Changes

1. Update HP logic to remove the conditions based on the 'Valid Financial Hardship' field on the Homeless Assistance Detail – Permanent page.

Note: The eligibility rules will no longer reference the field as a required field.

2.6.3 Programs Impacted

Homeless - Perm

2.6.4 Performance Impacts

N/A

2.7 Updates to Existing CW 42 Statement of Facts - Homeless Assistance Form Recommendation

2.7.1 Overview

This effort will be to update the CW 42 to match the latest state version. This form is used as a referral for a photo and fingerprint of the client. It contains all the personal information about the client as well as case information concerning the need for the photo or fingerprint.

State Form: CW 42 (10/2021)

Current Programs: CalWORKs

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English and Spanish

2.7.2 CW 42 Form Verbiage

Update Form XDP

Updated Languages: English and Spanish

Form Number: CW 42 (10/21)

Forms Category: Forms

Include NA Back 9: No

Form Mockups/Examples: See Supporting Document #1

Existing Verbiage	Updated Verbiage	Location in Document
If you have no place to stay or have received a pay rent or quit notice from your landlord, you may be able to get Homeless Assistance payments limited to once every 12 months, unless your homelessness is due	If you (1) do not have a regular place to live or (2) have received a pay rent or quit notice from your landlord, you can get Homeless Assistance payments. These are limited to once every 12 months, unless you	1 st bullet on Page 1

to an exception. To get Homeless Assistance, you cannot have more than \$100 in resources and you must either be eligible for CalWORKs or appear to be eligible for CalWORKs.	meet one of the exceptions below. If you meet an exception, then assistance can be for more than once every 12 months. To get Temporary Shelter Assistance, you must either be eligible for CalWORKs or appear to be eligible for CalWORKs. To get Permanent Housing Assistance, you must already be receiving CalWORKs.	
Exceptions to the 12 month limit are homelessness due to: domestic abuse, physical or mental illness, or uninhabitability of the home. These exceptions are also limited to once every 12 months. Homelessness that is directly caused by a State or Federal declared natural disaster is also an exception.	Exceptions to the 12 month limit are when you are homeless because of (1) domestic abuse, (2) physical or mental illness, (3) uninhabitability of the home, or (4) a State or Federal declared disaster. These exceptions are also limited to once every 12 months, except for homeless due to a disaster. Temporary Shelter Assistance under the disaster's exception can be issued once per disaster.	2 nd bullet on Page 1
If you received a pay rent or quit notice you may be able to get Homeless Assistance payments for up to two months of back rent.	If you received a pay rent or quit notice, you can get Homeless Assistance payments for Permanent Housing, either up to two months of back rent or a security deposit and last month's rent for a new housing placement if	3 rd bullet on Page 1

	you have found new housing. The rent cannot be more than 80% of the total household monthly income.	
If you have no place to stay, you must be looking for permanent housing to get Homeless Assistance for Temporary Shelter. If you find someplace to live, you may get money for permanent housing.	If you do not have a fixed and regular nighttime residence, live in a temporary shelter, or live in a place not ordinarily used for sleeping, you must be looking for permanent housing to get Homeless Assistance for Temporary Shelter. If you find someplace to live, you can get money for a security deposit and last month's rent through Homeless Assistance for Permanent Housing.	4 th bullet on Page 1
You may get Temporary Shelter payments for up to 16 days.	You can get Temporary Shelter payments for up to 16 days within a 12-months period.	5 th bullet on Page 1
Once you have used the 16 days, Temporary Shelter will stop. You will not be eligible to receive Temporary Shelter again for another 12 months, unless you have an exception.	Once you have received the 16 days, Temporary Shelter will stop. You will not be eligible to receive Temporary Shelter Assistance again for another 12 months unless you meet an exception .	6 th bullet on Page 1
You will be asked to prove that your payments were spent on shelter. If you can't, future payments will be made by voucher directly to a shelter, landlord or others for you.	You will be asked to prove that your payments were spent on temporary shelter. If you can't, future payments will be made by voucher directly to a	7 th bullet on Page 1

	shelter, landlord, or others for you.	
If you are fleeing domestic abuse and not currently receiving cash aid, you may be eligible for up to 32 days of expanded temporary Homeless Assistance payments.	If you are a CalWORKs applicant fleeing domestic abuse, you may be eligible for up to 32 days of expanded Temporary Shelter Assistance payments, including if you become a CalWORKs recipient after the initial 16 days.	8 th bullet on Page 1
<p>Did you get Homeless Assistance from any county at any time?</p> <p><Checkbox> Yes</p> <p><Checkbox> No</p> <p>If "YES," complete:</p> <p>Which county: _____</p> <p>When: _____</p>	<p>Are you seeking temporary shelter assistance?</p> <p><Checkbox> Yes</p> <p><Checkbox> No</p>	Question 4 on Page 2
<p>Does anyone in your home get income from a job or training program or any other source?</p> <p><Checkbox> Yes</p> <p><Checkbox> No</p> <p>If "YES," list all income and who gets it below:</p> <p><Comment Box></p>	<p>Are you seeking permanent housing assistance?</p> <p><Checkbox> Yes</p> <p><Checkbox> No</p>	Question 5 on Page 2
List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.	<p>Did you get Homeless Assistance from any county during the last 12 months?</p> <p><Checkbox> Yes</p> <p><Checkbox> No</p> <p><Checkbox> I DON'T KNOW</p>	Question 6 on Page 2

	<p>If "YES," complete: Which county: _____ When: _____</p>	
<p>If you get Homeless Assistance, you may have the payment made out to you or given directly to a shelter, landlord or other for you.</p> <p>Check (checkmark) below to tell us how you want the payment made:</p> <p><Checkbox> To Yourself <Checkbox> To a Landlord <Checkbox> To a Shelter <Checkbox> Other (explain): <Comment Box></p>	<p>Is your homeless due to one of the following? (Check (checkmark) if applicable).</p> <p><Checkbox> Domestic abuse <Checkbox> Federally or State Declared disaster <Checkbox> Physical or mental illness <Checkbox> Uninhabitability of the home</p>	Question 7 on Page 2
<p>If you do not have a permanent home, fill out questions 8 through 12. If you are asking for back rent, skip to questions 13 through 17. If you are fleeing domestic abuse and want to apply for expanded temporary Homeless Assistance benefits, skip to question 18.</p>	Remove	Between questions 7 and 8 on Page 2
<p>Explain where you are staying now.</p>	<p>If you get Homeless Assistance, you can ask that the payment be made out to you, or you can ask that the payment be given directly to a shelter, landlord, hotel/motel, or other on your behalf.</p> <p>Check (Checkmark) below to tell us how you</p>	Question 8 on Page 2

	<p>want the payment made:</p> <p><Checkbox> To Yourself</p> <p><Checkbox> To a Landlord</p> <p><Checkbox> To a Shelter</p> <p><Checkbox> To a Hotel/Motel</p> <p><Checkbox> Other (explain): <Comment Box></p>	
How long have you been there?	<p>Have you found new permanent housing?</p> <p><Checkbox> YES</p> <p><Checkbox> NO</p> <p>Explain:</p> <p>_____</p> <p>If YES, how much is the security deposit and/or last month's rent if you are asking for help with either? \$_____</p>	Question 9 on Page 2
<p>Do you pay for staying there?</p> <p><Checkbox> YES</p> <p><Checkbox> NO</p> <p>If "YES," how much?</p> <p><Comment Box></p>	<p>Did you receive a pay or quit notice?</p> <p><Checkbox> YES</p> <p><Checkbox> NO</p> <p>If YES:</p> <p>How many months of back rent do you owe if you are asking for help to pay some of the back rent? ____ months</p> <p>How much back rent do you owe? \$_____</p> <p>What day did you get a pay rent or quit notice?</p> <p>Mo. ____ Day ____ Yr. _____</p>	Question 10 on Page 2
Explain why you have no place to live.	If you pay rent, how much is your monthly	Question 11 on Page 2

	rent? (if you share your housing cost, how much is your family's cost of the monthly rent)? \$ _____	
Are you seeking permanent housing? <Checkbox> YES <Checkbox> NO Explain: <Comment Box>	Remove	Question 12 on Page 2
Date Received _____	Remove	COUNTY USE ONLY on Page 2
D Case Name (Last, First) _____	Remove	COUNTY USE ONLY on Page 2
E Date HA Authorized: Mo.____ Day____ Yr.____	Remove	COUNTY USE ONLY on Page 2
F Type of HA (check) <Checkbox> Temporary <Checkbox> T-DV <Checkbox> T-Medical <Checkbox> T-Uninhabitable <Checkbox> T-Disaster <Checkbox> T-app. expanded DV Start Date: _____ <Checkbox> Permanent <Checkbox> P-DV <Checkbox> P-Medical <Checkbox> P-Uninhabitable <Checkbox> P-Disaster Start Date: _____	D Type of HA (check) <Checkbox> Temporary <Checkbox> T-DV <Checkbox> T-Verified Medical <Checkbox> T-Verified Uninhabitable <Checkbox> T-Disaster <Checkbox> T-app. expanded DV Start Date: - _____ <Checkbox> Permanent <Checkbox> P-DV <Checkbox> P-Medical <Checkbox> P-Uninhabitable	COUNTY USE ONLY on Page 2

<p>Disposition:</p> <p><Checkbox> Shelter arranged prior to TS</p> <p><Checkbox> Vendor payment issued</p> <p><Checkbox> HA denied</p> <p>Worker: _____</p> <p>Total resource value: _____</p>	<p><Checkbox> P-Disaster</p> <p>Start Date: _____</p> <p>Disposition:</p> <p><Checkbox> Shelter arranged prior to TS</p> <p><Checkbox> Vendor payment issued</p> <p><Checkbox> HA denied</p> <p>Worker: _____</p>	
N/A	<p>If you are fleeing domestic abuse and not currently on cash aid, you may be eligible for once in a lifetime expanded Temporary Shelter Assistance benefits for up to 32 days. Please fill out question 12 below.</p>	First statement on Page 3
N/A	<p>Are you fleeing a domestic abuse situation?</p> <p><Checkbox> YES</p> <p><Checkbox> NO</p>	Question 12 on Page 3
Questions 13 - 19	Remove	Page 3
Homeless Assistance Temporary Shelter and Permanent Housing payments are limited to once every 12 months, unless I have a verified exception.	Homeless Assistance Temporary Shelter and Permanent Housing payments are limited to once every 12 months, unless I have a verified exception. Exceptions are available once every 12 months except for exceptions due to a state or federally declared disaster,	1 st bullet under "I understand that:" on Page 3

	which is once per disaster.	
There is a limit on how much Homeless Assistance I can get.	There is a limit on how many days and how much Homeless Assistance I can get.	2 nd bullet under "I understand that:" on Page 3
I am required to give my Social Security Number, which will be used to check identity and verify that I am not getting aid in more than one case, one county, or one state.	If I have a Social Security number, I am required to give it, which will be used to check identity and verify that I am not getting aid in more than one case, one county, or one state.	3 rd bullet under "I understand that:" on Page 3
N/A	I must use the Temporary Shelter payment for housing, and that if I cannot, I must have my Homeless Assistance payments made out or given to a shelter, landlord, or to others for me.	Added as 4 th bullet under "I understand that:" on Page 3
I understand that I must provide proof that:	I declare that to the best of my knowledge and belief (Check applicable box unless responded "YES" in question 12):	On right hand side under "CERTIFICATION" on Page 3
I am homeless; or I have received a notice to pay rent or quit.	<Checkbox> I am experiencing homelessness, in which I do not have a fixed and regular nighttime residence, live in a temporary shelter, or live in a place not ordinarily used for sleeping;	1 st statement under "I declare..." on right hand side of Page 3
I am homeless due to an exception, if I have	<Checkbox> I have received a notice to pay rent or quit.	2 nd statement under "I declare..." on

already gotten Homeless Assistance.		right hand side of Page 3
I used the Temporary Shelter payment for housing, and that if I cannot, I must have my Homeless Assistance payments made out or given to a shelter, landlord or to others for me.	Remove	3 rd statement under "I declare..." on right hand side of Page 3
I declare under penalty of perjury under the laws of the United States of America and State of California that the information contained on this Statement of Facts – Homeless Assistance is true and correct.	I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts - Homeless Assistance and Certification are true and correct to the best of my knowledge.	Statement above Signature on bottom of Page 3

2.7.3 CW 42 Form Variable Population

There are no updates to the variable population logic of this form.

2.7.4 CW 42 Form Generation Conditions

There are no updates to the form generation conditions of this form.

2.8 Update M44-211B NOA Action Fragment Recommendation

2.8.1 Overview

This fragment is only used by the M44-211B. This effort is to update the verbiage of this fragment.

Action Fragment Name and ID: CW_AP_ACTION10 & 4142

State Form/NOA: M44-211B (10/21)

Current Program(s): CalWORKs

Current Action Type: Approval
Current Fragment Level: Case
Currently Repeatable: No
Existing Languages: English and Spanish

2.8.2 M44-211B NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #2

Description	Existing Text	Updated Text	Formattin g*
Static	<p>YOU CAN GET EXPANDED TEMPORARY HOMELESS ASSISTANCE FOR APPLICANTS FLEEING DOMESTIC ABUSE FOR A TOTAL OF 32 DAYS IN YOUR LIFETIME.</p> <p>As of <EffectiveApprovalDate> the County has approved your request for expanded temporary homeless assistance shelter payments. The amount of your homeless assistance is <HomelessAid>.</p>	<p>You can get expanded temporary homeless assistance for applicants fleeing domestic abuse for a total of 32 days in your lifetime.</p> <p>On <EffectiveApprovalDate>, the County approved you for expanded temporary shelter payments. The amount of your homeless assistance is \$<HomelessAid>.</p>	Arial Font size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.8.3 M44-211B NOA Variable Population

There are no updates to this section.

2.8.4 M44-211B NOA Generation Conditions

There are no updates to this section.

2.9 Update M44-211B NOA A850 Reason Fragment Recommendation

2.9.1 Overview

This reason fragment is part of the M44-211B NOA. It informs the customer that they can still receive 16 nights of benefits under Homeless Assistance.

Reason Fragment Name and ID: CW_AP_FIRST_16_DAYS_A850 & 7763

State Form/NOA: M44-211B (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Approval

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.9.2 M44-211B NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #2

Description	Existing Text	Updated Text	Formatting*
Static	You may be able to get two issuances of 16 nights of shelter aid. If your cash aid application has not been approved or denied once you have used the first 16 nights of benefits, you may be able to get another 16 nights of expanded shelter aid. When you request the second 16 nights, the county will ask to see receipts showing that you spent the	Your payment is for 16 nights of shelter assistance. If your cash aid application is still pending or was approved and you have used the 16 nights of benefits, you may qualify for 16 more nights of shelter aid. If you do not use the second 16 nights, you may be eligible for the remaining benefits later. When you ask for the second 16	Arial Font Size 10

	first 16 nights on housing. If you do not have this proof, your second 16 nights of expanded temporary homeless assistance may be issued as a voucher payment. If you do not get the second 16 nights, you may be eligible for these remaining benefits at a later date.	nights, the county will need to see receipts showing you spent the first 16 nights on housing. If there is no proof, your second 16 nights of expanded temporary homeless assistance may be a voucher payment.	
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*English only, Spanish and threshold will generate based on project standards for that language.

2.9.3 M44-211B NOA Variable Population

There are no updates to this section. The fragment does not contain any variables.

2.9.4 M44-211B NOA Generation Conditions

There are no updates to this section.

2.10 Update M44-211B NOA A851 Reason Fragment Recommendation

2.10.1 Overview

This reason fragment is part of the M44-211B NOA. It informs the customer that they are receiving the last of their benefits under Homeless Assistance.

Reason Fragment Name and ID: CW_AP_HA_FINAL_PAYMENT_A851 & 7764

State Form/NOA: M44-211B (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Approval

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.10.2 M44-211B NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #3

Description	Existing Text	Updated Text	Formatting*
Static	This is your last payment for expanded temporary homeless assistance for applicants fleeing domestic abuse.	Your payment is for the second issuance of 16 nights of shelter aid. This is your last payment for your once in a lifetime shelter aid for applicants fleeing domestic abuse.	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.10.3 M44-211B NOA Variable Population

There are no updates to this section. The fragment does not contain any variables.

2.10.4 M44-211B NOA Generation Conditions

There are no updates to this section.

