

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216757

2nd Level Authorization When Issuing an EBT Card

CalSAWS	DOCUMENT APPROVAL HISTORY	
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1 OVERVIEW

1.1 Current Design

The EBT Card Print List page allows users to view a list of EBT cards that are ready for issuance. The default search result displays EBT Cards with “Ready to Print” status for the office of a logged-in user. When printing an EBT Card, a user can choose from EBT printers associated to his or her Office. Printing functionality is also available on the EBT Card Detail page for pickup. Only users with the proper security rights can issue EBT Cards but authorizations are not required.

1.2 Requests

Update the CalSAWS system to require 2nd Level authorization when issue an EBT Card to a new payee or issue an EBT Card with a new name to the existing payee.

1.3 Overview of Recommendations

1. Update the County Authorizations page “Fiscal” Section to include a row “EBT Card Issuance for New Cardholders or Name Changes” for counties to configure the proper authorization level.
2. Update the EBT Card Detail page to follow the appropriate authorization levels set on the County Authorizations page.
3. Update the EBT Card Print List page to allow users search for EBT Cards in pending approval status.
4. Update Pending Authorizations page to include a task type for EBT Card Issuance.
5. Update the EBT Account Detail page to display cards that are pending approval.
6. Update EBT Case Client Interface to exclude EBT Card records that does not exist in FIS.

1.4 Assumptions

1. This SCR will not impact the process to issue an EBT Card via external systems, E.g., Admin Portal or EBTedge.
2. Adding clients' EBT Cards info into CalSAWS system by using Manual Add function will not require any authorizations.
3. EBT Card issuance for Disaster CalFresh benefits will not require authorizations.
4. Existing EBT Cardholders in CalSAWS will be considered authorized cardholders and will not require additional authorization when issuing new cards.
5. EBTedge stores and prints only first name, middle initial, and last name for an EBT Card.
6. EBT Card will be approved or disapproved by users only. System will not automatically approve/disapprove a EBT card when the card is in pending approval for too long.

2 RECOMMENDATIONS

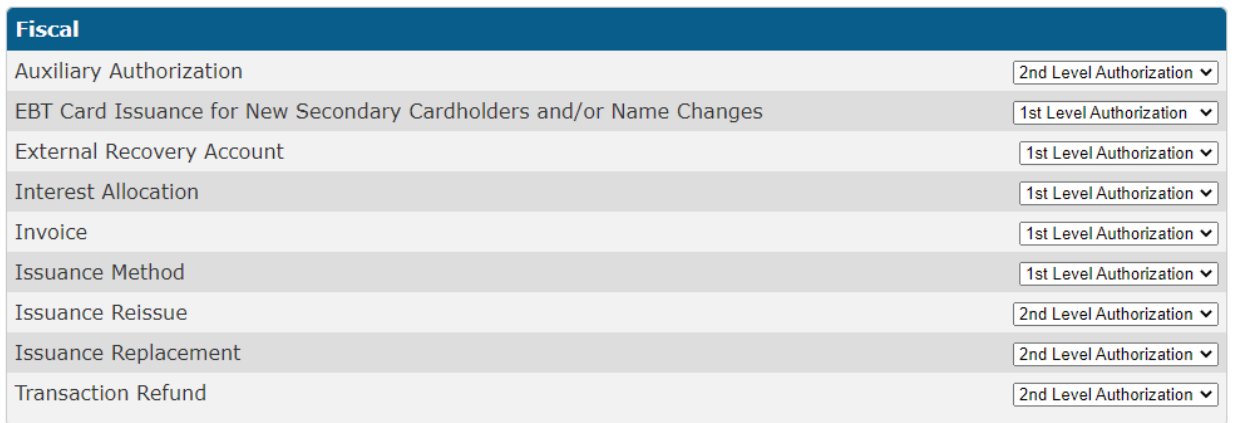
2.1 County Authorizations Page

2.1.1 Overview

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

Below changes is to allow each county to manage the authorization process for issuing EBT Cards.

2.1.2 County Authorizations page mockup



Fiscal	
Auxiliary Authorization	2nd Level Authorization ▼
EBT Card Issuance for New Secondary Cardholders and/or Name Changes	1st Level Authorization ▼
External Recovery Account	1st Level Authorization ▼
Interest Allocation	1st Level Authorization ▼
Invoice	1st Level Authorization ▼
Issuance Method	1st Level Authorization ▼
Issuance Reissue	2nd Level Authorization ▼
Issuance Replacement	2nd Level Authorization ▼
Transaction Refund	2nd Level Authorization ▼

Figure 2.1.2 – County Authorizations

2.1.3 Description of Changes

1. Update the “Fiscal” section to include a new row as EBT Card Issuance for New Secondary Cardholders and/or Name Changes. The following options will be available in Edit Mode:
 - a. No
 - b. 1st Level Authorization
 - c. 2nd Level Authorization

2.1.4 Page Location

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

2.1.5 Security Updates

No Changes.

2.1.6 Page Mapping

No Changes

2.1.7 Page Usage/Data Volume Impacts

None.

2.2 EBT Account Detail Page

2.2.1 Overview

The EBT Account Detail page allow users to view and edit an EBT Account. This update is to add a new section to track EBT Cards that requires approval for issuances.

2.2.2 EBT Account Detail Mockup

► EBT Account History

Cards Pending Authorization			
Name	Recipient Type	Card Number	Status
Brenin, Stanton	Secondary	TBD	Awaiting Approval (L1)
Brenin, Efren	Secondary	5077190004413510	Awaiting Approval (L1)

Current Cards

Figure 2.2.2 – County Authorizations

2.2.3 Description of Changes

1. Add a new "Cards Pending authorization" sections that will list EBT Cards that are in pending approval status under the EBT account. It will include the following columns:
 - a. Name – This field will display the cardholder's name.
 - b. Recipient Type – This field will display "Secondary", "Other" or "Primary".
 - c. Card Number – The field will display the card number if available otherwise will be "TBD".
 - d. Status – The possible values are "Awaiting Approval (L1)" and "Awaiting Approval (L2)".

All columns will not be sortable, and records will be displayed in the ascending order of creation time.

The section will not be paginated.

2.2.4 Page Location

- **Global: Fiscal**
- **Local: EBT**
- **Task: EBT Account List**

2.2.5 Security Updates

No Changes.

2.2.6 Page Mapping

No Changes.

2.2.7 Page Usage/Data Volume Impacts

None.

2.3 EBT Card Detail Page

2.3.1 Overview

The EBT Card Detail page allows the User to view and edit information for an existing card, add an additional cardholder or re-issue a lost or stolen card. This page displays EBT Card Detail information including Card Number, Account Number, Card Information, and Status History.

