

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-48513

Update EDBC Logic to Auto-Test for 4M when
Youth 18 years or Older Exits Foster Care

CalSAWS	DOCUMENT APPROVAL HISTORY	
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1 OVERVIEW

This SCR is to streamline the Medi-Cal auto-test process by updating EDBC logic to auto-test for Former Foster Youth (FFY) aid code 4M when a youth 18 years or older exits from Foster Care (FC).

1.1 Current Design

Currently, when an individual is discontinued from FC for any of the following reasons, CalSAWS EDBC logic auto-tests the individual for Medi-Cal (MC) except if the discontinued FC individual is Pending or receiving Medi-Cal in a Medi-Cal program block, Other Program Assistance (OPA) or cash-based Medi-Cal.

FC Disc Reasons that will MC Auto-Test
Age
Child Eligible to Kin-GAP
Child Not In Placement
Child Returns to Parent
Court Requirement Not Met
Didn't Recert License
Didn't Sign SOF
Doesn't Meet Program Req.
Failed to Complete Determination
Legal Guardian
No longer in Care
Non Fed Caretaker
Over Resources
Parent resides in Foster Home
Petition Not Filed
Requested Disc. - Written
Whereabouts Unknown

The MC auto-test creates a new Medi-Cal Program block in the same case as the FC Program if there is not already an open MC Program block. The auto-tested MC individual will either be granted Continuous Eligibility for Children (CEC) with aid code 7J; otherwise, they will receive aid code 38. If another open MC program block is already on the FC case, the FC discontinued person is added to the existing MC program block as a pending person.

For Requested MC Type 'Former Foster Youth', Medi-Cal EDBC logic creates a budget named, "Former Foster Youth" with Member Role and aid code 4M when the FFY individual is the age of 18 until age 26 years. CalSAWS generates a Notice of Action for change/approval to aid code 4M.

CalSAWS Medi-Cal EDBC logic sets the RE Due Date for a MC program with only a FFY individual to the month in which the individual turns 26; if there are any other individuals on the MC program, the RE Due Date is set to the last day of the month of 'Begin Date + 11 months' where Begin Date is the first day of the EDBC Benefit Month.

For Example: If a Medi-Cal application on 02/05/2021 has only an FFY individual in the program block (FFY individual turns 26 on 08/28/2023), the System sets the RE Due Month to 08/2023.

If there is any other non-FFY individual in the same MC program block, the System sets the RE Due Month to 01/2022.

The Position Detail page displays information regarding a position. This includes information such as the location to which the position belongs, the number of cases and the type of programs to which the position can be assigned. This information specified for the position is then used during Worker Reassignment to determine whether the position can be assigned to a program.

Per existing logic, the newly assigned worker will receive the "New Assignment" indicator on the Workload Inventory page. An auto-journal "Assignment Worker Initiated" is created with details of previous worker and new worker.

Also, the New Worker Letter (CSF 163) generates to notify the recipient of a new worker contact.

1.2 Requests

1. Streamline the process when youth 18 years or older exits Foster Care, by changing EDBC logic to auto-test for Former Foster Youth (4M) Medi-Cal to ensure uninterrupted Medi-Cal benefits. FFY MC applies to individuals in FC on their 18th birthday.
2. Add a new option on the Position Detail page to identify a position that can accept the Medi-Cal program created through an FFY auto-test on the new case.
3. Create a new auto-reassignment logic to reassign the Medi-Cal program created through an FFY auto-test on the new case per County Opt-in/Opt-out.

1.3 Overview of Recommendations

1. Update EDBC logic to auto-test for Former Foster Youth (4M) Medi-Cal when an individual, age 18 or above, is discontinued from the FC program.
 - a. Create a new case for the FFY Medi-Cal.
 - b. Generate the FFY Approval NOA from the new FFY case (and not from the FC case).
2. For FC cases that have a MC program on the case prior to the FFY auto-test, create a task for the worker(s) assigned to the other open programs in the FC case to inform that the FFY individual is discontinued and moved to the newly created MC case.
3. Create new reassignment logic to automatically reassign an active Medi-Cal program on the new FFY auto-test MC case to a new worker for Counties that opted in.
4. Add a new 'FFY Auto-Test' option to the Aid Codes – Medi-Cal section on the Position Detail page.

1.4 Assumptions

1. The original LA County Change Control Request (CCR) received and linked to the SCR CA-48513 included additional requests for updates to individuals in FFY MC and individuals discontinued from FC as stated above in the Request section. All the other requests in the CCR will be implemented with future SCR CA-220233 and will follow the regular prioritization process.
2. There are no changes to how EDBC sets the Medi-Cal RE Due Date. It will follow current functionality.
3. The auto-test logic will not be suppressed if the physical address individual is out of state. The System will follow existing functionality to auto-test a Medi-Cal program and then discontinue the MC individual for 'Calif. Residence'.
4. The Medi-Cal EDBC rules will not auto-test MC if the discontinued FC individual is Pending or receiving Medi-Cal in a Medi-Cal program block, Other Program Assistance (OPA) or cash-based Medi-Cal.
5. The auto-test logic will copy over the mailing/physical address from the discontinued Foster Care case to the newly created Medi-Cal case.
6. FC cases processed in Batch EDBC in 'All Programs' mode (or 'Partial Programs' with FC and MC) will follow the new FFY MC Auto-Test logic, if

- appropriate, and Batch EDBC will Accept and Save the FC program and the auto-tested MC program(s) using existing Batch EDBC logic.
7. Foster Care cases marked 'Confidential' will go through the new FFY auto-test process and the new MC case will NOT be marked 'Confidential'.
 8. If the FFY individual returns to FC, when they are discontinued from FC again, the FFY Auto-Test logic will create another new MC case and will not reopen any existing FFY case.
 9. Existing NOA generation/population logic will not be updated with this effort except for the Case ID.
 10. CA-220233 will update the FFY Packet to generate for all counties.
 11. The MC NOA will not be printed via the Preview NOA and will be printed locally only when the option to 'Print Locally' is available on Save and Continue on the new Case for Medi-Cal.
 12. Medi-Cal NOAs that are 'Rejected' via the Preview NOA will also be moved to the new Medi-Cal case.
 13. All existing online functionalities will remain unchanged, unless called out as part of the design document.
 14. The New Worker Letter (CSF 163) will be sent out for a change in worker when the Foster Care case is moved to the new MC case and the counties opt-in for worker reassignment for FFY Auto Test. Only one CSF 163 will be generated at the end of the day with the last worker assigned to the program.

2 RECOMMENDATIONS

2.1 Position Detail Page

2.1.1 Overview

The Position Detail page displays information regarding a position. This includes information such as location to which the position belongs, the number of cases and the type of programs to which the position can be assigned. This SCR adds a new 'FFY Auto-Test' option to the Aid Codes – Medi-Cal section on the Position Detail page.

2.1.2 Position Detail Page Mockups

Position Detail

* - Indicates required fields

Save Save and Copy Cancel

General Position Information

Worker ID: _____

Office Name: *

Unit ID: *

Assignment Type Code:

Auto Assign Indicator:

SSI Referrals:

Authorization Sampling Percentage:

Case Load: Traditional

IHSS Referrals Auto Assignment: *

Section: *

Position Status: *

Worker Level:

Max Case Load:

Max Intake Case Load:

Current Case Load: 0

Total Percentage of Cases Assigned: 0%

Task Action Step Completion Required:

Appointment Threshold

Category	Type	Daily Threshold
<input type="text"/>	<input type="text"/>	<input type="text"/>

Program(s)

<input type="checkbox"/> AAP	<input type="checkbox"/> CAPI	<input type="checkbox"/> CFET
<input type="checkbox"/> Cal-Learn	<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKs
<input type="checkbox"/> Child Care	<input type="checkbox"/> Disaster CalFresh	<input type="checkbox"/> Diversion
<input type="checkbox"/> Foster Care	<input type="checkbox"/> GROW	<input type="checkbox"/> General Assistance/General Relief
<input type="checkbox"/> Homeless - Perm	<input type="checkbox"/> Homeless - Temp	<input type="checkbox"/> Immediate Need
<input type="checkbox"/> Kin-GAP	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Nutrition Benefit
<input type="checkbox"/> RCA	<input type="checkbox"/> REP	<input type="checkbox"/> Welfare to Work

Aid Codes - Medi-Cal *

<input type="checkbox"/> ALL	<input type="checkbox"/> 250% Program
<input type="checkbox"/> All MAGI	<input type="checkbox"/> Craig vs Bonta
<input type="checkbox"/> Deemed Child	<input type="checkbox"/> FFY Auto-Test
<input type="checkbox"/> Foster Care, County Funded	<input type="checkbox"/> IHSS Plus Waivers
<input type="checkbox"/> LTC / Board and Care	<input type="checkbox"/> MSP
<input type="checkbox"/> Minor Consent	<input type="checkbox"/> Non-MAGI, Aged Blind Disabled
<input type="checkbox"/> Non-MAGI, Medi-Cal Transitions	<input type="checkbox"/> Special Treatment
<input type="checkbox"/> Transitional, CEC Full	<input type="checkbox"/> Transitional, Edwards vs Kizer

Figure 2.1.2.1 – Position Detail page (Create mode)

Position Detail

* - Indicates required fields

Save Save and Copy Cancel

General Position Information

Worker ID: 19DP112C00

Office Name: * 011 East Valley

Unit ID: * 2C 00

Assignment Type Code: Intake

Auto Assign Indicator: No

SSI Referrals: No

Authorization Sampling Percentage: 10

Case Load: Traditional

IHSS Referrals Auto Assignment: * No

Section: * 51 Select

Position Status: * Inactive

Worker Level: Eligibility Worker

Max Case Load: 0

Max Intake Case Load: 0

Current Case Load: 0

Total Percentage of Cases Assigned: 0%

Task Action Step Completion Required: No

Appointment Threshold

Category	Type	Daily Threshold

Remove Add

Program(s)

<input type="checkbox"/> AAP	<input type="checkbox"/> CAPI	<input type="checkbox"/> CFET
<input type="checkbox"/> Cal-Learn	<input type="checkbox"/> CalFresh	<input type="checkbox"/> CalWORKs
<input type="checkbox"/> Child Care	<input type="checkbox"/> Disaster CalFresh	<input type="checkbox"/> Diversion
<input type="checkbox"/> Foster Care	<input type="checkbox"/> GROW	<input type="checkbox"/> General Assistance/General Relief
<input type="checkbox"/> Homeless - Perm	<input type="checkbox"/> Homeless - Temp	<input type="checkbox"/> Immediate Need
<input type="checkbox"/> Kin-GAP	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Nutrition Benefit
<input type="checkbox"/> RCA	<input type="checkbox"/> REP	<input type="checkbox"/> Welfare to Work

Aid Codes - Medi-Cal

<input type="checkbox"/> ALL	<input type="checkbox"/> 250% Program
<input type="checkbox"/> All MAGI	<input type="checkbox"/> Craig vs Bonta
<input type="checkbox"/> Deemed Child	<input checked="" type="checkbox"/> FFY Auto-Test
<input type="checkbox"/> Foster Care, County Funded	<input type="checkbox"/> IHSS Plus Walvers
<input type="checkbox"/> LTC / Board and Care	<input type="checkbox"/> MSP
<input type="checkbox"/> Minor Consent	<input type="checkbox"/> Non-MAGI, Aged Blind Disabled
<input type="checkbox"/> Non-MAGI, Medi-Cal Transitions	<input type="checkbox"/> Special Treatment
<input type="checkbox"/> Transitional, CEC Full	<input type="checkbox"/> Transitional, Edwards vs Kizer

Figure 2.1.2.2 – Position Detail page (Edit mode)

Position Detail

*- Indicates required fields

Edit Copy Close

General Position Information

Worker ID:
 19DP112C00

Office Name: * 011 East Valley **Section: *** 51

Unit ID: * 2C 00 **Position Status: *** Active

Assignment Type Code: Intake **Worker Level:** Eligibility Worker

Auto Assign Indicator: No **Max Case Load:** 0

SSI Referrals: No **Max Intake Case Load:**

Authorization Sampling Percentage: 10 **Current Case Load:** 0

Case Load: Traditional **Total Percentage of Cases Assigned:** 0%

IHSS Referrals Auto Assignment: * No **Task Action Step Completion Required:**

Appointment Threshold

Category	Type	Daily Threshold
No Data Found		

Program(s)

AAP	CAPI	CFET
Cal-Learn	CalFresh	CalWORKs
Child Care	Disaster CalFresh	Diversion
Foster Care	GROW	General Assistance/General Relief
Homeless - Perm	Homeless - Temp	Immediate Need
Kin-GAP	✓ Medi-Cal	Nutrition Benefit
RCA	REP	Welfare to Work

Aid Codes - Medi-Cal

✓ ALL	✓ 250% Program
✓ All MAGI	✓ Craig vs Bonta
✓ Deemed Child	✓ FFY Auto-Test
✓ Foster Care, County Funded	✓ IHSS Plus Waiver
✓ LTC / Board and Care	✓ MSP
✓ Minor Consent	✓ Non-MAGI, Aged Blind Disabled
✓ Non-MAGI, Medi-Cal Transitions	✓ Special Treatment
✓ Transitional, CEC Full	✓ Transitional, Edwards vs Kizer

Case Flow

Figure 2.1.2.3 – Position Detail page (View mode)

2.1.3 Description of Changes

1. Add a new option to the 'Aid Codes – Medi-Cal' section on the Position Detail page.
 - a. Add a new option named, "FFY Auto-Test" located to the right of "Deemed Child" option.
2. Update the following labels on the 'Aid Codes – Medi-Cal' section
 - a. "All Magi" to "All MAGI"
 - b. "Non Magi, Aged Blind Disabled" to "Non-MAGI, Aged Blind Disabled"
 - c. "Non Magi, Medi-Cal Transitions" to "Non-MAGI, Medi-Cal Transitions"

Note: The above cosmetic changes will also apply throughout CalSAWS that displays the same information.

2.1.4 Page Location

- **Global: Admin Tools**
- **Local: Office Admin**
- **Task: Position**

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 Eligibility Rules Updates

2.2.1 Overview

Update EDBC logic to auto-test for Former Foster Youth (4M) Medi-Cal when an individual age 18 or above is discontinued from the FC program.

2.2.2 Description of Changes

1. Update Medi-Cal EDBC auto-test logic to identify if the discontinued FC individual aged 18 or older as of the discontinuance effective date will follow the new FFY auto-test logic.

- a. Create FFY auto-test logic with below details:

- i. Create a new MC program in the FC case with the discontinued FC individual.

1. Assign the FC worker to the MC program
2. Set the Requested MC Type to 'Former Foster Youth' for the FFY individual

Note: The existing MC EDBC logic will grant the FFY individual the 4M aid code, 'Member' Role and a 'Former Foster Youth' budget.

3. Set the FFY individual as the Primary Applicant
4. Copy over the Cash Based program (FC Case) Application Source if exists, If the Application Source does not exist, set the default Application Source as 'Other'
5. Set the Application Date for the MC program and program person to the system date (calendar date)
6. Set the Beginning Date of Aid (BDA) to the first of the month of the FFY individual's discontinuance from FC.

For example: If the FFY individual was discontinued on FC case effective 02/2021 and auto-tested to the new MC case on 01/07/2021, the Medi-Cal Application Date will be set as 01/07/2021, and BDA as 02/01/2021.

NOTE: This MC program block will be referred to as the "FFY MC program block" from here forward.

- ii. Create a separate MC program block with the FC MMO Infant Supplement Payment (ISP) child(ren), if any, with below details:
 1. Assign the FC worker to the MC program
 2. Set the Requested MC Type as 'Medi-Cal'
 3. Set the FFY individual as the primary applicant

Note: The FFY individual will display as Active FRI Parent in the program block unless the FFY individual has SSI or SSI/SSP. See Supporting Document #5 'SSI Exception' for more details.
 4. Copy over the Cash Based program (FC Case) Application Source if exists, If the Application Source does not exist, set the default Application Source as 'Other'
 5. Set the Application Date for the MC program and program person(s) to the system date (calendar date)
 6. Set the BDA to the first of the month of the FFY individual's discontinuance from FC
 - a. Update EDBC logic for FC MMO ISP child(ren) with a FFY parent, to create a budget as 'CEC' with Role as 'MEM' and aid code as '7J'

NOTE: This MC program block will be referred to as the "ISP MC program block" from here forward.

- b. Update 'Save and Continue EDBC' logic (including Supervisor Authorization) to move the auto tested FFY MC program, and ISP MC program if any, to a new MC case from the discontinued FC case as follows:
 - i. Create a new MC case with new case number:
 1. Copy the FFY individual, and ISP child(ren) if any, into the new MC case.
 2. Move the Active FFY MC program block, Active ISP MC program block if any, and assigned worker(s) from the discontinued FC case to the MC case.
 3. Reassign the Worker(s) based on County options:
 - a. For counties that opt out of the "FFY Auto-Test" worker reassignment, the MC program(s) will remain assigned to the existing FC worker.
 - b. For counties that opt in to the "FFY Auto-Test" worker reassignment, the MC program(s) on the new case will automatically be reassigned per recommendation 2.3.2.1.

Technical Note: Include the Aid Code – Medi-Cal “FFY Auto-Test” when calling the reassignment logic.

4. Do not copy the Foster Care program nor the Foster Care Resource/Payee (from the Child Placement) from the discontinued FC case to the MC case.
5. Create a new household record for each individual as “In the Home” and set Begin Date as system date (calendar date), and Change Reason as ‘Participant Provided – Written’.
6. Do not copy the ‘Confidential’ designation from the FC case to the new MC case, if any.
7. Set the program assignment to “No” for the Life Cycle Indicator.
8. Set the “Assign To Medi-Cal Only” field on the Medi-Cal Program block to “No”.

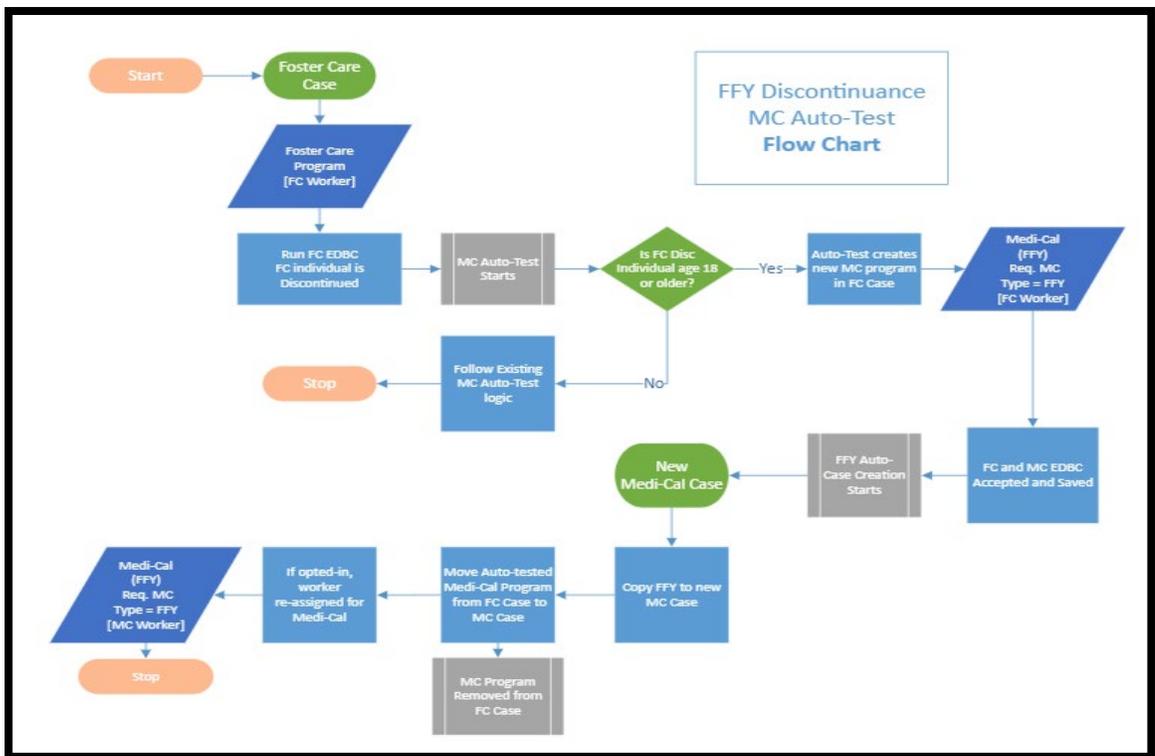


Figure 2.1 - Example Flow Chart for FFY Auto-Discontinuance

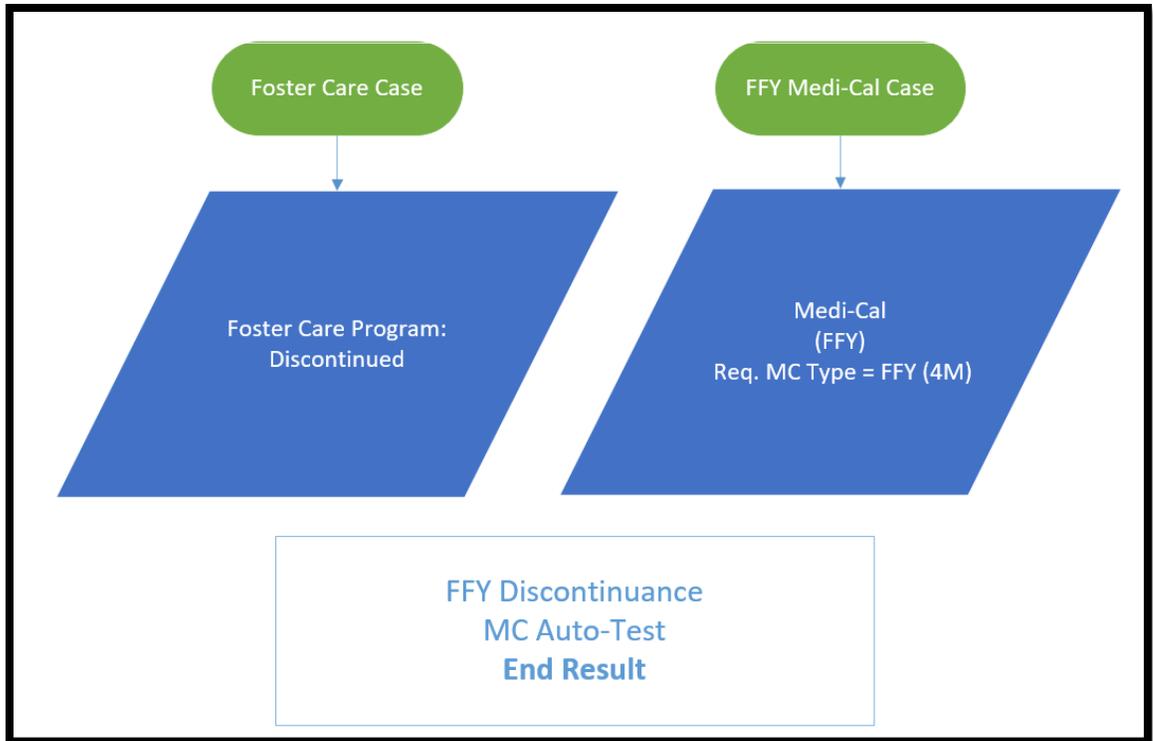


Figure 2.2 - End Result of FFY Auto-Discontinuance

NOTE: Additional flow charts are attached in Supporting Documents for reference.

2. Create a Journal entry in the new MC case created by the FFY auto-test logic.

The Journal Entry will be displayed as follows on Journal Detail page:

Journal Category: ~~Activity~~ Eligibility

Journal Type: ~~Eligibility~~ Activity

Short Description: MC Case created from FFY Discontinuance MC Auto-Test

Long Description: Case created by Medi-Cal FFY Auto-Test when an individual, age 18 or older, was discontinued from the Foster Care program

Note: There will be one journal entry per case.

3. Create a Journal entry for the existing FC case.

The Journal Entry will be displayed as follows on Journal Detail page:

Journal Category: ~~Activity~~ Eligibility

Journal Type: ~~Eligibility~~ Activity

Short Description: FC Discontinued and Auto-Test MC FFY created

Long Description: FFY program approved, and a new MC case created

Note: There will be one journal entry per case.

2.2.3 Programs Impacted

Medi-Cal, Foster Care

2.2.4 Performance Impacts

N/A

2.3 Worker Reassignment for FFY Auto-Tested Medi-Cal Program

2.3.1 Overview

Current Worker auto-reassignment logic reassigns a Worker to a program when the program status goes from 'Pending' to 'Active' for a Worker who can take that program type; this is defined through the Position Detail page. This SCR updates the existing Worker auto-reassignment logic; this includes the FFY MC program block, and ISP MC program block when the program(s) moves to a new MC case from the FFY Auto-Test.

2.3.2 Description of Changes

1. Update CalSAWS to automatically assign the Medi-Cal program block on the new case (case was created through the "Save and Continue EDBC" logic – refer to Section 2.2.2.1.b) for counties that opted in.

Note: This re-assignment process will only be available for a Medi-Cal program that's created through the new flow outlined in Section 2.2.2.1.b

The new assignment indicator will be displayed on the workload inventory pages and an auto journal will be created when the Medi-Cal program is reassigned to a Medi-Cal worker.

Step 1: Find an Active position that is in the same office as the Foster Care worker, matches the language of the primary applicant, and the following requirements defined on the Position Detail page. If no position is found that can accept the same language as the primary applicant (if the language is not English) in the same office as the Foster Care worker, then proceed to Step 2.