2.11 Update M44-211B NOA Budget Fragment Recommendation

2.11.1 Overview

This fragment is used by the M44-211B reason fragments to show the calculations of the customer's total aid for temporary shelter. This budget is only used for the reason fragment in section 2.9.

State Form/NOA: M44-211B (10/21)

Current NOA Template ID(s): CW_NOA_TEMPLATE

Budget Name: BUDGT_CW_AP_HA_EXPANDED

Current Program(s): CalWORKs

Current Action Type: Approval
Current Fragment Level: Case
Currently Repeatable: No
Existing Languages: English and Spanish

2.11.2 M44-211B NOA Verbiage

Update Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #2

Description	Existing Text	Updated Text	Formatting*
Static	<p>Temporary Shelter Aid per Night: \$_____</p> <p>Number of Nights: x _____</p> <p>Total Temporary Shelter =\$_____</p> <p>If you are still homeless after your cash aid application is approved, you may be able to get regular temporary homeless assistance as well as permanent homeless assistance when you find a place to live.</p>	<p>Temporary Shelter Aid per Night: \$_____</p> <p>Number of Nights: x _____</p> <p>Total Temporary Shelter =\$_____</p> <p>If you are still homeless after your second issuance of 16 nights payment, and the county approved your cash aid application, you may qualify for additional homeless help. You may be able to get regular temporary homeless assistance, as well as permanent homeless assistance when you find a place to live.</p>	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.11.3 M44-211B NOA Variable Population

There are no updates to this section.

2.11.4 M44-211B NOA Generation Conditions

There are no updates to this section.

2.12 Update M44-211D NOA Action Fragment Recommendation

2.12.1 Overview

This fragment is an action fragment used to inform the customer of their denial for Homeless Assistance. This effort is to update the verbiage of this fragment.

Action Fragment Name and ID: CW_DN_ACTION6 & 4020

State Form/NOA: M44-211D (10/21)

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

2.12.2 M44-211D NOA Verbiage

Update Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #4.1, 4.2, 4.3, and 4.4

Description	Existing Text	Updated Text	Formatting*
Static	The County has denied your request dated <EffectiveDenialDate> for homeless assistance for:	The County has denied your request on <EffectiveDenialDate> for homeless assistance for:	Arial Font Size 10
Dynamic Variable: REQUEST_HA_TYPE	Temporary Shelter	N/A	Arial Font Size 10
Dynamic Variable: REQUEST_HA_TYPE	Permanent Housing	N/A	Arial Font Size 10

Dynamic Variable: REQUEST_HA_TYPE	Expanded Temporary Homeless Assistance for Applicants Fleeing Domestic Abuse	N/A	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_A CTN	N/A	Other exceptions: Disasters	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_A CTN	N/A	Other exceptions: Domestic Abuse	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_A CTN	N/A	Other exceptions: Uninhabitability	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_A CTN	N/A	Other exceptions: Mental or physical illness	Arial Font Size 10
Static	Here's why;	N/A	Arial Font Size 10

2.12.3 M44-211D NOA Variable Population

1. Update Fragment Variable Population

There is an existing variable called REQUEST_HA_TYPE, this variable is not shown in the table below as it is not updated.

A new variable will be added called HA_EXCEPTION_ACTN and will populate as follows:

Variable Name	Population	Formatting*
HA_EXCEPTION_ACTN	Populates with the value from the "Exception" dropdown from either of the Homeless Assistance Detail – Temporary or the Homeless Assistance Detail – Permanent pages.	Arial Font Size 10

	<p>This variable will display only when an exception is selected. If there is no exception selected from either of the Homeless Assistance Detail – Temporary or the Homeless Assistance Detail – Permanent pages, this variable will not be displayed.</p> <p>Ex: “State/Federal Declared Disaster” is selected from Exception dropdown, “Other exceptions: Disasters” will populate.</p> <p>“Domestic Violence” is selected from Exception dropdown, “Other exceptions: Domestic Abuse” will populate.</p> <p>“Former Residence Uninhabitable” is selected from Exception dropdown, “Other exceptions: Uninhabitability” will populate.</p> <p>“Physical/Mental Illness” is selected from Exception dropdown, “Other exceptions: Mental or physical illness” will populate.</p> <p>Technical Note: The “Exception” values are stored in CT10179.</p> <p>Technical Note 2: Update the RuleConstants.java to include the Exception values.</p>	
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*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: HA_EXCEPTION_ACTN – translations are provided in excel sheet titled “CA-228806 Variable Translations.”

2.12.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese

The reason fragments in section 2.12.5 will have the same languages turned off.

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.12.5 Regression Test for CalWORKs HA Denial NOA Action Fragment

Regression test is needed for this NOA action fragment to verify that it will continue to generate as it did previously for "Permanent Housing".

Fragment Name and ID	Shared Logic	Existing Text
CW_DN_ACTION6 (Fragment ID: 4020)	Action associated to CW_DN_PERM_HA_DENY_RECVD_HA_IN_12_MONTH_A837 Reason	The County has denied your request on <EffectiveDenialDate> for homeless assistance for: Permanent Housing Here's why:
CW_DN_ACTION6 (Fragment ID: 4020)	Action associated to CW_DN_LQDRSRCS_GRT_LMT_A839 Reason	The County has denied your request on <EffectiveDenialDate> for homeless assistance for: Permanent Housing Here's why:
CW_DN_ACTION6 (Fragment ID: 4020)	Action associated to CW_DN_FAIL_HA_NOT_ELIG_CW_A847 Reason	The County has denied your request on <EffectiveDenialDate> for homeless assistance for:

		Permanent Housing Here's why:
CW_DN_ACTION6 (Fragment ID: 4020)	Action associated to CW_DN_COST_EXCEEDS_80_PERC_TMHI_A848 Reason	The County has denied your request on <EffectiveDenialDate> for homeless assistance for: Permanent Housing Here's why:
CW_DN_ACTION6 (Fragment ID: 4020)	Action associated to CW_DN_BACK_RENT_EXCEEDS_80_PERC_TMHI_A959 Reason	The County has denied your request on <EffectiveDenialDate> for homeless assistance for: Permanent Housing Here's why:
CW_DN_ACTION6 (Fragment ID: 4020)	Action associated to CW_DN_HMELSS_STND_NOTMET_A835 Reason	The County has denied your request on <EffectiveDenialDate> for homeless assistance for: Permanent Housing Here's why:

2.13 Update M44-211D NOA A825 Reason Fragment Generation

2.13.1 Overview

This reason fragment is part of the M44-211D NOA.

Reason Fragment Name and ID: CW_DN_HMELSS_CRIT_NOT_MET_A825 & 6172

State Form/NOA: M44-211D (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

Technical Note: This fragment is titled:

CW_DN_HMELSS_CRIT_NOT_MET_A825 in the database

CW_DN_HMELSS_STND_NOTMET_A825 in the code

2.13.2 M44-211D NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #4.1

Description	Existing Text	Updated Text	Formatting*
Static	You are not homeless. To get homeless assistance, you must meet one of these rules: You do not have your own place to stay at night, OR You are staying at night in a shelter that is temporary, OR The place you are living in is a place that people do not usually live. OR You have received a notice to pay rent or quit. OR You are a CalWORKs applicant	You did not verify on the Homeless Assistance request form (CW 42) that you are homeless. To get homeless assistance, you must give a sworn statement that verifies you are homeless by meeting one of these rules: You do not have your fixed and regular residence to stay at night, OR You are staying at night in a shelter that is temporary, OR The place you are living in a place	Arial Font Size 10

	and you are fleeing domestic abuse.	that is not ordinarily used for sleeping, OR You have received a notice to pay rent or quit, OR You are a CalWORKs applicant or recipient and you are fleeing domestic abuse.	
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*English only, Spanish and threshold will generate based on project standards for that language.

2.13.3 M44-211D NOA Variable Population

There are no updates to this section. There are no variables in this fragment.

2.13.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, Vietnamese

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.14 Update M44-211D NOA A822 Reason Fragment Generation

2.14.1 Overview

This reason fragment is part of the M44-211D NOA.

Reason Fragment Name and ID:

CW_DN_NO_HMELESS_EXPTN_FOUND_A822 & 6171

State Form/NOA: M44-211D (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

2.14.2 M44-211D NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #5.1, 5.2, and 5.3

Description	Existing Text	Updated Text	Formatting*
Static	You can only get homeless assistance once every 12 months unless you meet an exception. There is no proof that your homelessness was caused by one of the following 12-month exceptions: <ul style="list-style-type: none">- domestic violence- place not livable- medical illness	You already received homeless assistance within the last 12 months, due to the following exception:	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_RSN	N/A	Domestic abuse	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_RSN	N/A	Uninhabitability	Arial Font Size 10
Dynamic Variable: HA_EXCEPTION_RSN	N/A	Mental or physical illness	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.14.3 M44-211D NOA Variable Population

1. Add Fragment Variable Population

A new variable called HA_EXCEPTION_RSN is added for this fragment. There are currently no existing variables.

Variable Name	Population	Formatting*
HA_EXCEPTION_RSN	<p>Populates with the value from the Exception dropdown menu on the Homeless Assistance Detail page except for the State/Federal Declared Disaster exception.</p> <p>Ex: "State/Federal Declared Disaster" is selected from Exception dropdown, nothing will populate.</p> <p>"Domestic Violence" is selected from Exception dropdown, "Domestic abuse" will populate.</p> <p>"Former Residence Uninhabitable" is selected from Exception dropdown, "Uninhabitability" will populate.</p> <p>"Physical/Mental Illness" is selected from Exception dropdown, "Mental or physical illness" will populate.</p> <p>Technical Note: The exception values are from CT10179.</p> <p>Technical Note 2: Update the RuleConstants.java to include the Exception values.</p>	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: HA_EXCEPTION_RSN – translations are provided in excel sheet titled “CA-228806 Variable Translations.”

2.14.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.15 Update M44-211D NOA A965 Reason Fragment Generation

2.15.1 Overview

This reason fragment is part of the M44-211D NOA.

Reason Fragment Name and ID: CW_DN_NOPRF_HMELESS_SUB_A965 & 6184

State Form/NOA: M44-211D (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

2.15.2 M44-211D NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #6

Description	Existing Text	Updated Text	Formatting*
-------------	---------------	--------------	-------------

Static	There is no proof that you were homeless the whole time after you got your last temporary shelter aid payment.	You have not shown proof. You will no longer be able to get temporary shelter aid.	Arial Font Size 10
--------	--	--	-----------------------

*English only, Spanish and threshold will generate based on project standards for that language.

2.15.3 M44-211D NOA Variable Population

There are no updates to this section. There are no variables in this fragment.

2.15.4 M44-211D NOA Generation Conditions

1. **Turn Off Threshold Language Fragments**

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese.

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.16 Update M44-211D NOA A853 Reason Fragment Generation

2.16.1 Overview

This reason fragment is part of the M44-211D NOA.

Reason Fragment Name and ID:

CW_DN_ALREADY_GOTTEN_32_NIGHTS_A853 & 7766

State Form/NOA: M44-211D (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.16.2 M44-211D NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #7

Description	Existing Text	Updated Text	Formatting*
Static	You have already gotten your 32 nights of expanded temporary homeless assistance for applicants fleeing domestic abuse.	You used all your once in a lifetime 32 nights of expanded temporary homeless assistance for applicants fleeing domestic abuse.	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.16.3 M44-211D NOA Variable Population

There are no updates to this section. There are no variables in this fragment.

2.16.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese.

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.17 Update M44-211D NOA A823 Reason Fragment Generation

2.17.1 Overview

This reason fragment is part of the M44-211D NOA.

Reason Fragment Name and ID:

CW_DN_TEMP_HA_DENY_RECVD_HA_IN_12_MO_A823 & 6393

State Form/NOA: M44-211D (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

2.17.2 M44-211D NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #8

Description	Existing Text	Updated Text	Formatting*
Static	You already got homeless assistance in the last 12 months due to an exception.	You already got homeless assistance within the past 12 months.	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.17.3 M44-211D NOA Variable Population

There are no updates to this section. There are no variables in this fragment.

2.17.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.18 Update M44-211D NOA A960 Reason Fragment Generation

2.18.1 Overview

This reason fragment is part of the M44-211D NOA.

Reason Fragment Name and ID:

CW_DN_HA_NOT_COVER_BACK_RENT_A960 & 6445

State Form/NOA: M44-211D (10/21)

Current NOA Template: CW_NOA_TEMPLATE

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

2.18.2 M44-211D NOA Verbiage

Updated Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #9

Description	Existing Text	Updated Text	Formatting*
Static	The amount of homeless assistance would not cover the total back rent amount due.	The allowable amount of homeless assistance for back rent owed would not cover the amount of rent needed to prevent eviction.	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.18.3 M44-211D NOA Variable Population

There are no updates to this section. There are no variables in this fragment.

2.18.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.19 Update M44-211D NOA Budget Fragment Recommendation

2.19.1 Overview

This fragment is used by the M44-211D NOA.

State Form/NOA: M44-211D (10/21)

Current NOA Template ID(s): CW_NOA_TEMPLATE

Budget Name: BUDGT_HA_DN_PERM

Current Program(s): CalWORKs

Current Action Type: Denial

Current Fragment Level: Case

Currently Repeatable: No

Existing Languages: English, Armenian, Cambodian, Chinese, Korean, Russian, Spanish, Tagalog, and Vietnamese

2.19.2 M44-211D NOA Verbiage

Update Fragment XDP

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Document #4.1

Description	Existing Text	Updated Text	Formatting*
Static	<p>Permanent Housing</p> <p>Total Monthly Household Income for the month of _____</p> <p>\$_____ x .80</p> <p>Total Amount Your Housing Can Cost (80% of Total Monthly Household Income):</p> <p>= \$_____</p>	<p>Total Monthly Household Income for the month of _____</p> <p>\$_____ x .80</p> <p>Total Amount Your Housing Can Cost (80% of Total Monthly Household Income):</p> <p>= \$_____</p>	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

2.19.3 M44-211D NOA Variable Population

There are no updates to this section.

2.19.4 M44-211D NOA Generation Conditions

1. Turn Off Threshold Language Fragments

Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese.

Note: CA-244744 will be updating Threshold Languages. Some of the languages listed above may be turned on depending on the release of CA-244744.

2.20 Automated Regression Test

2.20.1 Overview

Create new ART scripts to confirm the changes in this SCR.

2.20.2 Description of Changes

- 1 On the Homeless Assistance Detail page, Temporary and Permanent, confirm that the Exception dropdown contains the new verbiage of "State/Federal Declared Disaster".

On the Homeless Assistance Detail – Permanent page, confirm that the Valid Financial Hardship dropdown is no longer required. Confirm that the HP benefits are the same regardless of the value selected in this dropdown.

Update the "HT, RCA - Ongoing Case - Over Resources" ART script to account for the removal of the \$100 liquid resource limit.

Create a case and grant Expanded Temp HA benefits for a Victim of Domestic Abuse. Add and approve CalWORKs within 16 days of the HT benefits. Confirm that a second round of HT benefits can be granted.

Create a case where monthly rent is less than 80% of the applicant's TMHI, but monthly rent and the security deposit together is more than double the TMHI. HP benefits can be granted.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	CW 42 Form Mockup	CW_42_EN.pdf
2	NOA	M44-211B A850 Reason NOA	211B_A850_EN.pdf
3	NOA	M44-211B A851 Reason NOA	211B_A851_EN.pdf
4.1	NOA	M44-211D A825 Reason NOA Other exceptions: Disasters	211D_A825_DI_EN.pdf
4.2	NOA	M44-211D A825 Reason NOA Other exceptions: Domestic Abuse	211D_A825_DA_EN.pdf
4.3	NOA	M44-211D A825 Reason NOA Other exceptions: Uninhabitability	211D_A825_UN_EN.pdf
4.4	NOA	M44-211D A825 Reason NOA Other exceptions: Mental or physical illness	211D_A825_MP_EN.pdf
5.1	NOA	M44-211D A822 Reason NOA Domestic abuse	211D_A822_DA_EN.pdf
5.2	NOA	M44-211D A822 Reason NOA Uninhabitability	211D_A822_UN_EN.pdf
5.3	NOA	M44-211D A822 Reason NOA Mental or physical illness	211D_A822_MP_EN.pdf
6	NOA	M44-211D A965 Reason NOA	211D_A965_EN.pdf
7	NOA	M44-211D A853 Reason NOA	211D_A853_EN.pdf
8	NOA	M44-211D A823 Reason NOA	211D_A823_EN.pdf
9	NOA	M44-211D A960 Reason NOA	211D_A960_EN.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-232348

Update Reception Log logic to use CalSAWS
system date

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vallari Bathala
	Reviewed By	Naga Chinduluru, Michael Wu, Erick Arreola, Kimberly Sinclair, Himanshu Jain, Shilpa Suddavanda, William Baretsky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
04/18/2022	1.0	Initial Revision	Vallari Bathala

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1 OVERVIEW

1.1 Current Design

Currently, when the Time Shifter is active in a non-Production CalSAWS environment and a Reception Log record is added to the Reception Log Detail page, the record is saved and displays with the current date and not the time-shifted system date.