This update is to require appropriate authorizations before issuing an EBT Card for Pickup and Mail.

2.3.2 EBT Card Detail Page Mockup

EBT Card Detail

*- Indicates required fields

Approve Disapprove Close

Card Number: TBD	Account Number: 1901B1W5K68
----------------------------	---

Card Information

Name: * User, User1 36M	Recipient Type: * Secondary	Access Type: * CalFresh	Status Date: 04/04/2022	
Delivery Method: * Mail	Status: * Awaiting Approval (L1)	Status Reason:	PIN Locked:	Restaurant Meals:

Figure 2.3.1 – EBT Card Detail Pending Authorization triggered by Add/Reissue

EBT Card Detail

*- Indicates required fields

Card Number: 0971151221728210	Account Number: 1901B1W5K68
---	---

Card Information				
Name: * User, User1 36M	Recipient Type: * Secondary	Access Type: * CalFresh	Status Date: 04/04/2022	
Delivery Method: * Pickup	Status: * Awaiting Approval (L1)	Status Reason:	PIN Locked: Yes <input type="button" value="Unlock PIN"/>	Restaurant Meals: No

Figure 2.3.2 – EBT Card Detail Pending Authorization triggered by Print

EBT Card Detail

*- Indicates required fields

Card Number: 0766204432651453	Account Number: 1901B1W5K68
---	---

Card Information			
Name: * USER, USER1 26F	Recipient Type: * Primary	Access Type: * Cash & CalFresh	Status Date: 03/08/2017
Delivery Method: * Pickup	Status: * Cancelled	Status Reason:	PIN Locked: Yes <input type="button" value="Unlock PIN"/>

Figure 2.3.3 – EBT Card Detail with Cancelled Status And A Reissue Card In Pending Authorization status

2.3.3 Description of Changes

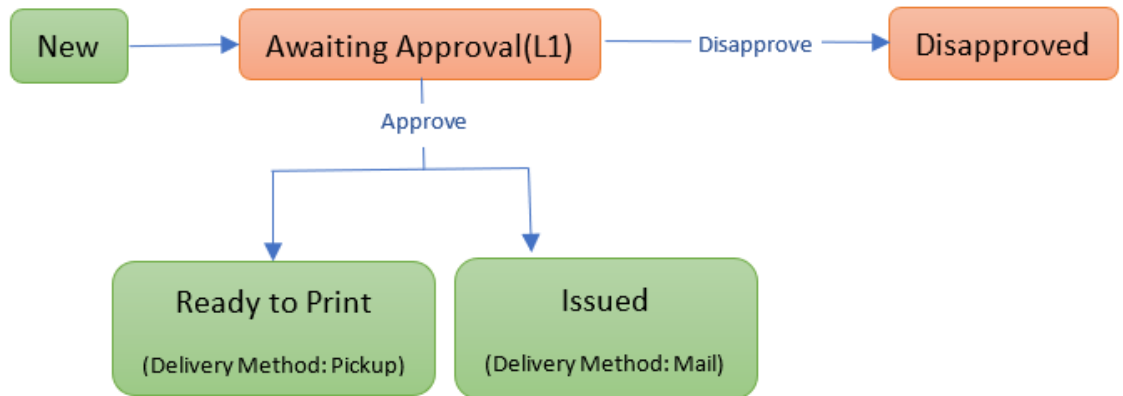
1. Update the page to require the proper level of approval when issuing/reissuing an EBT Card with a new cardholder name under a case.

Note:

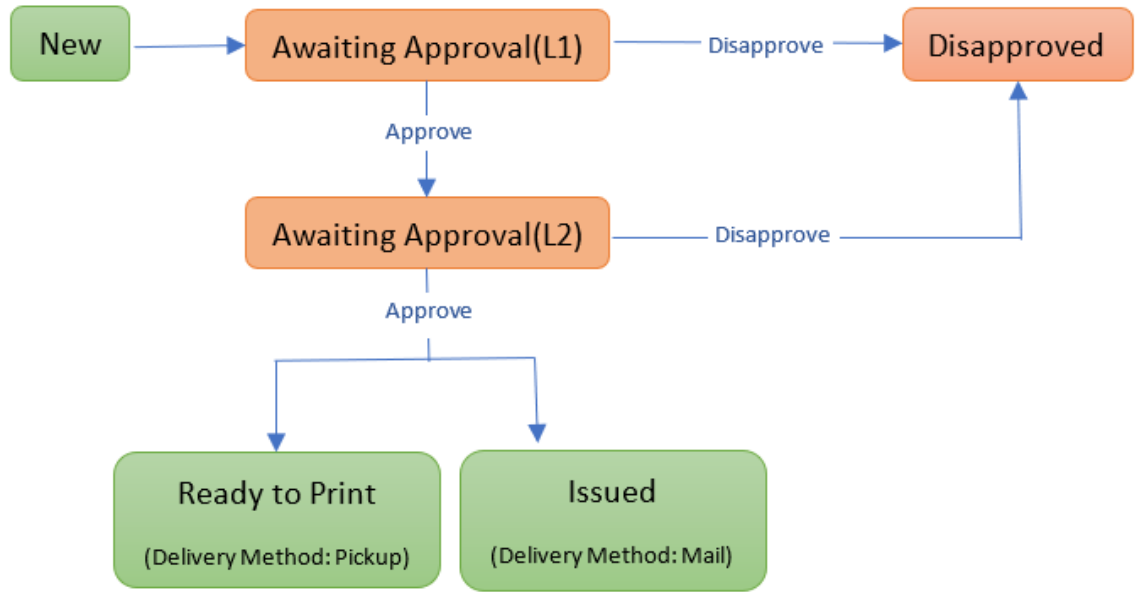
 - I. A Cardholder name is the name that will be printed on an EBT Card, and the format is first name, middle initial, and last name.
 - II. A new Cardholder name can either be a new payee under a case or an existing cardholder with the name change.
 - III. Any mismatch in spelling (including special characters) of the first name, middle initial, or last name will be considered a new name. This process will not be case sensitive since names are stored in upper case in Individual Demographics Detail page.

- IV. Cardholders in the following scenarios will not require authorizations until their names change:
- The first primary Cardholders under an EBT Account.
 - Cardholders linked by using “Add Manual” button on the EBT Account List page or using “Add Manual” button in “Current Cards” section of the EBT Account Detail page.
 - People receive EBT Cards while “EBT Card Issuance for New Secondary Cardholders and/or Name Changes” on the County Authorization page is turned off.
- V. By setting “No” for “EBT Card Issuance for New Secondary Cardholders and/or Name Changes” on the County Authorization page, counties can issue EBT Cards without requiring any authorizations.