- i. Position Status: Active
- ii. Assignment Type Code: "Continuing" or "Intake & Continuing"
- iii. The Program block have Medi-Cal selected

1. Other programs can also be selected on the Program block on the Position Detail page.
- iv. Aid Codes – Medi-Cal: FFY Auto-Test
 1. Other aid codes can also be selected on the Aid Codes-Medi-Cal block on the Position Detail page.
- v. Auto Assign Indicator: Yes.
- vi. Staff is assigned to the Position.

Step 2: If no position is found that can speak the same primary language as the primary applicant (if it's other than English) in the same office location as the Foster Care worker, then look for any English-speaking active position in the office as the Foster Care worker and matches the above required criteria listed in Step 1.

If no position is found in the same office as the Foster Care worker that meets the criteria, then proceed to Step 3.

Step 3: If no position matches the required criteria (from Step 2) in the same office as Foster Care worker, then look for an active position in the same County that the case belongs to, matches the language of the primary applicant, and matches the following requirements. If no position is found that can accept the same language as the primary applicant (if the language is not English) in the same county as the Foster Care worker, then proceed to Step 4.

- i. Position Status: Active
- ii. Assignment Type Code: Continuing or Intake & Continuing
- iii. The Program block have Medi-Cal selected
 1. Other programs can also be selected on the Program block on the Position Detail page.
- iv. Aid Codes – Medi-Cal: FFY Auto-Test
 1. Other aid codes can also be selected on the Aid Codes-Medi-Cal block on the Position Detail page.
- v. Auto Assign Indicator: Yes.
- vi. Staff is assigned to the Position.

Step 4: If no position is found that can speak the same primary language as the primary applicant (if it's other than English) in the same county as the Foster Care worker, then look for any English-speaking active position in the county as the Foster Care worker and matches the above required criteria listed in Step 3.

If no position is found in the same county as the Foster Care worker that meets the criteria, then proceed to Step 5.

Step 5: If no position matches the required criteria (from Step 4) in the County that the case belongs to, then the Medi-Cal program will not be reassigned (there will be no change to the worker assignment for the Medi-Cal program and it will remain with the Foster Care worker).

Note: The reassignment logic will continue to use existing logic in determining the worker maximum case load. Once the maximum case load has been reached for all available workers in the county that can accept a Medi-Cal program, reassignment will not occur (in this case it will remain with the FC worker).

2.3.3 Programs Impacted

Medi-Cal

2.3.4 Performance Impacts

N/A

2.4 Move the Medi-Cal NOA to the MC Case

2.4.1 Overview

The FFY Auto-Test MC EDBC(s) will move into a new case with this SCR. The NOA(s) generated from the Auto-Test MC EDBC(s) will also move to the new case with the MC program after which, the Medi-Cal NOA(s) from the FFY Auto-Test will not be visible in the Discontinued Foster Care case. The Case Number listed on the NOA will be updated when moved to the new MC program's case. This will be different than the original NOA that is seen in the Preview NOA when EDBC was originally run which will have the FC program Case Number.

See Supporting Document #2 for NOA Reasons that are expected to generate from the FFY Auto-Test MC EDBC.

2.4.2 Description of Change

1. Add NOA logic at EDBC Save and Continue when generating a NOA from the FFY Auto-Test MC EDBC. If a newly created MC NOA (see list of NOAs from Supporting Document #2) has generated, check the associated EDBC's Case ID and if the Case ID differs from the Generated Document Case ID for the NOA:
 - a. Update the Case ID for the Generated Document to match the EDBC Case ID.
 - b. Update the Case Number NOA variable population in NOA_SNIPPET_VAR to match the new Medi-Cal Case Number (SERIAL_NUM_IDENTIF).
 - c. Remove the previously created PDF of the NOA from the database (remove the ALF_FMS_NUM from Generate

Documents). Note: This will allow the NOA to be generated with the new case variable population.

2.5 Update the FFY Aging Out Form to be viewable by all counties

2.5.1 Overview

The Former Foster Youth Aging Out Form (FFY MC Cover Letter) is currently available in Template Repository in CalSAWS but only visible to LA county. This recommendation will update the form to be viewable in Template Repository for all counties.

Note: This Form is also a part of the FFY RE Packet. This effort will make no updates to the version attached to the packet.

State Form: Upcoming Change to Your Medi-Cal Coverage per ACWDL 15-32

Current Programs: Medi-Cal

Current Attached Form(s): N/A

Current Form Category: Forms

Current Template Repository Visibility: LA County Only

Existing Languages: English

2.5.2 Description of Change

1. Update the FFY Aging Out Form (ID: 6027) to be visible to all counties in Template Repository (DOC_TEMPL.TEMPL_COUNTY_CATGRY_CODE = 'ALL').

See Supporting Documents #3 for existing CalSAWS FFY Aging Out Form.

2.6 Regression Test CSF 163 to validate generation for new Medi-Cal program

2.6.1 Overview

Currently the CSF 163 generates to notify the recipient of a new Worker contact.

County Form: Modified Former LA county form ADM 101-LA

Current Programs: All

Current Attached Form(s): N/A

Current Form Category: Forms

Current Template Repository Visibility: All County

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

2.6.2 Description of Change

Verify that a CSF 163 generates when the new Medi-Cal program and case is created, and a new Worker is assigned per Recommendation 2.3.

2.7 Automated Task Creation

2.7.1 Overview

For FC cases that have a MC program on the case prior to the FFY Auto-Test, create a task for the worker(s) assigned to the other open program in the FC case to inform that the FFY individual is discontinued and moved to the newly created MC program.

Invoke an Automated Action to create a Task notifying the worker assigned to the new MC program that resulted from the FFY Auto-Test.

2.7.2 Description of Change

The Automated Actions defined in this section will be available for the 58 Counties. The Status will initially be Inactive with a blank Task Type and Task Sub-Type. This is because each County can set a custom Task Type for each Automated Action. If a County decides to Activate one of these Automated Actions, the page validation will require that the County also select a Task Type to be used.

1. Create a "Medi-Cal Program: Exists on Discontinued Foster Care Case" Automated Action that will have the following attributes on the Automated Action Detail page:
 - a. Action Information
 - i. Name: Medi-Cal Program: Exists on Discontinued Foster Care Case
 - ii. Type: Create Task
 - iii. Status: Inactive
 - iv. Program(s): MC
 - v. Run Date: Daily or Real Time
 - vi. Source: Batch/Online
 - vii. Scenario: Scenario: A Foster Care program was Discontinued with an open Medi-Cal program existing on the case.
 - b. Task Information
 - i. Task Type: BLANK
 - ii. Task Sub-Type: BLANK
 - iii. Due Date: Default Due Date
 - iv. Default Due Date: 10 business days
 - v. Initial Assignment: Default Assignment
 - vi. Default Assignment: Current Medi-Cal Program Worker
 - vii. Long Description: The FC individual was discontinued and auto-tested to FFY on a separate Medi-Cal case. Review the Medi-Cal individual(s) on this case to determine if they should also move to the new Medi-Cal case.
 - c. Update the EDBC Save and Continue to invoke the above Automated Action when the FC discontinuance resulted in a new MC case from the FFY Auto-Test as described in Recommendation 2.2.2.1.b and there remains an open MC program on the FC case.

2. Create a "Former Foster Youth Auto-Test: Medi-Cal Worker Assigned" Automated Action that will have the following attributes on the Automated Action Detail page:
 - a. Action Information
 - i. Name: Former Foster Youth Auto-Test: Medi-Cal Worker Assigned
 - ii. Type: Create Task
 - iii. Status: Inactive
 - iv. Program(s): MC
 - v. Run Date: Daily or Real Time
 - vi. Source: Batch/Online

- vii. Scenario: A Former Foster Youth has auto-tested into a Medi-Cal program which has been assigned to a worker.
- b. Task Information
 - i. Task Type: BLANK
 - ii. Task Sub-Type: BLANK
 - iii. Due Date: Default Due Date
 - iv. Default Due Date: 10 business days
 - v. Initial Assignment: Default Assignment
 - vi. Default Assignment: Current Program Worker
 - vii. Long Description: A Medi-Cal program that resulted from a Former Foster Youth auto-test has been assigned.
- c. Update the EDBC Save and Continue to invoke the above Automated Action when the FC discontinuance resulted in a new MC program from the FFY Auto-Test as described in Recommendation 2.2.2.1.b. The resulting Task will be associated to the new Medi-Cal program.

2.8 Automated Regression Test

2.8.1 Overview

Create a new script to verify the new final result when accepting and saving a Foster Care EDBC that discontinues an individual who is 18 or older to verify the movement of the Medi-Cal program to a separate case.

2.8.2 Description of Change

Create a new script to verify the new final result when accepting and saving a Foster Care EDBC that discontinues an individual who is 18 or older:

1. No Medi-Cal program is present on the Foster Care case
2. No Medi-Cal EDBC results are visible on the Foster Care case
3. The auto-tested Medi-Cal program is present on a new second case:
 - a. Requested Medi-Cal Type is "Former Foster Youth" for each applicant
 - b. Program status is "Active"
 - c. Person status is "Active" for each applicant
4. The auto-tested Medi-Cal EDBC result is visible on this second case:
 - a. Status is "Active"
 - b. Aid Code is "4M" for each applicant
5. The Medi-Cal program on the new second case is assigned to the same worker as the Foster Care program on the original case.

Note: This result will only be verified for counties that opt out of the "FFY Auto-Test" worker reassignment.

6. A Journal entry is present on the new second case with the following details:
 - a. **Journal Category:** Activity
 - b. **Journal Type:** Eligibility
 - c. **Short Description:** MC Case created from FFY Discontinuance MC Auto-Test
 - d. **Long Description:** Case created by Medi-Cal FFY Auto-Test when an individual, age 18 or older, was discontinued from the Foster Care program
7. A Journal entry is present on the Foster Care case with the following details:
 - a. **Journal Category:** Activity
 - b. **Journal Type:** Eligibility
 - c. **Short Description:** FC Discontinued and Auto-Test MC FFY created
 - d. **Long Description:** FFY program approved, and a new MC case created

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility Rules	Flow charts explaining the MC auto-test process from recommendation 2.2.2	 FFY Auto Test.pdf
2	NOA	Expected NOAs to generate from the auto-test MC EDBC	 CA-48513 - Impacted NOAs.xlsx
3	Form	Former Foster Youth Aging Out Form	 FFYAGINGOUT.pdf
4	CCR Request	Original Request from LA County	 CCR Request.docx
5	Eligibility Rules	SSI Exception	 SSI Exception.docx

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-49396

ACL 15-96 – Update NA 1281, NA 1280, NA 1279,
NA 1278 and NA 1277

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	James Tran
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
04/29/2021	1.0	Initial Draft	James Tran
7/16/2021	1.1	Updated Design and Mockups per Committee Comments and current existing NOA/Form templates	Tiffany Huckaby
7/30/2021	1.2	Updated per Feedback from Analysts	Tiffany Huckaby
8/24/2021	1.3	Updated per Feedback from the Committee	Tiffany Huckaby
9/27/2021	1.4	Content Revision to update NOA Document List reference for consistency	Tiffany Huckaby

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1 OVERVIEW

ACL 15-96 updated the Foster Care ARC Forms/NOAs: **NA1277, NA 1278, NA 1279, NA 1280, and NA 1281**. With this update, the latest version of NA 1277 and NA 1281 will be made available to the Template Repository. Forms NA 1278, NA 1279, NA 1280 and NA 1281 are currently generating from EDBC as dynamically generated NOAs. The NOAs currently generate with all possible selections listed and with the applicable selection marked via a check box. This update will change that so it will only generate the applicable selection on the NOA.

1.1 Current Design

The following form exists in the Template Repository but is out of date:

- **NA 1277** - NOTICE OF ACTION APPROVED RELATIVE CAREGIVER (ARC) OVERPAYMENT

The following forms exist as NOAs generated via EDBC:

- **NA 1278** - NOTICE OF ACTION – APPROVE APPROVED RELATIVE CAREGIVER (ARC) PAYMENT
- **NA 1279** - NOTICE OF ACTION - DENY APPROVED RELATIVE CAREGIVER (ARC) PAYMENT
- **NA 1280** - NOTICE OF ACTION – DISCONTINUE APPROVED RELATIVE CAREGIVER (ARC) PAYMENT

The following form is not currently available in CalSAWS:

- **NA 1281** - NOTICE OF ACTION – CHANGE APPROVED RELATIVE CAREGIVER (ARC) PAYMENT

1.2 Requests

Update the existing form in Template Repository with the latest version provided by the state for:

- **NA 1277** - NOTICE OF ACTION APPROVED RELATIVE CAREGIVER (ARC) OVERPAYMENT

Update the following corresponding ARC NOAs to only generate the applicable selections on their respective form:

- **NA 1278** - NOTICE OF ACTION – APPROVE APPROVED RELATIVE CAREGIVER (ARC) PAYMENT
- **NA 1279** - NOTICE OF ACTION - DENY APPROVED RELATIVE CAREGIVER (ARC) PAYMENT
- **NA 1280** - NOTICE OF ACTION – DISCONTINUE APPROVED RELATIVE CAREGIVER (ARC) PAYMENT

Add the following new form to the Template Repository and update the NOA for ARC Rate Changes to use the verbiage from this form:

- **NA 1281** - NOTICE OF ACTION – CHANGE APPROVED RELATIVE CAREGIVER (ARC) PAYMENT

1.3 Overview of Recommendations

- Update the **NA 1277** in Template Repository to the latest version provided in ACL 15-96.
- For the following NOAs: **NA 1278**, **NA 1279** and **NA 1280**; update them to only generate the applicable issuance type or reason(s).
 - Update the ARC Approval NOA to use dynamically generated fragment sections to generate the applicable benefit issuance type instead of a list of check boxes.
 - Create new Reason fragments for each reason that currently has checkbox population in the current ARC Denial and ARC Discontinuance NOAs. Only the applicable reason(s) will display on the NOA when generated.
- Add the latest version of **NA 1281** provided by the State to the Template Repository and also enable automation via EDBC.

1.4 Assumptions

1. Forms **NA 1277** will not be automated with this effort and will only be available in Template Repository.
2. Forms **NA 1278**, **NA 1270** and **NA 1280** will not be added to Template Repository as they are dynamically generated NOAs in CalSAWS.
3. Form **NA 1281** will both be available to the Template Repository and be dynamically generated via EDBC. The Template Repository version will match the State version however no automation will be added to the Template Repository or EDBC generated version regarding the 'Age' change reason as this has been determined to be no longer applicable ongoing.
4. If the ARC NOA does not have the required Failure Reason automated (for example, the NOAs contain an 'Other' reason for reasons not listed on the forms), then the worker will either append the NOA that generated for another applicable reason or generate a manual NOA via the Template Repository.
5. For all existing NOAs generated via EDBC, no additional Threshold Languages are being added with this effort.
6. Currently ARC is a part of the Foster Care program in CalSAWS. The changes in this SCR will not impact the Foster Care NOAs and will only impact the generation of the ARC NOAs.
7. The **NA 1279** and **NA 1280** both contain a "ARC Program Not Available for County" and "County Opts out of ARC" reason. Both the Negative Action reasons and the NOA reason checkbox generation for these reasons were turned off as part of **CA-207183** in the 19.11 release. This effort will not add generation conditions for these two reasons.

Turned off Reasons from NA 1279:

- You do not live in California.
- The child does not live in California.

Turned off Reasons from NA 1280:

- You no longer live in California.
- The child no longer lives in California.

8. The ARC NOA/Forms in this SCR will be added into Threshold Languages via SCR CA-231685.
9. CA-232562 will update the NA 1277 as well as the other impacted Forms/NOAs in CalSAWS to no longer have the 'CPS' fields as part of the Header for migration counties.

2 RECOMMENDATIONS

2.1 Update Foster Care ARC Program Overpayment Form NA 1277

2.1.1 Overview

The existing NA 1277 form in CalSAWS is out of date. With this effort, the form will be updated to the latest version provided in ACL 15-96. The English version of the form currently is only available through the Template Repository. The Spanish version will be added with this effort.

Current State Form version: NA 1277 (11/15)

Current Programs: Foster Care/ARC Program

Current Attached Form(s): NA Back 9

Current Forms Category: Form

Existing Languages: English

2.1.2 Description of Change

This recommendation will update the Foster Care form NA 1277 in the Template Repository with the most recent state version (01/16).

1. Updates to Foster Care NA 1277 Form XDP

This effort will update the English version to the most current version (01/16). This effort will also add the Spanish version to the Template Repository. The newly added Spanish version will match the English version and use the existing CalSAWS Header (Header_1).

Note: The 'CPS' field will only be displayed when there is CPS information to populate. See CA-232562 for current design.

Updated Languages: English, Spanish (new)

Imaging Form Name: ARC OP

Imaging Document Type: Notification/NOA

Form Mockups/Examples: See Supporting Document #1 for English version and Supporting Document #2 for Spanish version.

Variables Requiring Translations: N/A

2.2 Update ARC Approval NOA Action Fragment

2.2.1 Overview

This recommendation is to update the ARC Approval NOA Action Fragment. The current state of the fragment lists out all possible benefits issuance types, along with a check mark to indicate the applicable issuance type. This fragment will be updated to only generate the issuance type that is applicable. The non-applicable reasons will no longer generate. This update will also remove all check boxes in this fragment.

Action Fragment Name and ID: ARC Approval Action
FC_AP_ACTION3
(Fragment ID: 4097)

State Form/NOA: NA 1278 (11/16)

Current Program(s): Foster Care/Approved Relative Caregiving (ARC)

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: N

Existing Languages: English

2.2.2 Description of Change

1. Update the ARC Approval Action Fragment XDP

This effort is to update the ARC Approval NOA Action Fragment. Currently, the ARC Approval Action fragment lists all of the benefits issuance types and adds a check mark to the applicable benefit issuance type. This recommendation will update the issuance types to be dynamically generated sections that will display only the appropriate type.

Technical Note: The Snippet Name of the ARC Approval Reason Fragment (Fragment ID: 7455) is current named "BLANK". Rename the fragment to "Placeholder – Approval" per standards.

Updated Languages: English

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

DESCRIPTION	EXISTING TEXT	UPDATED TEXT	FORMATTING*
Static	<p>The County has approved your application, dated <FIRST_DATE> for cash aid for <NAME> under the ARC Program.</p> <p>The cash aid payment for your first month of aid is \$<FIRST_AMT>.</p> <p>Your first day of cash aid is <SECOND_DATE>. The cash aid payment for your first month of aid may only be for a part of the month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, your ongoing monthly cash aid amount will be \$<SECOND_AMT>.</p> <p>This cash aid will be issued via:</p> <p><input type="checkbox"/> The Electronic Benefit Transfer (EBT) card; or</p>	<p>The County has approved your application, dated <FIRST_DATE> for cash aid for <NAME> under the ARC Program.</p> <p>The cash aid payment for your first month of aid is \$<FIRST_AMT>.</p> <p>Your first day of cash aid is <SECOND_DATE>. The cash aid payment for your first month of aid may only be for a part of the month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, your ongoing monthly cash aid amount will be \$<SECOND_AMT>.</p> <p>This cash aid will be issued via:</p>	Arial Font Size 10

	<input type="checkbox"/> A check mailed to you; or <input type="checkbox"/> Direct deposit		
Dynamic - EBT_CARD_SECTION		The Electronic Benefit Transfer (EBT) card	Arial Font Size 10
Dynamic - CHECK_MAILED_SECTION		A check mailed to you	Arial Font Size 10
Dynamic - DIRECT_DEPOSIT_SECTION		Direct deposit	Arial Font Size 10

*This Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add the ARC Approval NOA Action Fragment Section Generation

Section	Generation Condition
EBT_CARD_SECTION	This section will generate if the Issuance Method on the EDBC Summary page is listed as EBT Card.
CHECK_MAILED_SECTION	This section will generate if the Issuance Method on the EDBC Summary page is listed as Check Mailed.
DIRECT_DEPOSIT_SECTION	This section will generate if the Issuance Method on the EDBC Summary page is listed as Direct Deposit.

2.3 Update ARC Denial NOA Action Fragment

2.3.1 Overview

This effort will update the ARC Denial NOA Action verbiage. The shared verbiage from the ARC Reason Denial fragment be moved to this Action fragment to prevent redundant verbiage from generating on the NOA when more than one reason is applicable.

Action Fragment Name and ID: ARC Denial Action

FC_DN_ACTION2

(Fragment ID: 4098)

State Form/NOA: NA 1279 (11/16)

Current Program(s): Foster Care/Approved Relative Caregiving (ARC)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: N

Existing Languages: English

2.3.2 Description of Change

1. Update the ARC Denial NOA Action Fragment XDP

Update the ARC Denial NOA Action fragment with additional existing verbiage from the ARC Denial Reasons. The verbiage is being moved to this Action fragment in order to avoid verbiage redundancy.

Updated Languages: English

NOA Mockups/Examples: See Supporting Documents # 6, 7, 8, 9 and 10

DESCRIPTION	EXISTING TEXT	UPDATED TEXT	FORMATTING*
Static	The County has denied your application, dated <DATE>, for cash aid for <NAME> under the ARC Program. Here's why:	The County has denied your application, dated <DATE>, for cash aid for <NAME> under the ARC Program. Here's why: You are not eligible for cash aid under the ARC Program for the following reason(s):	Arial Font Size 10

*This Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2.4 Adding a New ARC Home Not Approved Denial NOA Reason

2.4.1 Overview

This recommendation is to add a new ARC Home Not Approved Denial NOA Reason Fragment with verbiage taken from one of the denial reasons listed in the current ARC Denial NOA fragment.

The current version of the ARC Denial NOA generates all denial reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Denial NOA to only generate

the applicable denial reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1279 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care/Approval Relative Caregiving (ARC)

Action Type: Denial

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.4.2 Description of Change

1. Create an ARC Denial NOA Home Not Approved Reason XDP

This effort will add a new ARC Denial NOA Reason fragment for when the recipient has been denied for the ARC program due to the home not being approved. This verbiage exists in the current version of the ARC Denial Reason fragment and will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #6

DESCRIPTION	TEXT	FORMATTING*
Static	Your home was not approved, and you received a Notice of Action—Denial of Home Assessment/Approval (NA 1271) from the County explaining why.	Arial Font Size 10

*This Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Home Not Approved Reason

This ARC Denial Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Denied in the newly run Foster Care EDBC
- The Program is ARC
- The ARC 1 is signed

- The Program Person Status Reason is Home Facility Not Eligible (CT73_F04)
- There is not a previously existing FC EDBC

or

There is at least one previously existing FC EDBC for the same benefit month and in the most recent saved previously existing FC EDBC the program was not ARC.

or

There is at least one previously existing FC EDBC for the previous benefit month and in the most recent saved previously existing FC EDBC the program was not ARC.

Note: With this effort, this fragment will always generate along with ARC Denial Reason for Qualified For Foster Care Funding (See Section 2.6).

Action Fragment: FC_DN_ACTION2 (Fragment ID: 4098)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Denial Reason Fragments that have had their generation conditions been met. The ARC Denial NOA can generate more than one ARC Denial Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_DN_ACTION2)
2. Reason Fragment for "Home Not Approved"
 - See Recommendation 2.4
3. Reason Fragment for "Not Under California Jurisdiction"
 - See Recommendation 2.5
4. Reason Fragment for "Qualified For Foster Care Funding"
 - See Recommendation 2.6
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.7
6. Reason Fragment for "Other"
 - See Recommendation 2.8

3. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Home Not Approved

NOA Title: ARC_DN_NOA_TYPE (Fragment ID: 3135)

NOA Title Requires Translations: N

NOA Footer: NA 1279 (11/16)

NOA Footer Requires Translations: N

2.5 Adding a New ARC Not Under California Jurisdiction Denial NOA Reason

2.5.1 Overview

This effort is to add a new ARC Not Under California Jurisdiction Denial NOA Reason Fragment with verbiage taken from one of the denial reasons listed in the current ARC Denial NOA fragment.

The current version of the ARC Denial NOA generates all denial reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Denial NOA to only generate the applicable denial reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1279 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Denial

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.5.2 Description of Change

1. Create ARC Denial Not Under CA Jurisdiction Reason Fragment XDP

This effort will add a new ARC Denial NOA Reason fragment for when the recipient has been denied for the ARC program due to the child not being under California jurisdiction. This verbiage exists in the current

version of the ARC Denial Reason fragment and will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #7

DESCRIPTION	TEXT	FORMATTING*
Static	The child is not under the jurisdiction of the California juvenile court.	Arial Font Size 10

*This Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Generation for Denial Reason of Not Under CA Jurisdiction

This ARC Denial Reason will generate on a NOA when one of the following sets of conditions is true:

- The Program Status is Denied in a newly run Foster Care EDBC
- The Program is ARC
- The ARC 1 is signed
- The Program Person Status Reason is Jurisdiction Transfer (CT73_89)
- There is not a previously existing FC EDBC

or

There is at least one previously existing FC EDBC for the same benefit month and in the most recent saved previously existing FC EDBC the program was not ARC.

or

There is at least one previously existing FC EDBC for the previous benefit month and in the most recent saved previously existing FC EDBC the program was not ARC.

Action Fragment: FC_DN_ACTION2 (Fragment ID: 4098)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Denial Reason Fragments that have had their generation conditions been met. The ARC Denial NOA can generate more than one ARC Denial Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_DN_ACTION2)
2. Reason Fragment for "Home Not Approved"
 - See Recommendation 2.4
3. Reason Fragment for "Not Under California Jurisdiction"
 - See Recommendation 2.5

4. Reason Fragment for “Qualified For Foster Care Funding”
 - See Recommendation 2.6
5. Reason Fragment for “Child Ineligible Due To Age”
 - See Recommendation 2.7
6. Reason Fragment for “Other”
 - See Recommendation 2.8

3. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: CA Jurisdiction

NOA Title: ARC_DN_NOA_TYPE (Fragment ID: 3135)

NOA Title Requires Translations: N

NOA Footer: NA 1279 (11/16)

NOA Footer Requires Translations: N

2.6 Adding a New ARC Qualified For Foster Care Funding Denial NOA Reason

2.6.1 Overview

This effort is to add a new ARC Qualified For Foster Care Funding Denial NOA Reason fragment with verbiage taken from one of the denial reasons listed in the current ARC Denial NOA fragment.