1.2 Requests

Update Reception Log Detail to use the CalSAWS system date rather than the current date so that Reception Log records are in sync with the CalSAWS application.

1.3 Overview of Recommendations

1. Update the Reception Log Detail logic to capture the application date as the record created date when saving Reception Log records.
2. Update the Reception Log List logic to also display the Reception Log record with the CalSAWS application date.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 Reception Log Detail

2.1.1 Overview

The Reception Log Detail page will use the CalSAWS application date when Time Shifter is active. This change will log and display the records accurately in the Reception Log Detail page.

2.1.2 Reception Log Detail Mockup

Reception Log Detail

*- Indicates required fields

Save and Add AnotherSaveSaveCancel

Case Number:
2676983Select

Application Number:
Select

Person Name: *
Lester, Arthur 53M

Office:
CalSAWS Project Office

Date:
08/09/2022

☐Interpreter
☐Hide From Monitor

Description:

Individual Type:
Language:

Emergency Requests:
Special Needs:

Visit Information

Initial Time	Purpose*	Detail	Appt. Time	Program	Status	Prefix	Number	Worker ID	Additional E-mail	Location
<input type="checkbox"/>	Appointment		9:00 AM	CF					Select	

Remove

Save and Add AnotherSaveSaveCancel

Figure 2.1.1 – Reception Log Detail: Create Mode (Current Design)

Reception Log Detail

*- Indicates required fields

Print Number Full PageGenerate ReferralGenerate CW 31Close

Case Number:
2676983

Application Number:

Person Name: *
Lester, Arthur 53M

Office:
CalSAWS Project Office

Date:
08/09/2022

Description:

Individual Type:
Language:

Emergency Requests:
Special Needs:

Visit Information

Initial Time	Purpose*	Detail	Appt. Time	Program	Status	Number Assigned	Worker ID	Additional E-mail	Location
11:55 AM	Appointment		9:00 AM		Waiting	2			

Print Number Full PageGenerate ReferralGenerate CW 31Close

Figure 2.1.2 – Reception Log Detail

Reception Log List

* - Indicates required fields.

▼ Refine Your Search

Search

Case Number:

Select

Application Number:

Select

Person:

Select

Number Assigned:

Office:

CalSAWS Project Office

Select

Worker ID:

Select

Section:

Select

Unit:

01

04

05

Purpose:

Agency Partners

Apply for Benefits

Appointment

Detail:

Display:

From Date:

08/09/2022

To Date:

08/09/2022

Individual Type:

Customer Status:

Waiting To Be Seen

Results per Page: 100

Search

Search Results Summary

Results 1 - 1 of 1

Add

View Date(s): 08/09/2022 to 08/09/2022

Last Refreshed at 2:09 PM

Date	Initial Time	Waiting Time	Person	Language	Indiv. Type	Case	Purpose	Detail	Appt. Time	Visit Status	Number Assigned	Worker ID
08/09/2022	11:55 AM	02:11	Lester, Arthur 53M			2676983	Appointment		9:00 AM	Waiting	1	

Add

Figure 2.1.3 – Reception Log List

2.1.3 Description of Changes

1. Update the record create date to capture the CalSAWS application when saving a Reception Log record.
Note: The Date in Reception Log Detail Create mode displays the correct CalSAWS application date.
2. Update the Reception Log List page to use the same record create date as Reception Log Detail page.

2.1.4 Page Location

- **Global: Homepage**
- **Quick Links: Reception Log**

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

Update the page mapping for the updated Date fields and column.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.4.3.21	The LRS shall support the establishment of an application from the following inputs: a. Traffic in the traditional office setting ; b. Non-DPSS County Users; c. Outreach User contacts in both fixed and non-fixed locations; d. Non-County Agencies; e. General Public e-Government applications; f. Mail-in; g. Health & Nutrition Mobile Unit; h. District Outreach; i. One-eapp; j. YBN; k. DCFS CWS System Interface; l. Receptionist; and m. ICT.	<ol style="list-style-type: none">1. Update the Reception Log Detail logic to capture the application date as the record created date when saving Reception Log records.2. Update the Reception Log List logic to also display the Reception Log record with the CalSAWS application date.



California Statewide Automated Welfare System

Design Document

CA-233022

Removing YBN Dashboard Links in CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Diana Bonilla
	Reviewed By	Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/08/2022	1.0	Initial Document	Diana Bonilla

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1 OVERVIEW

BenefitsCal is a new website that will replace C4Yourself, YourBenefitsNow, and MyBenefitsCalWIN, to provide one unified experience for all Californians. In addition, BenefitsCal has their own respective dashboards which have been added to CalSAWS through SCR's CA-230686, CA-231735, and CA-231914. The new BenefitsCal dashboards are:

- Applications
- Documents
- Login
- Periodic Reports
- Renewals
- eNOAs

The old YourBenefitsNow dashboards are:

- YBN: Application Processing
- YBN: Application Received

1.1 Current Design

Currently, CalSAWS has two links under the YourBenefitsNow (YBN) dashboards: Application Processing and Application Received. These links can be found under Reports > Business Intelligence > DPSSTATS.

1.2 Requests

Remove the old YourBenefitsNow dashboards:

- YourBenefitsNow: Application Processing
- YourBenefitsNow: Application Received

1.3 Overview of Recommendations

1. Remove the following two YourBenefitsNow dashboard links from the CalSAWS webpage found through Reports > Business Intelligence > DPSSTATS:
 - Application Processing
 - Application Received

1.4 Assumptions

1. No report other than the ones mentioned in this document will be impacted by this SCR.

2 RECOMMENDATIONS

2.1 Reports – Business Intelligence Report Search Page

2.1.1 Overview

The two links in YourBenefitsNow (YBN) dashboards, Application Received and Application Processing, will be removed from the CalSAWS webpage. These YourBenefitsNow dashboard links were added to the Business Intelligence Report Search page and were made accessible under a DPSSTATS navigation option under the Business Intelligence section in the Business Intelligence Report Search page on the left sidebar.

The section will remove the links to the Your Benefits Now dashboards.

2.1.2 Business Intelligence Report Search Page Mockup

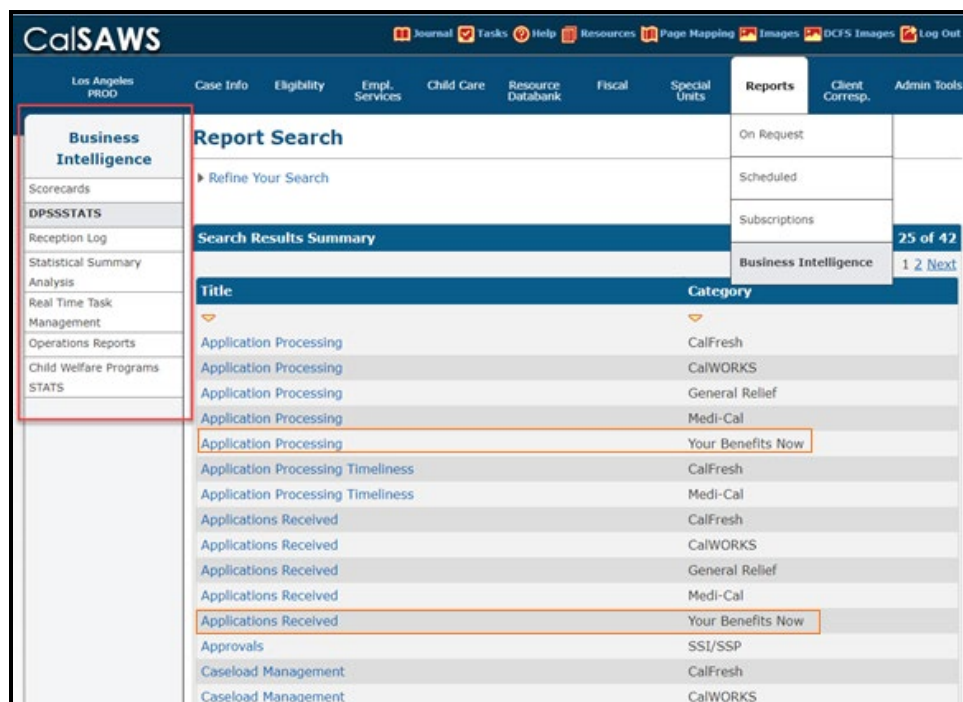


Figure 2.1.2.1 – Business Intelligence Report Search Page Current Design with the two links in the YourBenefitsNow Dashboards

2.1.3 Description of Changes

1. Remove the existing links to YourBenefitsNow dashboards on the Business Intelligence Search page.

The existing links to YourBenefitsNow dashboards are located under the DPSSSTATS navigation option in the Business Intelligence Search page on the left sidebar:

Title	Category
Application Processing	Your Benefits Now
Applications Received	Your Benefits Now

2.1.4 Page Location

- **Global: Reports**
- **Local: Business Intelligence**
- **Task: DPSSSTATS**

2.1.5 Security Updates

No security updates will be made to the report.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.1.5	The LRS/CalSAWS shall allow COUNTY-specified Users the online ability to generate reports.	These dashboards are no longer needed with the decommissioning of Your Benefits Now.



California Statewide Automated Welfare System

Design Document

CA-233808

Update the DCFS Interface in CalSAWS to save absent parent data consistent with sending Custodial Person information to Child Support

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sowmya Coppisetty
	Reviewed By	Edgars Reinholds

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
2/2/2022	1.0	Initial Draft	Sowmya Coppisetty
5/24/2022	1.1	Updated design to include KinGap	Sowmya Coppisetty

Commented [LA1]: I think this should say Kin Gap not just KG

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1 OVERVIEW

1.1 Current Design

DCFS Data Mart sends an inbound file with information from CWS/CMS to CalSAWS, which is used to create and maintain Foster Care and Kin-Gap cases. Currently in CalSAWS, when an inbound transaction is received for a child who is placed in a Relative Family Home the DCFS inbound job creates an Absent Parent support questionnaire record with the child listed as the applicant.

1.2 Requests

Create a new batch job to update the Applicant Name on the Absent Parent Support Questionnaire record for Foster Care programs with an ARC aid code and Kin-Gap programs.

1.3 Overview of Recommendations

Create a new batch job to update the applicant's name in the Absent parent record's Support Questionnaire page to the Relative Family Home (RFH) name for Foster Care programs with an ARC aid code and Kin-Gap programs.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 Create a new batch job to update Support Questionnaire page

2.1.1 Overview

Currently in CalSAWS, when an absent parent transaction is received in the DCFS Foster Care Inbound file for a child who is placed in the Relative Family Home an Absent Parent record is created with the child as the support questionnaire applicant.

With this SCR, we will be creating a new batch job to update the applicant's name in the Absent Parent Support Questionnaire page to the Relative Family Home (RFH) name listed in the child placement page when there is an Active Foster Care program with an ARC aid code or an active Kin-Gap program in the case.

2.1.2 Description of Change

Create a new batch job to update the applicant's name in the Absent parent record's Support Questionnaire page to the Relative Family Home (RFH) name listed in the child placement page when the following conditions are met –

- a. There exists an active Foster Care program with an ARC aid code or an active Kin-Gap program in a case.
- b. Absent Parent Support Questionnaire record was created by the DCFS inbound job 'PI19C884' for the same Foster Care or Kin-Gap case on or after 22.09 release date
- c. The applicant's name listed on the Support Questionnaire page is the Child/Primary Applicant of the Foster Care or Kin-Gap program as of the batch date.
- d. The Child Support Good Cause status is not 'Pending' or 'Granted'.
- e. A referral to DCSS has not been sent for the Absent parent or the Primary applicant/Child in the Foster Care or Kin-Gap program in the CCSAS outbound file.

2.1.3 Execution Frequency

Daily (Monday- Saturday)

2.1.4 Partner Integration Testing

Yes

2.1.5 Key Scheduling Dependencies

Schedule the batch job to run after the EDBC folder and DCFS inbound reader job has completed its run .

Successor- CCSAS

2.1.6 Counties Impacted

LA county

2.1.1 Category

Core

2.1.2 Data Volume/Performance

N/A

2.1.3 Failure Procedure/Operational Instructions

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

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.11	The LRS shall take action on external LRS Data received without intervention by COUNTY-specified Users, to the maximum extent possible.	Create a job to update the applicant's name in the absent parent support questionnaire record created by the DCFS inbound interface job.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-234730

Update Disaster CalFresh Report to include
Application Source

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Diana Bonilla
	Reviewed By	Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/26/2022	1.0	Initial Review	Diana Bonilla

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1 OVERVIEW

According to ACWDL-101321, the state is expecting the Disaster CalFresh (D-CalFresh) Daily Report to provide the application source information in the form of the number of online, paper, and phone applications received. This SCR will update the report to meet the new template provided from the state and add additional details to the report to support counties in meeting this need. To do so, a mapping of the CalSAWS source code is translated to the appropriate application source (paper/online/telephone) as defined by the state.

1.1 Current Design

The current version of the Disaster CalFresh Daily Report in CalSAWS does not include the breakdown of applications received by source.

1.2 Requests

Add the breakdown of applications received by source to the Disaster CalFresh Daily Report.

1.3 Overview of Recommendations

1. Update the 'D-CalFresh Daily Report' sheet of the Disaster CalFresh Report to add the additional lines for the breakdown of new application types by using the source code mapping logic:
 - Line 1a. Online applications
 - Line 1b. Paper applications
 - Line 1c. Telephone applications
2. Update the 'Detail' sheet to add new columns for "Application Source" and "Source Code".
3. Update the 'Detail' Sheet to re-name the current "FBU Count" column to "HH Count".

1.4 Assumptions

1. No report other than the ones mentioned in this document will be impacted by this SCR.
2. For the application source mapping of source code used in this report, the default mapping for any new codes will be to Paper Application Source. Any changes for new future code mapping and current code mapping will require a new SCR.

2 RECOMMENDATIONS

2.1 Disaster CalFresh Daily Report

2.1.1 Overview

The Disaster CalFresh Daily Report, also known as the D-CalFresh Daily Report, provides Disaster CalFresh application and benefit information. The report is a daily scheduled report during a declare disaster period.

This section will update the report to add the breakdown of applications received by source and include additional details that provide further information to counties.