For Adding/Reissuing an EBT Card, the page will follow below approval process based on the county configuration:



1st Level Authorization



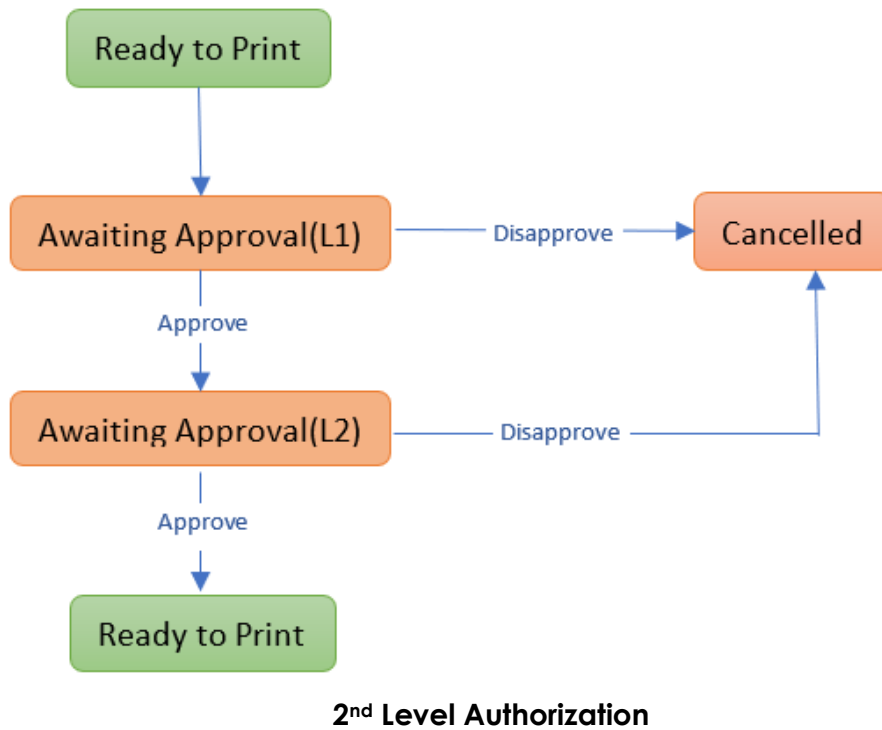
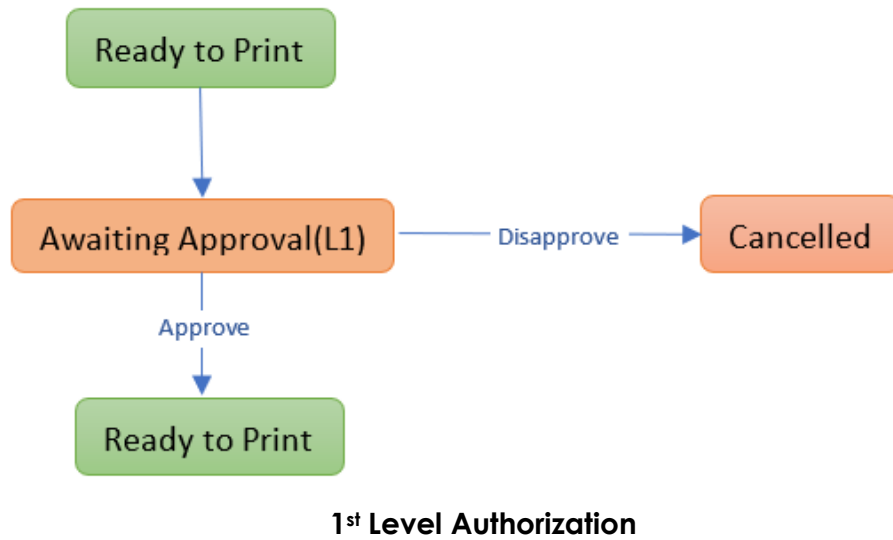
2nd Level Authorization

- I. Awaiting Approval(L1): This will be the status after users add/reissue and save an EBT Card record. Users with proper security rights can see the following buttons:
 - Approve – This button will update the Status to “Awaiting Approval(L2)” when 2nd Level Authorization is required. Otherwise, it will update the Status to “Issued” for mail and “Ready to Print” for pickup.
 - Disapprove – This button will update the Status to “Disapproved”.
- II. Awaiting Approval(L2): This will be the Status when 2nd Level Authorization is required and L1 has approved. Users with proper security rights can see the following buttons:
 - Approve – This button will update the Status to “Issued” for mail and “Ready to Print” for pickup.
 - Disapprove – This button will update the Status to “Disapproved”.
- III. Disapproved: This will be the Status after L1 or L2 disapprove an EBT Card, and no further actions can be taken. Users can use “Add Card” function of EBT Account Detail page when try to issue a card to the disapproved cardholder again.

Please see Figure 2.3.1.

Note: The system will cancel the old EBT Card When a user creates and saves a new EBT Card for reissue.

There will be an additional check for authorizations when users trying to print the EBT Card. The additional step is to prevent users from trying to print the card with an unauthorized name after approval. Please see below approval process:



- I. Awaiting Approval(L1): This will be the status after users select a printer and click "Print" button on the EBT Card Print List page or EBT Card Print Detail page. Users with proper security rights can see the following buttons:

- Approve – This button will update the Status to “Awaiting Approval(L2)” when 2nd Level Authorization is required. Otherwise, the status will be updated to “Ready to Print”.
 - Disapprove – This button will update the Status to “Cancelled”.
- II. Awaiting Approval(L2): This will be the Status when 2nd Level Authorization is required and L1 has approved. Users with proper security rights can see the following buttons:
- Approve – This button will update the status to “Ready to Print”.
 - Disapprove – This button will update the Status to “Cancelled”.
- Note: A Ready-to-Print EBT Card will be already established in FIS during the authorization process. Therefore, the system will cancel the EBT Card when the Card is disapproved in both FIS and CalSAWS. Users can use “Reissue” button when try to issue a card to the disapproved cardholder again.

Please see Figure 2.3.2.

2. Update the page to hide the Reissue button when the following conditions are met:

- a. There is a new EBT Card reissued from the card of the page.
- b. The new EBT Card is in Awaiting Approval(L1) or Awaiting Approval(L2) status.

Please see Figure 2.3.3.

Note for system test: The system will generate an EBT account and issue a primary card to the payee if there is no EBT accounts exists under the case in the following situations:

1. Save Issuance Method to EBT on Issuance Method page.
2. Issue Rush EBT benefits with Auxiliary Authorizations.
3. Accept and Save regular/Manual EDBC for an EBT program without the preferred Payment method.

It will only require authorizations to issue additional EBT cards if above cardholders have their name change.