The current version of the ARC Denial NOA generates all denial reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Denial NOA to only generate the applicable denial reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1279 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Denial

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.6.2 Description of Change

1. Create an ARC Denial Qualified for FC Fund Reason Fragment XDP

This effort will add a new ARC Denial NOA Reason fragment for when the recipient has been denied for the ARC program due to the child being qualified for Foster Care rather than ARC funds. This verbiage exists in the current version of the ARC Denial Reason fragment and will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #8

DESCRIPTION	TEXT	FORMATTING*
Static	The child is federally eligible under Title IV-E of the Social Security Act and qualifies for Foster Care funds (rather than ARC funds).	Arial Font Size 10

*This Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Generation for ARC Denial Reason for Qualified for Foster Care Fund

The ARC Denial Reason for Qualified for FC Fund will generate when one of the following sets of conditions is true:

1. The Program Status is Active in a newly run Foster Care EDBC and all of the following are true:
 - The ARC 1 is signed
 - The program is not ARC
 - There is not a previously existing FC EDBC

or

There is at least one previously existing FC EDBC for the same benefit month and in the most recent saved previously existing FC EDBC the program did not have a FC or ARC aid code.

or

There is at least one previously existing FC EDBC for the previous benefit month and in the most recent saved previously existing FC EDBC the program did not have a FC or ARC aid code.

Note: This situation arises when the recipient is approved for Foster Care but the program does not have an ARC Program Aid code. However, since the ARC 1 signed, they will receive a Denial NOA for the ARC Program in addition to any existing Foster Care NOAs.

2. The Program Status is Denied in a newly run Foster Care EDBC and all of the following are true:

- The ARC 1 is signed
- The program is ARC
- The Program Status Reason is Home Facility Not Eligible (CT73_F04)
- There is not a previously existing FC EDBC for the current Benefit month

or

There is at least one previously existing FC EDBC for the same benefit month and in the most recent saved previously existing FC EDBC the program did not have an ARC aid code.

or

There is at least one previously existing FC EDBC for the previous benefit month and in the most recent saved previously existing FC EDBC the program did not have an ARC aid code.

Note: With this effort, this fragment will always generate along with ARC Denial Reason for Home Not Approved (See Section 2.4) when generated from this generation condition #2.

Action Fragment: FC_DN_ACTION2 (Fragment ID: 4098)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Denial Reason Fragments that have had their generation conditions been met. The ARC Denial NOA can generate more than one ARC Denial Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_DN_ACTION2)
2. Reason Fragment for "Home Not Approved"
 - See Recommendation 2.4
3. Reason Fragment for "Not Under California Jurisdiction"
 - See Recommendation 2.5
4. Reason Fragment for "Qualified For Foster Care Funding"
 - See Recommendation 2.6
5. Reason Fragment for "Child Ineligible Due To Age"

- See Recommendation 2.7
- 6. Reason Fragment for "Other"
 - See Recommendation 2.8

3. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Elig for FC Fund

NOA Title: ARC_DN_NOA_TYPE (Fragment ID: 3135)

NOA Title Requires Translations: N

NOA Footer: NA 1279 (11/16)

NOA Footer Requires Translations: N

2.7 Adding a New ARC Child Ineligible Due To Age Denial NOA Reason

2.7.1 Overview

This effort is to add a new ARC Child Ineligible Due To Age Denial NOA Reason Fragment with verbiage taken from one of the denial reasons listed in the current ARC Denial NOA fragment.

The current version of the ARC Denial NOA generates all denial reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Denial NOA to only generate the applicable denial reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1279 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Denial

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.7.2 Description of Change

1. Create an ARC Denial NOA Reason Fragment for Ineligible Due To Age XDP

This effort will add a new ARC Denial NOA Reason fragment for when the recipient has been denied for the ARC program due to the child being ineligible due to age. This verbiage exists in the current version of the ARC Denial Reason fragment and will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #9

DESCRIPTION	TEXT	FORMATTING*
Static	The child is not eligible because of age.	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Denial Reason for Ineligible Due To Age

The ARC Denial Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Denied in the newly run Foster Care EDBC
- The ARC 1 is signed
- The program is ARC
- The Program Person Status Reason is Age (CT73_81)
- There is not a previously existing FC EDBC

or

There is at least one previously existing FC EDBC for the same benefit month and in the most recent saved previously existing FC EDBC the program did not have an ARC aid code.

or

There is at least one previously existing FC EDBC for the previous benefit month and in the most recent saved previously existing FC EDBC the program did not have an ARC aid code.

Action Fragment: FC_DN_ACTION2 (Fragment ID: 4098)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Denial Reason Fragments that have had their generation conditions been met. The ARC Denial NOA can generate more than one ARC Denial Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_DN_ACTION2)
2. Reason Fragment for "Home Not Approved"
 - See Recommendation 2.4
3. Reason Fragment for "Not Under California Jurisdiction"
 - See Recommendation 2.5
4. Reason Fragment for "Qualified For Foster Care Funding"
 - See Recommendation 2.6
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.7
6. Reason Fragment for "Other"
 - See Recommendation 2.8

3. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Ineligible Age

NOA Title: ARC_DN_NOA_TYPE (Fragment ID: 3135)

NOA Title Requires Translations: N

NOA Footer: NA 1279 (11/16)

NOA Footer Requires Translations: N

2.8 Adding a New ARC Other Reasons Denial NOA Reason

2.8.1 Overview

This effort is to add a new ARC Other Reasons Denial NOA Reason Fragment and the verbiage displayed on this fragment is only the Status Reason belonging to the Program Person.

The current version of the ARC Denial NOA generates all denial reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Denial NOA to only generate the applicable denial reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1279 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Denial

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.8.2 Description of Change

1. Create an ARC Denial NOA Reason Fragment for Other Reasons XDP

This effort will add a new ARC Denial NOA Reason fragment for when the recipient has been denied for the ARC program due to other reasons not covered by other denial reason fragments. The ARC Denial NOA is being updated to only generate the applicable denial reason. It will no longer generate denial reasons that are not applicable. The check boxes will also no longer generate on any denial reason. The variable generated for this fragment will match the variable found in the corresponding reason found in the current ARC Denial NOA Reason.

NOA Mockups/Examples: See Supporting Documents #10

DESCRIPTION	TEXT	FORMATTING*
Static	<OTHER_REASON_DESCR>.	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Denial Reason for Other Reason

The ARC Discontinuance Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Denied in the newly run Foster Care EDBC
- The ARC 1 is signed
- The program is ARC
- There exists at least one Foster Care Program Person Status Reasons that is not already used to generate one of the other ARC Denial Reason Fragments. The Status Reasons already in use are as follows:
 - Home Facility Not Eligible (CT73_F04) (Used for Recommendation 2.4 and 2.6)
 - County Transfer (CT73_89) (Used for Recommendation 2.5)
 - Not CW Child (CT73_81) (Used for Recommendation 2.7)
- There is not a previously existing FC EDBC

or

There is at least one previously existing FC EDBC for the same benefit month and in the most recent saved previously existing FC EDBC the program did not have an ARC aid code.

or

There is at least one previously existing FC EDBC for the previous benefit month and in the most recent saved previously existing FC EDBC the program did not have an ARC aid code.

Action Fragment: FC_DN_ACTION2 (Fragment ID: 4098)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Denial Reason Fragments that have had their generation conditions been met. The ARC Denial NOA can generate more than one ARC Denial Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_DN_ACTION2)
2. Reason Fragment for "Home Not Approved"
 - See Recommendation 2.4
3. Reason Fragment for "Not Under California Jurisdiction"
 - See Recommendation 2.5
4. Reason Fragment for "Qualified For Foster Care Funding"
 - See Recommendation 2.6
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.7

- 6. Reason Fragment for "Other"
 - See Recommendation 2.8

3. Add Fragment Variable Population

Variable Name	Population	Formatting*
OTHER_REASON_DESCR	<p>Generates with the Foster Care Program Person EDBC Status Reason(s) specified for the individual being denied for the ARC program.</p> <p>For example, if a person is denied for the EDBC status reason of 'Deceased', the reason listed would be 'Deceased'.</p> <p>Only Status Reasons that are not already being used to generate one of the other ARC Denial Reason Fragment should populate in this variable. A list of Status Reasons already associated with other ARC Denial Reason Fragments can be found in the previous section (Section 2.8.2, Item 2). Those Status Reasons should be excluded from generating with this variable.</p> <p>If there are more than one Status Reason, then all Status Reasons will be listed out, separated by a comma.</p> <p>Example of one status reason: Status Reason One</p> <p>Example of two status reasons: Status Reason One, Status Reason Two</p>	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

Variables Requiring Translations: N/A

4. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

5. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Other Reasons

NOA Title: ARC_DN_NOA_TYPE (Fragment ID: 3135)

NOA Title Requires Translations: N

NOA Footer: NA 1279 (11/16)

NOA Footer Requires Translations: N

2.9 Remove existing ARC Denial NOA Reason Fragment

2.9.1 Overview

This effort will remove the ARC Denial NOA Reason Fragment. Separate Reason fragments will be added with this SCR (See Recommendations 2.4 – 2.8) for all reasons that are currently automated in the system. Since those Reason fragments will now generate in place of this one, this Reason fragment will no longer be needed and will be removed from the system.

Reason Fragment Name and ID: ARC Denial Reason

FC_DN_ARC_T501

(Fragment ID: 7456)

State Form/NOA: NA 1279 (11/16)

Current NOA Template: FC_NOA_TEMPLATE (Fragment ID: 3030),

ARC_NOA_TEMPLATE (Fragment ID: 3034)

Current Program(s): Foster Care/Approved Relative Caregiver (ARC)

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: NA Back 9

Existing Languages: English

2.9.2 Description of Change

1. Remove existing ARC Denial Reason Fragment

Remove the existing ARC Denial Reason (ID: 7456) XDP from the database and code. Update generation conditions and variable population to generate and populate the new Reason fragments in Recommendations 2.4 – 2.8.

2.10 Update ARC Discontinuance NOA Action Fragment

2.10.1 Overview

This effort will update the ARC Discontinuance NOA Action verbiage. The shared verbiage from the ARC Reason Discontinuance Fragment be moved to this Action fragment to prevent redundant verbiage from generating on the NOA when more than one reason is applicable.

Action Fragment Name and ID: ARC Discontinuance Action

FC_TN_ACTION3

(Fragment ID: 4099)

State Form/NOA: NA 1280 (11/16)

Current Program(s): Foster Care/Approved Relative Caregiving (ARC)

Current Action Type: Discontinuance

Current Fragment Level: Program

Currently Repeatable: N

Existing Languages: English

2.10.2 Description of Change

1. Update the ARC Discontinuance NOA Action Fragment XDP

Update the ARC Discontinuance NOA Action fragment with additional verbiage. The verbiage is being moved to this Action fragment in order to avoid verbiage redundancy when more than one reason is applicable.

Updated Languages: English

NOA Mockups/Examples: See Supporting Documents #11, 12, 13, 14 and 15

DESCRIPTION	EXISTING TEXT	UPDATED TEXT	FORMATTING*
Static	As of <DATE>, the County is stopping your cash aid for <NAME> under the ARC Program. Here's why:	As of <DATE>, the County is stopping your cash aid for <NAME> under the ARC Program. Here's why: You are no longer eligible for cash aid under the ARC Program for the following reason(s):	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2.11 Adding a New ARC Child No Longer Placed With You Discontinuance NOA Reason

2.11.1 Overview

This effort is to add a new ARC Child No Longer Placed With You Discontinuance NOA Reason Fragment with verbiage taken from one of the discontinuance reasons listed in the current ARC Discontinuance NOA fragment.

The current version of the ARC Discontinuance NOA generates all discontinuance reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Discontinuance NOA to only generate the applicable discontinuance reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1280 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Discontinuance

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.11.2 Description of Change

1. Create an ARC Discontinuance NOA Reason Fragment for Child No Longer With You XDP

This effort will add a new ARC Discontinuance NOA Reason fragment for when the recipient has been discontinued from the ARC program due to the child no longer being placed with the recipient. This verbiage exists in the current version of the ARC Discontinuance Reason fragment and will now only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #11

DESCRIPTION	TEXT	FORMATTING*
Static	The child is no longer placed with you.	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Discontinuance Reason for Child No Longer With You

The ARC Discontinuance Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Discontinued in the newly run Foster Care EDBC
- The program person status reason is No Longer In Care (CT73_F06)
or
The Program Person Status Reason is Child Not In Placement (CT73_WI)
- There is at least one existing Foster Care EDBC for the current Benefit month and in the most recent saved Foster Care EDBC of the existing Foster Care EDBCs there was an ARC aid code
or
there is not a previously existing Foster Care EDBC for the current Benefit month and there is at least one Foster Care EDBC for the previous month and in the most recent saved Foster Care EDBC for the previous month there was an ARC aid code

Action Fragment: FC_TN_ACTION3 (Fragment ID: 4099)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Discontinuance Reason Fragments that have had their generation conditions been met. The ARC Discontinuance NOA can generate more than one ARC Discontinuance Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_TN_ACTION3)
2. Reason Fragment for "Child No Longer With You"
 - See Recommendation 2.11
3. Reason Fragment for "Home No Longer Approved"
 - See Recommendation 2.12
4. Reason Fragment for "No Longer Under California Jurisdiction"
 - See Recommendation 2.13
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.14
6. Reason Fragment for "Other"
 - See Recommendation 2.15

3. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Child No Longer With You

NOA Title: ARC_TN_NOA_TYPE (Fragment ID: 3136)

NOA Title Requires Translations: N

NOA Footer: NA 1280 (11/16)

NOA Footer Requires Translations: N

2.12 Adding a New ARC Home No Longer Approved Discontinuance NOA Reason

2.12.1 Overview

This effort is to add a new ARC Home No Longer Approved Discontinuance NOA Reason Fragment with verbiage taken from one of the discontinuance reasons listed in the current ARC Discontinuance NOA fragment.

The current version of the ARC Discontinuance NOA generates all discontinuance reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Discontinuance NOA to only generate the applicable discontinuance reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1280 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Discontinuance

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.12.2 Description of Change

1. Create an ARC Discontinuance NOA Reason Fragment for Home No Longer Approved XDP

This effort will add a new ARC Discontinuance NOA Reason fragment for when the recipient has been discontinued from the ARC program due to the home being no longer approved. This verbiage exists in the current version of the ARC Discontinuance Reason fragment and now will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #12

DESCRIPTION	TEXT	FORMATTING*
Static	Your home is no longer approved, and you received a Notice of Action—Denial of Home	Arial Font Size 10

	Assessment/Approval (NA 1271) from the County explaining why.	
--	---	--

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Discontinuance Reason for Home No Longer Approved

The ARC Discontinuance Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Discontinued in the newly run Foster Care EDBC
- The Program Person Status Reason is Home Facility Not Eligible (CT73_F04)
- There is at least one existing Foster Care EDBC for the current Benefit month and in the most recent saved Foster Care EDBC of the existing Foster Care EDBCs for that month there was an ARC aid code
or
There is not a previously existing Foster Care EDBC for the current Benefit month and there is at least one Foster Care EDBC for the previous month and in the most recent saved Foster Care EDBC for the previous month there was an ARC aid code

Action Fragment: FC_TN_ACTION3 (Fragment ID: 4099)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Discontinuance Reason Fragments that have had their generation conditions been met. The ARC Discontinuance NOA can generate more than one ARC Discontinuance Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_TN_ACTION3)
2. Reason Fragment for "Child No Longer With You"
 - See Recommendation 2.11
3. Reason Fragment for "Home No Longer Approved"
 - See Recommendation 2.12
4. Reason Fragment for "No Longer Under California Jurisdiction"
 - See Recommendation 2.13
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.14
6. Reason Fragment for "Other"
 - See Recommendation 2.15

3. Add Fragment Regulations

The following regulations will be added when the ARC Denial NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Home No Longer Approved

NOA Title: ARC_TN_NOA_TYPE (Fragment ID: 3136)

NOA Title Requires Translations: N

NOA Footer: NA 1280 (11/16)

NOA Footer Requires Translations: N

2.13 Adding a New ARC No Longer Under California Jurisdiction Discontinuance NOA Reason

2.13.1 Overview

This effort is to add a new ARC No Longer Under California Jurisdiction Discontinuance NOA Reason Fragment with verbiage taken from one of the discontinuance reasons listed in the current ARC Discontinuance NOA fragment.

The current version of the ARC Discontinuance NOA generates all discontinuance reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Discontinuance NOA to only generate the applicable discontinuance reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1280 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Discontinuance

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.13.2 Description of Change

1. Create an ARC Discontinuance NOA Reason Fragment for No Longer Under California Jurisdiction XDP

This effort will add a new ARC Discontinuance NOA Reason fragment for when the recipient has been discontinued from the ARC program due to the child no longer being under the jurisdiction of the California juvenile court. This verbiage exists in the current version of the ARC Discontinuance Reason fragment and will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #13

DESCRIPTION	TEXT	FORMATTING*
Static	The child is no longer under the jurisdiction of the California juvenile court.	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Discontinuance Reason for No Longer Under California Jurisdiction

The ARC Discontinuance Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Discontinued in the newly run Foster Care EDBC
- The Program Person Status Reason is Jurisdiction Transfer (CT73_89)
- There is at least one existing Foster Care EDBC for the current Benefit month and in the most recent saved Foster Care EDBC of the existing Foster Care EDBCs for that month there was an ARC aid code
or
There is not a previously existing Foster Care EDBC for the current Benefit month and there is at least one Foster Care EDBC for the previous month and in the most recent saved Foster Care EDBC for the previous month there was an ARC aid code

Action Fragment: FC_TN_ACTION3 (Fragment ID: 4099)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Discontinuance Reason Fragments that have had their generation conditions been met. The ARC Discontinuance NOA can generate more

than one ARC Discontinuance Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_TN_ACTION3)
2. Reason Fragment for "Child No Longer With You"
 - See Recommendation 2.11
3. Reason Fragment for "Home No Longer Approved"
 - See Recommendation 2.12
4. Reason Fragment for "No Longer Under California Jurisdiction"
 - See Recommendation 2.13
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.14
6. Reason Fragment for "Other"
 - See Recommendation 2.15

3. Add Fragment Regulations

The following regulations will be added when the ARC Discontinuance NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: CA Jurisdiction

NOA Title: ARC_TN_NOA_TYPE (Fragment ID: 3136)

NOA Title Requires Translations: N

NOA Footer: NA 1280 (11/16)

NOA Footer Requires Translations: N

2.14 Adding a New ARC Child Ineligible Due To Age Discontinuance NOA Reason

2.14.1 Overview

This effort is to add a new ARC Child Ineligible Due To Age Discontinuance NOA Reason Fragment with verbiage taken from one of the

discontinuance reasons listed in the current ARC Discontinuance NOA fragment.

The current version of the ARC Discontinuance NOA generates all discontinuance reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Discontinuance NOA to only generate the applicable discontinuance reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1280 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care, Approval Relative Caregiving (ARC)

Action Type: Discontinuance

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.14.2 Description of Change

1. Create an ARC Discontinuance NOA Reason Fragment for Child Ineligible Due To Age XDP

This effort will add a new ARC Discontinuance NOA Reason fragment for when the recipient has been discontinued from the ARC program due to the child no longer no longer being eligible due to age. This verbiage exists in the current version of the ARC Discontinuance Reason fragment and will only generate when applicable. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #14

DESCRIPTION	TEXT	FORMATTING*
Static	The child is not eligible because of age.	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Discontinuance Reason for Child Ineligible Due To Age

The ARC Discontinuance Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Discontinued in the newly run Foster Care EDBC
- The Program Person Status Reason and it is Age (CT73_81)
- There is at least one existing Foster Care EDBC for the current Benefit month and in the most recent saved Foster Care EDBC of the existing Foster Care EDBCs for that month there was an ARC aid code
or
There is not a previously existing Foster Care EDBC for the current Benefit month and there is at least one Foster Care EDBC for the previous month and in the most recent saved Foster Care EDBC for the previous month there was an ARC aid code

Action Fragment: FC_TN_ACTION3 (Fragment ID: 4099)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Discontinuance Reason Fragments that have had their generation conditions been met. The ARC Discontinuance NOA can generate more than one ARC Discontinuance Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_TN_ACTION3)
2. Reason Fragment for "Child No Longer With You"
 - See Recommendation 2.11
3. Reason Fragment for "Home No Longer Approved"
 - See Recommendation 2.12
4. Reason Fragment for "No Longer Under California Jurisdiction"
 - See Recommendation 2.13
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.14
6. Reason Fragment for "Other"
 - See Recommendation 2.15

3. Add Fragment Regulations

The following regulations will be added when the ARC Discontinuance NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

4. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Child Ineligible Due To Age

NOA Title: ARC_TN_NOA_TYPE (Fragment ID: 3136)

NOA Title Requires Translations: N

NOA Footer: NA 1280 (11/16)

NOA Footer Requires Translations: N

2.15 Adding a New ARC Other Reasons Discontinuance NOA Reason

2.15.1 Overview

This effort is to add a new Other Reasons Discontinuance NOA Reason Fragment and the verbiage displayed on this fragment is only the Status Reason belonging to the Program Person.

The current version of the ARC Discontinuance NOA generates all discontinuance reasons and marks the checkbox that corresponds with the applicable reason. The efforts of this SCR will update the ARC Discontinuance NOA to only generate the applicable discontinuance reason without a check box. The non-applicable reasons will no longer generate.

State Form/NOA: NA 1280 (11/16)

NOA Template: ARC_NOA_TEMPLATE (Fragment ID: 3034)

Programs: Foster Care/Approval Relative Caregiving (ARC)

Action Type: Discontinuance

Fragment Level: Program

Repeatable: N

Include NA Back 9: Y

Forms/NOAs Generated with this NOA: NA Back 9

Languages: English

2.15.2 Description of Change

1. Create an ARC Discontinuance NOA Reason Fragment for Other Reasons XDP

This effort will add a new ARC Discontinuance NOA Reason fragment for when the recipient has been discontinued from the ARC program due to other reasons not covered by other discontinuance reason fragments.

The variable generated for this fragment will match the variable found in the corresponding reason found in the current ARC Denial NOA Reason. There will no longer be a check box.

NOA Mockups/Examples: See Supporting Documents #15

DESCRIPTION	TEXT	FORMATTING*
Static	<OTHER_REASON_DESCRIPTION>.	Arial Font Size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Generation for ARC Discontinued Reason for Other Reason

The ARC Discontinuance Reason will generate on a NOA when all of the following conditions are true:

- The Program Status is Discontinued in the newly run Foster Care EDBC
- There exists at least one Foster Care Program Person Status Reasons that is not already used to generate one of the other ARC Discontinuance Reason Fragments. The Status Reasons already in use are as follows:
 - No Longer In Care (CT73_F06) (Used in Recommendation 2.11)
 - Child Not In Placement (CT73_WI) (Used in Recommendation 2.11)
 - Home Facility Not Eligible (CT73_F04) (Used In Recommendation 2.12)
 - FC County Transfer (CT73_89) (Used in Recommendation 2.13)
 - Not CW Child (CT73_81) (Used in Recommendation 2.14)
- There is at least one existing Foster Care EDBC for the current Benefit month and in the most recent saved Foster Care EDBC of the existing Foster Care EDBCs for that month there was an ARC aid code
or
There is not a previously existing Foster Care EDBC for the current Benefit month and there is at least one Foster Care EDBC for the previous month and in the most recent saved Foster Care EDBC for the previous month there was an ARC aid code

Action Fragment: FC_TN_ACTION3 (Fragment ID: 4099)

Message Fragment: None

Ordering on NOA: The Action Fragment will generate first, followed by all ARC Discontinuance Reason Fragments that have had their generation conditions been met. The ARC Discontinuance NOA can generate more

than one ARC Discontinuance Reason Fragments per NOA. Assuming their respective generation conditions are met, the fragments should generate in the following order:

1. Action Fragment (FC_TN_ACTION3)
2. Reason Fragment for "Child No Longer With You"
 - See Recommendation 2.11
3. Reason Fragment for "Home No Longer Approved"
 - See Recommendation 2.12
4. Reason Fragment for "No Longer Under California Jurisdiction"
 - See Recommendation 2.13
5. Reason Fragment for "Child Ineligible Due To Age"
 - See Recommendation 2.14
6. Reason Fragment for "Other"
 - See Recommendation 2.15

3. Add Fragment Variable Population

Variable Name	Population	Formatting*
OTHER_REASON_DESCRIPTION	<p>Generates with the Foster Care Program Person Status Reason(s) specified for the individual being discontinued from the ARC program.</p> <p>Only Status Reasons that are not already being used to generate one of the other ARC Discontinuance Reason Fragment should populate in this variable. A list of Status Reasons already associated with other ARC Discontinuance Reason Fragments can be found in the previous section (Section 2.15.2, Item 2). Those Status Reasons should be excluded from generating with this variable.</p> <p>If there are more than one Status Reason, then all Status Reasons will be listed out, separated by a comma.</p> <p>Example of one status reason: Doesn't Meet Program Req.</p>	Arial Font Size 10

	<p>Example of two status reasons: Doesn't Meet Program Req., On Aid in Another Case</p>	
--	---	--

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

Variables Requiring Translations: N/A

4. Add Fragment Regulations

The following regulations will be added when the ARC Discontinuance NOA Reason Fragment is generated on the NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version.

5. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Other Reasons

NOA Title: ARC_TN_NOA_TYPE (Fragment ID: 3136)

NOA Title Requires Translations: N

NOA Footer: NA 1280 (11/16)

NOA Footer Requires Translations: N

2.16 Remove the existing ARC Discontinuance NOA Reason Fragment

2.16.1 Overview

This effort will remove the ARC Discontinuance NOA Reason Fragment. Separate Reason fragments will be added with this SCR (See Recommendations 2.11 – 2.15) for all reasons that are currently automated in the system. Since those Reason fragments will now generate in place of this one, this Reason fragment will no longer be needed and will be removed from the system.

Reason Fragment Name and ID: ARC Discontinuance Reason
FC_TN_ARC_T502
(Fragment ID: 7457)

State Form/NOA: NA 1280 (11/16)

Current NOA Template: FC_NOA_TEMPLATE (Fragment ID: 3030),
ARC_NOA_TEMPLATE (Fragment ID: 3034)

Current Program(s): Foster Care/Approved Relative Caregiver (ARC)

Current Action Type: Discontinuance

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: NA Back 9

Existing Languages: English

2.16.2 Description of Change

1. Remove existing ARC Discontinuance Reason Fragment

Remove the existing ARC Discontinuance Reason (ID: 7457) XDP from the database and code. Update generation conditions and variable population to generate and populate the new Reason fragments in Recommendations 2.11 – 2.15.

2.17 Adding new ARC Form NA 1281

2.17.1 Overview

This effort is to add the NA 1281 Change ARC form to the template repository. This form is being added to the Template Repository to be generated by the worker for reasons not currently available in the system.

Note: The Template Repository NA 1281 will match the State version which includes the 'age' reason. There will be no automation around this reason in Template Repository and the NA 1281 that generates from EDBC (see Recommendation 2.18) will not include automation around the 'age' reason as it has been determined to no longer be applicable.

State Form: NA 1281 (11/16)

Programs: Approved Relative Caregiving (ARC)

Attached Forms: Y, NA Back 9

Forms Category: Forms

Template Repository Visibility: All Counties
Languages: English

2.17.2 Description of Change

1. Create Form XDP

Add the NA 1281 (11/16) XDP in English.

Form Header: Standard Header (Header_1)

Form Title (Document List Page Displayed Name): ARC Change

Form Number: NA 1281 (11/16)

Include NA Back 9: Y

Imaging Form Name: ARC Benefit Change NOA

Imaging Document Type: Notification/NOA

Form Mockups/Examples: See Supporting Documents #17

2. Add Form Variable Population

Populate the Change ARC form with the following variables:

Variable Name	Population	Formatting	Editable*, Field Type	Template Repository Population	Populates with Form Generation
DATE	Default populates with the System's date. Example: '04/01/2021'	Arial Font Size 10 (mm/dd/yyyy)	Y, Date Field	Y	N, only available in Template Repository
NAME	Default populates the name of the ARC Program's Primary Applicant. Example: 'Jane Doe'	Arial Font Size 10	Y, Text Field	Y	N, only available in Template Repository
PRIOR_AMT	Blank field editable by the worker.	Arial Font Size 10	Y, Numeric Field	N	N, only available in Template Repository

	Example: '\$707.00'	(\$#,###.##)			
NEW_AMT	Blank field editable by the worker. Example: '\$545.00'	Arial Font Size 10 (\$#,###.##)	Y, Numeric Field	N	N, only available in Template Repository
RSN_DESCR	Blank field editable by the worker.	Arial Font Size 10	Y, Text Field	N	N, only available in Template Repository

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

Variables Requiring Translations: N/A

3. Add Barcode

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Note: Customers with electronic communications will still receive a paper copy of this correspondence in the mail so that they are also provided a return envelope.

4. Add Form to Template Repository

Add the form NA 1281 to the Template Repository with the following Document Parameters:

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

5. Add Form Print Options and Mailing Requirements

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

Mailing Requirements:

Mail-To (Recipient): Participant

Mailed From (Return): Program Worker's Office Address

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard Envelope

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: N

Post to SSP: Y

2.18 Update Foster Care Rate Change Reasons for the ARC Program

2.18.1 Overview

This effort will update the existing Rate Change NOA Fragments to generate on the ARC Change NOA instead of the FC Change NOA when the program is ARC.

Reason Fragment Name and ID: Foster Care Rate Change

FC_CH_COLA_RSN

Fragment ID: 7619

State Form/NOA: 'NOA 290 Rate Change (11/09) AFDC-FC' for FC

Current NOA Template: FC_NOA_TEMPLATE (Fragment ID: 3030)

Current Program(s): Foster Care

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: N

Include NA Back 9: Y

Current Forms/NOAs Generated with this NOA: Y, NA Back 9

Existing Languages: English

2.18.2 Description of Change

1. Updates to Fragment Generation:

Update the Reason Fragment to generate on the appropriate ARC Template and with the ARC NOA Fragments when generated for ARC. All existing generation and Action/Message/ Fragments for Foster Care will remain unchanged.

NOA Mockups/Examples: See Supporting Documents #17

New NOA Template: Yes,

For ARC: ARC_NOA_TEMPLATE (Fragment ID: 3034)

New Program Generation: Yes, ARC

Action Fragment:

For ARC: FC_CH_ACTION2 (Fragment ID: 4100)

Note: The ARC Action Fragment is currently only available in English. Threshold will be added with CA-231685.

Message Fragment:

For ARC: None

Ordering on NOA: The reasons fragment will generate immediately following the associated Action Fragment listed above for ARC NOAs.

2. Update Fragment Regulations

The following regulations will be added when the Rate Change Fragment generates on a ARC Change NOA:

New Regulations:

WIC Section 11461.3, SB 855 (Chapter 29, Statutes of 2014); Section 58 of Chapter 20 of the Statutes of 2015; ACIN I-42-14; ACL 14-89, 15-20, 15-20-E, 15-83, and 16-92; and CFL 14-15-45, 14-15-52, 14-15-58, 15-16-07, and 15-16-24.

Note: These regulations have been updated to match the Regulations provided on the newest State version. Regulations that generate for FC will not be impacted with this change.

3. Add NOA Title and Footer Reference for new Reason

NOA Reference on Document List Page: Rate Change

NOA Title: Create the following new NOA Title for ARC Change NOA:

Line	Text	Font
1	NOTICE OF ACTION – CHANGE	Arial Bold Font Size 12
2	APPROVED RELATIVE CAREGIVER	Arial Bold Font Size 12
3	(ARC) PAYMENT	Arial Bold Font Size 12

NOA Title Requires Translations: N

NOA Footer: NA 1281 (11/16)

NOA Footer Requires Translations: N

2.19 Update ARC Approval NOA Message

2.19.1 Overview

Currently the ARC Approval Message generates with verbiage regarding EBT, however the recipient may be receiving Direct Deposit or Check instead. This effort will update the Message that generate to only display the EBT section when the recipient will be given benefits through EBT.

Message Fragment Name and ID: FC_AP_MESSAGE1, ID: 5085

State Form/NOA: NA 1278 (11/16)

Current Program(s): ARC

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: No, this will only ever generate once on a NOA when applicable

Existing Languages: English

2.19.2 Description of Change

1. Update Fragment XDP

Update the ARC Approval Message XDP to separate the EBT verbiage into a dynamically generated section.

Updated Languages: English

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

Description	Existing Text	Formatting*
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Dynamic Section (EBT_MSG)	EBT: Keep your EBT card if you use EBT, even if your aid is terminated. Please do not throw your card away. If your ARC cash aid will be issued on a new EBT card, you will receive the new EBT card within 10 business days for this case. If your family currently receives CalWORKs or other benefits on an EBT card, and the child's county of court jurisdiction is the same as the child's county of residence, the child's ARC payments will be consolidated onto the family's existing EBT card. If the child is a nonminor dependent, he/she will receive his/her own EBT card.	Arial Font size 10
Static Section	<p>Medi-Cal: This notice DOES NOT change or stop Medi-Cal benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.</p> <p>CalFresh: This notice DOES NOT stop or change your CalFresh benefits. You will get a separate notice telling you about any changes to your CalFresh benefits.</p>	Arial Font size 10

*This particular Fragment is currently only available in English and at such time we add additional languages they will follow the project standards for that language.

2. Add Fragment Section Generation

Add generation conditions to the new Dynamic Section in the ARC Message Fragment.

Section	Generation Conditions
EBT_MSG	This section will generate if the Issuance Method on the EDBC Summary page is listed as EBT Card.

3 SUPPORTING DOCUMENTS

Note: All Dynamic NOA Examples are provided for a visual idea of positioning, population formatting, and possible surrounding Fragments. They may include test data (fake names, dates, etc.) for population that may not be true values in production (addresses, income limits, etc.). Any SCRs that are in progress or being completed after the Examples were created are not included within the Examples. The NOA/Form

Examples below do not include the NA Back 9, however the most current system version of the NA Back 9 will generate with all NOA/Forms per the Design Recommendations.

Number	Functional Area	Description	Attachment
1	Form	Updated state version of NA 1277 in English.	See "NA 1277 - ARC Overpayment Mockup (EN).pdf"
2	Form	Updated state version of NA 1277 in Spanish.	See "NA 1277 - ARC Overpayment Mockup (SP).pdf"
3	NOA	Mockup of NA 1278 for Issuance Type "EBT Card"	See "NA 1278 - ARC Approval Mockup - EBT Card.pdf"
4	NOA	Mockup of NA 1278 for Issuance Type "Check Mailed"	See "NA 1278 - ARC Approval Mockup - Check Mailed.pdf"
5	NOA	Mockup of NA 1278 for Issuance Type "Direct Deposit"	See "NA 1278 - ARC Approval Mockup - Direct Deposit.pdf"
6	NOA	Mockup for NA 1279 for Reason "Home Not Approved"	See "NA 1279 - ARC Denial Mockup - Home Not Approved.pdf"
7	NOA	Mockup for NA 1279 for Reason "Child Not Under California Jurisdiction"	See "NA 1279 - ARC Denial Mockup - Child Not Under California Jurisdiction.pdf"
8	NOA	Mockup for NA 1279 for Reason "Qualify for Foster Care Funds"	See "NA 1279 - ARC Denial Mockup - Qualify for Foster Care Funds.pdf"
9	NOA	Mockup for NA 1279 for Reason "Ineligible Due To Age"	See "NA 1279 - ARC Denial Mockup - Ineligible Due To Age.pdf"
10	NOA	Mockup for NA 1279 for Reason "Other"	See "NA 1279 - ARC Denial Mockup - Other.pdf"
11	NOA	Mockup for NA 1280 for Reason "No Longer Placed With You"	See "NA 1280 - ARC Disc Mockup - No Longer Placed With You.pdf"

12	NOA	Mockup for NA 1280 for Reason "Home No Longer Approved"	See "NA 1280 - ARC Disc Mockup - Home No Longer Approved.pdf"
13	NOA	Mockup for NA 1280 for Reason "Child No Longer Under California Jurisdiction"	See "NA 1280 - ARC Disc Mockup - Child No Longer Under California Jurisdiction.pdf"
14	NOA	Mockup for NA 1280 for Reason "Ineligible Due To Age"	See "NA 1280 - ARC Disc Mockup - Ineligible Due To Age.pdf"
15	NOA	Mockup for NA 1280 for Reason "Other"	See "NA 1280 - ARC Disc Mockup - Other.pdf"
16	Form	Mockup for NA 1281 Form	See "NA 1281 FORM Example.pdf"
17	NOA	Mockup for NA 1281 for "Rate Change"	See "NA 1281 - ARC Change Mockup (NOA).pdf"

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.16 CAR-1220	The LRS shall include standard electronic templates for all notices, NOAs, forms, letters, stuffers, and flyers that can be easily maintained by non-technical COUNTY-specified Users.	This SCR ensures that CalSAWS has the latest versions of these forms.

5 APPENDIX

5.1 ARC NOA Generation:

Below are the general conditions that generate an ARC NOA. Existing FC NOAs will generate as applicable. ARC Denial and Discontinuance NOAs will generate based on the failure reason, see Recommendations 2.4 through 2.8 for Denial Reason requirements and Recommendations 2.11 through 2.16 for Discontinuance Reason requirements.

Scenario	Month 1 EDBC	Month 2 EDBC	NOA Result
Run EDBC for first month and approve benefits.	ARC Aid Code = No ARC 1 is signed = Yes		ARC Denial NOA
Run EDBC for first month and approve benefits.	ARC Aid Code = Yes		ARC Approval NOA
Run EDBC for first month and denies the program.	ARC 1 is signed = Yes EDBC Denies the program.		ARC Denial NOA
Run EDBC for second month and Aid Code changes from FC to ARC.	ARC Aid Code = No	ARC Aid Code = Yes	ARC Approval NOA
Run EDBC for second month and Aid Code changes from ARC to FC.	ARC Aid Code = Yes	ARC Aid Code = No	ARC Discontinuance NOA
Run EDBC for second month and program is discontinued.	ARC Aid Code = Yes	EDBC Discontinues the program	ARC Discontinuance NOA

Scenario	Month 1 Original EDBC	Month 1 Rerun EDBC	NOA Result
Rerun EDBC and change from FC to ARC Aid Code.	ARC Aid Code = No	ARC Aid Code = Yes	ARC Approval NOA
Rerun EDBC and change from ARC Aid Code to FC Aid Code.	ARC Aid Code = Yes	ARC Aid Code = No	ARC Discontinuance NOA

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-55378

Impose CW MAP Reduction within the allotted timeframe when Immunization Page is not updated for children in the Assistance Unit is under age 6

DOCUMENT APPROVAL HISTORY		
CalSAWS	Prepared By	Tom Lazio –Eligibility Jamie Ng, Phong Xiong -Correspondence
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/13/2019	1.0	Initial Draft	T. Lazio
12/31/2019	1.1	Updated Overview, Sections 1.2, 1.3, 1.4, 2.1, 2.1.1 and 2.1.2. Removed recommendation for 'hard stop' to prevent users from EDBC when no immunization record exists due to migration impact.	T. Lazio
01/22/2020	1.2	Updated Overview, Sections 1.2, 1.3, 1.4, 2.1 and 2.2 Existing functionality for CW 2200 generation and due date will remain unchanged.	T. Lazio
01/30/2020	1.3	Updated Sections 1.3, 1.4 and 2.1. Added clarification for when 30/45 day penalty grace period is applied versus 45 day penalty grace period.	T. Lazio
03/23/2020	1.4	Added Section 2.3: Add CW 2209 Form Added Assumptions 10 and 11 in Section 1.4 Updated recommendations 1 and added recommendation 3 in Section 1.3 Updated penalty verbiage in Section 2.1.2.	J.Ng T.Lazio
04/08/2020	1.5	Per committee request, the following updates were made: Added recommendation 1 and updated recommendation 2 in Section 1.3.	T. Lazio

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
		Added Section 2.1 Updated Section 2.2.2	
05/14/2020	3.0	Per Committee request and CRPC 2098, the following sections were updated: Section 1.1 Section 1.2 Section 1.3 Section 1.4 Section 2.1.1 Section 2.1.2 Section 2.2.2 Section 2.3.1 Section 2.3.2	T. Lazio J. Ng M. Keehn
5/24/2021	3.1	Content Revision 2 – Updates to the following sections: Section 1.4 Section 2.3.1 Added section 2.3.3 Section 2.4.1 Section 2.4.2.1 Section 2.4.2.2	P. Xiong

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1 OVERVIEW

CalWORKs policy (EAS 40-105.4) requires that immunization verification is submitted by the participant when a child in the Assistance Unit is under age 6. A pending CalWORKs (CW) application can be approved pending verification of immunization records. However, if up-to-date records are not provided at the time the case is approved, a penalty is imposed 30 or 45 days after determination of eligibility with a timely Notice of Action.

This SCR will accommodate the need to impose the MAP reduction penalty within the allotted timeframe on CW cases without immunization record verification for children in the Assistance Unit (AU) who are under age 6.

1.1 Current Design

A pending CalWORKs application can be approved pending verification of immunization records.

CalSAWS displays a soft validation message when running EDBC informing users that "There is no ongoing immunization record for the following child(ren): (Name of Child)" when there exists a child under 6 years old in the case that does not have a immunization record for the benefit month.

If the immunization verification is still pending once 10 days have passed from the Request Date on the Verification Detail page, a MAP grant reduction is imposed at the beginning of the benefit month.

If a child under the age 6 has an Immunization verification that is "Refused", EDBC currently sets the status to 'Denied'/'Discontinued' (Intake/Ongoing) for the CW program persons.

1.2 Requests

Per CalWORKs policy (EAS 40-105.4), verification of immunization is required for all children in the AU under the age of 6 by the CW participant within the established timeframe of 30 to 45 days. Therefore, CalSAWS must include functionality to automatically provide the required time for parent/caretaker applicants/participants to submit verifications after the case has been approved or reauthorized before 'FTP-Immunization' MAP reduction penalty is imposed.

Per CRPC 2198, CalSAWS should impose the 'FTP-Immunization' MAP reduction penalty in the amount of the parent(s) or caretaker relative within the established timeframe of 30 to 45 days for immunizations that are 'refused' and should not 'Deny' (Intake) or 'Discontinue' (Ongoing) the CW program persons.

1.3 Overview of Recommendations

1. Impose 'FTP-Immunization' MAP reduction penalty in the amount of the biological/adoptive parent(s) or caretaker relative exerting parental control that are receiving aid.

2. Update CW EDBC to not Deny (Intake) or Discontinue (Ongoing) CW persons when the immunization record has a status of 'Refused'.
3. Impose 'FTP-Immunization' MAP reduction penalty within the established timeframe of 30 to 45 days while Immunization records remain pending or refused.
4. Update trigger of the existing CalWORKs no school/ immunization verification NOA.
5. Add CW 2209- IMMUNIZATION GOOD CAUSE REQUEST FORM to the Template Repository for LRS/CalSAWS.

1.4 Assumptions

1. Months on aid will continue to count towards the 48-month CW time limit of parent(s)/caretaker relative while 'FTP-Immunization' MAP reduction penalty is imposed.
2. The WTW program will be created for the penalized parent(s)/caretaker relative that are required to participate in the program.
3. The existing soft validation for missing immunization detail record will remain unchanged.
4. User is responsible for adding/updating the immunization record for children in the CW AU under age 6.
5. The existing logic for the soft validation message for the pending or refused immunization verification will remain unchanged.
6. CalWORKs applicants can be approved while verifications of immunization records are still pending.
7. User is responsible for generating the CW 2200 form when the immunization verification is pending.
8. The existing functionality which auto populates the due date and allows the user to edit the due date on the immunization verification record will remain unchanged.
9. An EDBC will lift MAP reduction and restore aid once verifications have been received for the children under 6 in the AU, children under 6 meet good cause exemption criteria or the youngest child in the AU turns six years old. In the case where verifications have been received for the children under 6 in the AU, the MAP grant amount will be increased the first of the benefit month following the month in which verifications are received. In the case of the youngest child in the AU turning six years old, the MAP grant amount will be increased the first of the youngest child's birth month.

10. In C-IV, immunizations will continue to be a manual process and the functionality defined in this SCR will be adopted as part of migration.
11. Listings of CW cases with children in the Assistance Unit (AU) under age 6 without immunization record verification where there are two parents living in the home and only one parent has role of 'MMO' with role reason of "FTP Immunization will be provided with SCRs CA-214541 and CIV-106750.
12. There will be no changes to the monthly EDBC sweep jobs that run at 10 day cutoff which look at the immunization verifications (i.e. job numbers JB00E161M and JB00E169M) and lift immunization penalty when the child turns 6 (i.e. job number JB00E162M).
13. Logic to generate NOA Reason for Missing school verification will not be changed. (Logic to generate missing immunization verification is updated in Section 2.3).
14. The existing functionality of no penalty being applied to the biological/adoptive parent(s) or caretaker relative through EDBC if the child's verified Immunization Status is "Up to date", "Exempt", or there is a Immunization Verification Detail indicating good cause will remain unchanged.
15. When a CW case consists of both a senior parent and minor parent, both the minor biological parent and caretaker senior parent with parental control would be penalized for failure/refusal to submit immunization verification.
16. When there is a minor parent in the case, there will always be a senior parent as well.
17. If there are two senior parents, the senior parent who is the primary applicant and 'Has Parental Control' over child under 6 will be listed in the NOA.
18. The CalWORKs No School/Immunization Verification NOA from section 2.3 is updated only in English. For all non-English speaking customers receiving this NOA, they will also receive the GEN 1365.
19. A new SCR (CA-229147) has been created to add CW 2209 to the CalWORKs No School/Immunization Verification NOA form generation and add the threshold languages for the CalWORKs No School/Immunization Verification NOA.

2 RECOMMENDATIONS

2.1 Update EDBC Rules to Impose MAP Grant Reduction on Biological/ Adoptive Parent(s) or Caretaker Relative

2.1.1 Overview

- 1) Update CW EDBC to impose 'FTP-Immunization' MAP reduction penalty in the amount of the following program participants:
 - (a) Parent(s) of the child under the age of 6 in the AU with 'pending' or 'refused' immunization record
 - (b) Caretaker relative with parental control over the child under the age of 6 in the AU with 'pending' or 'refused' immunization record.

- 2) Update CW EDBC to no longer set the status of Deny (Intake) or Discontinue (Ongoing) for CW persons when the immunization record has a status of 'Refused'.

2.1.2 Description of Changes

- 1) Update CW EDBC logic to impose the role of 'MMO' with the role reason of 'FTP-Immunization' for any the following active participants aided on the case:
 - (a) Parent participant(s) with a relationship type of 'Parent (Biological/ Adoptive)' to the MEM participant(s) under the age of 6 in the AU with a 'pending' or 'refused' immunization record.

 - (b) Caretaker participant with a relationship type NOT 'Parent(Biological/ Adoptive)' that 'Has Parental Control' over the MEM participant(s) under the age of 6 in the AU with a 'pending' or 'refused' immunization record.

- 2) Update CW EDBC logic to disable setting the program status of 'Denied'(Intake) or 'Discontinued' (Ongoing) for the CW program persons when the immunization record has a status of 'Refused' per CRPC #2198

2.1.3 Programs Impacted

CW

2.1.4 Performance Impacts

N/A

2.2 Update EDBC Rules for Timeframe for Imposing MAP Grant Reduction

2.2.1 Overview

Update the CW EDBC verification logic, which determines when a Failure to Provide (FTP) Status Reason can be set for an immunization record, to use the existing verification logic with some specific updates. The immunization FTP Status Reason will cause a MAP benefit reduction.

When determining whether an FTP Status Reason can be set, verified data records use the following decision flow:

- 1) Determine if the data record is a mandatory report for the benefit month. This will be true if the data record is one of the following. **(This step will be adjusted for immunization.)**
 - a) Period required for an initial applicant
 - b) Period required based on a period report, e.g., SAR7 or RE.
 - c) A mandatory mid-period report (This does not apply to an immunization record.)
- 2) If the data record is *not* a mandatory report for the benefit month being processed, no FTP Status Reason will be set. No further processing is needed.
- 3) If the verification status is 'Refused', the FTP Status Reason is set. No further processing is needed. **(This step will be adjusted for immunization.)**
- 4) If the verification status is 'Not Applicable', no FTP Status Reason will be set. No further processing is needed.
- 5) If the immunization record is not verified, determine whether the FTP Status Reason can be set with 10-day notice based on the following factors:
 - a) Extension period defined by the user (Example: good cause)
 - b) Automatic grace periods based on the data type **(This step will be adjusted for immunization.)**

The following CW immunization scenarios distinguish how grace periods would be determined based on period required changes. Assume a CW household initially applies for aid Jan 2019. The CW program is SAR with a redetermination period of Jan – Dec 2019.

Scenario 1: After intake, a subsequent immunization record which is a voluntary mid-period report is only considered a Period Required change (mandatory) once the redetermination is due and is eligible for a 45 day grace period.

A Mom and child apply for CW Jan 5th, 2019.

1. The child's intake immunization record is verified.
2. The child is due for a DTaP booster May 2019. The CW household voluntarily reports that the booster was received, however they do not provide verification. The user creates a new immunization record with a Begin Date of May 1, 2019. The verification has a Request Date = May 1, 2019 and a Due Date = May 30, 2019. The client does not provide this verification. If the benefit months of May – Dec 2019 are processed, the immunization record with a Begin Date = May 1, 2019 is not assessed because it is a non-mandatory Mid-Period change until Jan 2020 (the start of the new redetermination period).
3. When the RE is received on Dec 13, 2019, the verification for the immunization booster is still not provided. The user processes CW for Jan 2020 on Dec 23, 2019 and establishes the RE period from Jan – Dec 2020.
 - a. Because the immunization booster is needed for a child who is already a recipient in CW, the immunization will be consider 'verified' during the grace period which ends Feb 7, 2020 (45 days from Dec 23, 2019 which is the RE approval date for the Jan – Dec 2020 RE period). If the Mom does not verify the immunization, the Mom will be penalized beginning the March 2020 benefit month.

Scenario 2: After a mid-period applicant is approved, the subsequent immunization record is considered a Period Required change due to Redetermination (RE) and is eligible for a 45 day grace period.

A family applies for CW in Jan 2019. A child moves into the home Aug 5th, 2019.

1. The child is added to the AU beginning September 2019 and the immunization record is verified.
2. The child is due for a DTaP booster at redetermination. However, when the RE is received on Dec 13, 2019, the verification for the booster is not received. The user creates a new immunization record with a Begin Date of Nov 1, 2019. The verification has a Request Date = Dec 13, 2019 and a Due Date = Jan 12, 2020. The user processes CW for Jan 2020 on Dec 20, 2019 and establishes the RE period from Jan – Dec 2020.
 - a. Because the immunization booster is needed for a child who is already a recipient in CW, the immunization will be consider 'verified' during the grace period which ends Feb 4, 2020 (45 days from Dec 20, 2019). If the parents have still not verified the

immunization, the parents will be penalized beginning the March 1st, 2020 benefit month.