2.1.2 Disaster CalFresh Daily Report Mockup

D-CalFresh Daily Report		
		DOWNLOAD REPORT FORM FROM: http://www.cdss.ca.gov/inforesources/Research-and-Data/DSSDB
		E-MAIL COMPLETED REPORT FORM TO: admDisasterCF@dss.ca.gov
COUNTY NAME COUNTY_NAME	VERSION	REPORT PERIOD MM/DD/YYYY
1. New Apps Taken.....	1	0
a. Online applications.....	a	0
b. Paper applications.....	b	0
c. Telephone applications.....	c	0
2. New Approved: Households.....	2	0
3. New Approved: Persons.....	3	0
4. New Approved: Total Benefits.....	4	\$0.00
5. Average Benefit Per New HH (\$):.....	5	\$0.00
6. Households Denied.....	6	0
7. Supplements Approved: Households.....	7	0
8. Supplements Approved: Persons.....	8	0
9. Supplements Approved: Total Benefits.....	9	\$0.00
10. Average Benefit Per Ongoing HH (\$):.....	10	\$0.00
11. Total New + Ongoing Benefits.....	11	\$0.00
COMMENTS		
Revised Report Explanation (If "Revised" is selected)		
CONTACT PERSON (Print)	TELEPHONE	EXTENSION
TITLE/CLASSIFICATION	E-MAIL	DATE SUBMITTED

Figure 2.1.2.1 – Disaster CalFresh Daily Report Mockup – “D-CalFresh Daily Report” Sheet with the addition of lines 1a, 1b, and 1c

CalSAWS D-CalFresh Daily Report																	
[COUNTY NAME]																	
Run Date: MON-DD-YY HH:MM AM/PM																	
Date: MM/DD/YYYY																	
Distinct Households: 0										Summary							
Distinct Persons: 0										Total: 0 0 \$0.00							
Case Number	Case Name	Declared Disaster	Authorizing Worker	Category	Approval Denied	Control Number	Benefit Type	Payee Name	Aid Code	Benefit Month	Line 1 Category	Source Code	Applic Source	Auth Date	HH Cou	Pers	Benefit Amt
CASE_NUM	CASE_NAME	DEC_DISASTER	AUTH_WORKER	CATEGORY	APP_OR_DE	CONTROL_NUM	BEN_TYPE	PAYEE_NAME	AID_CODE	BEN_MONTH	LINE_CAT	SOURCE_CO	APP_SOURC	AUTH_DATE	HH_COU	PERSON	BEN_AMT

Figure 2.1.2.2 – Disaster CalFresh Daily Report Mockup – “Detail” Sheet with the addition of Application Source and Source Code columns

2.1.3 Description of Changes

- Update the 'D-CalFresh Daily Report' sheet to add the breakdown of Line 1 into three categories as defined by the following new lines:
 - Line 1a. Online Applications
 - Line 1b. Paper Applications
 - Line 1c. Telephone Applications

The total of Line 1a, Line 1b, and Line 1c should equal to the Line 1 count. The base population for Line 1 is not changing.

The new lines are defined by Table 2.1.3.1 and uses the code mapping from Table 2.1.3.2. to determine the breakdown based on its CalSAWS Source Code (Technical Note: PGM_APP.SRC_CODE).

If a new source code is used, the default mapping will be to “Paper” Application Source.

Table 2.1.3.1 – New Lines to be Added to D-CalFresh Daily Report Sheet

Line Name	Line Description
Line 1a. Online applications	<p>Displays the count of new applications taken by the online application form where it has been mapped to “Online” for Application Source.</p> <p>This is determined by the application source mapping (see Table 2.1.3.2) of the source code (PGM_APP.SRC_CODE).</p> <p>The following source code (PGM_APP.SRC_CODE) has been mapped to “Online” and should be counted in this category:</p> <ul style="list-style-type: none"> “YB” – Self Service Portal

	This new line will be displayed as Line 1a below the line 1 "New Apps Taken".
Line 1b. Paper applications	<p>Displays the count of new applications taken by the paper application form where it has been mapped to "Paper" for Application Source.</p> <p>This is determined by the application source mapping (see Table 2.1.3.2) of the source code (PGM_APP.SRC_CODE).</p> <p>The following source code (PGM_APP.SRC_CODE) has been mapped to "Paper" and should be counted in this category:</p> <ul style="list-style-type: none"> • "FX" - Fax • "CH" - CalHEERS • "CB" - CBO Community Based Organization • "CS" - CSC Service Center Referral • "IH" - IHSS/CMIPS II • "IP" - In Person • "OT" - Other • "SP" - SPE Single Point of Entry • "EM" - Email • "OR" - Outreach • "OS" - Outstation • "SW" - SAWS • "EI" - ICT (Inter County Transfer) • "ML" - Mail in Application <p>For any future code that is not mapped in Table 2.1.3.2, default it this paper category.</p> <p>This new line will be displayed as 1b below the line 1a "Online applications".</p>
Line 1c. Telephone applications	<p>Displays the count of new applications taken by the telephone application form where it has been mapped to "Telephone" for Application Source.</p> <p>This is determined by the application source mapping (see Table 2.1.3.2) of the source code (PGM_APP.SRC_CODE).</p>

	<p>The following source code (PGM_APP.SRC_CODE) has been mapped to "Telephone" and should be counted in this category:</p> <ul style="list-style-type: none"> • "PH" – Phone • "RC" – RCC Regional Call Center <p>This new line will be displayed as 1c below the line 1b "Paper applications".</p>
--	---

The following table below contains the mapping of Source Code (PGM_APP.SRC_CODE) to the Application Source. Based on the Application Source, it will be counted under its respective line in the D-CalFresh Daily Report Sheet.

For example, if its Source Code is mapped to "Paper", it will be counted under Line 1b. Paper Applications on the D-CalFresh Daily Report sheet.

Table 2.1.3.2 – Mapping of Source Code to Application Source

Source Code (PGM_APP.SRC_CODE) Category ID 294	Short Name of Source Code	Long Name of Source Code	Mapping to Application Source
DC	CWS	Child Welfare Services	Paper
FX	Fax	Fax	Paper
CH	CH	CalHEERS	Paper
CB	CBO	CBO Community Based Organization	Paper
CS	CSC	CSC Service Center Referral	Paper
IH	IHSS/CMIPS II	IHSS/CMIPS II	Paper
IP	IP	In Person	Paper
OT	OT	Other	Paper
PH	PH	Phone	Telephone
SP	SP	SPE Single Point of Entry	Paper

RC	RCC	RCC Regional Call Center	Telephone
EM	EM	Email	Paper
OR	Outreach	Outreach	Paper
OS	Outstation	Outstation	Paper
SW	SW	SAWS	Paper
EI	ICT	ICT (Inter County Transfer)	Paper
ML	Mail in Application	Mail in Application	Paper
YB	Self-Service Portal	Self-Service Portal	Online

2. Update the 'Detail' sheet to add two new columns: Application Source and Source Code.

Table 2.1.3.3 – New columns to be added to the “Detail” sheet

Column Name	Column Description
Source Code	<p>Displays the source code of where the application came from.</p> <p>This new column will be displayed to the right of “Line 1 Category”.</p> <p>Technical Note: PGM_APP.SRC CODE (Category ID 294). This column will display the short name of the Source Code, which is also stored on CODE_DETL.</p> <p>See Table 2.1.3.2 – Mapping of Source Code to Application Source for the source code.</p>
Application Source	<p>Displays program application source which is derived from the Source Code using the Table 2.1.3.2 – Mapping of Source Code to Application Source.</p> <p>The possible values are:</p> <ul style="list-style-type: none"> • Online • Paper

	<ul style="list-style-type: none"> • Telephone <p>This new column will be displayed to the right of "Benefit Month" column.</p>
--	--

3. Update the 'Detail' sheet to re-label the "FBU Count" column to "HH Count".

Note: This is not changing any reporting logic for this column.

2.1.4 Report Location

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

2.1.5 Counties Impacted

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


2.1.6 Security Updates

No security updates will be made to the report.

2.1.7 Report Usage/Performance

No notable impact to the system's performance.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	Disaster CalFresh Daily Report Mockup	 Disaster CalFresh Daily Report Mockup.

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.11.4.4	The LRS shall provide financial quarterly and monthly claiming reports in accordance with federal, State, and COUNTY policies to maintain audit trails in support of the federal/State claims.	We are including Application Source, Online Applications, Telephone Applications, and Paper Applications to assist counties in verifying claiming information.

5 MIGRATION IMPACTS

N/A

6 OUTREACH

N/A

7 APPENDIX

N/A

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-235440

Update Population Logic for Forms for Migration
Counties – Phase 3

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jasmine Chen, Connor Gorry
	Reviewed By	Sheryl Eppler, Maria Arceo, Priya Sridharan, Himanshu Jain

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/26/2021	1.0	Initial Document	Jasmine Chen
02/15/2022	1.1	Build & Test Review	Connor Gorry
05/25/2022	1.2	Final Build/Test Review, wording adjustments for population conditions	Connor Gorry
05/31/2022	1.3	QA Review	Connor Gorry

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1 OVERVIEW

1.1 Current Design

Currently certain Recovery-related Forms are populating with the default District Office Address, rather than the Collection Mailing Address; Furthermore, on some of these Forms and their headers, this field is not editable, and cannot be changed by the worker after the Form is generated.

Currently, the GEN 102 populates a Mailing Address for in-person appointment types – this will be updated to a physical address.

1.2 Requests

1. Update the population logic to populate and make editable the Collection Mailing Address for the following Forms:
 - CW 2217
 - CF 377.7C
 - CF 377.7E1
 - CSF 102
 - CSF 131
 - CSF 132
 - CSF 133
 - CSF 134
2. Update the population for the GEN 102 Appointment Letter to populate the correct address for in-person interviews.

1.3 Overview of Recommendations

1. Update address population for CW 2217
2. Update address population for CF 377.7C
3. Update address population for CF 377.7E1
4. Update address population for CSF 102
5. Update address population for CSF 131
6. Update address population for CSF 132
7. Update address population for CSF 133
8. Update address population for CSF 134
9. Update population logic for GEN 102 In-Person Interviews

1.4 Assumptions

1. Generation conditions of these forms will not be changed with this SCR.
2. No additional Threshold Languages for any of the Forms will be added with this effort.

3. Header_1, which is shared by all the addressed Forms (except for CW 2217, which has no header) will be made editable with CA-234211, currently scheduled for a 22.03 release.
4. If there is not a Collections Mailing Address/Collections Worker Name for a particular county, default to populating the District Address and worker information.

2 RECOMMENDATIONS

2.1 Updates to CW 2217

2.1.1 Overview

Update population logic for the CW 2217 to populate with the Collection worker's name and contact info, and the Collection Office's name and address.

State Forms: CW 2217

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All

Existing Languages: English, Spanish

2.1.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Body Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Collection Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated (see below), populate with the	Arial Font, Size 10	Y, Text Field	Y	Y

	District Worker's name. If there is no Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.				
<Collection Office Name>	<p>The Collections Office Name</p> <p>Organization Name from the Collection Mail – Correspondence Detail Page</p> <p>For Example, "HS Auditing and Collections" for San Bernardino County</p> <p>Note: If there is no Collection Office Name available, populate District Office Name.</p>	Arial Font, Size 10	Y, Text Field	Y	Y
<Collection Office Mailing Address>	<p>The Collection Mailing Address</p> <p>Address Line 1 from the Collection Mail – Correspondence Detail Page</p> <p>For example, "825 E Hospitality Lane" for San Bernardino County.</p> <p>Note: If there is no Collection Address available, populate District Office Address</p>	Arial Font Size 10	Y, Text Field	Y	Y
<Collection Mailing Address City/State/ZIP Code>	<p>The Collection Mailing Address's City, State, and ZIP code.</p> <p>Address Line 2 information from the Collection Mail –</p>	Arial Font Size 10	Y, Text Field	Y	Y

	<p>Correspondence Detail Page</p> <p>For example, "San Bernardino, CA 92415-0914" for San Bernardino County.</p> <p>Note: If District Office Address has been populated (see above), default to populating the District Office's address information.</p>				
<Collection Worker Name>	<p>Name of the Collection Worker</p> <p>Contact name from the Collection Mail – Correspondence Detail Page</p> <p>Note: The same population as Collection Worker Name above.</p>	Arial Font, Size 10	Y, Text Field	Y	Y
<Collection Worker Phone #>	<p>Collection Worker's Phone Number</p> <p>Primary Phone from the Collection Mail – Correspondence Detail Page</p> <p>Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.</p>	Arial Font, Size 10	Y, Text Field	Y	Y

2.2 Updates to CSF 102

2.2.1 Overview

Update population logic for the CSF 102 to populate with the Collection worker's name and contact info, and the Collection Office's address.

State Forms: CSF 102

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: Migration Counties

Existing Languages: English, Spanish

2.2.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker ID>	Populate with the Collection Worker's ID. Note: If a Collection Worker's name was	Arial Font, Size 10	Y, Text Field	Y	Y

	populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.				
<Worker Phone Number>	<p>Populate with the Collection Worker's Phone Number</p> <p>Primary Phone from the Collection Mail – Correspondence Detail Page</p> <p>Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.</p>	Arial Font, Size 10	Y, Text Field	Y	Y

Form Body Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Collection Office Name>	<p>The Collections Office Name</p> <p>Organization Name from the Collection Mail – Correspondence Detail Page</p> <p>For Example, "HS Auditing and Collections" for San Bernardino County</p> <p>Note: If there is no Collection Office Name available, populate District Office Name</p>	Arial Font, Size 10	Y, Text Field	Y	Y

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address (From the Correspondence List Page)

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.3 Updates to CF 377.7C

2.3.1 Overview

Update population logic for the CF 377.7C. Update Header to populate Collection Worker's information and allow header elements to be edited. Update the Form body to populate the Collection Office's Phone Number, and the Collection Mailing address on the second page.

State Forms: CF 377.7C

Current Programs: CalFresh

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

Existing Languages: English, Spanish

2.3.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker	Arial Font, Size 10	Y, Text Field	Y	Y

	<p>Contact name from the Collection Mail – Correspondence Detail Page</p> <p>Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.</p>				
<Worker ID>	<p>Populate with the Collection Worker's ID.</p> <p>Note: If a Collection Worker's name was populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.</p>	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker Phone Number>	<p>Populate with the Collection Worker's Phone Number</p> <p>Primary Phone from the Collection Mail – Correspondence Detail Page</p> <p>Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.</p>	Arial Font, Size 10	Y, Text Field	Y	Y

Form Body Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Collection Office Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: As above, if a Collection Office Phone number is unavailable, populate with the District Office phone.	Arial Font Size 10	Y, Text Field	Y	Y
<Collection Mailing Address>	Full Collection Mailing Office Address Address Lines 1 and 2 from the Collection Mail – Correspondence Detail Page For Example: HS Auditing and Collections 825 E Hospitality Lane San Bernardino, CA 92415-0914 Note: If there is no Collection Address available, populate District Office Address	Arial Font Size 10	Y, Text Field	Y	Y

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.4 Updates to CF 377.7E1

2.4.1 Overview

Update population logic for the CF 377.7E1. Update Header to populate Collection Worker's information and allow header elements to be edited. Update the Form body to populate the Collection Office's Phone Number, and the Collection Mailing address on the second page.

State Forms: CF 377.7E1

Current Programs: CalFresh

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

Existing Languages: English, Spanish

2.4.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no Collection Worker	Arial Font, Size 10	Y, Text Field	Y	Y

	Name, but there is a Collection Office Name/Address, leave this field blank.				
<Worker ID>	Populate with the Collection Worker's ID. Note: If a Collection Worker's name was populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.	Arial Font, Size 10	Y, Text Field	Y	Y

Form Body Variables:

Variable Name	Population	Formatting	Editable/Field Type	Template Repository Population	Populates with Form Generation
<Collection Office Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: As above, if a Collection Office Phone number is unavailable, populate with the District Office phone.	Arial Font Size 10	Y, Text Field	Y	Y

<Collection Mailing Address>	Full Collection Mailing Office Address Address Lines 1 and 2 from the Collection Mail – Correspondence Detail Page For Example: HS Auditing and Collections 825 E Hospitality Lane San Bernardino, CA 92415-0914 Note: If there is no Collection Address available, populate District Office Address	Arial Font Size 10	Y, Text Field	Y	Y
------------------------------	--	--------------------	---------------	---	---

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.5 Updates to CSF 131

2.5.1 Overview

Update population logic for the CSF 131. Update Header to populate Collection Worker's information and allow header elements to be edited. Update the Form body to populate the Collection Office's Phone Number, and the Collection Mailing address on the second page.

State Forms: CSF 131

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

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

2.5.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no	Arial Font, Size 10	Y, Text Field	Y	Y

	Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.				
<Worker ID>	Populate with the Collection Worker's ID. Note: If a Collection Worker's name was populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.	Arial Font, Size 10	Y, Text Field	Y	Y

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.6 Updates to CSF 132

2.6.1 Overview

Update population logic for the CSF 132. Update Header to populate Collection Worker's information and allow header elements to be edited. Update the Form body to populate the Collection Office's Phone Number, and the Collection Mailing address on the second page.

State Forms: CSF 132

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

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

2.6.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no	Arial Font, Size 10	Y, Text Field	Y	Y

	Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.				
<Worker ID>	Populate with the Collection Worker's ID. Note: If a Collection Worker's name was populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.	Arial Font, Size 10	Y, Text Field	Y	Y

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.7 Updates to CSF 133

2.7.1 Overview

Update population logic for the CSF 133. Update Header to populate Collection Worker's information and allow header elements to be edited. Update the Form body to populate the Collection Office's Phone Number, and the Collection Mailing address on the second page.