2.3.4 Page Location

- **Global: Fiscal**
- **Local: EBT**
- **Task: EBT Account List**

2.3.5 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping
EBTCardDetailDisapprove	This right grant access to the Disapprove button on the "EBT Card Detail" page.	EBT Card Detail Disapprove
EBTCardDetailApprovall1	This right grant access to the Approve button on the "EBT Card Detail" page.	EBT Card Detail Approval L1
EBTCardDetailApprovall2	This right grant access to the Approve button on the "EBT Card Detail" page.	EBT Card Detail Approval L2

1. Security Groups

Security Group	Group Description	Group to Role Mapping
EBT Card Detail Approval L1	Gives users ability to approve Level 1 authorization records for EBT Cards.	TBD
EBT Card Detail Approval L2	Gives users ability to approve Level 2 authorization records for EBT Cards.	TBD
EBT Card Detail Disapprove	Gives users ability to disapprove authorization records for EBT Cards.	TBD

Note: County will determine which roles will have the new security groups based on the business process.

2.3.6 Page Mapping

No changes.

2.3.7 Page Usage/Data Volume Impacts

None.

2.4 EBT Card Print List Page

2.4.1 Overview

The EBT Card Print List page allows the User to view a list of EBT card records in a Ready to Print Status. The Search Results Summary displays the Case Number, Card Number, Card Holder, Status Date, Status Reason and Printer Name. The User may refine the Search criteria by selecting a Status, Status Reason, Date Range or Card Number.

Below changes is to allow users to search for EBT Cards that are in pending approval status.

2.4.2 Description of Changes

1. Update the Status dropdown field to include "Awaiting Approval(L1)" and "Awaiting Approval(L2)". The search result will include EBT Cards established in FIS with Pickup Delivery Method and selected status.
2. Update the page to **not** default the "Office Name" filter when the user navigates to the page.

2.4.3 Page Location

- **Global: Fiscal**
- **Local: EBT**
- **Task: EBT Account List**

2.4.4 Security Updates

No Changes.

2.4.5 Page Mapping

No Changes.

2.4.6 Page Usage/Data Volume Impacts

None.

2.5 Pending Authorizations

2.5.1 Overview

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

2.5.2 Description of Changes

1. Update the "Category" dropdown field to include a new category for "EBT Card Issuance".

Note: This category will also be visible on the Worklist page/Task Search page.

2. Update the page to include task records for the following authorization task types:

- a. CT 399 – EBT Card Issuance - Awaiting Approval (L1).
- b. CT 399 – EBT Card Issuance - Awaiting Approval (L2).
- c. CT399 – EBT Card Issuance – Disapproved.

Note:

- o Confirm CT399 entries are included in the page logic.
- o These new EBT Card authorization tasks being created will be searchable via the Worklist page similar to authorization tasks.

2.5.3 Page Location

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

2.5.4 Security Updates

N/A

2.5.5 Page Mapping

None.

2.5.6 Page Usage/Data Volume Impacts

None.

2.6 EBT Case Client Interface (PO01F400)

2.6.1 Overview

The EBT Case Client Writer will send a file of EBT Card records that has any Demographic updates in CalSAWS to FIS and keep information in sync in both systems. Below changes will have the batch to exclude pending approval EBT Cards that are not established in FIS yet.

2.6.2 Description of Change

1. Update the batch sweeping logic to not pick EBT Cards that has no EBT card numbers.

2.6.3 Execution Frequency

No changes.

2.6.4 Key Scheduling Dependencies

No changes.

2.6.5 Counties Impacted

No changes.

2.6.6 Data Volume/Performance

No changes.

2.6.7 Interface Partner

No changes.

2.6.8 Failure Procedure/Operational Instructions

No changes.

2.7 Data Change Request

2.7.1 Overview

This data change request is to add additional rows to the County Auth and one time Data update to insert into new EBT Card Authorized Persons table.

2.7.2 Description of Change

1. Update County Auth table to include authorization levels for "EBT Card Issuance for New Cardholders or Name Changes" for all 58 counties.
 - a. Default the authorization level required for EBT Card Issuance Authorization to no Authorization for all 58 counties.Note: After this SCR is implemented, all 58 counties will be able to update the authorization level required for EBT Card Issuance via the County Authorizations page as their business processes allow.
2. Update Task Types table to include new entries for EBT Card Issuance:
 - a. CT 399 – EBT Card Issuance - Awaiting Approval (L1).
 - b. CT 399 – EBT Card Issuance - Awaiting Approval (L2).
 - c. CT399 – EBT Card Issuance – Disapproved.
3. Perform one-time data insert to the new EBT Card Authorized Persons table with all cardholders' info.

2.7.3 Estimated Number of Records Impacted/Performance

1. 58 additional rows for County Auth table.
2. 2 additional rows for Task Types table.
3. Approximately 5500000 rows for EBT Card Authorized Persons table.

2.8 Database Change Request

1. Add a new EBT Card Authorized Persons table to record approved cardholders by cases.

Case ID – This is a system generated unique identifier for an instance of the Case table.

First Name – This is the first name of the authorized cardholders.

Middle Initial - This is the middle initial of the authorized cardholders.

Last Name – This is the last name of the authorized cardholders.

2.9 Code Table Change Request

2.9.1 Overview

This code table change request is to update CT 10585, CT 10350, CT 399, and CT 10507 to include the appropriate selections for EBT Card Issuance.

2.9.2 Description of Change

1. Add a new County Authorizations Type Code (CT 10585) for EBT Card Issuance.
2. Add a new Task Category Code (CT 10350) for EBT Card Issuance.
3. Add new tasks to Task Reference Table (CT 399):
 - a. EBT Card Issuance - Awaiting Approval (L1).
 - b. EBT Card Issuance - Awaiting Approval (L2).

- c. EBT Card Issuance – Disapproved.
- 4. Add the following to Task Orchestration Rules (CT 10507):
 - a. Supervisor Authorization EBT Card Issuance
 - i. Reference Table 1: EBT Card Issuance (Category 10350)
 - ii. Reference Table 2: Supervisor Authorization EBT Card Issuance (Category 399)
 - iii. Reference Table 3: Deputy Authorization EBT Card Issuance (Category 399)
 - b. Deputy Authorization EBT Card Issuance
 - i. Reference Table 1: EBT Card Issuance (Category 10350)
 - ii. Reference Table 2: Deputy Authorization EBT Card Issuance (Category 10350)
- 5. Add a new column "Related EBT Card ID" in EBT Card table to store the EBT Card ID from which the record is reissued.

Note: This section is only for development purposes.

2.9.3 Estimated Number of Records Impacted/Performance


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

2.10 Data Conversion for CalWIN counties

Data conversions for CalWIN counties to add existing cardholders into the new authorized EBT Cardholders before migrations.