3. If the user processes the benefit months of Nov or Dec 2019, the system does not try to automatically assess the immunization record with a Begin Date Nov 1, 2019. This is because the immunization record is considered a non-mandatory Mid-Period change. This record does not get assessed until the Jan 2020 benefit month (as described above) because this is the first month for which it is Period Required.

Scenario 3: A mid-period applicant who is reported/applied during the data month for the upcoming RE period and is eligible for a 30 day grace period.

A family applies for CW in Jan 2019. A child moves into the home Nov 5th, 2019. The child has not previously received MC.

1. The child is added to the AU beginning Dec. 2019 with an initial approval date of Nov 6, 2019. The user created a new immunization record with a Begin Date of Nov 1, 2019. The verification has a Request Date = Nov 5, 2019 and a Due Date = Dec 5, 2019.
 - a. Because the immunization booster is needed for a child who was a new applicant in CW, the immunization will be consider 'verified' during the grace period which ends Dec 7, 2019 (30 days from Nov 6, 2019). If the parents have still not verified the immunization, the parents will be penalized beginning the Jan 2020 benefit month.

2.2.2 Description of Changes

Update CW EDBC verification logic for immunization to use the standard verification logic/decision process with the following alterations:

- 1) Leverage existing logic to determine whether an immunization record is Period Required for the benefit month based only on the Redetermination period (see Overview point 1 above). This applies only to immunization records. A change in the immunization record is not required to be reported on the SAR7, but is required to be reported at redetermination. Given this, the normal logic used to determine whether an immunization record is period required cannot be used exactly "as is" since a SAR CW program would be based on 6-month periods rather than a 12-month period. Because of this the following definitions will be used to determine whether an immunization record is period required:

(a) Period Required for an applicant: An immunization record will be consider Period Required for an applicant if the following condition is met:

- i. the immunization record Begin Date is prior to the initial approval date for the child under age 6.
 - (b) Period Required for Redetermination: An immunization record will be considered Period Required for the redetermination if the immunization record Begin Date is prior to the Report Month for the redetermination period.
- 2) Update verification logic to treat an immunization record with a verification status of 'Refused' the same as a status of 'Pending' (see Overview point 3 above). This change is based on Consortium Request for Policy Clarification (CRPC) #2198.
- 3) Update the verification logic to define the automatic grace period for a verification of an immunization record as follows (see Overview point 5.b. in Section 2.2.1 above):
 - (a) If the immunization record is Period Required for a new applicant, the grace period will be either 30 or 45 days. If the child under the age of 6 has Medi-Cal in the prior month, it is 45 days else 30 days. The end of the grace period will be calculated by adding the grace period days to either 1) the initial approval date of the child or 2) the Immunization Verification Request Date, whichever date is later.
 - (b) If the immunization record doesn't meet the first requirement (point 3.a) but is Period Required due to a Redetermination period report, the grace period will be 45 days. The end of the grace period will be calculated by adding the grace period to either 1) the EDBC Run Date establishing the new Redetermination period for the benefit month (this can be determined by identifying the EDBC with a 'RE' run reason for a benefit month that is within the current Redetermination period) or 2) the Immunization Verification Request Date, whichever is later.

2.2.3 Programs Impacted

CW

2.2.4 Performance Impacts

N/A

2.3 Update CalWORKs No School/Immunization Verification NOA Reason

2.3.1 Overview

This effort is updating the trigger of the existing CalWORKs no school/immunization verification Reason Fragment.

Reason Fragment Name and ID:

CW_CH_MISSING_SCHOOL_IMMUNZTN_VERIF_A994_EN.xdp 7331

State Form/NOA: M40-181E (11/2014)

Current NOA Template: M40-181E (11/2014) CHANGE: SAWS REVERIFICATION-IMMUNIZATIONS/SCHOOL ATTENDANCE

Current Program(s): CalWORKs

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Existing Languages:

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

Below is verbiage of the reason fragment:

TYPE	Fragment ID	Fragment File Name	Fragment Text
Reason	7331	CW_CH_MISSING_SCHOOL_IMMUNZTN_VERIF_A994_EN.xdp	<p>We needed certain facts to check your eligibility. We asked you to {MissingSchoolVerifications}.</p> <p>You did not do this and you did not ask the County for help getting this proof, so your needs and/or the needs of {NoLongerEligPerson} were not counted in figuring the amount of your cash aid.</p> <p>You may restore the cash aid you lost by giving us proof of immunization or school attendance.</p> <p>If you are ages 16 through 17, this also means you have lost your Welfare to Work exemption. You will get another notice telling you of the welfare to work program rules.</p>

2.3.2 Update CalWORKs NOA Generation

Update the NOA logic to generate the reason fragment for immunization when below condition is met:

- The AU has 'MMO' role with the role reason of 'FTP-Immunization'

Note: Existing logic to generate NOA for missing school verification will not be changed.

2.3.3 Update CalWORKs NOA Variable Population

The CalWORKs missing school immunization reason fragment only has two variables, as shown below. Only the second variable will be updated.

Variable Name	Population	Formatting
MissingSchoolVerifications	<p>*Not updated with this SCR.</p> <p>Populates with either the missing proof of immunization or missing school verifications.</p> <p>Field Type: Text</p> <p>For Example, "FTP Immunizations"</p>	Arial Font 10
NoLongerEligPerson	<p>Populates the penalized child.</p> <p>**If the penalized person has a minor parent in the case, then populate both the senior and minor parent.</p> <p>**There is a minor parent in the case if MINOR_PARNT_CODE = "AM" from either EDBC or PGM_DETL tables.</p> <p>Field Type: Text</p> <p>For Example, "Jane Doe" or "John Doe, Jane Doe"</p>	Arial Font 10

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

2.4 Correspondence: Add the CW 2209 Form

2.4.1 Overview

The CW 2209- IMMUNIZATION GOOD CAUSE REQUEST FORM will be added to the Template Repository for LRS/CalSAWS.

State Form: CW 2209- IMMUNIZATION GOOD CAUSE REQUEST FORM (12/14)

Programs: CW

Attached Forms: N/A

Forms Category- LRS/CalSAWS: Form

Template Repository Visibility: All Counties

Languages:

English and Spanish

2.4.2 Description of Change

Create and add CW 2209- IMMUNIZATION GOOD CAUSE REQUEST FORM (12/14) in LRS/CalSAWS to template repository.

2.4.2.1 Create CW 2209 Form XDP

Create XDP for CW 2209 Form in English and Spanish.

Form Header: N/A, This Form will only be available to print locally.

Form Title: IMMUNIZATION GOOD CAUSE REQUEST FORM

Form Number: CW 2209 (12/14)

Include NA Back 9: No.

Imaging Form Name: Immunization Good Cause Request Form

Imaging Form Document Type: Notification/NOA

Form Mockups/Examples: See Supporting Documents #2 & #3

2.4.2.2 Add Form Variable Population for CW 2209

Form Body Variables:

Variable Name	Population	Formatting	Editable	Template Repository Population	Populates with Form Generation
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Case Client Name	No population. Free-fill field. Field Type: Text For Example, "John Doe"	Arial Font 10	Yes	No	No
Case Number	No population. Free-fill field. Field Type: Text For Example, "809337372"	Arial Font 10	Yes	No	No
Name of Participant Date	No population. Free-fill field. Field Type: Text For Example, "John Doe" "01/16/2021"	Arial Font 10	Yes	No	No
Name of Participant's children	No population. Free-fill field. Field Type: Text For Example, "Jane Doe"	Arial Font 10	Yes	No	No
Other Good Cause Reason	No population. Free-fill field. Field Type: Text For Example, "Exempt"	Arial Font 10	Yes	No	No
Client Signature	No population. Free-fill field.	Arial Font 10	Yes	No	No

	<p>Field Type: Text</p> <p>For Example, "Jane Doe"</p>				
Date of Client Signature	<p>No population. Free-fill field.</p> <p>Field Type: Text</p> <p>For Example, "01/16/2021"</p>	Arial Font 10	Yes	No	No
Client Phone Number	<p>No population. Free-fill field.</p> <p>Field Type: Text</p> <p>For Example, "123-456-7890"</p>	Arial Font 10	Yes	No	No
Worker's Name	<p>No population. Free-fill field.</p> <p>Field Type: Text</p> <p>For Example, "Jane Doe"</p>	Arial Font 10	Yes	No	No
Date of Worker Signature	<p>No population. Free-fill field.</p> <p>Field Type: Text</p> <p>For Example, "01/16/2021"</p>	Arial Font 10	Yes	No	No
Worker Phone Number	<p>No population. Free-fill field.</p> <p>Field Type: Text</p>	Arial Font 10	Yes	No	No

	For Example, "123-456-7890"				
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Variables Requiring Translations: N/A

2.4.2.3 Add Form Control

The CW 2209 Form needs to be returned but have no due date. The form is triggered in Template Repository.

Due Date: None

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

2.4.2.4 Add CW 2209 Form to Template Repository

Add the CW 2209 Form to Template Repository with the following Document Parameters:

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

2.4.2.5 Add CW 2209 Form Print Options and Mailing Requirements

The following Print options will be included for the CW 2209 Form.

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

Mailing Requirements:

N/A, Local Print only

Additional Requirements:

Special Paper Stock: None

Enclosures: None

Electronic Signature: No

2.5 Automated Regression Test

2.5.1 Overview

Create new automated regression test scripts to validate the new immunization validations and NOAs when running EDBC.

2.5.2 Description of Changes

1. Create cases with each of the following program configurations.

	Config 1	Config 2	Config 3	Config 4	Config 5	Config 6
Intake	1 Parent 1 Child Under 6	1 Parent 1 Child Under 6	1 Parent 1 Child 6 or Over	1 Parent 1 Child 6 or Over	2 Parents 1 Child Under 6	2 Parents 1 Child Under 6
Mid-Period	-	-	Child Under 6	Child Under 6	-	-
Medi-Cal	No	Yes	No	Yes	No	Yes
Verif Due Date	30 days	45 days	30 days	45 days	30 days	45 days

For each configuration,

- a. Add the CalWORKs program for the specified persons. Run EDBC without adding an Immunization record. Confirm that the immunization validation displays.
 - b. Add a Pending immunization record and Run EDBC to activate the CalWORKs program.
 - c. Run EDBC for the benefit month after the verification due date. Confirm that the parent applicant(s) becomes MMO with a reason of FTP-Immunization. Also confirm that the Change NOA generates.
 - d. Mark the immunization record as Verified. Run EDBC for the next month and confirm that MEM benefits are restored for the parent applicant(s).
2. Create cases with each of the program configurations listed above (section 2.5.2.1). For each configuration,
 - a. Add the CalWORKs program for the specified persons.
 - b. Add a Refused immunization record and Run EDBC to activate the CalWORKs program.
 - c. Run EDBC for the benefit month after the verification due date. Confirm that the primary applicant (parent) becomes MMO with a

reason of FTP-Immunization. Also confirm that the Change NOA generates.

- d. Run EDBC for the benefit month in which the child would become 6 years old. Confirm that benefits are restored for the parents.
3. Create cases with each of the program configurations listed above (section 2.5.2.1), with a caretaker relative with that Has Parental Control over the Child Under 6 in place of one of the Parents. For each configuration, perform the same actions as outlined in that section, and confirm the same result.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility	CalWORKs policy (EAS 40-105.4) which specifies timeframes for immunization verifications.	 Policy 40-105.docx
2	Correspondence	CW 2209 Mockup (English)	 CW 2209 IMMUNIZATION GOC
3	Correspondence	CW 2209 Mockup (Spanish)	 CW2209 Spanish.pdf
4	Eligibility	CRPC 2198 which clarifies treatment of 'Refused' immunizations	 CRPC%202198%20-%20Immunization%20

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.5.2.13	The LRS shall allow COUNTY-specified Users to collect immunization information at the individual level.	This SCR will impose the MAP reduction penalty for missing immunizations for

		children under the age of 6 based on the CalWORKS policy timeframe.
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CalSAWS

California Statewide Automated Welfare System

Design Document

CA-216757

2nd Level Authorization When Issuing an EBT Card

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Eric Wu
	Reviewed By	S. Garg, D. Vang, K. Santosh, J. Besa, Eric C, H. Jain, S. Suddavanda, J Caicedo

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/08/2021	1.0	Initial Version	Eric Wu
04/12/2022	1.1	Content Revision 1	Eric Wu
06/22/2022	1.2	Content Revision 2	Eric Wu

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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

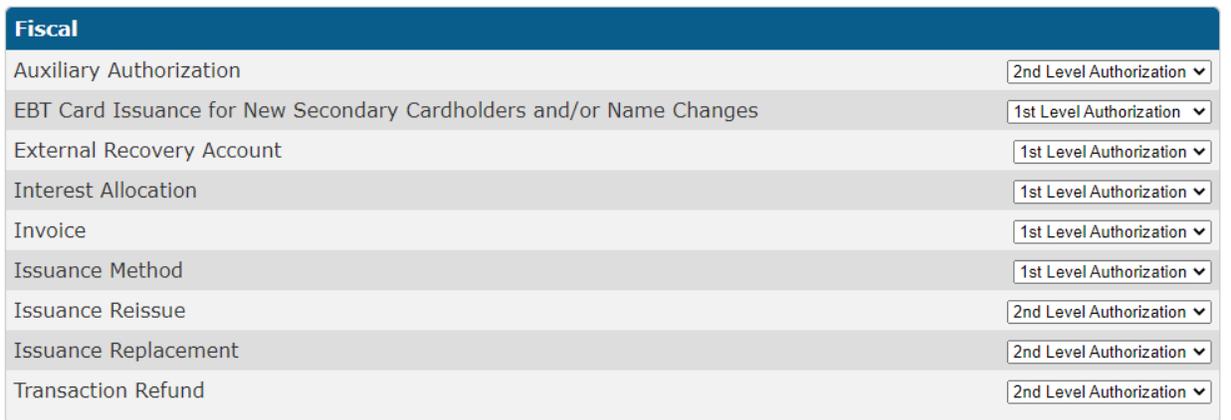
2.1 County Authorizations Page

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.

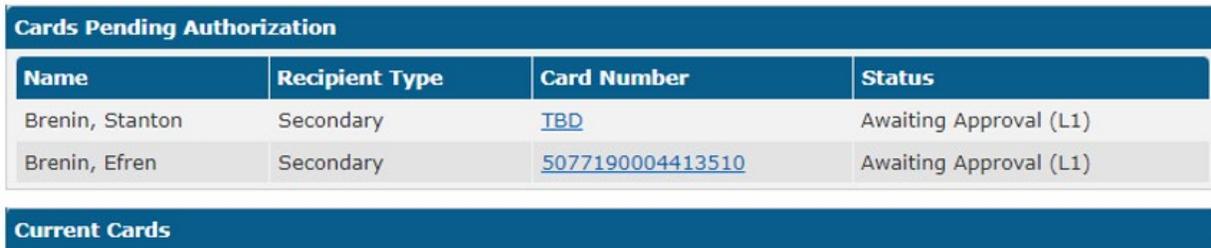
2.2 EBT Account Detail Page

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



The mockup shows a section titled "Cards Pending Authorization" with a table containing two rows of data. Below this is a section titled "Current Cards".

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

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: Case Info**
- **Local: Case Summary**
- **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

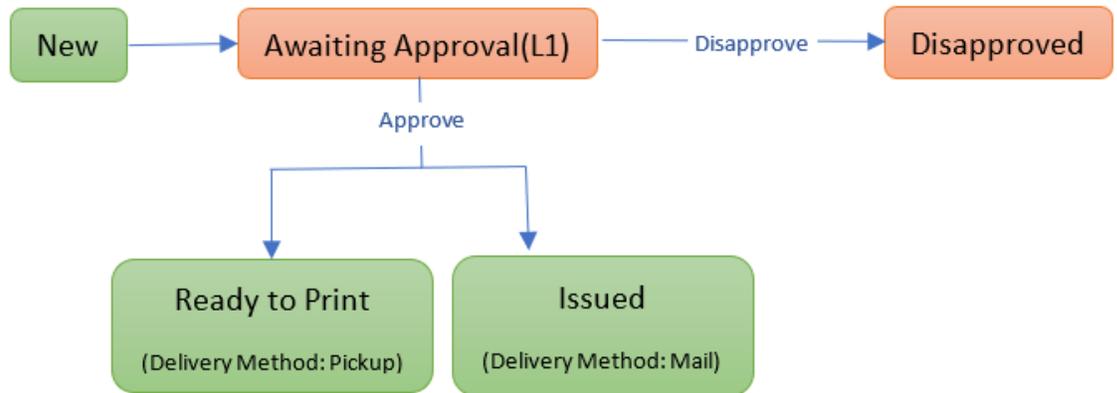
1. Update the page to require the proper level of approval when issuing/reissuing an EBT Card with a new cardholder name under a case.

Note:

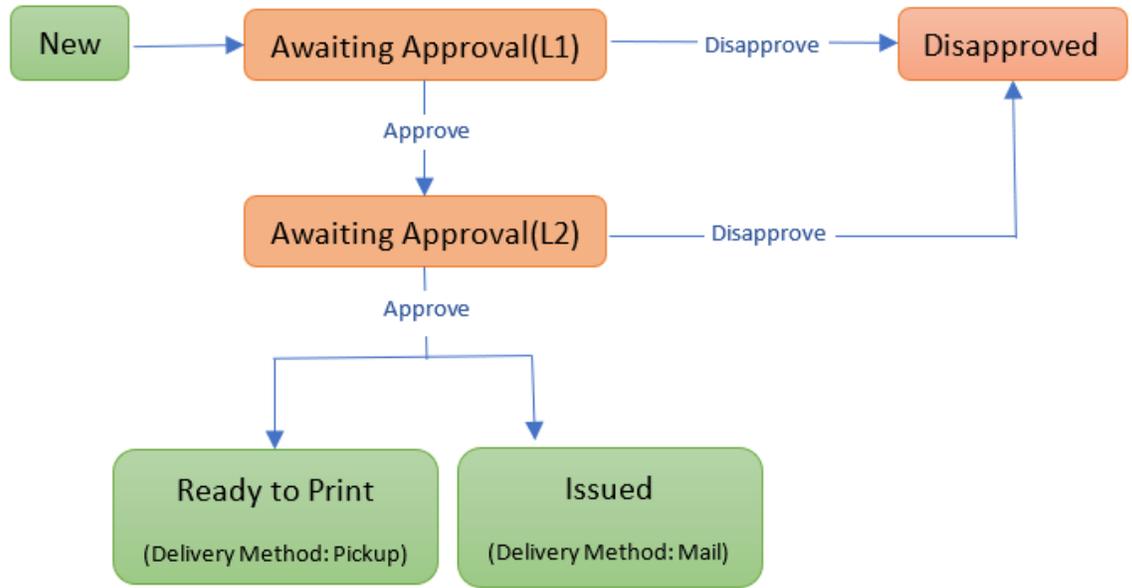
 - I. A Cardholder name is the name that will be printed on an EBT Card, and the format is first name, middle initial, and last name.
 - II. A new Cardholder name can either be a new payee under a case or an existing cardholder with the name change.
 - III. Any mismatch in spelling (including special 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



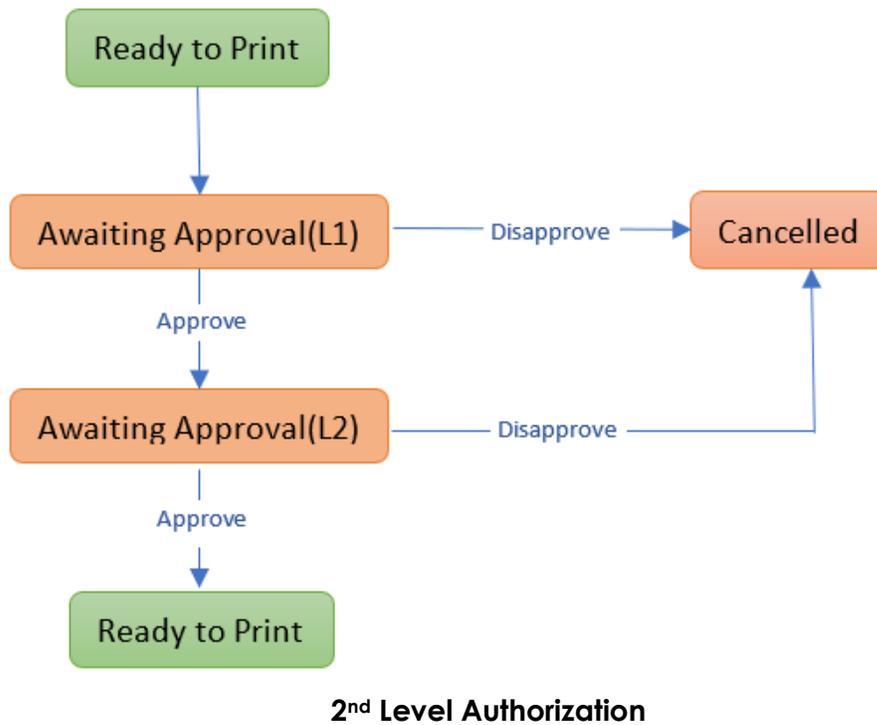
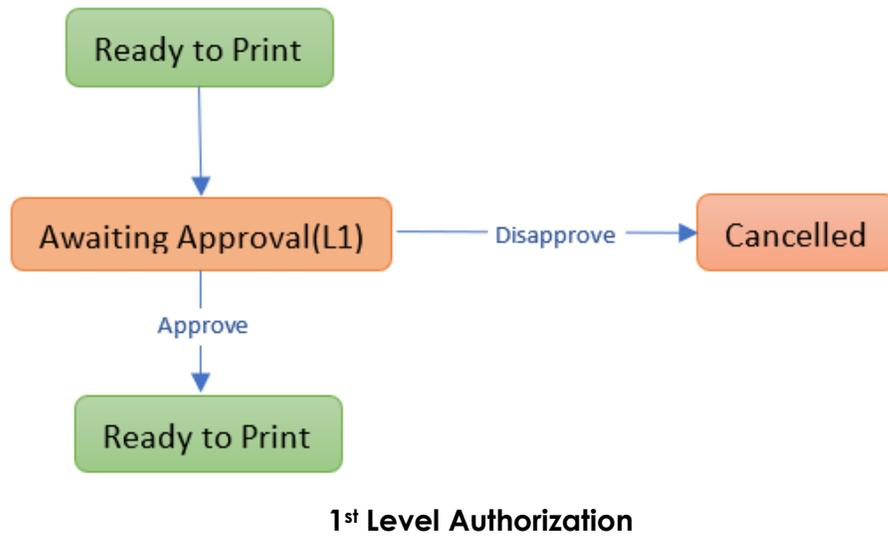
2nd Level Authorization

- 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 Card Print 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 Card Print 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-229461

Customer Non-Benefit Issuance Category
(Phase II)

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Alexander Neilson; Esequiel Herrera-Ortiz
	Reviewed By	Sidhant Garg, Duke Vang, Naresh Barsagade, Kapil Santosh, Sheryl Eppler, Claudia Pinto

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/21/2021	1.0	Initial Version	Alexander Neilson
09/30/2021	1.1	Updated Assumption 8.1.4 to include additional Fiscal and State reports. Update to assumption #10 to reference CA-233690 Update Reports for Customer Non-Benefit Issuance Category.	Esequiel Herrera-Ortiz
07/28/2022	2.1	Updated list of reports for Assumption 8.1.4. Add 2.2 and 2.10 recommendations	Esequiel Herrera-Ortiz, Eric Wu

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1 OVERVIEW

1.1 Current Design

A new Issuance Category of Customer Non-Benefit was added with CA-226779 in the 21.05 release. Customer Non-Benefit issuances will not be counted as a Customer Benefit and thus will not count towards a customer's food or cash assistance and Time Limit Aid Summary.

1.2 Requests

Fully automate the Customer Non-Benefit Issuance Category for the online fiscal pages, fiscal issuance batch jobs, fiscal interfaces, and claiming.

Note: Fiscal Reports will be addressed with a separate SCR.

1.3 Overview of Recommendations

1. Update Issuance Detail to disallow editing for Customer Non-Benefit issuances.
2. Update the Auxiliary Authorization Detail to allow users with special rights to select Customer Non-Benefit Type value.
3. Update Issuance Batch to assign the new Customer Non-Benefit issuance category to issuances with one of the two new Customer Non-Benefit pay codes.
4. Update Daily Direct Deposit Writer jobs to include the new Customer Non-Benefit issuances.
5. Update the EBT Benefit Writer interface to include the new Customer Non-Benefit issuances.
6. Update the Daily SWR Writer jobs to include the new Customer Non-Benefit issuances.
7. Update the Migration Warrant Print Writer to include the new Customer Non-Benefit issuances.
8. Update the San Bernardino Daily Warrant Print Writer to include the new Customer Non-Benefit issuances.
9. Update the Merced Warrant Print Writer to include the new Customer Non-Benefit issuances.
10. Update the Riverside Daily Warrant Print Writer to include the new Customer Non-Benefit issuances.
11. Update the QCIS Interface CalFresh Secondary Universe job to exclude issuance transactions of category type 'Customer Non-Benefit'.
12. Update the QCIS Interface CalFresh Negative Universe job to exclude issuance transactions of category type 'Customer Non-Benefit'.