State Forms: CSF 133

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

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

2.7.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no	Arial Font, Size 10	Y, Text Field	Y	Y

	Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.				
<Worker ID>	Populate with the Collection Worker's ID. Note: If a Collection Worker's name was populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.	Arial Font, Size 10	Y, Text Field	Y	Y

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.8 Updates to CSF 134

2.8.1 Overview

Update population logic for the CSF 134. Update Header to populate Collection Worker's information and allow header elements to be edited. Update the Form body to populate the Collection Office's Phone Number, and the Collection Mailing address on the second page.

State Forms: CSF 134

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

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

2.8.2 Form Variable Population

Update population logic

Update form body population logic to populate the Collections Mailing Address and make address variables editable when generated.

Form Header Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<Worker Name>	Name of the Collection Worker Contact name from the Collection Mail – Correspondence Detail Page Note: If there is no Collection Worker Name AND a District Office Name and Address has been populated in the body section (see below), populate with the District Worker's name. If there is no	Arial Font, Size 10	Y, Text Field	Y	Y

	Collection Worker Name, but there is a Collection Office Name/Address, leave this field blank.				
<Worker ID>	Populate with the Collection Worker's ID. Note: If a Collection Worker's name was populated, but their ID is unavailable, leave blank. If a District Worker's name was populated, populate the District Worker's ID.	Arial Font, Size 10	Y, Text Field	Y	Y
<Worker Phone Number>	Populate with the Collection Worker's Phone Number Primary Phone from the Collection Mail – Correspondence Detail Page Note: If a District Worker's name has been populated instead, populate the District Office Phone Number.	Arial Font, Size 10	Y, Text Field	Y	Y

Add/Update Form Print/Mailing Options

Mailing Options:

Mail-To (Recipient): No change

Mailed From (Return): Collections Office Mailing Address

Mail-back-to Address: Collections Office Mailing Address

Outgoing Envelope Type: No change

Return Envelope Type: No change

2.9 Updates to GEN 102

2.9.1 Overview

Update population logic for the GEN 102 Appointment Letter. Update the Body variables to populate the correct in-person Appointment address when the 'Face-to-face appointment' box is checked and section is populated.

State Forms: GEN 102

Current Programs: Multiple

Current Attached Forms: N/A

Current Forms Category: Form

Current Template Repository Visibility: All

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

2.9.2 Form Variable Population

Update population logic

Update the GEN 102 to populate a Physical Office Address when the 'Face-to-Face Appointment' box is checked.

Form Body Variables:

Variable Name	Population	Formatting	Editable/ Field Type	Template Repository Population	Populates with Form Generation
<In-Person Appointment Location Name>	The name of the In-Person appointment's location.	Arial Font, Size 10	Y, Text Field	Y	Y
<In-Person Appointment Location Physical Address>	The in-person location's street address (first line only). For example: 11290 Pyrites Way, Suite 150	Arial Font, Size 10	Y, Text Field	Y	Y
<In-Person Appt. City>	The in-person location's city.	Arial Font, Size 10	Y, Text Field	Y	Y

	For example: Rancho Cordova				
<In-Person Appt. State>	The in-person location's state. For example: CA	Arial Font, Size 10	Y, Text Field	Y	Y
<In-Person Appt. ZIP Code>	The in-person location's ZIP Code. For example: 95670	Arial Font, Size 10	Y, Text Field	Y	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	CW 2217 Population Mockup	CW2217_EN.pdf
2	Client Correspondence	CSF 102 Population Mockup	CSF102_EN.pdf
3	Client Correspondence	CF 377.7C Population Mockup	CF377.7C.pdf
4	Client Correspondence	CW 377.7E1 Population Mockup	CF 377_7E1_EN.pdf
5	Client Correspondence	CSF 131 Population Mockup	CSF131_EN.pdf
6	Client Correspondence	CSF 132 Population Mockup	CSF132_EN.pdf
7	Client Correspondence	CSF 133 Population Mockup	CSF133_EN.pdf
8	Client Correspondence	CSF 134 Population Mockup	CSF134_EN.pdf
9	Client Correspondence	GEN 102 Population Mockup	GEN102_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	<p>This list of forms will have its population logic updated to no longer populate static Los Angeles County references.</p>



California Statewide Automated Welfare System

Design Document

CA-235551

Add Threshold Languages to NA 818, M16-120A and M16-120B Forms

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Singaram Manickam
	Reviewed By	P Madhan Kumar

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
04/19/2022	1.0	Initial Draft	Singaram Manickam

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1 OVERVIEW

This effort will add the NA 818, M16-120A and M16-120B forms in all available threshold languages.

1.1 Current Design

The system only has English & Spanish of the NA 818, M16-120A and M16-120B

1.2 Requests

1. Update English/Spanish and add CDSS Threshold Languages to the CalSAWS for the NA 818 (03/2014) form Template Repository and system generated.

Languages include:

Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.

2. Add CDSS Threshold Languages to the CalSAWS for the M16-120A (06/2011) and M16-120B (06/2011) form Template Repository and system generated.

Languages include:

Chinese, Russian and Vietnamese.

1.3 Overview of Recommendations

1. Add the NA 818 form in all 11 threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.
2. Add the M16-120A and M16-120B forms in threshold languages: Chinese, Russian and Vietnamese.
3. Update EN & SP NA 818 to mirror the State.

1.4 Assumptions

1. Print options for threshold languages will remain the same as the print options for English and Spanish languages.
2. There are no changes to the generation logic of the NA 818, M16-120A and M16-120B forms. All triggers for the new threshold languages will be the same as the existing EN/SP languages.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira website.

2 RECOMMENDATIONS

2.1 NA 818

2.1.1 Overview

This section will cover the requirements for adding the NA 818 Form in available threshold languages and update the NA 818 English and Spanish Forms.

State Form: NA 818

Current Programs: Welfare to Work, REP

Current Attached Forms: See included forms below

Current Forms Category: NOA

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Template Description: This form is used to inform the participant that they have been removed from the Welfare-to-Work program for not complying with the Compliance plan.

Imaging Form Name: Notice of Action - Taking You Out of Welfare to Work

Imaging Document Type: Notification/NOA

2.1.2 Form Verbiage

Create NA 818 XDP's for Threshold Languages

Threshold Languages: Armenian, Arabic, Cambodian, Chinese*, Farsi, Tagalog/Filipino, Hmong, Korean, Lao, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese and Mandarin.

Languages to update: English and Spanish

Form Header: CalSAWS Standard Header #1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Documents #1

2.1.3 Form Variable Population

Field Mappings: Use the same field mappings as the NA 818 English and Spanish forms for existing population logic.

2.1.4 Form Generation Conditions

Form generation batch jobs

Form generation batch job (PB00R1938) to generate the NA 818 in newly added threshold languages.

Update Dynamic Form generation batch jobs (PB00R6501 - PB00R6800) to generate the NA 818 in newly added threshold languages.

Tech Note: Update CT942_036

Form Print/Mailing Options

Threshold languages will have the same Form Print/Mailing Options as their corresponding English/Spanish languages.

Print Options:

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 Options:

Mailing Options	Option for NA 818
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
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for NA 818
Post to Self-Service Portal	Y

2.2 M16-120A

2.2.1 Overview

This section will cover the requirements for adding the M16-120A Form in available threshold languages. The M16-120A English and Spanish Forms are already available.

State Form: M16-120A

Current Programs: CalWORKs, RCA, CAPI, General Assistance/General Relief

Current Attached Forms: See included forms below

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

Template Description: This form tells a program participant that access his or her EBT card is about to be stopped, when that will occur, how to prevent it, and how to report a lost card.

Imaging Form Name: EBT Inactive Account

Imaging Document Type: Notification/NOA

2.2.2 Form Verbiage

Create M16-120A XDP's for Threshold Languages

Threshold Languages: Chinese*, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese, and Mandarin.

Form Header: CalSAWS Standard Header #1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Documents #2

2.2.3 Form Variable Population

Field Mappings: Use the same field mappings as the M16-120A English and Spanish forms for existing population logic.

2.2.4 Form Generation Conditions

Form generation batch jobs

Form generation batch job (PIXXF400) to generate the M16-120A in newly added threshold languages.

Update Dynamic Form generation batch jobs (PB00R6501 - PB00R6800) to generate the M16-120A in newly added threshold languages.

Tech Note: Update CT942_241

Form Print/Mailing Options

Threshold languages will have the same Form Print/Mailing Options as their corresponding English/Spanish languages.

Print Options:

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 Options:

Mailing Options	Option for M16-120A
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
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M16-120A
Post to Self-Service Portal	N

2.3 M16-120B

2.3.1 Overview

This section will cover the requirements for adding the M16-120B Form in available threshold languages. The M16-120B English and Spanish Forms are already available.

State Form: M16-120B

Current Programs: CalWORKs, RCA, CAPI, General Assistance/General Relief

Current Attached Forms: See included forms below

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

Template Description: This form tells a program participant that access to his or her EBT card has been stopped, why that occurred, and how to report a lost card.

Imaging Form Name: EBT Dormant Account

Imaging Document Type: Notification/NOA

2.3.2 Form Verbiage

Create M16-120B XDP's for Threshold Languages

Threshold Languages: Chinese*, Russian, Vietnamese

*One translation is provided to support the three Chinese threshold languages: Cantonese, Chinese, and Mandarin.

Form Header: CalSAWS Standard Header #1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Documents #3

2.3.3 Form Variable Population

Field Mappings: Use the same field mappings as the M16-120B English and Spanish forms for existing population logic.

2.3.4 Form Generation Conditions

Form generation batch jobs

Form generation batch job (PIXXF400) to generate the M16-120B in newly added threshold languages.

Update Dynamic Form generation batch jobs (PB00R6501 - PB00R6800) to generate the M16-120B in newly added threshold languages.

Tech Note: Update CT942_240

Form Print/Mailing Options

Threshold languages will have the same Form Print/Mailing Options as their corresponding English/Spanish languages.

Print Options:

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 Options:

Mailing Options	Option for M16-120B
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
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M16-120B
Post to Self-Service Portal	N

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	NA 818 Form in threshold languages	NA818_AE.pdf NA818_AR.pdf NA818_CA.pdf NA818_CH.pdf NA818_FA.pdf NA818_FL.pdf NA818_HM.pdf NA818_KO.pdf NA818_LA.pdf NA818_RU.pdf NA818_VI.pdf
2	Correspondence	Update NA 818 Form in English and Spanish languages	NA818_EN.pdf NA818_SP.pdf
3	Correspondence	M16-120A Form in threshold languages	M16-120A_CH.pdf M16-120A_RU.pdf M16-120A_VI.pdf
4	Correspondence	M16-120B Form in threshold languages	M16-120B_CH.pdf M16-120B_RU.pdf M16-120B_VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	NA 818, M16-120A, M16-120B are being added in all available threshold languages and update NA 818 in English and Spanish languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-237220

API Logic to Ensure Confidential Compliance

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Christopher Vasquez
	Reviewed By	Kenneth Lerch

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR

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1 OVERVIEW

1.1 Current Design

Currently external systems can send documents to the Imaging System with mismatched confidential indicators when compared to the confidential status of a case.

1.2 Requests

Update the Imaging Services Store/Reindex/Copy APIs to apply business logic to ensure that the Drawer and Confidential flag match the cases current confidential status at the point the API call is invoked.

1.3 Overview of Recommendations

1. The Imaging Service Store API will be updated to query the confidentiality table for the case context provided. If an active confidentiality record match is found, the payload will be updated to ensure that the drawer and confidentiality flags follow the current case security needs.

1.4 Assumptions

1. We'll use the existing query that Inbound Imaging's getCaseInfo API uses to inform Hyland of the case's confidentiality status as part of the case metadata it returns.

2 RECOMMENDATIONS

2.1 Imaging Store API

2.1.1 Overview

The Imaging Service Store/Copy/Reindex APIs to county Case or Confidential drawers will be updated to query the confidentiality table for the case context provided. If an active confidentiality record match is found, the payload will be updated to ensure that the drawer and confidentiality flags follow the current case security needs.

2.1.2 Description of Change

1. The Imaging Store API to add a lookup when a document is stored to a county case drawer
 - a. Query the confidential table for an active confidential record
 - i. If a confidential record match is found, confirm/update the Drawer to "<County> Confidential", and the "Confidential" custom property to "true"
 - ii. If no confidential record match is found, confirm/update the Drawer to "<County> Case", and the "Confidential" custom property to "false"
 - iii. If the case id is not found, no change in API response or payload should be made

2.1.3 Partner Integration Testing

Yes – BenefitsCal Partner integration testing will be performed, testing will be performed on masked data

2.1.4 Execution Frequency

This API is executed ~13,000 times an hour in production at the time of this change

2.1.5 Key Scheduling Dependencies

N/A

2.1.6 Counties Impacted

All CalSAWS counties would be impacted by this change. Specifically, this change would have an impact to consumers of the FDS API, BenefitsCal, and Lobby Applications in scenarios where the payload may need to be

updated in-flight to match confidentiality of the case with the core application.

2.1.7 Category

N/A

2.1.8 Data Volume/Performance

This will result in an additional 13,000 Confidential table queries an hour and will grow as new counties are phased into the CalSAWS system

2.1.9 Interface Partner

BenefitsCal is the current primary interface partner for consuming this change on a continuous basis.

2.1.10 Failure Procedure/Operational Instructions

No new failure handling is being introduced in this change, the intention of the changes outline in section 2.1.2 is to implement a consumer transparent change.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-237417

Restore the WFP&I EDMS Cover Letter in the
forms repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Ayman Hussein
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/10/2022	1.0	Initial Revision	Ayman Hussein

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1 OVERVIEW

Los Angeles county requested to restore the WFP&I EDMS Cover Letter which was removed in release 21.11 as part of CA-212833. This SCR will add back the WFP&I EDMS Cover Letter to the Template Repository in CalSAWS.

1.1 Current Design

The WFP&I EDMS Cover Letter was removed from the CalSAWS template repository in release 21.11 as part of CA-212833.

1.2 Requests

Restore the WFP&I EDMS Cover Letter and add to CalSAWS template repository in English language.

1.3 Overview of Recommendations

1. Add Form WFP&I EDMS Cover Letter

1.4 Assumptions

1. The WFP&I EDMS Cover Letter was available in English language only and will be made available in English from the Template Repository.
2. There will be no changes to the existing text on the old WFP&I EDMS Cover Letter.

2 RECOMMENDATIONS

2.1 Add Form WFP&I EDMS Cover Letter

2.1.1 Overview

This effort is adding the previously existed WFP&I EDMS Cover Letter to Template Repository. The WFP&I EDMS Cover Letter was removed in release 21.11 by SCR CA-212833.

Note: This is a pre-existed cover letter.

State Form: WFP&I EDMS

Program: CW, FS, MC, GA, CP

Attached Form(s): N/A

Forms Category: Forms

Languages: English.

Template Repository Visibility: Los Angeles

2.1.2 Form/NOA Verbiage

Create Form WFP&I EDMS XDP

This Form is one impression, one page cover letter.

Form Header: N/A

Form Title (Document List Page Displayed Name): WFP&I EDMS Cover Letter

Form Number: WFP&I EDMS

Include NA Back 9: No

Imaging Form Name: N/A

Imaging Document Type: N/A

Imaging Case/Person: N/A

Form Mockups/Examples: Please refer to Supporting Documents #1

2.1.3 Form/NOA Variable Population

Create the following variables on the WFP&I EDMS Cover Letter when generated from Template Repository.

Variable Name	Population	Formatting	Editable*	Template Repository
CASE_NUMBER[0]	This will not be pre-populated and will be a worker fillable field on the form.	Arial Font Size 10	Y, Numeric Field.	No
CASE_NUMBER[1]	This will not be pre-populated and will be a worker fillable field on the form.	MM/DD/YYYY	Y, Numeric Field.	No
CUSTOMER_NAME[0]	This will not be pre-populated and will be a worker fillable field on the form.	MM/DD/YYYY	Y, Text Field.	No
CUSTOMER_NAME[1]	Editable Text Box to be filled in by the worker. No population.	Arial Font Size 7	Y, Text Field.	No
INVESTIGATION_ID[0]	This will not be pre-populated and will be a worker fillable field on the form.	Arial Font Size 7	Y, Numeric Field.	No
INVESTIGATION_ID[1]	This will not be pre-populated and will be a worker fillable field on the form.	Arial Font Size 7	Y, Numeric Field.	No

Note: This effort does not bring any updates to the form variable population, nor does it introduce any new variables.