Note: Without the data conversions, the system will require approval based on county configuration when issuing EBT Cards to the existing cardholders.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Fiscal	Scenarios as examples when the authorization is required when issuing an EBT Card.	 Sample Scenarios.xlsx
2	Security	New security matrix for the new Authorization process when issuing an EBT card.	CA 216757 2nd Level Authorization When Issuing an EBT Card - Security Matrix.xlsx

4 REQUIREMENTS

4.1 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 requirement is met by implementing authorization process when issuing an EBT Cards.

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
TBD	Fiscal	SCR-216757 is adding new table to track authorized EBT Cardholders in the system.	One time data insert to new authorized EBT Cardholders table with existing cardholder info is needed.	Low	At migration

6 OUTREACH

None.

7 APPENDIX

None.

CalSAWS

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

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08/11/2021	0.1	Initial Draft	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

Form Mockups/Examples: See Supporting Documents # 1 & #7

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 & #6

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 & #6

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>
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		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.	
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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 Obsolete CF_TN_MESSAGE6 Fragment XDP

Remove the CF_AP_MESSAGE4 obsolete CF_TN_MESSAGE6 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. This fragment is only associated with the TCF Fail NOAs and will thus become obsolete.

Updated Languages: English and Spanish.

Form Mockups/Examples: See Supporting Documents #3, #4, #5, & #7

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
6	Correspondence	CF 1239 Spanish NOA Fragment Translations	Spanish Noa Translations for SCR 223907.xlsx
7	Correspondence	CF 1239 Threshold (includes Spanish) for Template Repository	Threshold Ready For Build pdfs + XDPs.zip

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; and v. CSC PIN notices. 	<p>ACL 20-129 is requiring an update to CF 1239 to its most recent revision (12/20).</p>

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
6/24/2022	2.0	Content Revision for Section 2.5 – updating current system functionality	Yale Yee
07/07/2022	3.0	Content Revision to remove section 2.14 and 2.16.	Phong Xiong

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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 exceptions 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 cumulative calendar days of temporary shelter within a 12-month period for eligible families in receipt of CalWORKs 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 Monthly 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 Abuse, 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 homelessness and shall be eligible for up to 32 days of temp HA, if determined apparently eligible for CalWORKs, 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. HP EDBC will fail the family's permanent housing arrearages request if their hardship is not verified.
3. CalWORKs applicants fleeing domestic abuse who meet the eligibility for Expanded HA for Victims of Domestic Abuse are eligible to receive two periods of no more than 16 cumulative ~~dates~~ days 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. MPP 44-211.535 states the security deposit **or last month's rent** is to not exceed two months of an AU's rent. The portion of security deposit for last month's rent **or last month's rent** cannot exceed 80% of TMHI.
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 effective 09/01/2022:

1. Remove the \$100 liquid resource limit for families applying for Temporary and Permanent HA benefits.
2. 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.
3. Update wording from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster' under the Exception dropdown on the Homeless Assistance Detail page.
4. 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 TMHI (MPP 44-211.535)~~ as long as the monthly rent does not exceed 80% of TMHI.
Note: ~~Each month of permanent housing assistance for up to two months of rent arrearages must not exceed 80% of the family's TMHI.~~
5. Update HP EDBC to no longer require the Valid Financial Hardship indicator when determining eligibility.
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. Remove the \$100 liquid resource limit for HT and HP.
3. Update eligibility for Expanded HA for Victims of Domestic Abuse **to approve the second 16-day period when the CW application is approved during the first 16-day period.**
4. Update eligibility for HP EDBC **to remove the limit for last month's rent and security deposit when the household is eligible to benefits. regarding last month rent and security deposit amount compared to the TMHI.**
5. Update eligibility **regarding to no longer consider** the Valid Financial Hardship indicator.
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.
 - a. The missing verbiage are the following:
 - i. "You did not provide required verification that your experience of homelessness was caused by one of the following 12-month exceptions:
 - State or Federally Declared Disaster
 - Domestic abuse
 - Uninhabitability
 - Mental or physical illness"
 - ii. "You already received homeless assistance to the same state or federally declared disaster."
 - iii. "There is evidence that you have permanent housing:
[enter reason]"
 - iv. "You do not have a valid lease, sublease, or shared housing agreement."
 - v. "Other:"
 - b. Reasons A837 and A853 generation conditions will also be re-evaluated in this SCR.
5. CA-244744 will add/update the State provided threshold languages of CW 42, M44-211B, M44-211D.
6. CA-211293 implemented the logic to track the Expanded HA for Victims of Domestic Abuse benefits available to homeless families up to 16 consecutive days of HA benefits once every 12 months.
7. CA-245431 will implement the changes on the Homeless Assistance Detail – Permanent page to remove the Valid Financial Hardship field. The Valid Financial Hardship field will be a required field until CA-245431 is implemented.
8. The footer of each NOA and Form will be updated with the latest version date; all other parts of the headers will remain the same.