1.4 Assumptions

1. The EBT Benefit Type will still follow the existing program and aid code mapping from CT 2055.
2. Customer Non-Benefit issuances will not be considered in the Previous Potential Benefit calculations on EDBC.
3. Customer Non-Benefit issuances will not be Collectible.
4. On EBT Repayment Detail page, the system will not be able to determine if benefits are from Customer Non-Benefit issuance.
5. There will be no new Claiming Transaction Type Codes for Customer Non-Benefit Issuances. The new Customer Non-Benefit pay codes will be used to identify Customer Non-Benefit Issuances for claiming and reports purposes.
6. Interface partner testing with CalWIN Counties will be handled with a separate DDID.
7. Existing Customer Non-Benefit issuances (Pandemic Emergency Assistance Fund and Golden State Grant payments) will not be updated with the new Customer Non-Benefit Pay Codes.
8. All issued Customer Non-Benefit issuances will display on the following reports depending on the program or issuance method of the payment:
 - 1.1.
 - 1.1.1. CalFresh over 399 with Earned Income Report
 - 1.1.2. DCFS New Placement Report
 - 1.1.3. PRUCOL Case Tracking Report
 - 1.2. Administrative Reports:
 - 1.2.1. Supervisor Authorization Report
 - 1.2.2. AB109 LRS Financial Summary Report
 - 1.3. Employment Services Reports:
 - 1.3.1. Assessment and Learning Disability Evaluation Provider Payments Report
 - 1.4. Fiscal Reports:
 - 1.4.1. 1099 Monthly Control Report
 - 1.4.2. 1099 Reconciliation Report
 - 1.4.3. 1099 Reconciliation Detail Report
 - 1.4.4. Cash EBT Production Reconciliation Report
 - 1.4.5. Child Care Manual Issuance Register
 - 1.4.6. Claim Grand Totals Detail Report
 - 1.4.7. Claim Grand Totals Summary Report
 - 1.4.8. Community Treatment Facility Report
 - 1.4.9. DCFS Claim Data Report
 - 1.4.10. Foster Care Facility - GH and FFA Report
 - 1.4.11. Foster Care Transitional Housing Payment Report
 - 1.4.12. Integrated CalFresh Issuance Detail Claiming Report – Incomplete information
 - 1.4.13. Integrated Nutrition Benefit Issuance Detail Claiming Report
 - 1.4.14. Integrated Payroll Benefit Issuance Detail Claiming Report
 - 1.4.15. Integrated Payroll Benefit Issuance Detail Claiming Report By Case
 - 1.4.16. JWV Daily Details Report

- 1.4.17. JWV Month-End Details Report
- 1.4.18. MTFC-ITFC Payment Report
- 1.4.19. Month-End JWV Cancellations and Expungement Report
- 1.4.20. Out of State Facility Report
- 1.4.21. Retroactive Aid Code Adjustment Detail Report
- 1.4.22. Rush Child Care Warrant Register
- 1.4.23. Warrant Production Reconciliation Report
- 1.4.24. CalFresh EBT Production Reconciliation Report
- 1.4.25. Nutrition Benefit EBT Production Reconciliation Report
- 1.4.26. Skipped Issuance Report
- 1.4.27. Daily Journal Voucher Warrant Report
- 1.4.28. Daily Interface Payment Status Report

9. All claimed Customer Non-Benefit issuances will display on the Auxiliary Authorization Registers.
10. All Customer Non-Benefit issuances will be included in the State reports listed below depending on the program they were issued for. With **CA-233690 Update Reports for Customer Non-Benefit Issuance Category** the reports will be updated to exclude Customer Non-Benefit information. Until the implementation of CA-233690, counties will need to manually adjust for the customer Non-Benefit information.
 - a. State/CA 237 HA
 - b. State/CA 237 CW
 - c. State/GA 237
 - d. State/STAT 45
 - e. Disaster CalFresh Daily
 - f. FC1 - Continuum of Care Reform Facility Report
 - g. TEMP 2220 - Children Aged 5-17 in Families Receiving CalWORKs
11. Customer Non-Benefit issuances will not be sent in the Child Support Interface.
12. Customer Non-Benefit issuances will not be sent in the CalFresh Primary and Secondary Sampling Interface.
13. Customer Non-Benefit issuance will not be sent in the TANF Primary and Secondary Sampling Interface.
14. Cancelled Customer Non-Benefit issuance will not be sent in the CalFresh Negative Review interfaces (Quality and Negative Action (QNA)).

2 RECOMMENDATIONS

2.1 Issuance Detail

2.1.1 Overview

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

2.1.2 Description of Changes

1. Update the Issuance Detail page to disallow editing for Customer Non-Benefit issuances.
2. Update the Issuance Detail Page to **not display** the following buttons for Customer Non-Benefit issuances.
 - Reissue
 - External Reissue
 - Replace
 - Collect
 - Edit
 - Affidavit

NOTE: Any lost or recovered funds must be created through another authorization.

3. Update the Issuance Detail Page to **display** the following buttons for Customer Non-Benefit issuances.
 - Cancel
 - Close
 - Print

2.1.3 Page Location

- **Global:** Case Info
- **Local:** Case Summary
- **Task:** Issuance History

2.1.4 Security Updates

No changes.

2.1.5 Page Mapping

No Changes.

2.1.6 Page Usage/Data Volume Impacts

No changes.

2.2 Issuance search

2.2.1 Overview

The Issuance Search page allows the user to search for benefit issuance records.

2.2.2 Issuance Search Page Mockup

Issuance Search

*- Indicates required fields

► Refine Your Search

[View Detailed Results](#)

Search Results Summary

Results 1 - 25 of 225

1 2 3 4 5 6 7 8 9 [Next](#)

Control Number	Payee	Program	Benefit/ Service Month	Case Name	Issuance Category	Issuance Method	Status	Amount
1910302286	CUDNEY, GEORGE 26F	General Assistance/ General Relief	04/2017	Case Name	Customer Non-Benefit	EBT	Issued	\$221.00
1910548629	CUDNEY, GEORGE 26F	CalFresh	04/2017	Case Name	Monthly Benefit	EBT	Issued	\$194.00 Edit

Figure 2.2.1 – Issuance Search Page – Hide ‘Edit’ button for the CNB issuance

2.2.3 Description of Changes

- Update the Issuance Search page to disallow editing for Customer Non-Benefit issuances by hiding the ‘Edit’ button.

2.2.4 Page Location

- **Global:** Fiscal
- **Local:** Issuances
- **Task:** Issuance Search

2.2.5 Security Updates

No changes.

2.2.6 Page Mapping

No Changes.

2.2.7 Page Usage/Data Volume Impacts

No changes.

2.3 Auxiliary Authorization Detail

2.3.1 Overview

The Auxiliary Authorization Detail page allows the users to create and authorize auxiliary authorization requests without requiring any eligibility determination. This update will allow workers with the correct security right to select Customer Non-Benefit type value which will then determine the appropriate pay code that mark an issuance as belonging to the new Customer Non-Benefit issuance category.

2.3.2 Auxiliary Authorization Detail Page Mockup

Auxiliary Authorization Detail

*- Indicates required fields

Save and Continue Cancel

Customer Non-Benefit: *
None

Auxiliary Number: **Case Number:** L020DA0 **County:** Los Angeles

Program: * - Select - **Aid Code: *** - Select -

Pay Code: - Select - **Amount: *** []

Figure 2.3.1 – Auxiliary Authorization Detail page – On Page Load (Create Mode)

Auxiliary Authorization Detail

*- Indicates required fields

Customer Non-Benefit: *
Federal ▾

Auxiliary Number:	Case Number: L020DA0	County: Los Angeles
Program: * - Select - ▾	Aid Code: * - Select - ▾	
Pay Code: Federal Customer Non-Benefit	Amount: * <input type="text"/>	

Figure 2.2.2 – Auxiliary Authorization Detail page – Customer Non-Benefit Selection

2.3.3 Description of Changes

1. Add a new section immediately before the header section of the Auxiliary Authorization Detail page. This section will only be visible for users with the appropriate security rights.
2. Add a 'Customer Non-Benefit' field to the new section with a dropdown containing the values 'None', 'Federal', and 'Non-Federal', with 'None' being the default value. Selecting 'Federal' or 'Non-Federal' from this dropdown will update the pay code field to the corresponding Federal or Non-Federal Customer Non-Benefit pay codes. The pay code field will then be set to read only. If the pay code field has been set to a Customer Non-Benefit pay code and made non-editable, selecting 'None' will remove the pay code selection and make the pay code field editable again.
3. Add a form validation that will verify that the worker has the appropriate security rights when a Customer Non-Benefit selection has been made other than 'None'. The validation message will be 'Customer Non-Benefit: Worker does not have appropriate security rights.'

2.3.4 Page Location

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

2.3.5 Security Updates

Security Right	Right Description	Right to Group Mapping
CustomerNonBenefitCreate	This right will allow workers on the "Auxiliary Authorization Detail" page to view and click the "Customer Non-Benefit" and "Remove Customer Non-Benefit" buttons.	Customer Non-Benefit Create

2.3.6 Page Mapping

	Table Name	Column	Description
Customer Non-Benefit	AUX_PMT	PAY_CODE	623-This field captures the pay code associated to the auxiliary authorization record.

2.3.7 Page Usage/Data Volume Impacts

No changes.

2.4 Issuance Batch

2.4.1 Overview

Issuance Batch is responsible for creating an Issuance record for each authorization that is subject to be paid on a Monthly/Nightly basis. This update is to configure the Issuance Batch to process the new Customer Non-Benefit Issuance Category.

2.4.2 Description of Change

1. Update the Issuance Batch to identify issuances based on the new Federal and Non-Federal Customer Non-Benefit pay codes and set the issuance category to the new Customer Non-Benefit issuance category.
2. Update the logic to update from Direct Deposit to Warrant if the county is a Monthly DD County and not a monthly benefit for the new Customer Non-Benefit issuance category.

2.4.3 Execution Frequency

No Change.

2.4.4 Key Scheduling Dependencies

No Change

2.4.5 Counties Impacted

All CalSAWS counties.

2.4.6 Data Volume/Performance

No Change.

2.4.7 Failure Procedure/Operational Instructions

No Change.

2.5 Daily Direct Deposit Writer Jobs

2.5.1 Overview

Several county direct deposit writer jobs share the same database access logic that will need to be updated to include the new Customer Non-Benefit issuance category.

2.5.2 Description of Changes

1. Update the Direct Deposit Writer to retrieve issuances with the new Customer Non-Benefit issuance category in addition to what it currently retrieves.

2.5.3 Execution Frequency

No Change.

2.5.4 Key Scheduling Dependencies

No Change

2.5.5 Counties Impacted

All CalSAWS counties.

2.5.6 Data Volume/Performance

No Change.

2.5.7 Failure Procedure/Operational Instructions

No Change.

2.6 EBT Benefit Writer Interface

2.6.1 Overview

The EBT Benefit Writer Interface is responsible for transmitting EBT benefits to FIS to be issued. This update is to include the new Customer Non-Benefit issuance category when sending EBT reactivations.

2.6.2 Description of Changes

1. Modify the EBT Daily Cash and EBT Daily Food writers to include the Customer Non-Benefit Issuance Category.

2.6.3 Execution Frequency

No Change.

2.6.4 Key Scheduling Dependencies

No Change

2.6.5 Counties Impacted

All CalSAWS counties.

2.6.6 Data Volume/Performance

No Change.

2.6.7 Failure Procedure/Operational Instructions

No Change.

2.7 Daily SWR Writer Jobs

2.7.1 Overview

The Daily SWR Writer jobs are responsible for submitting warrant and direct deposit benefits to eCAPS to be issued. This update is to include issuances belonging to the new issuance category.

2.7.2 Description of Changes

1. Modify the DPSS Daily job (PO19F413) to include the new Customer Non-Benefit issuance category when retrieving issuances.
2. Modify the DCFS Daily job (PO19F418) to include the new Customer Non-Benefit issuance category when retrieving issuances.

2.7.3 Execution Frequency

No Change.

2.7.4 Key Scheduling Dependencies

No Change

2.7.5 Counties Impacted

Los Angeles County.

2.7.6 Data Volume/Performance

No Change.

2.7.7 Failure Procedure/Operational Instructions

No Change.

2.8 Migration Warrant Print Writer – POXXF100

2.8.1 Overview

The Migration Warrant Print Writer job writes the ready for issuance warrant issuances to the outbound file and updates their status to submitted.

2.8.2 Description of Changes

1. Update the Migration Warrant Print Writer job to include the Customer Non-Benefit issuance category.

2.8.3 Execution Frequency

No Change.

2.8.4 Key Scheduling Dependencies

No Change

2.8.5 Counties Impacted

C-IV Migration Counties.

2.8.6 Data Volume/Performance

No Change.

2.8.7 Failure Procedure/Operational Instructions

No Change.

2.9 San Bernardino Daily Warrant Print Writer – PO36F105

2.9.1 Overview

The San Bernardino Daily Warrant Print Writer job writes the ready for issuance warrant issuances to the outbound file and updates their status to submitted.

2.9.2 Description of Changes

1. Update the San Bernardino Daily Warrant Print Writer job to include the Customer Non-Benefit issuance category.

2.9.3 Execution Frequency

No Change.

2.9.4 Key Scheduling Dependencies

No Change

2.9.5 Counties Impacted

San Bernardino.

2.9.6 Data Volume/Performance

No Change.

2.9.7 Failure Procedure/Operational Instructions

No Change.

2.10 San Bernardino Daily Warrant Print EBT Writer – PO36F101

2.10.1 Overview

The San Bernardino Daily Warrant Print EBT Writer job writes the issued and canceled EBT issuances to the outbound file.

2.10.2 Description of Changes

1. Update the San Bernardino Daily Warrant Print EBT Writer job to include the Customer Non-Benefit issuance category.

2.10.3 Execution Frequency

No Change.

2.10.4 Key Scheduling Dependencies

No Change

2.10.5 Counties Impacted

San Bernardino.

2.10.6 Data Volume/Performance

No Change.

2.10.7 Failure Procedure/Operational Instructions

No Change.

2.11 Merced Warrant Print Writer – PO24F100

2.11.1 Overview

The Merced Warrant Print Writer job writes the ready for issuance warrant issuances to the outbound file and updates their status to submitted.

2.11.2 Description of Changes

1. Update the Merced Warrant Print Writer job to include the Customer Non-Benefit issuance category.

2.11.3 Execution Frequency

No Change.

2.11.4 Key Scheduling Dependencies

No Change

2.11.5 Counties Impacted

Merced.

2.11.6 Data Volume/Performance

No Change.

2.11.7 Failure Procedure/Operational Instructions

No Change.

2.12 Riverside Daily Warrant Print Writer – PO33F100

2.12.1 Overview

The Riverside Daily Warrant Print Writer job writes the ready for issuance warrant issuances to the outbound file and updates their status to submitted.

2.12.2 Description of Changes

1. Update the Riverside Daily Warrant Print Writer job to include the Customer Non-Benefit issuance category.

2.12.3 Execution Frequency

No Change.

2.12.4 Key Scheduling Dependencies

No Change

2.12.5 Counties Impacted

Riverside.

2.12.6 Data Volume/Performance

No Change.

2.12.7 Failure Procedure/Operational Instructions

No Change.

2.13 Update QCIS Interface CalFresh Secondary Universe job 'POXXE801'

2.13.1 Overview

Currently the CalFresh secondary universe QCIS (Quality Control Information System) interface batch job 'POXXE801' randomly selects the issued or manually issued issuances of issuance category code other than 'Monthly Benefit' and sends them to QCIS to measure accuracy in the food assistance programs.

2.13.2 Description of Changes

1. Update the batch job 'POXXE801' to exclude the issuance category type of 'Customer Non-Benefit' along with the 'Monthly Benefit' when selecting the issuances to send to to QCIS – Quality Control Information System.

2.13.3 Execution Frequency

No Change

2.13.4 Key Scheduling Dependencies

No Change

2.13.5 Counties Impacted

All counties

2.13.6 Data Volume/Performance

Unknown

2.13.7 Interface Partner

QCIS – Quality Control Information System

2.13.8 Failure Procedure/Operational Instructions

No Change

2.14 Update QCIS Interface CalFresh Negative Universe job 'PO19E812'

2.14.1 Overview

Currently the CalFresh Negative universe QCIS (Quality Control Information System) interface batch job 'PO19E812' randomly selects denied/Discontinued/ Rescinded CalFresh programs with cancelled issuances that have not been re-issued for a sample month and sends them to QCIS to measure accuracy in the food assistance programs.

2.14.2 Description of Changes

1. Update the batch job 'PO19E812' to exclude the issuance category type of 'Customer Non-Benefit' when selecting the cancelled issuances in the CalFresh program for the sample month to send to QCIS – Quality Control Information System.

2.14.3 Execution Frequency

No Change

2.14.4 Key Scheduling Dependencies

No Change

2.14.5 Counties Impacted

LA county

2.14.6 Data Volume/Performance

Unknown

2.14.7 Interface Partner

QCIS – Quality Control Information System

2.14.8 Failure Procedure/Operational Instructions

No Change

2.15 Fund Code Determination

2.15.1 Overview

Currently in the System, fund codes are used to store the accounting String information for a County. This information helps in claiming the funding for County from State (Federal/Non-Federal). This update will add the appropriate funding codes and accounting strings for the new Customer Non-Benefit Pay Codes.

2.15.2 Description of Changes

Add the new Fund Codes in the system to store the accounting string information for the new Customer Non-Benefit Pay Codes.

NOTE: Please refer to the attached "Customer Non-Benefit Fund Codes.xlsx" file under Section 3 for the appropriate fund codes and accounting string information for each county.

2.16 Counties Interface Testing

2.16.1 Overview

Each CalSAWS county has its separate warrant print & auditor control file exchange process. This section describes the recommendations to perform interface testing for all CalSAWS counties.

2.16.2 Description of Changes

1. Perform the interface file testing for following counties:
 - FIS - Food/Cash Daily EBT Interface
 - Los Angeles – eCAPS Special Warrant Request (SWR)
 - Migration (ISAWS) - WarrantPrintWriter file
 - Merced - FIRMS
 - Stanislaus
 - San Bernardino - FAS
 - Riverside - OASIS

2.17 Code Table Change Request (CTCR)

1. Add a new Federal Customer Non-Benefit pay code. This code will be used to identify an issuance as a Customer Non-Benefit issuance with a federal funding source.

- The federal indicator attribute will be set to Yes.
 - The 'Claim Based on Pay Code' attribute will be set to Yes.
 - This pay code will be enabled for all programs.
 - This pay code will be disabled for all counties*.
2. Add a new Non-Federal Customer Non-Benefit pay code. This code will be used to identify an issuance as a Customer Non-Benefit issuance with a Non-Federal funding source.
 - The federal indicator attribute will be set to No.
 - The 'Claim Based on Pay Code' attribute will be set to Yes.
 - This pay code will be enabled for all programs.
 - This pay code will be disabled for all counties*.
 3. Update the pay code chart on the web portal to include the two new Customer Non-Benefit pay codes.

***NOTE:** The new Customer Non-Benefit pay codes will be disabled for all counties as a measure to prevent them from being accessible on page pay code dropdowns. They will only be accessible through special functionality on the Auxiliary Authorization Detail page.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Fiscal	Customer Non-Benefit Fund Codes	 Customer%20Non-Benefit%20Fund%20C

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?

6 OUTREACH

No Change.

7 APPENDIX

No Change.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-235977

Update GR 237

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Esequiel Herrera-Ortiz
	Reviewed By	Ravneet Bhatia; Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/22/2021	1.0	Initial Version	Esequiel Herrera-Ortiz
03/29/2022	1.1	The following updates have been made to the documents after BA/QA review: <ol style="list-style-type: none"> 1. A signed SSP 14 document is captured based on the signature CREATED_ON date rather than the Signed Date. 2. Removed the Recovery Account cause code check for GR Recoverable from the Lines 8 and Line 11. 3. Removed the Dual County and Reimbursement of Aid transaction types from Lines 8 and 11. 4. The Line 10 base population logic has been updated to look at SSI Denial Action Date rather than SSI Denial Date. 	Esequiel Herrera-Ortiz
04/13/2022	1.2	<ol style="list-style-type: none"> 1. The Part B - Persons base population has been updated to be the same as the Part A base population. 2. The Part B – Expenditures base population has been split into its own base population. 3. Updated logic for Part C – Line 7 to report a single SSP 14 document based on the date a Signature was captured in the system. 	Esequiel Herrera-Ortiz
06/08/2022	1.3	Removed the Recovery Account Number and Responsible Party column from the Part C – Line 7 column definition. Updated Assumption 3 and 5 to remove the requirement that an SSP 14 be received.	Esequiel Herrera-Ortiz

		<p>Updated the First Name, Last Name, Gender, and Date of Birth columns in section 2.1.3.4.g to remove the condition that the column will be blank if the person has no CIN. Fixed Typos.</p> <p>Updated missing column definition for Date of Application in section 2.1.3.2.</p> <p>Defined the Discontinuance Date and Discontinuance Effective Date column on Part C - Lines 8 and 11 detailed sheet.</p> <p>Updated section 2.1.3.10 to remove reference to the non-existing 'Transaction Receive Date' column.</p>	
06/09/2022	1.4	<p>Fixed several typos for sheet names and sheet tab names.</p> <p>Added note on how days to process is calculated.</p>	Esequiel Herrera-Ortiz

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1 OVERVIEW

The GR 237 is not currently reporting accurate information.

1.1 Current Design

Currently the GR 237 includes the following issues:

1. Part A Caseload Movement base population:
 - a. Considers a case to be Active only if the case was active as of the last day of the report month rather than if the case was Active at any point in the report month.
 - b. Does not take into consideration program history when evaluating for the GA/GR program status.
2. Part A detail sheet:
 - a. The tab name is titled 'A_DETAIL' rather than 'Part A'.
 - b. Does not include the following columns:
 - Case Name
 - Primary Applicant
 - Date of Application
 - Approval Type
 - Approval Date
 - Approval Effective Date
 - Discontinuance Date
 - Discontinuance Effective Date
 - Previous Month Carried Forward
 - c. Has the following columns that will be removed:
 - Pos
 - Caseload Status
 - Discontinued Indicator
3. Part B. Caseload and Expenditures base population:
 - a. The caseload information is reliant on a benefit being issued. If a case is active but no benefits were issued, then the case is not being reported. The Part B Caseload and Expenditures base population will be split into two separate base populations.
 - b. Is capturing auxiliary issuances.
 - c. Is not reading from claiming.
 - d. Captures payments based on issue date rather than transaction date.
 - e. Includes CFET payments when issued under the General Assistance program. No updates will be made to the report, see Assumption 1 for expected resolution.
 - f. Does not account for adjustments, cancelations, expungements, or reactivations.
4. Part B – Caseload detail sheet:
 - a. The tab name is titled 'B_PERS_DETAIL' rather than 'Part B – Caseload'.
 - b. The sheet name in the header is set to 'Caseload Expenditure – Persons' rather than 'Caseload'.
 - c. Does not include the following columns:
 - Case Name

- CIN
- d. Includes the following column which will be removed:
 - Pos
 - e. Does not include the following totals:
 - Family Cases
 - One-Person Cases
 - Total Cases
 - f. Has a total titled 'Total' that will be relabeled to 'Total Persons'.
 - g. Has the following columns that need to be updated to account for cases with no active members as of the last day of the report month:
 - First Name
 - Last name
 - Gender
 - Date of Birth
 - Family Indicator

Note: Currently the Family Indicator considers a case to be a Family Case if the program has two or more persons in the program regardless of the program person status or role.

5. Part B - Expenditures detail sheet:
 - a. The tab name is titled 'B_CASE_DETAILS' rather than 'Part B – Expenditures'.
 - b. The sheet name in the header is titled 'Caseload Expenditure – Cases' rather than 'Expenditures'.
 - c. Each row represents the sum of issued benefits per case. The sheet will be updated such that each row represents a single issued benefit.
 - d. Does not include the following columns:
 - Case Name
 - Control Number
 - Payee Name
 - Transaction Type
 - Service Category
 - Service Type
 - Aid Code
 - Pay Code
 - Fund Code
 - IAR Fund Code
 - Transaction Date
 - Benefit Month
 - In Cash / In Kind
 - Amount
 - e. Includes the following columns that will be removed:
 - Pos
 - Issuance Amount
 - Valuable Amount
 - f. The 'Valuable Amount' total will be renamed to 'In Kind Amount' and the 'Issuance Amount' total will be renamed to 'In Cash Amount'. The logic of the 'In Kind Amount', 'In Cash Amount' and 'Total Amount'

- totals are referencing the 'Issuance Amount' and 'Valuable' amount columns which will be removed.
- g. The 'Family Indicator' is currently displaying 'Yes' if the program has more than one person on the program. The logic will be updated to consider a case to be a Family Case if the program has two or more Active Members on the program.
6. Part C – Line 7 - SSI/SSP Interim Assistance Cases Added During Report Month Active on GR base population:
 - a. Does not take into consideration program history when evaluating for active programs, instead it looks at program application events.
 - b. The logic captures SSP 14 documents based on generated date along with several document statuses rather than only looking for signed documents.
 - c. The logic excludes SSP 14 documents that are not in a list of defined languages.
 7. Part C – Line 7 detail sheet:
 - a. The tab name is titled 'C_LINE_7_DETAIL' rather than 'Part C – Line 7'.
 - b. The sheet name in the header is titled 'SSI/SSP Cases Added During Report Month Active on GR' rather than 'SSI/SSP Interim Assistance Cases Added During Report Month Active on GR'.
 - c. Each row is at the person level rather than at the case level.
 - d. Does not include the following columns:
 - Case Name
 - Generated Date
 - Received Date
 - e. Includes the following columns which will be removed:
 - Pos
 - First Name
 - Last Name
 - Gender
 - Date of Birth
 8. Part C – Lines 8 and 11 - SSA Checks Dispositions and Reimbursements base population:
 - a. The transaction types listed below are included in the base population. These transactions are not Interim Assistance reimbursements IAR.
 - Reimbursements of Aid
 - Dual County Payment
 - b. The Recovery Account Transactions for reimbursement must have a receipt posted in the report month. This condition is not necessary as all the reimbursement transactions have a posted receipt in the report month.
 - c. Includes recovery account transactions that have been adjusted in the same report month such as Backed Out, Transferred, Cancelled, etc.
 9. Part C – Lines 8 and 11 detail sheet:
 - a. The tab name is titled 'C_LINE_8_11_DETAIL' rather than 'Part C – Lines 8 and 11'.
 - b. The sheet name in the header is titled 'Lines 8, 8a and 11a details' rather than 'SSA Reimbursements'.