2.1.4 Form/NOA Generation Conditions

There will be no updates to the Form Generation, Form Control, nor Print/Mailing Options.

1. Add Form to Template Repository

The WFP&I EDMS Cover Letter will be added to Template Repository. The form will not have any pre-population.

Required Document Parameters: Case Number, Customer Name, Language

2. Add Form Control

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	N

3. 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	N	Y	N

Mailing Requirements:

Mail-To (Recipient): Address of the Primary Applicant

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: No

Electronic Signature: No

CW/CF Electronic Signature (IVR/Text): No

Check to Sign: No

Post to Self Service Portal (SSP): Yes

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	WFP&I EDMS Cover Letter Mockup	WFPIEDMSCOVERLETTER_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	<p>The WFP&I EDMS Cover Letter is added to CalSAWS Template Repository in English.</p>

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-240478

ACL 14-49 - Do Not Remove Restaurant Meals
Indicator When CF is Closed for Non-Financial
Reason

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
03/09/2022	1.0	Initial Draft	Tom Lazio

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1 OVERVIEW

The purpose of this SCR is to prevent the Restaurant Meals indicator from being set to 'No' when EDBC discontinues a CalFresh (CF) program for non-financial reasons and CF HH is still eligible for restaurant meals program.

1.1 Current Design

The CF EDBC sets the 'Restaurant Meals indicator' to 'Yes' when a CF household (HH) is eligible to the restaurant meals program for being homeless or has an elderly or disabled member. If the EDBC discontinues a CF program for non-financial causes such as negative action or non-compliance in the following month, the EDBC would skip the 'Restaurant Meals' eligibility determination and the 'Restaurant Meals indicator' would be defaulted to 'No'.

1.2 Requests

The CF EDBC logic needs to be updated to set the 'Restaurant Meals indicator' based on the prior recent EDBC determination when the CF program is discontinued for non-financial reasons and the 'Restaurant Meals' eligibility determination is skipped.

1.3 Overview of Recommendations

1. Update CalFresh EDBC logic to set the Restaurant Meals indicator equal to the prior recent EDBC determination when the program is discontinued due to non-financial reasons and the 'Restaurant Meals' eligibility determination is skipped.

1.4 Assumptions

1. No change to the existing EDBC rules for 'Restaurant Meal' eligibility determination.
2. Non-Financial rule check is before 'Restaurant Meal' eligibility determination in EDBC rule sets.
3. The Restaurant Meal' eligibility determination will be completed, and indicator set when EDBC fails for financial reasons.

2 RECOMMENDATIONS

2.1 CF EDBC – Restaurant Meals Indicator

2.1.1 Overview

When the CF program is discontinued for non-financial reasons such as negative action or non-compliance, the CF rules skip the 'Restaurant Meals' eligibility determination since there is no budget or budget persons calculated for the EDBC.

Therefore, if the EDBC skips the 'Restaurant Meals' eligibility determination due to discontinuing the CF program for non-financial reasons, set the Restaurant Meals indicator equal to the recent prior EDBC determination value.

2.1.2 Description of Changes

1. Set the "Restaurant Meal" indicator value based on the recent previously 'Accepted and Saved' EDBC Restaurant Meals' indicator value when the current CalFresh program fails the non-financial rules.

2.1.3 Programs Impacted

CF (includes TCF)

NB

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.10.1.29	The LRS shall include a method for COUNTY-specified Users to issue the following cards: a. EBT; b. Temporary paper BIC; and c. Pre-embossed EBT card.	This SCR will update the Restaurant Meals indicator based on the previous EDBC determination when a CalFresh (CF) program is discontinued for non-financial reasons and CF HH is still eligible for restaurant meals program.



California Statewide Automated Welfare System

Design Document

CA-240908

Update School Lunch Report from Annual
Frequency to Monthly Frequency

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Diana Bonilla
	Reviewed By	Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/18/2022	1.0	Initial Document	Diana Bonilla

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1 OVERVIEW

The School Lunch Report is available annually on the 2nd business day of October. This SCR requests that this report be generated to all counties as a monthly scheduled frequency. This SCR will also update the report to better align with CalSAWS cosmetic standards.

1.1 Current Design

Currently, the School Lunch Report runs every year on the 2nd business day of October as an annual scheduled report. The School Lunch Report also has its only sheet labeled as "Sheet1" at the moment and "Date" in the heading.

1.2 Requests

Update the School Lunch report to be available to counties monthly. Label the only sheet in this report to "Summary". Relabel "Date" in the heading to "Report Month".

1.3 Overview of Recommendations

1. Update the School Lunch Report to be generated on a monthly frequency on the 2nd business day of the month.
2. Rename the "Sheet1" sheet to "Summary" sheet.
3. Rename "Date" in the heading to "Report Month".

1.4 Assumptions

1. No report other than the one mentioned in this document will be impacted by this SCR.

2.1.5 Security Updates

No security updates will be made to the report.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	School Lunch Report	 School Lunch Report Mockup.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.1.11	The CalSAWS/LRS shall support all reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures, including statistical, operational, workload, and fiscal reports.	This report will be generated to run on a monthly frequency and review the eligible persons based on age and other qualifying requirements.

5 MIGRATION IMPACTS

N/A

6 OUTREACH

N/A

7 APPENDIX

N/A



California Statewide Automated Welfare System

Design Document

CA-240914

NOA updates for Reduced Premiums for Children's
Programs

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tiffany Huckaby
	Reviewed By	Priya Sridharan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
4/6/2022	0.1	Initial Revision	Tiffany Huckaby
4/14/2022	0.2	Updated Design per Analyst review to no longer update Restricted Scope NOAs as no longer applicable	Tiffany Huckaby
5/19/2022	0.3	Updated with State response that no updates to regulations were needed	Tiffany Huckaby

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1 OVERVIEW

Starting July 1, 2022, premiums are being reduced to zero for programs under the Children's Health Insurance Program. NOAs generated from CalSAWS require updates for this new update.

1.1 Current Design

Currently CalSAWS NOAs reference a premium for the Optional Targeted Low-Income Children's Program (OTLICP).

1.2 Requests

Update the verbiage for the Children's Health Insurance Program to the newest version provided by DHCS with **ACWDL XX-XX**.

1.3 Overview of Recommendations

1. Add new updated Full Scope Approval without a Premium specifically for the Optional Targeted Low-Income Children's Program (OTLICP) NOA reason.
2. Add logic to effective date the new OTLICP verbiage to generate starting 7/1/2022 and generated the older Premium verbiage prior to 7/1/2022. As part of this logic add a switch to turn off the new Fragment and continue to use the existing verbiage in case policy does not get approved.

1.4 Assumptions

1. The new OTLICP verbiage will only generate for Benefit Months 7/2022 and ongoing. The existing OTLICP verbiage still applies for Benefit Months prior to 7/2022.
2. This effort only updates the OTLICP verbiage with the updated versions from DHCS. There will be no updates to the generation or variable population of these fragments. This includes regulations.
3. Updates to verbiage for Restricted Scope OTLICP will not be included in this effort as this is currently not applicable for current or ongoing months.

2 RECOMMENDATIONS

2.1 Update OTLICP Full Scope Approval Reason

2.1.1 Overview

The current OTLICP Full Scope Approval references a Premium. The verbiage has been updated by DHCS. This recommendation will add the new verbiage into the system.

Reason Fragment Name and ID: This effort is replacing the H_AP_FULL_SCOPE_APPROVAL_WITH_PREMIUM_APP_H909 (ID: 7011) effective 7/2022. See Recommendation 2.2 for effective dating logic.

State Form/NOA: MAGI verbiage provided directly from ACWDL XX-XX

Current NOA Template:

- MAGI Template
- Non-MAGI/MAGI mixed NOA Template

Current Program(s): Medi-Cal (MAGI)

Current Action Type: Approval

Current Fragment Level: Person

Currently Repeatable: Yes, per person

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: None

Existing Languages: Armenian, Arabic, Cambodian, Chinese, English, Farsi, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese

2.1.2 Form/NOA Verbiage

Update Fragment XDP

Add a new Fragment for OTLICP Full Scope for Benefit Months on or after 7/2022.

Updated Languages: Armenian, Arabic, Cambodian, Chinese, English, Farsi, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese

Note: While Hmong and Arabic were provided by DHCS we will not be able to implement until SCR CA-214024 adds the Medi-Cal Templates in these Threshold languages.

NOA Mockups/Examples: See Supporting Documents #1

Note: Formatting of the NOA fragment will match Mockup in Supporting Documents #1.

Description	Updated Text	Formatting*
Static	<p>You qualify for Medi-Cal because your household income is below the Medi-Cal limit. Your eligibility for Medi-Cal begins <DATE>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>We counted your household size and income to make our decision.</p>	Arial Font Size 10

	<p>For Medi-Cal, your household size is <HH_SIZE> and your monthly household income is <HH_INCOME>. The monthly Medi-Cal income limit for your household size is <HH_INCOME_LIMIT>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p><REGS> is the regulation or law we relied on for this decision.</p>	
--	--	--

*English only, Spanish and threshold will generate based on project standards for that language.

2.1.3 Form/NOA Variable Population

Note: There are no new variables with this update. Variables will continue to generate with the same population logic for the new OTLICP Full Scope Approval.

Add/Update NOA Title and Footer Reference for new Reason

Update the NOA reference on the Document List Page to not include premium verbiage.

Updated NOA Reference on Document List Page: Full Scope OTLICP

2.1.4 Form/NOA Generation Conditions

There will be no updates to the generation of the OTLICP Approval NOA.
Note: See Recommendation 2.2 for effective dating logic update that determines if this new Fragment generates or the old version of the OTLICP Full Scope NOA reason.

2.2 Add Effective Dating to Existing OTLICP Full Scope Reason that include a Premium

2.2.1 Overview

The current OTLICP Full Scope Approval Reason Fragment references a Premium. The verbiage has been updated and is effective starting Benefit Month 7/2022.

Reason Fragment Name and ID:

- H_AP_FULL_SCOPE_APPROVAL_WITH_PREMIUM_APP_H909 (ID: 7011)
- New Fragment from Recommendation 2.1

State Form/NOA: MAGI verbiage provided directly from DHCS

Current NOA Template:

- MAGI Template

- Non-MAGI/MAGI mixed NOA Template

Current Program(s): Medi-Cal (MAGI)

Current Action Type: Approval

Current Fragment Level: Person

Currently Repeatable: Yes, per person

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: None

Existing Languages: Armenian, Arabic, Cambodian, Chinese, English, Farsi, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese

2.2.2 Description of Change

Add effective dating and a switch for the existing and new Full scope OTLICP reason fragment.

1. New effective dating switch:

Add a new effective dating switch to turn off the effective dating if the new policy that updates the premium for OTLICP does not get approved or if the effective date changes. When the switch is on the NOAs will start generating the new fragments per the logic in #2 below. When the switch is off the effective dating will not take place and the existing OTLICP NOA reason will continue to generate on and after Benefit Month 7/2022.

2. For Full Scope OTLICP:

Update the existing Full Scope OTLICP reason fragment (H_AP_FULL_SCOPE_APPROVAL_WITH_PREMIUM_APP_H909) to only generate for Benefit Months prior to 7/2022 when the new effective dating switch from #1 is turned on. Update the logic to instead generate the new Full Scope OTLICP reason fragment from recommendation 2.1 for Benefit Months on or after 7/2022.

3 SUPPORTING DOCUMENTS

Note: All NOAs/Forms will include the current system version of the NA BACK 9 on the back of the First page.

Number	Functional Area	Description	Attachment
1	NOA	Full Scope OTLICP Approval NOA – on or after Benefit Month 7/2022	FULL_SCOPE MOCKUP.pdf

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4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.7 (CAR-1243)	The CalSAWS shall identify case actions that require a notice, NOA, form, letter, stuffer, or flyer, and shall generate that appropriate notice, NOA, form, letter, stuffer, or flyer, using variable case-specific information.	By using effective dating the system will identify and generate the correct OTLICP noticing.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-242609

Update logic to populate logged-in worker
information

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Chereddy
	Reviewed By	Maria Arceo, Sreekanth Kalvoju

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
05/23/2022	1.0	Initial Design Document	Nithya Chereddy
05/27/2022	1.1	Updates from Committee meeting	Nithya Chereddy

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1 OVERVIEW

1.1 Current Design

1. Currently in the below listed scenarios the correspondence will populate 'CUSTOMER REP' in place of the worker's information.
 - i. If the program does not have an active worker assigned, 'CUSTOMER REP' gets populated instead of the worker's information (please see example below)

CalFresh

Worker:		Primary Applicant/Recipient:	test, test 42F	
Worker ID:		Language:	English	
Program Status:	Pending	Phone Number:		
Aid Code:		Email:		
Meets ESAP Criteria:		Payee:	test, test 42F	
Public Assistance Indicator:		Application Date:	05/23/2022	
FBU:	1			
Expedited Service:	Yes			
Postponed Verif:	No			
Name	Role	Role Reason	Status	Status Reason
test, test 42F	MEM		Pending	

View Details

a) Program currently does not have a worker assigned

San Bernardino County 10 SURREY HILL LANE Savannah, CA 31359	COUNTY OF SAN BERNARDINO
	Date: 05/23/2022
	Case Name: test test
	Case Number: F500715
	Worker Name: CUSTOMER REP
	Worker ID:
	Worker Phone Number: (539) 482-3841
	TEST TEST
	14 WILBERT RD
	BURBANK, CA 96005

b) Form populates 'CUSTOMER REP' as there is no worker associated to the program

- ii. If the worker tries to generate correspondence on a Pending case before the 'Beginning Date of Aid' of the program, the correspondence will populate 'Customer Rep' in place of the worker (Please see example below)

▼ CalFresh

Worker:

Bathurunnisha Abdul Jabbar

Worker ID:

[36LS000T00](#)

Program Status:

Pending

Aid Code:

Meets ESAP Criteria:

Public Assistance Indicator:

FBU:

1

Expedited Service:

Yes

Postponed Verif:

No

Primary Applicant/Recipient:

test, test 42F

Language:

English

Phone Number:

Email:

Payee:

test, test 42F

Application Date:

05/23/2022

Name	Role	Role Reason	Status	Status Reason
test, test 42F	MEM		Pending	

View Details

a) Worker is assigned and the program is in 'Pending' status

Application Detail

* - Indicates required fields

Save and Return Cancel

Program Type: CalFresh View Application: App #1 - 05/23/2022 View Change Reason: *

Program Application Information

App #:	Application Type:	Source: *	Application Date: *	Application Status:
1	New Application	CBO	05/23/2022	Pending

Inter-County Transfer: No

Person Information

Name	DOB	Application Date *	Beginning Date of Aid *
test test	01/01/1980	05/23/2022	06/30/2022

Save and Return Cancel

b) 'Beginning Date of Aid' is a future date (06/30/2022)

San Bernardino County
265 E 4TH STREET
SAN BERNARDINO, CA 92415-0039

COUNTY OF SAN BERNARDINO

Date: 05/23/2022
Case Name: test test
Case Number: 3403072
Worker Name: CUSTOMER REP
Worker ID:
Worker Phone Number: (877) 410-8829

TEST TEST
123 MAIN ST
NORWALK, CA 90650

- c) Form populates 'CUSTOMER REP' as the 'Beginning Date of Aid' is a future date (06/30/2022) but the form is being generated on the current date (05/23/2022)
- If there are multiple program blocks on the case while generating a correspondence the existing logic will prioritize the active program first to find the associated worker. If there is no active program, the logic will randomly pick a program block.

Medi-Cal #1

Worker:

SB Little Mtn Cont MC

Worker ID:

Program Status:

Active

RE Due Month:

09/2022

Re-Evaluate

Primary Applicant/Recipient:

Language:

English

Phone Number:

Email:

johndoe@testcalsaws.org

Application Date:

10/18/2011

Name	Requested Medi-Cal Type	Role	Role Reason	Status	Status Reason
▶ [REDACTED]	Medi-Cal	MEM		Active	
▶ [REDACTED]	Medi-Cal	MEM		Active	
▶ [REDACTED]	Medi-Cal	MEM		Active	
[REDACTED]	Medi-Cal	FRI	Optional Spouse	Denied	No Open Application
[REDACTED]	Medi-Cal	UP	Gets CalWORKs	Discontinued	Failed MAGI

View Details

a) Screenshot of the Active Medi-Cal Block, the existing logic will pull the worker associated to the active Medi-Cal Program block

1.2 Requests

This effort is to update the logic which populates worker's information on the correspondence to populate the logged-in worker's information.