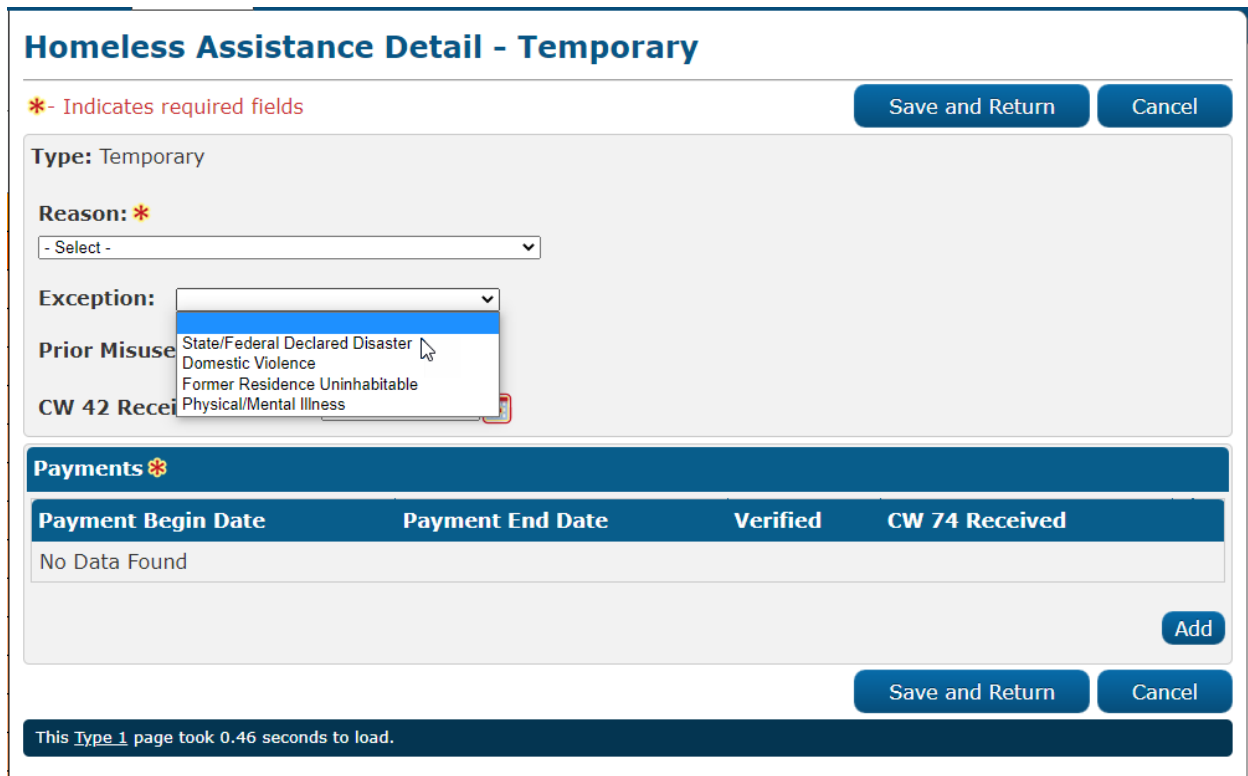
2 RECOMMENDATIONS

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 Return Cancel

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 Return Cancel

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. This SCR will update the wording on the Exception drop down field from 'State/Federal Declared Natural Disaster' to 'State/Federal Declared Disaster'.

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

Prior Misuse

Valid Financial

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

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'.

2.2.4 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 effective 09/01/2022.

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 when the CalWORKs case is approved.

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 effective 09/01/2022.

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 based on payments being "reasonable" conditions of securing a residence 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 the logic that checks if last month's rent or security deposit is twice the rent amount to end date effective 8/31/2022.
2. Update the logic that checks if last month's rent or security deposit is less than 80% of TMHI to end date effective 8/31/2022.
3. 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 effective 09/01/2022.

2.5.3 Programs Impacted

Homeless - Perm

2.5.4 Performance Impacts

N/A

2.6 Update HP EDBC Rules for the Valid Financial Hardship Indicator

2.6.1 Overview

Effective 9/01/2022, the Valid Financial Hardship indicator is no longer required when determining HP eligibility. The Homeless Assistance Detail – Permanent page currently includes a required field "Valid Financial Hardship". The Valid Financial Hardship field will remain on the page until implementation of CA-245431. The HP EDBC will be updated to no longer consider the value of this indicator effective 9/01/2022 when determining eligibility.

2.6.2 Description of Changes

1. Update HP EDBC rules to no longer reference the 'Valid Financial Hardship' indicator as a required condition when determining benefits effective 09/01/2022.

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 filled out by the customer and is a statement of facts as to why they need homeless assistance.

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
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<p>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 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.</p>	<p>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 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.</p>	<p>1st bullet on Page 1</p>
<p>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.</p>	<p>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.</p>	<p>2nd bullet on Page 1</p>

<p>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.</p>	<p>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 you have found new housing. The rent cannot be more than 80% of the total household monthly income.</p>	<p>3rd bullet on Page 1</p>
<p>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.</p>	<p>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.</p>	<p>4th bullet on Page 1</p>
<p>You may get Temporary Shelter payments for up to 16 days.</p>	<p>You can get Temporary Shelter payments for up to 16 days within a 12-months period.</p>	<p>5th bullet on Page 1</p>
<p>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,</p>	<p>Once you have received the 16 days, Temporary Shelter will stop. You will not be eligible to receive Temporary Shelter Assistance again for</p>	<p>6th bullet on Page 1</p>

unless you have an exception.	another 12 months unless you meet an exception.	
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 shelter, landlord, or others for you.	7 th bullet on Page 1
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
Did you get Homeless Assistance from any county at any time? <Checkbox> Yes <Checkbox> No If "YES," complete: Which county: _____ When: _____	Are you seeking temporary shelter assistance? <Checkbox> Yes <Checkbox> No	Question 4 on Page 2
Does anyone in your home get income from a job or training program or any other source? <Checkbox> Yes <Checkbox> No If "YES," list all income and who gets it below:	Are you seeking permanent housing assistance? <Checkbox> Yes <Checkbox> No	Question 5 on Page 2

<Comment Box>		
<p>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>	<p>Did you get Homeless Assistance from any county during the last 12 months?</p> <p><Checkbox> Yes <Checkbox> No <Checkbox> I DON'T KNOW</p> <p>If "YES," complete: Which county: _____ When: _____</p>	<p>Question 6 on Page 2</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 homelessness 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>	<p>Question 7 on Page 2</p>
<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>	<p>Remove</p>	<p>Between questions 7 and 8 on Page 2</p>

<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 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>	<p>Question 8 on Page 2</p>
<p>How long have you been there?</p>	<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>	<p>Question 9 on Page 2</p>
<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</p>	<p>Question 10 on Page 2</p>

	<p>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? Mo. ___ Day ___ Yr. _____</p>	
Explain why you have no place to live.	If you pay rent, how much is your monthly rent? (if you share your housing cost, how much is your family's cost of the monthly rent)? \$ _____	Question 11 on Page 2
<p>Are you seeking permanent housing?</p> <p><Checkbox> YES</p> <p><Checkbox> NO</p> <p>Explain: <Comment Box></p>	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	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	COUNTY USE ONLY on Page 2

<p>Start Date: _____</p> <p><Checkbox> Permanent <Checkbox> P-DV <Checkbox> P-Medical <Checkbox> P-Uninhabitable <Checkbox> P-Disaster Start Date: _____</p> <p>Disposition: <Checkbox> Shelter arranged prior to TS <Checkbox> Vendor payment issued <Checkbox> HA denied</p> <p>Worker: _____</p> <p>Total resource value: _____</p>	<p>Start Date: - _____</p> <p><Checkbox> Permanent <Checkbox> P-DV <Checkbox> P-Medical <Checkbox> P-Uninhabitable <Checkbox> P-Disaster Start Date: _____</p> <p>Disposition: <Checkbox> Shelter arranged prior to TS <Checkbox> Vendor payment issued <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? <Checkbox> YES <Checkbox> NO</p>	Question 12 on Page 3
Questions 13 - 19	Remove	Page 3