- c. Does not include the following columns:
 - Worker ID
 - Office
 - Unit
 - Case Number
 - Case Name
 - Discontinuance Date
 - Discontinuance Effective Date
 - Days to Process
 - Holiday Count
 - d. Includes the following columns which will be removed:
 - Program Type
 - Recovery Account Transaction Method
 - Recovery Account Transaction Type
10. Part C – Line 10 – Denial Notices Received During Month Active on GR base population:
- a. No updates will be made to the base population.
11. Part C – Line 10 detail sheet:
- a. The tab name is titled 'C_LINE_10_DETAIL' rather than 'Part C – Line 10'.
 - b. Includes the following columns which will be removed:
 - Program Type
 - Program Status
 - c. Does not include the following columns:
 - Worker ID
 - Office
 - Unit
 - Case Number
 - Case Name
12. Summary sheet:
- a. The tab name is titled 'SUMMARY' rather than 'Summary'.
 - b. The line totals are based on old base population logic.
13. Report Cosmetics:
- a. The report template is not up to date with the current reporting cosmetic standards.
 - b. The GR 237 report is listed as 'GR 237 Report' rather than 'GR 237' on the Report Search Page.

1.2 Requests

Update the GR 237 to report information as expected by the 58 counties.

1.3 Overview of Recommendations

1. Update the Part A. Caseload Movement base population as follows:
 - a. Consider a case to be Active if the program is Active at any point in the report month.
 - b. Evaluate program status as a point in time by including program history.
2. Make the following updates to the Part A detail sheet:

- a. Update the sheet title from 'A_DETAIL' to 'Part A'.
 - b. Add the following columns:
 - Case Name
 - Primary Applicant
 - Date of Application
 - Approval Type
 - Approval Date
 - Approval Effective Date
 - Discontinuance Date
 - Discontinuance Effective Date
 - Previous Month Carried Forward
 - c. Remove the following columns:
 - Pos
 - Caseload Status
 - Discontinued Indicator
3. Create a new base population for Part B. Caseload. The base population will capture caseload information regardless of if a benefit was issued for the program.
Note the base population is the same as Part A.
4. Make the following updates to the Part B - Caseload detail sheet:
 - a. Update the tab name from 'B_PERS_DETAIL' to 'Part B - Caseload'.
 - b. Update the sheet name in the header from 'Caseload Expenditure – Persons' to 'Caseload'.
 - c. Add the following columns:
 - Case Name
 - CIN
 - d. Remove the following column:
 - Pos
 - e. Add the following totals to the top of the sheet:
 - Family Cases
 - One-Person Cases
 - Total Cases
 - f. Rename the existing 'Total' header to 'Total Persons'.
 - g. Update the following columns to account for cases with no active members as of the last day of the report month:
 - First Name
 - Last Name
 - Gender
 - Date of Birth
 - Family Indicator

Note the Family Indicator will display 'Yes' if the program has two or more recipients (with an Active program status and a person role of Member) on the program as of the last day of the report month otherwise display 'No'.
 5. Update the Part B. Expenditures base population as follows:
 - a. Include adjustments, cancelations, expungements, and reactivations.
 - b. Exclude auxiliary issuances and any adjustment to an auxiliary issuance.
 - c. Report expenditures from claiming using the transaction date.

- d. Captures payments based on transaction date.
6. Make the following updates to the 'Part B - Expenditures' detail sheet:
 - a. Update the tab name from 'B_CASE_DETAILS' to 'Part B – Expenditures'.
 - b. Update the sheet name in the header from 'Caseload Expenditure – Cases' to 'Expenditures'.
 - c. Update the sheet logic such that each row represents a single issued benefit rather than the sum of issued benefits per case.
 - d. Add the following columns to verify benefit information:
 - Case Name
 - Control Number
 - Payee Name
 - Transaction Type
 - Service Category
 - Service Type
 - Aid Code
 - Pay Code
 - Fund Code
 - IAR Fund Code
 - Transaction Date
 - Benefit Month
 - In Cash / In Kind
 - Amount
 - e. Remove the following columns from the sheet:
 - Pos
 - Issuance Amount
 - Valuable Amount
 - f. Rename the 'Valuable Amount' total to 'In Kind Amount' and the 'Issuance Amount' total to 'In Cash Amount'. Update the logic for the three totals listed below to reference the new 'Amount' and 'In Cash / In Kind' columns for calculating their respective totals.
 - In Kind Amount
 - In Cash Amount
 - Total Amount
 - g. Update the 'Family Indicator' column to display 'Yes' if the case has two or more Active Members as of the last day of the report month else display 'No'.
7. Update the Part C – Line 7 - SSI/SSP Interim Assistance Cases Added During Report Month Active on GR' base population as follows:
 - a. Look at program status and program status history when evaluating for Active GA/GR programs.
 - b. Capture an SSP 14 documents based on the date a document signature was recorded in the system in the report month.
 - c. Remove the language restriction for SSP 14 documents. A signed SSP 14 document should be reported regardless of the language of the document.
8. Make the following updates to the 'Part C – Line 7' detail sheet:
 - a. Update the tab name from 'C_LINE_7_DETAIL' to 'Part C – Line 7'.

- b. Update the sheet name in the header from 'SSI/SSP Cases Added During Report Month Active on GR' to 'SSI/SSP Interim Assistance Cases Added During Report Month Active on GR'.
 - c. Update the sheet logic such that each row is at the case level rather than the person level.
 - d. Add the following columns:
 - Case Name
 - Generated Date
 - Received Date
 - e. Update the App Sign Date column logic to display the date the signature was captured in the system.
 - f. Remove the following columns from the sheet:
 - Pos
 - First Name
 - Last Name
 - Gender
 - Date of Birth
9. Update the Part C – Lines 8 and 11 – SSA Reimbursements base population as follows:
- a. Remove the following Recovery Account Transaction Types from the sheet:
 - Reimbursements of Aid
 - Dual County Payment
 - b. Remove the condition that the Recovery Account Transactions for reimbursement must have a receipt posted in the report month. This condition is not necessary as all the reimbursement transactions have a posted receipt in the month.
 - c. Exclude Recovery Account Transactions when negated or zeroed-out by a subsequent transaction (such a back out, transfer, or cancel) that was also posted in the same month as the posted collection.
10. Make the following updates to the Part C – Lines 8 and 11 – SSA Reimbursements detail sheet:
- a. Update the tab name from 'C_LINE_8_11_DETAIL' to 'Part C – Line 8 and 11'.
 - b. Update the sheet name in the header from 'Lines 8, 8a and 11a details' to 'SSA Reimbursements'.
 - c. Remove the following columns:
 - Program Type
 - Recovery Account Transaction Method
 - Recovery Account Transaction Type
 - d. Add the following columns to the sheet:
 - Worker ID
 - Office
 - Unit
 - Case Number
 - Case Name
 - Discontinuance Date
 - Discontinuance Effective Date

- Days to Process
 - Holiday Count
11. Make the following updates to the Part C – Line 10 detail sheet:
 - a. Update the tab name from 'C_LINE_10_DETAIL' to 'Part C – Line 10'.
 - b. Update the sheet name in the header from 'Line 10 Denial Notices Received During Month Active on GR' to 'Denial Notices Received During Month Active on GR'.
 - c. Add the following columns:
 - Worker ID
 - Office
 - Unit
 - Case Number
 - Case Name
 - d. Remove the following columns from the sheet:
 - Program Type
 - Program Status
 12. Make the following updates to the 'Summary' sheet formerly titled 'SUMMARY'.
 - a. Update the sheet title from 'SUMMARY' to 'Summary'.
 - b. Update all totals to reflect the new base population logic.
 13. Update the report template to follow current reporting cosmetic standards. These changes include the following:
 - a. Update the template color scheme.
 - b. Remove the hard borders from the detailed sheets.
 - c. Update the Report Search page to list the GR 237 as GR 237 rather than GR 237 Report. This will not impact historically generated GR 237 reports.
 - d. Update the 'Date' label in the header every sheet to 'Report Month'.

1.4 Assumptions

1. Counties reported that the GR 237 is incorrectly including CFET payments issued under the GA/GR program. This will no longer be an issue going forward with the implementation of the GA/GR Employment Services program. The expectation is that if counties choose to issue CFET payments under GA/GR then it should be done under the new GA/GR Employment Services program or the existing GROW program.
CA-215664 (21.07) - DDID 2313 FDS: GA GR Employment Services Phase 1
CA-215914 (21.11) - DDID 2313 FDS: GA GR Employment Services Fiscal Changes Phase 2.
2. The General Assistance (Managed) implementation of GA/GR used by the original C-IV counties does not receive approval/denial information from the Social Security Administration (SSA) office. This means that 'Part-C. SSI/SSP Interim Assistance Line 10 Denial Notices Received' for the original C-IV counties will always be 0. The functionality is expected to be implemented with SCR **CA-229849 Add SSI Interface for General Assistance (Managed) Program**.
3. The Part C – Line 7 logic relies on an SSP 14 document to be signed to be counted. Currently only LA county has this functionality. The functionality is expected to be extended to the other counties with SCR **CA-210476 Update**

- SSP 14 with County IA and County GA/GR Code.** This means Line 7 will be equal to 0 for all counties except LA county until the implementation of the SCR.
4. An Aid Code, Pay Code and Fund Code column has been added to Part B – Expenditures detail sheet. These columns can be used by counties who do not have the automated GA/GR solution to identify Interim Assistance payments if their county is using county specific Aid Codes, Pay Codes or Fund Codes to issue Interim Assistance.
 5. The 'Part C – Line 7 – SSI/SSP Interim Assistance Cases Added During Report Month Active on GR' logic will consider a case to be approved for SSI/SSP Interim Assistance if the individual is in an Active GA/GR program and an SSP 14 is signed in the report month. The assumption is that having the form signed signifies that the document was both signed and received even if a received date is not recoded.
 6. The CalSAWS system does not have the data points needed to identify payments issues by the Social Security Administration (SSA) directly to an Interim Assistance (IA) recipient. This means 'Line 9. SSA Sent to SSI/SSP Check directly to recipient' will always be equal to 0.
 7. All IA Reimbursement payments are tracked with a GA/GR Recovery Account.
 8. No county uses the 'Dual County Payment' recovery account transaction type. The transaction type will be excluded from the Line 8 and Line 11 report logic.
 9. The Pos column has been removed from the report as the information can be derived from the Worker ID column.
 10. The state instructions for Line 7. Cases added during month, requires that the individual must be added to GA/GR and received a grant during the month. For our report we are considering a person to be added to IA if a signed SSP 14 document is record in the system. We are not looking into whether a benefit was issued. This is because records may go unreported if an SSP 14 document is signed one month and benefits are issued the following month.
 11. When capturing signed SSP 14 documents, the report logic will capture based on the date the signature was captured in the database rather than the signature date provided by the worker. This is because the Date Sign field can be set to a retro month which would cause the report to miss the record. The field can also be updated, this can cause the record to be reported in multiple reporting months. Ideally a new data point should be introduced to the database to capture the event date that the signature was captured, however, currently the only datapoint available for reporting is the database CREATED_ON date.
 12. The General Assistance Non-Managed solution is not captured on the GR 237. This is because the program is administered outside of the system. Any county that administers the General Assistance Non-Managed solution will need to manually include these cases on their GR 237.
 13. For the Line 8 and Line 11 base population logic, currently the report is set to only look at recovery accounts with a Cause Code of – GR Recoverable. This cause code is only available to LA county. We are excluding this condition to allow other counties' data to be pulled in. The assumption is that this will not negatively impact LA county as all their IA recoupments can be identified with the SSI Payment transaction type.

14. Line 10. Denial notices received looks at SSI Denial Action Date rather than SSI Denial Date. We cannot use the SSI Denial Date because it is a manual input that can be retro set. This can cause the record to not appear on the report or to be reported on multiple months.
15. A newly approved individual for Interim Assistance cannot be identified using Other Program Assistance because Other Program Assistance captures benefits issued to the customer that may count towards their earned/unearned income for EDBC purposes. When a customer is getting Interim Assistance in CalSAWS, it is usually administered through GA/GR. The GA/GR benefits would not be entered in the Other Program Assistance.
16. For the Part B base population, the condition to search that the issued amount is greater than zero has been removed. There are no records that meet this condition in the last two years. The condition is unnecessary.
17. On Part C – Lines 8 and 11, the report will not include Back Outs, Transfers or Cancellation transactions that are posted in a later month from the original transaction.
18. For Part C – Line 7, a case will be reported on multiple months if multiple SSP 14 documents are signed during multiple months per case.
19. Part C – Line 7 does not account for annual renewal. The SSP 14 document is not stored in a way which can distinguish whether it is for a new application or an annual renewal.
20. An SSP 14 signature is entered by the worker based on either a client physical signature or a telephonic signature.

2 RECOMMENDATIONS

2.1 GR 237

2.1.1 Overview

The GR 237 contains statistical information on caseload movement and expenditure data for the General Assistance/General Relief (GA/GR) program, and caseload data for the Interim Assistance (IA) program under which applicants for SSI/SSP may be aided by counties while their applications for SSI/SSP are pending.

When a person applies for SSI/SSP their application can take up to 6 months to a year to process. In the meantime, they can apply for GA/GR (or CAPI) Interim Assistance. The county will pay the person until their SSI/SSP application is approved or denied. For the General Assistance/General Relief solution, when the first Interim Assistance cash or vendor payments is issued to the user, the CalSAWS system creates a recovery account with a Cause Code of GR – Recoverable. This recovery account is used to keep track of all the IA issuances issued. If SSA approves the user, then the county will get reimbursed by SSA. If the SSA payment is less than what CalSAWS issued the user, then the user is responsible for paying back the difference through a regular Recovery Account for GA/GR.

For Part B – Caseload and Expenditures, a GA/GR case is considered to be receiving aid if one or more of the following actions occurred during the report month:

- Cash, or a county warrant, was authorized and issued to the recipient or family.
- A vendor order was authorized and issued, regardless of the month covered by the order or the month in which the vendor will be paid.
- Food, clothing, and/or another commodity available through the GR Program was issued to the recipient or family from a county-operated commissary or store.

The report has 6 base populations currently defined as follows:

1. Caseload Movement

- The Program is (CT-18):
 - GA – General Assistance/General Relief
 - GM – General Assistance (Managed)
 - GR – GA/GR Automated Solution

- The Program Status that is effective as of the last day of the report month is (CT-72):
 - AC - Active

Note: Line 4 reports Cases that were discontinued during the month. These are cases that are currently active, meeting the requirements listed above, but the program application has a Discontinued status which is effective the month immediately following the report month.

Note: The current logic is not using program history to do a point in time check.

2. Caseload Expenditures – Person

- The Program is (CT-18):
 - GA – General Assistance/General Relief
 - GM – General Assistance (Managed)
 - GR – GA/GR Automated Solution
- One of two types of payments was issued to the program person:
 - Valuable
 - The Valuable Request was issued during the report month (CT-179).
 - Valuable Request Amount is not equal to 0.

OR

Issuance

- The issuance was Issued (CT-111).
- The issuance has an available date in the report month.

Note: The Part B – Caseload base population is being updated to not be reliant on issued benefits. The caseload information will be reported based on an Active program status.

3. Caseload Expenditures – Cases

- The Program is (CT-18):
 - GA – General Assistance/General Relief
 - GM – General Assistance (Managed)
 - GR – GA/GR Automated Solution
- One of two types of payments was issued to the program:
 - Valuable
 - The Valuable Request was Issued during the report month (CT-179).
 - Valuable Request Amount is not equal to 0.

OR

Issuance

- The issuance was Issued (CT-111).
- The issuance has an available date in the report month.

Note: The issuance logic is being updated to be based on issue date rather than available date.

Note: The issuance logic is being updated to exclude auxiliary issuances.

4. SSI/SSP Interim Assistance Cases Added During Report Month Active on GR

- The Program is (CT-18):
 - GA – General Assistance/General Relief
 - GM – General Assistance (Managed)
 - GR – GA/GR Automated Solution
- The program application of the program has one of the following statuses with an Effective Date in the report month (CT-157):
 - AA – Approved
 - AE - Rescind Approved (Denial)
 - AS – Rescind Approved (Discontinued)
 - AT – Retro Approved
 - AD - Retro Rescind Approved (Denial)
- The Generated Doc Form Number is:
 - SSP 14
- The Generated Document's Generated Date is in the report month.
- The Generated Doc Status is one of the following (CT-220):
 - PC – Printed Centrally
 - EN - E-Notified
 - VW – View
 - ER – Printing Error
 - CO – Converted
 - PL – Printed Locally
 - RL – Reprint Locally
 - CC – Print Central Cancelled
 - RC – Reprint Centrally
 - HP - Hold For Pickup
- The Generated Doc language is one of the following (CT-145)
 - 29 – Vietnamese
 - 13 – Armenian
 - 22 – Russian
 - 03 – English
 - 11 – Mandarin (Chinese)
 - 28 – Farsi
 - 10 – Cantonese (Chinese)
 - 05 – Korean
 - 02 – Spanish
 - 12 – Cambodian
 - 06 - Tagalog, Filipino

Note: The Authorization for Reimbursement of Interim Assistance Initial Claim or Post eligibility Case (SSP 14) form is used by the participant to authorize reimbursement for an initial claim or reinstated benefits.

5. Line 8 and 11 Details

- The Program is (CT-18):
 - GA – General Assistance/General Relief
 - GM – General Assistance (Managed)
 - GR – GA/GR Automated Solution
- One of the following Recovery Account Transaction Types was posted for the program (CT-412):
 - RI – Reimbursement of Aid
 - RA – Recoveries of Aid-SSI
 - DC – Dual County Payment
 - SP - SSI Payment
- The Recovery Account Transaction Posted Date is in the report month.
- The Receipt for the Recovery Account Transaction has a Status of Posted in the report month (CT-371):
 - PT – Posted
- The receipt has a received date in the prior month or in the report month.

6. Line 10 Denial Notices Received During Month Active on GR

- The Interim Assistance Reimbursement (IAR) Stat Code is **not** (CT-10485):
 - VO - Void
- Social Security Status is (CT-10311):
 - DE – Denied
- Social Security Status Reason is (CT-10472):
 - GA - GR code added - SSI record showing a denial
 - SA - SSI Claim Denied
- The Social Security Denial Action Date occurred in the report month.
- The Recovery Account Associated to the Interim Assistance Reimbursement is for the GA/GR program (CT-18):
 - GA – General Assistance/General Relief
 - GM – General Assistance (Managed)
 - GR – GA/GR Automated Solution

2.1.2 GR 237 Mockup

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES					
		DATA SYSTEMS AND SURVEY DESIGN BUREAU					
GENERAL RELIEF AND INTERIM ASSISTANCE		SEND ONE COPY OF THIS REPORT TO:					
TO APPLICANTS FOR SSI/SSP		California Department of Social Services					
MONTHLY CASELOAD EXPENDITURE		Data Systems and Survey Design Bureau, M.S. 9-081					
STATISTICAL REPORT		P.O. Box 944243					
		Sacramento, CA 94244-2430					
		FAX: (916) 657-2074					
VERSION: (Initial/Revised)	COUNTY	REPORT MONTH	REPORT YEAR				
	Los Angeles	OCTOBER	2021				
PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE) CASES							
Adjustment.....			1	CDSS Use Only			
1. Cases brought forward from last month (Item 5 last month or explain).....			2	0			
2. Cases added during month.....			3	0			
3. Total cases available during the month (Item 1 plus Item 2).....			4	0			
4. Cases discontinued during month.....			5	0			
5. Cases carried forward to next month (Item 3 minus Item 4 above).....			6	0			
PART B. CASELOAD AND EXPENDITURES				C			
6. Total General Relief [(1)+(2); also (a)+(b) below]		Cases	A	Persons	B	Amount	C
(1) Amount in cash.....		7	0	10	0	13	0
(2) Amount in kind.....						14	0
a. Family Cases.....		8	0	11	0	16	0
b. One-Person Cases.....		9	0	12	0	17	0
PART C. SSI/SSP INTERIM ASSISTANCE							
7. Cases added during month.....		18	0				
8. Total SSA checks disposed of during month.....		19	0				
a. Disposed of 1-10 working days of receipt from SSA		20	0				
9. SSA sent to SSI/SSP check directly to recipient.....		21	0				
10. Denial notices received.....		22	0				
11. Reimbursements during the month (a + b below)		23	0			26	0
a. SSA checks received.....		24	0			27	0
b. Repaid by recipient.....		25	0			28	0
PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)							
12							
13							
PART E. NET GENERAL RELIEF EXPENDITURES							
14. Net General Relief expenditures (Item 6 minus Item 11)						29	0
COMMENTS							
Contact Name		Telephone Number		Extension		Fax	
Title/Classification		E-Mail Address				Date	

Note: The GA 237 mockup is attached in the Supporting Documents section below.

2.1.3 Description of Change

- 1. Part A Base Population:** Update the Caseload Movement base population logic to incorporate program history when evaluating whether a case is Active as of the last day of the report month. The

information will be reflected on 'Part – A' in the 'Summary' sheet as well as the 'Part A' in the detail sheet.

Example:

A case is discontinued on 10/06/2021 effective 11/2021.

The case is then rescinded on 12/01/2021 effective 11/2021.

The report is generated on 12/02/2021 for the report month of 11/2021.

The case will be considered Discontinued on the 11/2021 report since the case was Discontinued as of the last day of the report month and the rescission occurred after the report month.

- Program:

Code-18	Description
GA	General Assistance/General Relief
GM	General Assistance (Managed)
GR	GA/GR Automated Solution

- Program Status is active or ineligible **at any point** of the report month:

Code-72	Description
AC	Active
IN	Ineligible

2. Part A Detail Sheet - Make the following updates to the detail sheet:

- Set the tab name to 'Part A' previously named 'A_DETAIL'.
- Add the following columns to the sheet. See the attached mockup in the Supporting Documents section for the column placement.

Column	Definition
Case Name	Displays the case name of the case.
Primary Applicant	Displays the Primary Applicant of the application. Format:

	[First Name Last Name]
Date of Application	Displays the application date of the application. Format: MM/DD/YYYY
Approval Type	Displays the Approval Type event made on the application (CT-157). Possible Values: <ul style="list-style-type: none"> • Approved • Rescind Approved (Denial) • Rescind Approved (Discontinued) • Retro Approved • Retro Rescind Approved (Denial)
Approval Date	Displays the latest event date within the report month that the program application was approved. Format: MM/DD/YYYY
Approval Effective Date	Displays the effective date of the approval. Format: MM/DD/YYYY
Discontinuance Date	Displays the event date of discontinuance for cases that are Discontinued/Denied effective the month immediately following the report month. Format: MM/DD/YYYY The column will be blank if the program is not scheduled to be Discontinued/Denied. Program History is used as a point in time as of the last day of the report month.
Discontinuance Effective Date	Displays the effective date of the denial or discontinued status.

	Format: MM/DD/YYYY The column will be blank if the program has not been discontinued.
Previous Month Carried Forward	Indicates whether the case was reported on Line 5 in the previous report month. Possible Values: <ul style="list-style-type: none"> • Yes – The case was reported on Line 5 in the previous report month. • No – The case was not reported on Line 5 in the previous report month.

- Remove the following columns:
 - Pos
 - Caseload Status
 - Discontinued Indicator

3. Part B – Caseload Base Population – The Part B – Caseload base population is the same as the Part A – Caseload base population. The Part B base population includes the same cases as the Part A base population but will expand to the program person level.

Note that because we identify a case as being active at any point in the report month and we identify active members (persons) as of the last day of the report month, it is possible that a case was active at one point of the report month but was retro denied as of the last day of the report month having no active members. These cases will be reported under One-Person Cases > Cases and One-Person Cases > Persons.

- 4. Part B – Caseload Detail Sheet** - Make the following updates to the 'Part B - Caseload' detail sheet:
- Set the tab name to 'Part B – Caseload'. The tab was previously named 'B_PERS_DETAIL'.
 - Set the sheet name located in the header to 'Caseload'. The sheet was previously named 'Caseload Expenditures – Persons'.
 - Add the following columns to the sheet. See the attached mockup in the Supporting Documents section for the column placement.

Column	Definition
--------	------------

Case Name	Displays the Case Name of the Case.
CIN	Displays the Client Index Number (CIN) of the program person. This column will be blank if the person does not have a CIN or if the case did not have any active members as of the last day of the report month.

- d. Remove the following columns from the sheet:
- Pos
- e. Add the following Totals to the top right of the sheet. See the attached mockup in the Supporting Documents section for the positioning.

Total Name	Definition
Family Cases	A count which displays the distinct number of cases displayed on the sheet where the Family Indicator is set to 'Yes'.
One-Person Cases	A count which displays the distinct number of cases displayed on the sheet where the Family Indicator is set to 'No'.
Total Cases	A count which displays the distinct number of cases displayed on the sheet.

- f. Rename the existing 'Total' title to 'Total Persons'.
- g. Update the following column logic:

Column	Definition
First Name	Displays the First Name of the person. This column will be blank if the case did not have an active member as of the last day of the report month.
Last Name	Displays the Last Name of the person. This column will be blank if the case did not an active member as of the last day of the report month.
Gender	Displays the Gender of the person.