1.3 Overview of Recommendations

1. If a program does not have an active worker associated, populate the logged-in worker's information on the correspondence.
2. If there exists a program with pending status, populate the worker's information on the correspondence irrespective of the program begin date.
3. When there exist multiple program blocks, add a hierarchy to find the worker.

1.4 Assumptions

1. This update is for the 57 migration counties only and will not impact LA County. Currently for LA County, if there is no worker assigned to the program the default worker info (Customer Rep) will populate on the form. This functionality will remain the same for LA County.
2. This SCR is updating functionality for Online generated forms only and not NOAs as EDBC's can only be run if there is a worker tied to the program.
3. This SCR is only applicable for forms that are generated out of the CalSAWS system and not through the CalWIN GA/GR system.

4. If a case is being managed by a unit (service center, MAQ, etc), the unit's information will be populated on the document as the worker.

2 RECOMMENDATIONS

2.1 Update the logic to populate logged-in worker information

2.1.1 Overview

Currently if the program does not have an active worker assigned or if the worker tries to generate correspondence on a Pending case before the begin date of the program, the correspondence will populate 'Customer Rep' in place of the worker.

If there are multiple program blocks on the case while generating a correspondence the existing logic will prioritize the active program first to find the associated worker. If there is no active program, the logic will randomly pick a program.

2.1.2 Description of Change

1. Update the logic for Migration Counties to populate the logged-in worker information on the correspondence when there is no worker assigned to the program irrespective of the program status.

2. Update the logic for Migration Counties to populate the information of worker assigned to the pending case irrespective of the program begin date.

3. If there are multiple program blocks on the case, use the following program status hierarchy to find a program.

- a) Active
- b) Pending
- c) Denied
- d) Discontinued
- e) Ineligible

4. If a program does not exist on a case, but the worker tries to generate a form for that program, the form will populate the logged in worker's information.

Example: If a case has Medi-Cal Program, but the worker is trying to generate a CF 285 form for CalFresh program, the form will populate the logged in worker's information.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.15	The LRS shall pre-populate fields of notices, NOAs, forms, and letters with designated applicant, participant, caregiver, sponsor, authorized representative, and/or any other entity's information.	Logged-in worker's information will be populated when an active worker is not found on the case.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-243470

CCB 22-04 Child Care Immediate and
Continuous Eligibility Age Requirements

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Erika Kusnadi-Cerezo
	Reviewed By	Shilpa Suddavanda, Naga Chinduluru, Michael Wu, Kapil Santosh.

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
04/13/2022	1.0	Initial	Kusnadi.E

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1 OVERVIEW

The Child Care Bulletin 22-04 (CCB 22-04) further clarifies that CalWORKs Stage One Child Care immediate and continuous eligibility age requirement. With this clarification, children whose initial certification or recertification occurs prior to the child's thirteenth birthday may continue to receive subsidized childcare services for the duration of their 12 month eligibility period. This SCR will update CalSAWS to allow counties to continue to issue payment for children who turned 13 during within the 12 month eligibility period.

1.1 Current Design

Currently in CalSAWS, the system will not allow issuance of a childcare payment for children that are over the age of 12 years and 11 months.

1.2 Requests

Update CalSAWS to allow childcare payment for children that turn 13 years old during their 12 month eligibility period.

1.3 Overview of Recommendations

1. Create a new validation on the Child Care Certificate Detail page to only allow a 12 month Child Care Certificate period.
2. Update the Child Care Payment Calculation Detail page to allow issuance for a child that turns 13 years of age during their Child Care Certificate period.
3. Update the Payment Request Detail page to allow issuance for a child that turns 13 years of age during their Child Care Certificate period.

1.4 Assumptions

1. All existing functionalities will remain unchanged unless called out as part of the design.
2. New validation being added to the Child Care Certificate Detail will not impact existing Child Care Certificate record, unless a change is being done after the implementation of this SCR.

2 RECOMMENDATIONS

2.1 Child Care Certificate Detail

2.1.1 Overview

The Child Care Certificate Detail page allows user to add, edit or view a child care certificate for a participant/beneficiary. This SCR will update the page to only allow users to create a child care certificate for a 12 month period at a time.

2.1.2 Child Care Certificate Detail Mockup

Child Care Certificate Detail Cancel

*- Indicates required fields

- Certificate Period (From)** - Certificate Period must be within a 12 month period.

Primary: PEREZ, JANE 35F **Certificate ID:**

Certificate Period: *

From: 01/01/2022 To: 01/01/2025 Continue

Schedule *

Regular									
	Su	Mo	Tu	We	Th	Fr	Sa	Time In	Time Out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Vacation									
	Su	Mo	Tu	We	Th	Fr	Sa	Time In	Time Out
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Remove Add

☐ Variable

Figure 2.1.1 – Child Care Certificate Detail

2.1.3 Description of Changes

1. Add a new validation to the Child Care Certificate Detail page. Validation will display the following message "Certificate Period (From) – Certificate Period must be within a 12 month period."

2. Validation will display when the user clicks on the Continue button and the date entered on the Certificate Period field (From and To fields) is more than a 12 month period.

2.1.4 Page Location

- **Global: Child Care**
- **Local: Case Summary**
- **Task: Child Care Certificates**

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 Child Care Payment Calculation Detail

2.2.1 Overview

The Child Care Payment Calculation Detail page allows users to add, edit or view the details of the child care payment calculations used for payment authorization for a specific month. This SCR will update the logic use on the page to allow users to create a payment calculation for a child that turned 13 years of age during their child care certificate period.

2.2.2 Child Care Payment Calculation Detail Mockup

Child Care Payment Calculation Detail

*- Indicates required fields

[Images](#)
[Accept](#)
[Edit](#)
[Close](#)

[Close](#) - The child on this certificate is not eligible for Child Care benefits during this Benefit Month.

Funding Source: Stage 1	Benefit Month: * 04/2022	Creation Date: 04/12/2022	Family Fee Monthly Rate:
Child Name: Child Doe	Provider: F	Calculate using: * Least Rate	Employed: * Yes

Care Type	Rate Type	Provider Rate	RMR	Month Units	Total
Full Time	Weekly	\$215.00	\$202.96	1.0	\$202.96

Monthly Amount	
Rate Sub-Total:	\$ 202.96
Actual Amount Charged by the Provider:	\$ 202.96
Part Time Family Fee:	\$0.00 / Month - 0.00
Full Time Family Fee:	\$0.00 / Month - 0.00
Materials/Registration Fee:	+ 0.00
Disallowed Provider Vacation/Holiday Amount:	- 0.00
Sub-Total:	= 202.96
Total Amount Previously Authorized:	- 0.00
Overpayment Adjustment:	- 0.00
Authorized Amount:	= 202.96
Overpayment:	\$ 0.00

Provider Vacation/Holiday and Child Absence Information	
Provider Vacation/Holidays	Provider Vacation/Holidays
Paid During Service Month:	Paid During Fiscal Year:
Child Absences Due to Sickness	Child Absences Due to Sickness
Paid During Service Month:	Paid During Fiscal Year:
Child Absences Not Due to Sickness	Child Absences Not Due to Sickness
Paid During Service Month:	Paid During Fiscal Year:

[Images](#)
[Accept](#)
[Edit](#)
[Close](#)

This Type 1 page took 0.76 seconds to load.

Figure 2.2.1 – Child Care Payment Calculation Detail with Validation (Reference Only)

Child Care Payment Calculation Detail

*- Indicates required fields

ImagesGoCancel

- Benefit Month** - The child on this certificate is not eligible for Child Care benefits during this Benefit Month.

Funding Source:

Benefit Month: *

Creation Date:

Stage 1

06/2022

04/13/2022

Child Name:

Provider:

Calculate using: *

Employed: *

Child Doe

Rachelle F

Least Rate

Yes

Certified Care

Care Type	Rate Type	Provider Rate	RMR	Month Units	Total
Full Time	Weekly	\$215.00	\$202.96	1.0	\$ 202.96

Additional Care

Care Type	Rate Type	Provider Rate	RMR	Month Units	Total
<div>Add Rate</div>					

Monthly Amount

Rate Sub-Total:	\$	202.96
Actual Amount Charged by the Provider:	\$	202.96
Part Time Family Fee:	\$0.00 / Month	- 0.00
Full Time Family Fee:	\$0.00 / Month	- 0.00
Materials/Registration Fee:	+	0.00
Disallowed Provider Vacation/Holiday Amount:	-	0.00
Sub-Total:	=	202.96
Total Amount Previously Authorized:	-	0.00
Overpayment Adjustment:	-	0.00
Authorized Amount:	=	0.00
Overpayment:	\$	0.00

Provider Vacation/Holiday and Child Absence Information

<div>Provider Vacation/Holidays</div> <div>Paid During Service Month:</div> <div></div>	<div>Provider Vacation/Holidays</div> <div>Paid During Fiscal Year:</div> <div></div>
<div>Child Absences Due to Sickness</div> <div>Paid During Service Month:</div> <div></div>	<div>Child Absences Due to Sickness</div> <div>Paid During Fiscal Year:</div> <div></div>
<div>Child Absences Not Due to Sickness</div> <div>Paid During Service Month:</div> <div></div>	<div>Child Absences Not Due to Sickness</div> <div>Paid During Fiscal Year:</div> <div></div>

ImagesGoCancel

This Type_1 page took 0.35 seconds to load.

Figure 2.2.2 – Child Care Payment Calculation Detail with Validation (Reference Only)

2.2.3 Description of Changes

1. Update the logic used for the validation message "Close – The child on this certificate is not eligible for a Child Care benefits during this Benefit Month." and "Benefit Month - The child on this certificate is not eligible for a Child Care benefits during this Benefit Month."
 - a. Validations will not display when the child on the certificate is 13 years old, a Stage 1 funding and all the below conditions are met:
 - i. The Child Care Certificate was created prior to the child's 13th birthday.
 - ii. The child's 13th birthday occurred within the Child Care Certification period.
 - iii. The benefit month for the child care payment calculation is within a 12 month period from the child care certification begin date.

Example1: Child's birthday is on 02/10/2009 and a Stage 1 Child Care Certificate was created on 01/01/2022 for the period of 01/01/2022 through 12/31/2022. Validation message will no longer display when creating a payment calculation for the Benefit Month of 03/2022 through 12/2022.

Example 2: Child's birthday is on 02/10/2009 and a Stage 1 Child Care Certificate was created on 01/01/2022 for the period of 01/01/2022 through 12/31/2025. Validation message will display when the user is trying to create Payment Calculation for the benefits month of 01/01/2023.

(This scenario is only possible for Child Care Certificate that was created prior to the implementation of this SCR and the Child Care Certificate Period is for more than 12 months.)

Note: There is no change to the validation message. The change is to update the trigger for the above validation message.

2.2.4 Page Location

- **Global: Child Care**
- **Local: Case Summary**
- **Task: Child Care Certificates**

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 Payment Request Detail

2.3.1 Overview

The Payment Request Detail page allows users to add, edit or view the payment request information. This SCR will update the logic use on the page to allow users to create a payment request for a child that turned 13 years of age during their child care certificate period.

2.3.2 Payment Request Detail Mockup

Payment Request Detail

*- Indicates required fields

SaveCancel

Cancel - The child on this certificate is not eligible for Child Care benefits during this Benefit Month.

Service Arrangement ID:

.406

Payment Request Number:

Service Arrangement Details

Payee Name: <div>E</div>	Case Name: <div>Urban Doe</div>	Case Number: <div>M1011E2</div>
Program: <div>Child Care</div>	Funding Source: <div>Stage 1</div>	Aid Code:
Need Category:	Need Type:	Voucher Number:
Service Type: <div>Center</div>	Employed: <div>Yes</div>	

Requested Amount: *

202.96

Adjusted Amount:

202.96

Advanced: *

Yes

Service Arrangement Requested Amount:

202.96

Status: *

Awaiting Approval

Service Month: *

06/2022

Issuance Method: *

WARRANT

Service Arrangement Remaining Amount:

0.00

Pay Code: *

Stage 1 CW

Transitional

Unemployed

Override

Receipt Verification Date:

Receipt Amount:

Received Date: *

04/18/2022

Creation Date:

Invoice Number:

Delivery Method: *

Mail

Immediacy: *

Routine

Purchase Order Number:

Comments:

SaveCancel

Figure 2.3.1 – Payment Request Detail with Validation (Reference Only)

Payment Request Detail

* - Indicates required fields

Approve

Disapprove

Copy

Edit

Close

- [Close](#) - The child on this certificate is not eligible for Child Care benefits during this Benefit Month.

Unable to determine supervisor/deputy. Task was not created.

Service Arrangement ID:
4001521406

Payment Request Number:
4000910261

Service Arrangement Details

Payee Name:

[Rachelle F](#)

Case Name:

Urban Doe

Case Number:

M1011E2

Program:

Child Care

Funding Source:

Stage 1

Aid Code:

Need Category:

Need Type:

Voucher Number:

Service Type:

Center

Employed:

No

Requested Amount: *
202.96

Adjusted Amount:
202.96

Advanced: *
Yes

Service Arrangement
Requested Amount:
202.96

Status: *
Awaiting Approval

Service Month: *
06/2022

Issuance Method: *
WARRANT

Service Arrangement
Remaining Amount:
202.96

Pay Code: *
Stage 1 CW Transitional
Unemployed

Receipt Verification
Date:

Receipt Amount:

Received Date: *
04/13/2022

Creation Date:
April 13, 2022

Invoice Number:

Delivery Method: *
Mail

Immediacy: *
Routine

Purchase Order Number:

Comments:

Status	Status Date	Service Month	Authorized By
Awaiting Approval	04/13/2022 9:44:36 AM	06/2022	1033960

Last Updated On 04/28/2022 9:36:24 PM By:
[1033960](#)

Approve

Disapprove

Copy

Edit

Close

This [Type 1](#) page took 0.17 seconds to load.

Figure 2.3.2 – Payment Request Detail with Validation (Reference Only)

2.3.3 Description of Changes

1. Update the logic used for the validation message "Cancel – The child on this certificate is not eligible for a Child Care benefits during this Benefit Month." and "Close – The child on this certificate is not eligible for Child Care benefits during this Benefit Month."
 - a. Validations will not display when the child on the certificate is 13 years old, a Stage 1 funding and all the below conditions are met:
 - i. The Child Care Certificate was created prior to the child's 13th birthday.
 - ii. The child's 13th birthday occurred within the Child Care Certification period.
 - iii. The benefit month for the child care payment calculation is within a 12 month period from the child care certification begin date.

Example 1: Child's birthday is on 02/10/2009 and a Stage 1 Child Care Child Care Certificate was created on 01/01/2022 for the period of 01/01/2022 through 12/31/2022. Validation message will no longer display when creating a payment request for the Benefit Month of 03/2022 through 12/2022.

Example 2: Child's birthday is on 02/10/2009 and a Stage 1 Child Care Child Care Certificate was created on 01/01/2022 for the period of 01/01/2022 through 12/31/2025. Validation message will display when the user is trying to create Payment request for the benefits month of 01/01/2023.

(This scenario is only possible for Child Care Certificate that was created prior to the implementation of this SCR and the Child Care Certificate Period is for more than 12 months.)

Note: There is no change to the validation message. The change is to update the trigger for the above validation message.

2.3.4 Page Location

- **Global: Fiscal**
- **Local: Payment Requests**
- **Task: Payment Requests Search**

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Page Usage/Data Volume Impacts

N/A

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.10.1.1	<p>The LRS shall include the ability to issue benefits, including:</p> <ul style="list-style-type: none">a. Monthly benefits issued on a recurring basis, on either a calendar month or fiscal (cyclical) period;b. Emergency issuances (e.g., Immediate Need and Expedited Services);c. Diversion payments;d. Supplemental benefits;e. Recovery refunds;f. Special needs payments;g. Retroactive payments;h. Vendor and/or Service Provider payments;i. Tokens and bus passes;j. Non-traditional/alternative transportation (e.g., car pool, taxi vouchers, and parking fees);k. Vouchers for special payments, ancillary payments and other services; andl. Interim assistance payments.	<p>CalSAWS is updated to allow issuance for children that turned the age of 13 within certificate period. The change will meet the requirement set by CCB 22-04 .</p>



California Statewide Automated Welfare System

Design Document

CA-245274

Remove Outbound E-mail Functionality from the
Reminder Detail Page

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Farhat Ulain
	Reviewed By	Matthew Lower

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
05/10/2022	1.0	Initial Draft	Farhat Ulain

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1 OVERVIEW

CalSAWS has the Reminder functionality that reminds the user about case and program information. Furthermore, user can select 'Send as E-mail' option that sends an outbound E-mail to the E-mail address provided, with all the information entered in the Reminder Detail page. Due to a security concern and the risk of sharing the Personal Identification Information (PII) over E-mail, outbound E-mail functionality will be removed from the Reminder Detail page.