<p>Homeless Assistance Temporary Shelter and Permanent Housing payments are limited to once every 12 months, unless I have a verified exception.</p>	<p>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, which is once per disaster.</p>	<p>1st bullet under “I understand that:” on Page 3</p>
<p>There is a limit on how much Homeless Assistance I can get.</p>	<p>There is a limit on how many days and how much Homeless Assistance I can get.</p>	<p>2nd bullet under “I understand that:” on Page 3</p>
<p>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.</p>	<p>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.</p>	<p>3rd bullet under “I understand that:” on Page 3</p>
<p>N/A</p>	<p>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.</p>	<p>Added as 4th bullet under “I understand that:” on Page 3</p>
<p>I understand that I must provide proof that:</p>	<p>I declare that to the best of my knowledge and belief (Check applicable box unless responded “YES” in question 12):</p>	<p>On right hand side under “CERTIFICATION” on Page 3</p>

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 already gotten Homeless Assistance.	<Checkbox> I have received a notice to pay rent or quit.	2 nd statement under "I declare..." on 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	Formatting*
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</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</p>	Arial Font size 10

	assistance shelter payments. The amount of your homeless assistance is <HomelessAid>.	homeless assistance is \$<HomelessAid>.	
--	---	---	--

*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 #3

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 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.	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 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.	Arial Font Size 10
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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 #4

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 used for the reason fragments in section 2.9 and section 2.10.

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 #5

Description	Existing Text	Updated Text	Formatting*
Static	Temporary Shelter Aid per Night: \$_____ Number of Nights: x _____ Total Temporary Shelter =\$_____ If you are still homeless after your	Temporary Shelter Aid per Night: \$_____ Number of Nights: x <u>16</u> _____ Total Temporary Shelter =\$_____ If you are still homeless after your	Arial Font Size 10

	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.	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.	
--	--	--	--

*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 #6

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	N/A	Other exceptions: Mental or physical illness	Arial Font Size 10

Variable: HA_EXCEPTION_A CTN			
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	<p>Populates with the value from the "Exception" dropdown from either of the Homeless Assistance Detail – Temporary or the Homeless Assistance Detail – Permanent pages.</p> <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</p>	Arial Font Size 10

	<p>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>	
--	---	--

*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_ACTIO N6	Action associated to	The County has denied your

(Fragment ID: 4020)	CW_DN_NO_HMELESS_EXPTN_FOUND_A822 Reason	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	Action associated to CW_DN_HMELSS_STND_NOTMET_A835 Reason	The County has denied your request on

(Fragment ID: 4020)		<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 #7

Description	Existing Text	Updated Text	Formatting*
Static	You are not homeless.	You did not verify on the Homeless Assistance request	Arial Font Size 10

	<p>To get homeless assistance, you must meet one of these rules:</p> <p>You do not have your own place to stay at night,</p> <p>OR You are staying at night in a shelter that is temporary,</p> <p>OR The place you are living in is a place that people do not usually live.</p> <p>OR You have received a notice to pay rent or quit.</p> <p>OR You are a CalWORKs applicant and you are fleeing domestic abuse.</p>	<p>form (CW 42) that you are homeless.</p> <p>To get homeless assistance, you must give a sworn statement that verifies you are homeless by meeting one of these rules:</p> <p>You do not have your fixed and regular residence to stay at night,</p> <p>OR You are staying at night in a shelter that is temporary,</p> <p>OR The place you are living in is a place that is not ordinarily used for sleeping,</p> <p>OR You have received a notice to pay rent or quit,</p> <p>OR You are a CalWORKs applicant or recipient and you are fleeing domestic abuse.</p>	
--	--	---	--

*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 A837 Reason Fragment Generation

2.14.1 Overview

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

Reason Fragment Name and ID:

CW_DN_PERM_HA_DENY_RECVD_HA_IN_12_MO_A837 & 6394

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

2.14.2 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 aid due to a 12 month exception.	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>	Arial Font Size 10

	<p>Technical Note: The exception values are from CT10179.</p> <p>Technical Note 2: Update the RuleConstants.java to include the Exception values.</p>	
--	---	--

*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

There are no updates to this section.

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 #9

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 #10

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

There are no updates to this section.

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 #11

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 #12

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 #13

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 Action Fragment	211B_ACTN_EN_Fragment.pdf
3	NOA	M44-211B A850 Reason Fragment	211B_A850_EN.pdf
4	NOA	M44-211B A851 Reason Fragment	211B_A851_EN.pdf
5	Budget	M44-211B Budget Fragment	211B_BUDGT_EN.pdf
6	NOA	M44-211D Action Fragment	211D_ACTN_EN_Fragment.pdf
7	NOA	M44-211D A825 Reason Fragment	211D_A825_EN.pdf
8	NOA	M44-211D A837 Reason Fragment	211D_A837_EN.pdf
9	NOA	M44-211D A965 Reason Fragment	211D_A965_EN.pdf
10	NOA	M44-211D A853 Reason Fragment	211D_A853_EN.pdf
11	NOA	M44-211D A823 Reason Fragment	211D_A823_EN.pdf
12	NOA	M44-211D A960 Reason Fragment	211D_A960_EN.pdf
13	Budget	M44-211D Budget Fragment	211D_BUDGT_EN.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-232055

ACL 21-85 Overpayments incurred during the
COVID-19 Pandemic Emergency

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jimmy Tu
	Reviewed By	John B., Kapil S.

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
12/13/2021	1.0	Initial Version	Jimmy Tu
4/21/2022	1.1	Design Clarification Section 2.1.2 #2 Added additional filter type, type code and short/long description for Journal Entries.	Jimmy Tu
5/25/2022	1.2	Updates to Section 6.1 to add an additional list #3.	Jimmy Tu
6/20/2022	1.3	Design clarification to add program criteria for list 6.1.1.	Jimmy Tu
6/24/2022	1.4	Design clarification to update 6.1 List #3 to check for Benefit Reductions in 6/2022 instead of 5/2022.	Jimmy Tu

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1 OVERVIEW

Effective August 1, 2021, all nonfraudulent CalWORKs overpayments established on or after August 1, 2021, for the benefit months of April 2020 through the end of the COVID-19 pandemic emergency, or June 30, 2022, whichever date is sooner, must be classified as administrative-error (AE).

In addition, overpayment claims that include any months during the COVID-19 pandemic emergency period beginning in April 2020, must be classified as AE regardless of case circumstances. For example, an overpayment claim established for the semi-annual payment period starting in November 2019 through April 2020 (SAR 7 or redetermination was due in October) must be established as AE because the overpayment claim includes the overpaid month of April 2020. An overpayment classified as an AE under this policy shall not be reclassified.

1.1 Current Design

Currently when workers run EDBC and an OI/OP is detected, the system will suggest workers to either create a new recovery account or link the overpayment to an existing Recovery account.

Workers can also create external recovery accounts by using the "Create External Recovery Account" page.

1.2 Requests

1. Data change any RA that include any overpayments from the COVID-19 pandemic emergency months to "Cash – Admin Caused".

1.3 Overview of Recommendations

1. Data change any RA that include any overpayments during the COVID-19 pandemic emergency months to "Cash – Admin Caused".

1.4 Assumptions

1. If a Recovery Account is in a closed status (Closed, Terminated, Voided, Transferred Out, Uncollectible, Discharged) the record will not be data changed. If a worker decides to re-activate the Recovery Account after the implementation of this SCR it will retain its original cause code.
2. After the SCR is implemented, all these Cause Code updates will be sent to LA County in the ARS Claims Writer job. This is an existing functionality with no impacts.

2 RECOMMENDATIONS

2.1 Data Change Request

2.1.1 Overview

This Data Change Request is to change the cause of a recovery account to “Cash – Admin Caused” if the Recovery Account includes an overpayment from a COVID-19 emergency month.

2.1.2 Description of Change

1. Data change any Recovery Account that meet the following criteria to have the Cause of “Cash – Admin Caused” with the cause date of the DCR implementation date:
 1. Recovery Account has overpayments from any COVID-19 pandemic emergency months (April 01, 2020, to June 30, 2022) established (activated) on or after August 1, 2021.
 2. Investigation is one of the following:
 1. No Fraud
 2. None
 3. Dismissed
 3. Cause is one of the following:
 - i. “Cash – Customer Caused”
 - ii. “Cash – Late SAR7”
 - iii. “Cash – Late QR7”
 4. Recovery Account Status is one of the following:
 - i. Suspended
 1. Status Reason is not “Pending Fraud Prosecution”.
 - ii. Active
 - iii. Pending
 - iv. New
 - v. Pending Agreement
 - vi. Pending Approval.
 5. Program is one of the following:
 - i. CW
 - ii. RCA
 - iii. WTW
 - iv. CL
 - v. REP
2. Create a Journal Entry with the following description for the recovery accounts identified above: ~~The Journal Entry will say –“Recovery Account ##### established on xxxxx was identified as an overpayment between April 01,2020 and June 30,2022. Cause code has been data changed to “Cash – Admin Caused due to AB 135.”~~

1. Filter Type: Fiscal
2. Journal Type: Recovery Account
3. Short description: "Recovery Account ##### established on 'MM/DD/YY' was identified as an overpayment between April 01, 202 and June 30, 2022. Cause has been data changed to "Cash – Admin Caused due to AB135."
4. Long description: "Recovery Account ##### established on 'MM/DD/YY' was identified as an overpayment between April 01, 202 and June 30, 2022. Cause has been data changed to "Cash – Admin Caused due to AB135."

2.1.3 Estimated Number of Records Impacted/Performance

19,061 records impacted.

3 SUPPORTING DOCUMENTS

None.

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.16.4.4	The LRS shall include the ability to process a mass update that involves the development of new policy in response to changes in federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures.	This requirement is being met by this SCR as we are updating the CalSAWS system to DCR Recovery Accounts with overpayments during the COVID 19 Pandemic months to have a cause of Cash – Admin Caused instead of Cash – Customer caused for new policy that is stated in ACL 21-85.

5 MIGRATION IMPACTS

None.

6 OUTREACH

6.1 Lists

This list will include the records that are excluded from the DCR due to being in Closed, Terminate, Voided, Transferred Out, Uncollectible, or Discharged status.

1. **List Name:** Recovery Accounts DCR exclusion list for AB135

List Criteria:

- i. Recovery Account has overpayments from any COVID-19 pandemic emergency months (April 01, 2020, to June 30, 2022) established (activated) on or after August 1, 2021.
 - ii. Recovery Account Status is one of the following: Closed, Terminated, Voided, Transferred Out, Uncollectible or Discharged.
 1. OR Investigation is one of the following:
 - a. Investigations
 - b. Court
 - c. Misdemeanor
 - d. Felony
 2. OR Cause is one of the following:
 - a. Cash – Potential IPV
 - b. Cash – IPV (wavier)
 - c. Cash – IPV (ADH)
 - d. Cash – IPV (Court)
 3. Program is one of the following:
 - a. CW
 - b. RCA
 - c. WTW
 - d. CL
 - e. REP
2. **List Name:** Recovery Accounts DCR list for AB135

List Criteria:

- iii. Recovery Account has overpayments from any COVID-19 pandemic emergency months (April 01, 2020, to June 30, 2022) established (activated) on or after August 1, 2021.
- iv. Investigation is one of the following:
 1. No Fraud
 2. None
 3. Dismissed

- v. Cause is one of the following:
 - 1. "Cash – Customer Caused"
 - 2. Cash – Late SAR7
 - 3. Cash – Late QR7
 - vi. Recovery Account Status is one of the following:
 - 1. Suspended
 - a. Status Reason is not "Pending Fraud Prosecution".
 - 2. Active
 - 3. Pending
 - 4. New
 - 5. Pending Agreement
 - 6. Pending Approval.
 - vii. Program is one of the following:
 - 1. CW
 - 2. RCA
 - 3. WTW
 - 4. CL
 - 5. REP
3. **List Name:** Recovery Accounts DCR list for AB135 with Benefit Reduction in **June** of 2022
- List Criteria:**
- i. Recovery Account has overpayments from any COVID-19 pandemic emergency months (April 01, 2020, to June 30, 2022) established (activated) on or after August 1, 2021.
 - ii. Transaction with type of 'Benefit Reduction' was posted to recovery account for the month of **06/2022**.
 - iii. Investigation is one of the following:
 - 1. No Fraud
 - 2. None
 - 3. Dismissed
 - iv. Cause is one of the following:
 - 1. "Cash – Customer Caused"
 - 2. Cash – Late SAR7
 - 3. Cash – Late QR7
 - v. Recovery Account Status is one of the following:
 - 1. Suspended
 - a. Status Reason is not "Pending Fraud Prosecution".
 - 2. Active
 - 3. Pending
 - 4. New
 - 5. Pending Agreement
 - 6. Pending Approval.
 - vi. Program is one of the following:
 - 1. CW
 - 2. RCA

3. WTW
4. CL
5. REP

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker

Additional Column(s): Recovery Account Number, Recovery Account Status, Recovery Account Investigation Status, Recovery Account Cause, Overpayment Effective Date, Program Type, Discovery Date

Frequency: One Time

The list will be posted to the following locations:

System	Path
CalSAWS	CalSAWS Web Portal > Application Development > Design Sharepoint > Fiscal > 2022 > 22.07 > CA-232055 CW Overpayment Incurred during COVID-19

7 APPENDIX

None.