1.1 Current Design

In the Reminder Detail page, user can add details, such as, Case Number, Program, Due Date, Long Description and Short Description. User receives a reminder with the provided information. Also, user can also select 'Send as E-mail' option that sends an outbound E-mail to the E-mail address provided, with all the information entered in the Reminder Detail page.

1.2 Requests

Remove the outbound E-mail functionality from the Reminder Detail page, due to a security concern and the risk of sharing the Personal Identification Information (PII) over E-mail.

1.3 Overview of Recommendations

1. Update the Reminder Detail page to remove the outbound E-mail functionality.

1.4 Assumptions

1. Fields not modified within the description of changes will retain their current functionality.
2. User will not have the option of sending outbound E-mails from the Reminder Detail page.

2 RECOMMENDATIONS

2.1 Reminder Detail

2.1.1 Overview

CalSAWS has the Reminder functionality that reminds the user about case and program information. Furthermore, user can select a 'Send as E-mail' option that sends an outbound E-mail to the E-mail address provided, with all the information entered in the Reminder Detail page. Due to a security concern and the risk of sharing the Personal Identification Information (PII) over E-mail, outbound E-mail functionality will be removed from the Reminder Detail page. This SCR will be removing the 'Send as E-mail' functionality from the page.

2.1.2 Reminder Detail – Mockup

The mockup shows the 'Reminder Detail' page. At the top, there's a 'Worker ID - 90LS003Q00' and a 'Case Number: *' field. Below this is a table with columns 'Due Date', 'Program', and 'Description'. The table has two rows of data. To the right of the table, there are fields for 'Program:', 'Due Date:', 'Short Description:', and 'Long Description:'. At the bottom, there are buttons for 'Add Reminder', 'Print', 'Save', and 'Cancel'. A status bar at the bottom indicates 'This Type 1 page took 0.21 seconds to load.'

Due Date	Program	Description
05/20/2022	L114D18 FS	Test
05/26/2022	L114D18 MC	Test 2

Figure 2.1.2.1 – Reminder Detail Page

2.1.3 Description of Change

1. Remove the 'Send as E-mail?' option from the Reminder Detail page, along with the check box next to it.
2. Remove the 'E-mail Address' field from the Reminder Detail page, along with the text box below.

Note: User will not have the option of sending outbound E-mails from the Reminder Detail page.

2.1.4 Page Location

CalSAWS Home Page – Reminder Detail

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

Update page mappings for the 'Reminder Detail' page.

2.1.7 Page Usage/Data Volume Impacts

N/A

3 SUPPORTING DOCUMENTS

N/A

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.1.1.5	The CalSAWS shall provide field-level and cross-field validation upon completion of data entry by User and immediately display appropriate corrective instructions for the related field.	Outbound E-mail functionality will be removed from the Reminder Detail page.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245402

Enhance Imaging API to enable content security headers

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Alan Young

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
5/3/2022	1.0	Initial Draft	Alan Young
5/09/2022	1.1	Reviewed	Sumeet Patil

DRAFT

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1 OVERVIEW

This SCR describes the design of the Content Security Policy (CSP) for the Imaging API. Content Security Policy is a computer security standard introduced to prevent cross-site scripting (XSS), clickjacking and other code injection attacks resulting from execution of malicious content in the trusted web page context. The SCR introduces the design of CSP enablement at the Imaging API level (part of Spring Boot), which will then be enforced by the CSP-compliant browser.

1.1 Current Design

The current design of the Imaging API does not have the capability of adding the content security policy directives in the HTTP headers. CSP enablement will help to prevent the malicious cross-site attacks and data injections. In order to enhance security, CSP enablement is desirable.

1.2 Requests

With the increasing security threats from cross-site attacks and data injections. Content Security Policy offers a means to reduce and mitigate the threats from those malicious attacks. By restricting the domains from which content can be loaded, the chances of attacks will be greatly reduced. It is recommended to enable content security header in Imaging API.

1.3 Overview of Recommendations

This SCR introduces the capability of specifying CSP setting for Imaging API. The enablement of Content Security Policy will not change the functional behavior of Imaging API. The definition of CSP will restrict the domains from which content can be loaded for the Imaging API. And those allowable domains can be precisely specified in the definition.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

This SCR introduces the capability of specifying CSP setting for Imaging API. The enablement of Content Security Policy will not change the functional behavior of Imaging API. With this added layer of security, CSP helps to detect and mitigate certain types of attacks, including Cross-Site Scripting (XSS) and data injection.

2.1 Overview

The enablement of Content Security Policy is described in the following.

- Enable the definition of a default CSP setting for Imaging API with the minimum setting: `default-src 'self'`. A Content-Security-Policy: `default-src 'self'` means that it only allows all content to come from the site's own origin.

2.2 Description of Changes

The external change with regards to The configuration of Content Security Policy for Imaging API is specified in the `application.properties` file:

- `application.properties`
 - Define a default CSP setting: `content.security.policy=default-src 'self'`
 - "`default-src 'self'`" is a minimal setting as a default.

2.3 Security Updates

This is an enhancement of security for Imaging API with the introduction of Content Security Policy. The default CSP setting is specified as "`default-src 'self'`".

3 SUPPORTING DOCUMENTS

N/A

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

N/A

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

N/A

6 OUTREACH

N/A

DRAFT

7 APPENDIX

N/A

DRAFT

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-245442 Stanislaus Opt out of DDID 85

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Howard Suksanti
	Reviewed By	Himanshu Jain

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
05/16/2022	1.0	Initial Draft	Howard Suksanti

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1 OVERVIEW

Stanislaus County opts out of DDID 85. This SCR will update the End Worker Assignment batch (PB00M100) to exclude Stanislaus from WTW/REP – Sanction logic.

1.1 Current Design

Stanislaus opted in to DDID 85 batch automation to remove Worker assignment when WTW program is Sanctioned.

1.2 Requests

Stanislaus opts out of DDID 85 batch automation to remove Worker assignment when WTW program is Sanctioned.

Update End Worker Assignment batch (PB00M100) to exclude Stanislaus from WTW/REP – Sanction logic.

1.3 Overview of Recommendations

Update End Worker Assignment batch (PB00M100) to exclude Stanislaus from WTW/REP – Sanction logic.

1.4 Assumptions

1. This SCR will impact Stanislaus County only.

2 RECOMMENDATIONS

2.1 Update End Worker Assignment batch (PB00M100) to exclude Stanislaus from WTW/REP – Sanction logic

2.1.1 Overview

Update End Worker Assignment batch (PB00M100) to exclude Stanislaus from WTW/REP – Sanction logic.

Table 2.1.1.1 below display the current logic of the batch job. And Table 2.1.2.1 display the updated logic.

Table 2.1.1.1 – Current End Worker Assignment Logic Reference

Migration County	Program	Program Status	Program Status Reason	Rules
57 Migration Counties	All	Discontinued, Denied, Deregistered	All Program Status Reasons excluding 'Exempt'	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	WTW, REP, GROW, and Cal-Learn	Discontinued, Denied, Deregistered	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.

Migration County	Program	Program Status	Program Status Reason	Rules
Alpine, Butte, Calaveras, Colusa, El Dorado, Fresno, Humboldt, Los Angeles, Marin, Mendocino, Merced, Nevada, San Joaquin, Orange, Placer, San Diego, Solano, Sonoma, Stanislaus , Tuolumne Note: The list of counties above are the counties who opted into the functionality per DDID 85.	WTW, REP	Sanctioned	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	All Programs excluding the following Medi-Cal, WTW, REP, GROW, and Cal-Learn	Discontinued, Deregistered	All Program Status Reasons excluding 'Exempt'	End-date worker assignment after 1 full calendar month of the Program status begin date (effective date). Note: If a program is closed effective in the middle of the month, then the worker will remain assigned for the remainder of the current month throughout the following month. The worker assignment will be end-dated when the job runs for the first time after the following month.
Los Angeles	All Programs excluding the following WTW, REP, GROW, and Cal-Learn	Denied	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 31 days after the Denial creation/action date.

Migration County	Program	Program Status	Program Status Reason	Rules
Los Angeles	Medi-Cal	Discontinued	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 90 days after the Discontinuance Begin date.

2.1.2 Description of Changes

- Create a Data Change Request (DCR) to remove Stanislaus County from the WTW/REP Sanction logic. The updated logic will be as specified in the table 2.1.2.1 below.

Table 2.1.2.1 – Update End Worker Assignment Logic Reference

Migration County	Program	Program Status	Program Status Reason	Rules
57 Migration Counties	All	Discontinued, Denied, Deregistered	All Program Status Reasons excluding 'Exempt'	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	WTW, REP, GROW, and Cal-Learn	Discontinued, Denied, Deregistered	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.

Migration County	Program	Program Status	Program Status Reason	Rules
Alpine, Butte, Calaveras, Colusa, El Dorado, Fresno, Humboldt, Los Angeles, Marin, Mendocino, Merced, Nevada, San Joaquin, Orange, Placer, San Diego, Solano, Sonoma, Tuolumne Note: The list of counties above are the counties who opted into the functionality per DDID 85.	WTW, REP	Sanctioned	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	All Programs excluding the following Medi-Cal, WTW, REP, GROW, and Cal-Learn	Discontinued, Deregistered	All Program Status Reasons excluding 'Exempt'	End-date worker assignment after 1 full calendar month of the Program status begin date (effective date). Note: If a program is closed effective in the middle of the month, then the worker will remain assigned for the remainder of the current month throughout the following month. The worker assignment will be end-dated when the job runs for the first time after the following month.
Los Angeles	All Programs excluding the following WTW, REP, GROW, and Cal-Learn	Denied	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 31 days after the Denial creation/action date.

Migration County	Program	Program Status	Program Status Reason	Rules
Los Angeles	Medi-Cal	Discontinued	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 90 days after the Discontinuance Begin date.

2.1.3 Execution Frequency

No Change

2.1.4 Key Scheduling Dependencies

No Change.

2.1.5 Counties Impacted

This change will only impact Stanislaus County.

2.1.6 Category

Core job.

2.2.8 Data Volume/Performance

N/A.

2.2.9 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 Project Requirements

REQ #	Requirement Text	How Requirement Met
2.7.1.1	The LRS shall support individual cases assigned to multiple files and to multiple workers, as specified by COUNTY-defined program and policy. Some of these workers continue to provide services and support to a client after the traditional cash benefits, Food Stamp, and/or Medi-Cal cases have been closed.	The Life Cycle Reassignment Batch Job will be updated to configurable by county and program when a worker assignment is to be end dated.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-245487 Mendocino Opt Out of DDID 85

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Howard Suksanti
	Reviewed By	Angela Zhao

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
05/17/2022	1.0	Initial Draft	Howard Suksanti

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1 OVERVIEW

Mendocino County opts out of DDID 85. This SCR will update the End Worker Assignment batch (PB00M100) to exclude Mendocino from WTW/REP – Sanction logic.

1.1 Current Design

Mendocino opted in to DDID 85 batch automation to remove Worker assignment when WTW program is Sanctioned.

1.2 Requests

Mendocino opts out of DDID 85 batch automation to remove Worker assignment when WTW program is Sanctioned.

Update End Worker Assignment batch (PB00M100) to exclude Mendocino from WTW/REP – Sanction logic.

1.3 Overview of Recommendations

Update End Worker Assignment batch (PB00M100) to exclude Mendocino from WTW/REP – Sanction logic.

1.4 Assumptions

1. This SCR will impact Mendocino County only.
2. Stanislaus County opts out of DDID 85 as part of CA-245442.

2 RECOMMENDATIONS

2.1 Update End Worker Assignment batch (PB00M100) to exclude Mendocino from WTW/REP – Sanction logic

2.1.1 Overview

Update End Worker Assignment batch (PB00M100) to exclude Mendocino from WTW/REP – Sanction logic.

Table 2.1.1.1 below display the current logic of the batch job. And Table 2.1.2.1 display the updated logic.

Table 2.1.1.1 – Current End Worker Assignment Logic Reference

Migration County	Program	Program Status	Program Status Reason	Rules
57 Migration Counties	All	Discontinued, Denied, Deregistered	All Program Status Reasons excluding 'Exempt'	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	WTW, REP, GROW, and Cal-Learn	Discontinued, Denied, Deregistered	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.

Migration County	Program	Program Status	Program Status Reason	Rules
Alpine, Butte, Calaveras, Colusa, El Dorado, Fresno, Humboldt, Los Angeles, Marin, Mendocino , Merced, Nevada, San Joaquin, Orange, Placer, San Diego, Solano, Sonoma, Stanislaus , Tuolumne Note: The list of counties above are the counties who opted into the functionality per DDID 85.	WTW, REP	Sanctioned	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	All Programs excluding the following Medi-Cal, WTW, REP, GROW, and Cal-Learn	Discontinued, Deregistered	All Program Status Reasons excluding 'Exempt'	End-date worker assignment after 1 full calendar month of the Program status begin date (effective date). Note: If a program is closed effective in the middle of the month, then the worker will remain assigned for the remainder of the current month throughout the following month. The worker assignment will be end-dated when the job runs for the first time after the following month.
Los Angeles	All Programs excluding the following WTW, REP, GROW, and Cal-Learn	Denied	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 31 days after the Denial creation/action date.

Migration County	Program	Program Status	Program Status Reason	Rules
Los Angeles	Medi-Cal	Discontinued	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 90 days after the Discontinuance Begin date.

2.1.2 Description of Changes

- Create a Data Change Request (DCR) to remove Mendocino County from the WTW/REP Sanction logic. The updated logic will be as specified in the table 2.1.2.1 below.

Table 2.1.2.1 – Update End Worker Assignment Logic Reference

Migration County	Program	Program Status	Program Status Reason	Rules
57 Migration Counties	All	Discontinued, Denied, Deregistered	All Program Status Reasons excluding 'Exempt'	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	WTW, REP, GROW, and Cal-Learn	Discontinued, Denied, Deregistered	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.

Migration County	Program	Program Status	Program Status Reason	Rules
Alpine, Butte, Calaveras, Colusa, El Dorado, Fresno, Humboldt, Los Angeles, Marin, Merced, Nevada, San Joaquin, Orange, Placer, San Diego, Solano, Sonoma, Stanislaus, Tuolumne Note: The list of counties above are the counties who opted into the functionality per DDID 85.	WTW, REP	Sanctioned	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status.
Los Angeles	All Programs excluding the following Medi-Cal, WTW, REP, GROW, and Cal-Learn	Discontinued, Deregistered	All Program Status Reasons excluding 'Exempt'	End-date worker assignment after 1 full calendar month of the Program status begin date (effective date). Note: If a program is closed effective in the middle of the month, then the worker will remain assigned for the remainder of the current month throughout the following month. The worker assignment will be end-dated when the job runs for the first time after the following month.
Los Angeles	All Programs excluding the following WTW, REP, GROW, and Cal-Learn	Denied	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 31 days after the Denial creation/action date.

Migration County	Program	Program Status	Program Status Reason	Rules
Los Angeles	Medi-Cal	Discontinued	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 90 days after the Discontinuance Begin date.

2.1.3 Execution Frequency

No Change

2.1.4 Key Scheduling Dependencies

No Change.

2.1.5 Counties Impacted

The change will only impact Mendocino County.

2.1.6 Category

Core job.

2.2.8 Data Volume/Performance

N/A.

2.2.9 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 Project Requirements

REQ #	Requirement Text	How Requirement Met
2.7.1.1	The LRS shall support individual cases assigned to multiple files and to multiple workers, as specified by COUNTY-defined program and policy. Some of these workers continue to provide services and support to a client after the traditional cash benefits, Food Stamp, and/or Medi-Cal cases have been closed.	The Life Cycle Reassignment Batch Job will be updated to configurable by county and program when a worker assignment is to be end dated.