	This column will be blank if the case did not have an active member as of the last day of the report month.
Date of Birth	Displays the Date of Birth of the person. This column will be blank if the case did not have an active member as of the last day of the report month.
Family Indicator	Indicates whether the case is a Family Case. Possible Values: <ul style="list-style-type: none"> • Yes – The program has more than one Active Members as of the last day of the report month. • No – The program has zero or one Active Member as of the last day of the report month. Program Person Status (CT- 72): <ul style="list-style-type: none"> • AC- Active Program Person Role (CT – 201): <ul style="list-style-type: none"> • ME – Member

5. Part B – Expenditures Base Population – Update the base population to read from claiming:

- Capture expenditures from claiming.
- Exclude Auxiliary Benefit issuance.
- Capture expenditures based on the claiming transaction date.
- Include Adjustments, Cancellations, Expungements, and Reactivations.

Note: The information will be reflected on the summary sheet as well as the detail sheets.

- Program:

Code-18	Description
GA	General Assistance/General Relief
GM	General Assistance (Managed)
GR	GA/GR Automated Solution

- Program Status is active or ineligible **at any point** of the report month:

Code-72	Description
AC	Active
IN	Ineligible

- The expenditure Transaction Type is **NOT** the following:

Code-420	Description
AX	Auxiliary Benefit Issuance

Note: The report includes all transaction types except the Auxiliary Benefit Issuance. This will include any new transaction type that is later introduced to the system.

- The Transaction Date is within the report month.

6. Part B – Expenditures Detail Sheet – Make the following updates to the 'Part B – Expenditures' detail sheet:

- Set the tab name to 'Part B – Expenditures'. The tab was previously named 'B_CASE_DETAIL'.
- Set the sheet name located in the header to 'Expenditures'. The sheet name in the header was previously named 'Caseload Expenditure - Cases'.
- Update the detail sheet such that each row represents a single expenditure rather than an aggregate sum of all benefits issues for a given case.
- Add the following columns to the sheet. See the attached mockup in the Supporting Documents section for the column placement.

Column	Definition
Case Name	Displays the Case Name of the Case.
Control Number	Displays the control number of the expenditure.
Payee Name	Displays the first and last name of the primary payee for the expenditure. Format:

	[First Name] [Last Name]
Transaction Type	<p>Displays the Claiming Transaction Type of the expenditure.</p> <p>Possible Values (CT-420):</p> <ul style="list-style-type: none"> • Main Payroll Benefit Issuance • Supplemental Benefit Issuance • Service Payment • Cancellation of Benefit Issuance <p>...</p> <p>Note: This list is not complete or restrictive. If new transaction types are added to the system, the report will automatically include it.</p> <p>Note: The Auxiliary Issuance transaction type is excluded from this report.</p>
Service Category	<p>Displays the Service Category associated with the service. The column will be blank if there is no Service Category.</p> <p>Possible Values (CT-54):</p> <ul style="list-style-type: none"> • Transportation • GR non-Recurring Special Need • CalLearn Bonus • Homeless Assistance • [Blank] <p>...</p> <p>Note: This list is not restrictive. If new service categories are added. The report will automatically display them.</p>
Service Type	<p>Displays the Service Type associated to the service. The value will be blank if there is no Service Type.</p> <p>Possible Values (CT-164):</p> <ul style="list-style-type: none"> • Bus Pass – Valid Month • Prevent Foreclosure • Prevent Eviction • Board and Care • [Blank] <p>...</p>

	Note: This list is not restrictive. If new service categories are added. The report will automatically display them.
Aid Code	Displays the Aid Code of the benefit. This column is blank if no Aid Code exists.
Pay Code	Displays the Pay Code of the benefit. This column is blank if no Pay Code exists.
Fund Code	Displays the Fund Code of the benefit. This column is blank if no Fund Code exists.
IAR Fund Code	<p>Indicates whether the fund code of the benefit is an Interim Assistance Recoverable payment.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • Yes – The Fund Code is marked as IA Recoverable. • No – The Fund Code is not marked as IA Recoverable. • [blank] – The benefit does not have a Fund Code. <p>Note: Only claimed benefits which use an IAR Fund code will have this column populated. If counties are using their own Fund Code to identify IAR payments, then this column will be blank.</p> <p>Technical Note: The IAR indicator is stored at FUND_CODE_MAP.IAR_IND</p>
Transaction Date	<p>Displays the transaction date of the benefit.</p> <p>Format: MM/DD/YYYY</p>
Benefit Month	<p>Displays the benefit month of the benefit.</p> <p>Format: MM/DD/YYYY</p>
In Cash / In Kind	Displays whether the transaction is an In Cash transaction or In Kind.

	<p>Possible Values:</p> <ul style="list-style-type: none"> • In Kind – If the transaction type is one of the following: <ul style="list-style-type: none"> ○ VL – Valuable Issuance ○ RV – Returned Valuable Issuance • In Cash – All other transaction types. <p>Note if new transaction types are issued under the GA/GR program then they will be classified as In Cash by default.</p> <p>Note Auxiliary Issuance is excluded.</p>
Amount	<p>Displays the Amount of the expenditure.</p> <p>Format: \$0.00</p>

e. Remove the following columns from the sheet:

- Pos
- Issuance Amount
- Valuable Amount

f. Rename the 'Issuance Amount' total to 'In Cash Amount' and the 'Valuable Amount' total to 'In Kind Amount'. Update the logic of the three totals as follows:

Total Name	Definition
In Cash Amount	<p>A summation over the 'Amount' column for the visible rows where the 'In Cash / In Kind' column is set to 'In Cash'.</p> <p>Format: \$0.00</p>
In Kind Amount	<p>A summation over the Amount column for the visible rows where the In Cash / In Kind column is set to 'In Kind'.</p> <p>Format: \$0.00</p>

Total Amount	A total equal to the sum of the In Cash Amount total and the In Kind Amount total. Format: \$0.00
--------------	---

- 7. Part C – Line 7 SSI/SSP Interim Assistance Cases Added During Report Month Active on GR:** Update the Part C – Line 7 base population logic to identify a case as having been approved for Interim Assistance by looking for a signed SSP 14 document.
Note: At this time, only the LA county implementation of the GA/GR solution tracks signed SSP 14 documents.

- Program:

Code-18	Description
GA	General Assistance/General Relief
GM	General Assistance (Managed)
GR	GA/GR Automated Solution

- Program Status is active or ineligible **at any point** of the report month:

Code-72	Description
AC	Active
IN	Ineligible

Note: This is taking into consideration Program History.

- A signature was added to the system for the SSP 14 in the report month. Note this is not the same as the Date Signed field.

Technical Note: The SSP 14 document signature captured date is DOC_DETL_SIGN.CREATED_ON.

- When multiple SSP 14 documents exist in the same month that meet the criteria above, the one with the latest Signed Date in the report month will be reported. This is to avoid duplicates.

8. Part C – Line 7 Detail Sheet – Make the following updates to the ‘Part C – Line 7’ detail sheet:

- Set the tab name to ‘Part C – Line 7’. The tab was previously named ‘C_LINE_7_DETAIL’.
- Set the sheet name located in the header to ‘SSI/SSP Interim Assistance Cases Added During Report Month Active on GR’. The sheet name in the header was previously named ‘SSI/SSP Cases Added During Report Month Active on GR’.
- Update the detail sheet such that each row is at the case level rather than at the person level.
- Add the following columns to the sheet. See the attached mockup in the Supporting Documents section for the column placement.

Column	Definition
Case Name	Displays the Case Name of the Case.
Generated Date	Displays the date the document was generated. Format: MM/DD/YYYY H:MM AM/PM Technical Note: This field is stored in GENERATE_DOC.DOC_DATE
Received Date	Displays the latest date in the report month the document was received. This column will be blank if the document was not scanned or a receive date was not manually inputted. Format: MM/DD/YYYY Technical Note: This date is stored CUST_RPT_PGM_TYPE.STAT_DATE

- Update the logic for the following columns:

Column	Definition
App Sign Date	Captures the date that the application signature was captured in the system. Format: MM/DD/YYYY

f. Remove the following columns from the sheet:

- Pos
- First Name
- Last Name
- Gender
- Date of Birth

9. Part C – Lines 8 and 11 Base Population:

- The Case has an associated Recovery Account for one of the following Program Types:

Code-18	Description
GA	General Assistance/General Relief
GM	General Assistance (Managed)
GR	GA/GR Automated Solution

- One of the following Recovery Account transaction types are posted in the report month:

Code-412	Description
RA	Recoveries of Aid-SSI
SP	SSI Payment

- The IAR transaction type must not have one of the following adjustment transactions posted within the report month:

Code-412	Description
EX	External Refund

Code-412	Description
BO	Back Out
TN	Transfer

10. Part C – Lines 8 and 11 Detail Sheet:

- a. Set the tab name to 'Part C – Lines 8 and 11'. The tab was previously named 'C_LINE_8_11_DETAIL'.
- b. Set the sheet name located in the header to 'SSA Reimbursements'. The sheet name in the header was previously named 'Lines 8, 8a and 11a details'.
- c. Remove the existing columns
 - Program Type
 - Recovery Account Transaction Method
 - Recovery Account Transaction Type
- d. Add the following columns to the sheet. See the attached mockup in the Supporting Documents section for the column placement.

Column	Definition
Worker ID	Displays the program assigned worker of the program associated to the IAR Recovery Account as of the last day of the report month. This column will display 'UNASSIGNED' if there is no program assigned worker.
Office	Displays the Office of the program assigned worker of the program associated to the IAR Recovery Account as of the last day of the report month. This column will be blank if there is no program assigned worker.
Unit	Displays the Unit of the program assigned worker of the program associated to the IAR Recovery Account as of the last day of the report month. This column will be blank if there is no program assigned worker.

Case Number	Displays the Case Number of the case.
Case Name	Displays the Case Name of the case.
Discontinuance Date	<p>Displays the event date of discontinuance for cases that are Discontinued/Denied effective the month immediately following the report month.</p> <p>Format: MM/DD/YYYY</p> <p>The column will be blank if the program is not scheduled to be Discontinued/Denied.</p> <p>Program History is used as a point in time as of the last day of the report month.</p>
Discontinuance Effective Date	<p>Displays the effective date of the denial or discontinued status.</p> <p>Format: MM/DD/YYYY</p> <p>The column will be blank if the program has not been discontinued.</p>
Days to Process	<p>Displays the number of working days it took to process the check.</p> <p>Days to Process = (((Posted Date – Receipt Date + 1) - (WeekStart(Posted Date) – WeekStart (Receipt Date)))/3.5) – Holiday Count</p> <p>Note: This calculation excludes weekends and holidays.</p>
Holiday Count	Displays the number of holidays between the Posted Date and the Receipt Date.

11. Part C – Line 10 Detail Sheet:

- a. Remove the existing columns:
 - Program Type
 - Program Status
- b. Add the following columns to the sheet. See the attached mockup in the Supporting Documents section for the column placement.

Column	Definition
Worker ID	Displays the program assigned worker of the program associated to the IAR Recovery Account as of the last day of the report month. This column will display 'UNASSIGNED' if there is no program assigned worker.
Office	Displays the Office of the program assigned worker of the program associated to the IAR Recovery Account as of the last day of the report month. This column will be blank if there is no program assigned worker.
Unit	Displays the Unit of the program assigned worker of the program associated to the IAR Recovery Account as of the last day of the report month. This column will be blank if there is no program assigned worker.
Case Number	Displays the Case Number of the Case.
Case Name	Displays the Case Name of the Case.

12. Summary Sheet Totals:

- Update all the totals on the Summary sheet to account for the new base population logic updates:

Total Name	Definition
Part A. Caseload (General Relief and Interim Assistance)	

1. Cases brought forward from last month	From the Part A base population: The total number of cases that are Previous Month Carried Forward.
2. Cases added during month	From the Part A base population: The total number of cases that are not Previous Month Carried Forward.
3. Total cases available during the month	From the Part A base population: The total number of cases in the base population. This total is equal to Line 1 + Line 2.
4. Cases discontinued during month	From the Part A base population: The total number of cases that are scheduled to be discontinued effective the month immediately after the report month.
5. Cases carried forward to next month	From the Part A base population: The total number of cases that are not scheduled to be discontinued effective the month immediately after the report month. This line is equal to Line 3 – Line 4.
Part B. Caseload and Expenditures	
6. Total General Relief – Cases	From the Part A base population: The total number of distinct cases captured. This line is equal to the sum of 6.a - Cases+ 6b - Cases.
6. Total General Relief - Persons	From the Part A base population: The total number of Active Members in the caseload as of the last day of the report month plus the number of cases with no Active Members as of the last day of the report month. This total is equal to the total number of rows on the Part B – Persons detail sheet. This line is equal to the sum of 6.a - Persons + 6b - Persons.

6. Total General Relief – Amount	From the Part B – Expenditures base population: The sum of all the benefit Amounts. This line is equal to Line 6.1 + Line 6.2 This line is equal to Line 6.a + Line 6.b Format: \$0.00
6.1. Total General Relief – Amount in cash	From the Part B - Expenditures base population: The sum of all Amounts for In Cash benefits. Format: \$0.00
6.2. Total General Relief – Amount in kind	From the Part B - Expenditures base population: The sum of all Amounts for In Kind benefits. Format: \$0.00
6.a. Total General Relief – Family Cases – Cases	From the Part A base population: The total number of distinct cases that are a Family case.
6.a. Total General Relief – Family Cases – Persons	From the Part A base population: The total number of persons in Family cases.
6.a. Total General Relief – Family Cases - Amount	From the Part B - Expenditures base population: The sum of all benefit Amounts issued to Family cases. Format: \$0.00
6.b. Total General Relief – One-Person Cases – Cases	From the Part A base population: The total number of distinct cases that are not Family cases.
6.b. Total General Relief – One-Person Cases – Persons	From the Part A base population:

	The total number of cases with zero or one active members as of the last day of the report month.
6.b. Total General Relief – One-Person Cases - Amount	From the Part B- Expenditures base population: The sum of all benefit Amounts issued to non-Family cases. Format: \$0.00
Part C. SSI/SSP Interim Assistance	
7. Cases added during month	From the Part C – Line 7 base population: The total number of cases captured.
8. Total SSA checks disposed of during month	From the Part C – Line 8 and 11 base population: The total number of transactions captured.
8.a. Disposed of 1-10 working days of receipt from SSA	From the Part C – Line 8 and 11 base population: The total number of transactions where the Days to Process is less than or equal to 10.
9. SSA sent to SSI/SSP check directly to recipient	This count is always equal to 0. The system does not have the data points to identify this population.
10. Denial notices received	From the Part C – Line 10 base population: The total number of cases captured.
11. Reimbursements during the month – Cases	From the Part C – Line 8 and 11 base population: The total number of distinct cases captured. This field is equal to Line 11.a Cases + 11.b Cases.
11. Reimbursements during the month – Amount	From the Part C – Line 8 and 11 base population: The sum of all transaction Amounts.

	This field is equal to Line 11a Amount + 11.b Amount. Format: \$0.00
11.a. SSA checks received – Cases	From the Part C – Line 8 and 11 base population: The total number of cases captured where the latest program event in the report month is Discontinued/Denied.
11.a. SSA checks received – Amount	From the Part C – Line 8 and 11 base population: The sum of all transaction Amounts. Format: \$0.00
11.b. Repaid by recipient – Cases	From the Part C – Line 8 and 11 base population: This count is always equal to 0. The system does not have the data points to identify this population.
11.b. Repaid by recipient – Amount	This count is always equal to \$0.00. The system does not have the data points to identify this population.
Part E. Net General Relief Expenditures	
14.Net General Relief expenditures	The sum of Line 6 Amount minus Line 11 Amount. Format: \$0.00

- 13. Report Cosmetics:** Make the following updates to the report's template:
- Update the color scheme as presented in the attached mockup in the Supporting Documents section.
 - Remove the hard borders from the detailed sheets.
 - Update all sheet headers to rename the Date field to Report Month.

- Update the Report Search Page to list this report as the GR 237 rather than the GR 237 Report. All historical report will remain the same.

2.1.4 Report Location

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

2.1.5 Counties Impacted

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

2.1.6 Security Updates

No impact to the report's security.

2.1.7 Report Usage/Performance

No notable change in the system's performance is expected with the implementation of this SCR.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	GR 237 Mockup	 GR 237 Report Mockup (13).xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.1.11	The LRS shall support all reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures, including statistical, operational, workload, and fiscal reports.	This SCR will update the GR 237 which is a state mandated report.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
N/A			

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
CA-235977	Reports	This is a joint 58 county design where there is regional approval aligning to the governance model.	No Impact	None	N/A

6 OUTREACH

N/A

7 APPENDIX

N/A

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-239571

BenefitsCal – Two Way Messaging

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Gillian Noelle Bendicio, Erika Kusnadi, Mayuri Srinivas
	Reviewed By	Sricharitha Admala, Hisashi Horino, Pramisha Chintapalli, Melissa Mendoza, William Baretzky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/21/2022	.1	Initial Revision	Gillian Noelle Bendicio, Erika Kusnadi
04/21/2022	.2	Updated verbiage and mockups as per Self-Service Portal Committee feedback	Gillian Noelle Bendicio, Erika Kusnadi
04/25/2022	.3	Added detail for order of e-Messages status and documents under View Documents dropdown	Gillian Noelle Bendicio
05/04/2022	.4	Added Automated Task Section in 2.9. Removed pgmCode Section on 2.7 and 2.8 Updated msgDate as mandatory on 2.6, 2.7, and 2.8	Gillian Noelle Bendicio, Mayuri Srinivas
05/10/2022	.5	Updated the mockups on Figure 2.3.2-8 and 2.3.2-9 for status from Action to Action Complete. Added a new mockup Figure 2.3.2-10 for the new validation added so that they are not searching for a date greater than the current date	Erika Kusnadi
05/18/2022	.6	Mockups on Section 2.3.2 are updated to match the changes on the e-Messages Status not being required and having a "blank" option instead of "All"	Erika Kusnadi
6/3/2022	.7	Section 2.3.3.3.b: Updated misspelled word and updated All to <blank> Section 2.4: Removed Programs in Create mode and updated all related mockups and associated wording. Section 2.4: Added dynamic behavior detail for points 3 and 4. Section 2.4.3.2.g: Corrected View Notice to View Document.	Gillian Noelle Bendicio, Erika Kusnadi

7/20/2022	1.1	<p>Content Revision:</p> <ol style="list-style-type: none"> 1. Update 2.3 to rename 'Add e- Messages' button to 'Add e- Message'. 2. Update 2.4 to correct Case Number and Person Name fields placement 3. Update 2.7 and 2.8 to store the position information associated to the worker information that is sent to BenefitsCal 4. Updated API documentation for CalSAWS Messaging API links to remove non-standard error body response 	Gillian Noelle Bendicio

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1 OVERVIEW

This System Change Request (SCR) will implement a new API to support the two-way messaging functionality for the BenefitsCal portal.

1.1 Current Design

Currently, the CalSAWS worker can send the customer a message to the Customer's BenefitsCal Dashboard. The worker is able to do this by sending a message through the e-Messages pages in CalSAWS. Currently, the customer is unable to respond to the message sent by the worker through the portal. They are also unable to initiate a message to their worker.

1.2 Requests

The BenefitsCal portal has the following requirements:

1. The system shall include the following components for message reply:
 - a. Ability to view and manage messages.
 - b. Display a worker ID when the user receives a message response.
2. The system shall include the following components for message set-up:
 - a. The ability for Counties to opt-in to use two-way messaging.
 - b. Display to the user that their message(s) will be responded to within the set number of business days.
3. The system shall allow a customer to send a message with the following components:
 - a. Program (CW, CF, MC, WTW, GA/GR) or "I don't know" field for users submitting a message.
 - b. Pre-defined questions based on the user's selection of the Program when submitting a message. The system shall also display "Other" for the user to type their question.
 - c. Mandatory fields indicated
 - d. A "x" character limit for messages.
4. The Portal shall send the information related to actions taken by the portal user including action opened/viewed and completed by client to CalSAWS.
5. The system shall display and allow the Portal user to initiate a message to a worker.
6. The system shall display and allow the Portal user to respond to worker initiated actions.
7. When a user reads a message the system shall send the status of the message to CalSAWS (read, unread).
8. The system shall allow the user to resolve the request in the select message by uploading verifications or viewing a document.

1.3 Overview of Recommendations

1. Update the e-Messages pages to support two types of messages:
 - a. Message
 - b. Action
2. Create an e-Messages Search page for the worker to search for messages associated to the case.
3. Create a quick view section for the worker to view their messages on the CalSAWS homepage.
4. Create a new API to accept messages from BenefitsCal and update the status of existing messages.
5. Update the e-Messages pages to send BenefitsCal the status of existing messages.
6. Update the logic for BenefitsCal Messaging API to send new mandatory fields.
7. Update the 2 non-compliance batch jobs (PO19C1188 and PO19C1189) implemented by CA-241998 Update BenefitsCal GR Non-Compliance Job to send BenefitsCal the new mandatory fields when sending a system message.
8. Update to allow automated actions for Tasks to be set-up by counties when a message is received in CalSAWS.
9. Create a data change request (DCR) to make the existing e-Messages compatible with the new e-Messages Search and Detail pages.

1.4 Assumptions

1. Counties that would like to opt-in/opt-out to the Two-Way Messaging functionality will need to submit a County Enhancement Request to change their preference after this SCR is deployed to production. The opt-in/opt-out functionality applies for both CalSAWS and BenefitsCal.
2. This SCR is utilizing the existing security rights and groups for the existing e-Messages pages.
3. Community-Based Organizations/Assistors do not have access to BenefitsCal Two-Way messaging. This is a future effort.
4. Counties can set the due dates for Actions based on their county business process and/or need.
5. Only workers for BenefitsCal-supported programs will receive messages documented in this SCR.
6. All existing functionalities will remain unchanged unless called out as part of this SCR.

2 RECOMMENDATIONS

2.1 CalSAWS Homepage

2.1.1 Overview

The CalSAWS Homepage is the first screen that a worker interacts with when they log-in to the system. This SCR will add a new section so that the worker will see a summary count of e-Messages that require their attention.

2.1.2 Homepage Mockup

Welcome, Adrienne Wickliff!
SAN BERNARDINO
Wednesday, March 30, 2022

Worker ID:
90AS00010Z

County:
36 - San Bernardino

Case Number:
 Submit

▼ Announcements	Type	Date
Release 22.03.07-Release Notes	CalSAWS	
Release Note Report	CalSAWS	



Riverside County

▼ Business Intelligence
DPSSTATS Data Warehouse Homepage

▼ Quick Links	
Reception Log	
Reminders	

▼ My e-Messages	
Received	0
Read	2
Action Response Overdue	0
Action Completed - Needs Review	0

▶ My Tasks	

▶ My Schedule	

▶ My New Assignments	

▶ My Reminders	Due Date

▼ My Reports	
Reports generated within the last 3 days	0
Subscriptions expiring within 30 days	0

Figure 2.1.2-1 e-Messages Expanded View

Welcome, Adrienne Wickliff! SAN BERNARDINO Friday, February 25, 2022

Worker ID: 90AS00010Z County: 36 - San Bernardino Case Number: Submit

Announcements	Type	Date	
Release 22.01.13-Release Notes	CalSAWS		
Release Note Report	CalSAWS		



Mono County

Quick Links

[Reception Log](#)

[Reminders](#)

My e-Messages

My Tasks

My Schedule

My New Assignments

My Reminders Due Date

My Reports

Reports generated within the last 3 days	0
Subscriptions expiring within 30 days	0

Business Intelligence

[DPSSTATS Data Warehouse Homepage](#)

Figure 2.1.2-2 e-Messages Collapsed View

2.1.3 Description of Changes

1. Create a new section on the CalSAWS Homepage titled “My e- Messages” below the “Quick Links” section (refer to above figures) with the following information (for more information, please refer to the Appendix section for more detail on each statuses):
 - a. Upon loading of the Homepage screen, the e-Messages section will be in expanded view if there are any e-Messages available for the worker. Otherwise, if all counts are 0 for the 4 categories listed above, the e-Messages section will load in collapsed view.
 - b. Display the new “My e-Messages” section for workers that are assigned to the “e-MessagesSearchView” security right and belong to a county that has opted-in to the two-way messaging functionality.

For workers that belong to counties that have opted-out of the two way messaging functionality, the “My e-Messages” section will not display
 - c. The following categories are displayed:
 - i. Received
 1. The count represents the number of e-Messages in Received status associated to the Worker ID that is displayed on the Worker ID field. Received status means that the worker has received a message from the BenefitsCal customer.

- a. Clicking the count hyperlink will navigate the user to the e-Messages Search page with the search results displaying e-Messages that are in 'Received' status.
- ii. Read
 - 1. The count represents the number of e-Messages in Read status associated to the Worker ID that is displayed on the Worker ID field. Read status means that the BenefitsCal customer has read the e-Message sent by the worker.
 - a. Clicking the count hyperlink will navigate the user to the e-Messages Search page with the search results displaying e-Messages that are in 'Read' status.
- iii. Action Response Overdue
 - 1. The count represents the number of Action Type e-Messages that are overdue for a response and associated to the Worker ID that is displayed on the Worker ID field. A response is overdue when the action has received no response (e-Message status is New Action) and has passed the due date set on the action.
 - a. Clicking the count hyperlink will navigate the user to the e-Messages Search page with the search results displaying e-Messages that meet all of the following criteria:
 - i. Type: Action
 - ii. Status: New Action
 - iii. The current date has passed the due date.
- iv. Action Completed – Needs Review
 - 1. The count represents the number of Action Type e-Messages in Action Completed status associated to the Worker ID that is displayed on the Worker ID field. Action Completed status means that the BenefitsCal customer has completed the action initiated by the worker and will need to be reviewed by the worker.
 - a. Clicking the count hyperlink will navigate the user to the e-Messages Search page with the search results displaying e-Messages that are in 'Action Completed' status.

2.1.4 Page Location

- **Global: Homepage**

2.1.5 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping
e-MessagesSearchView	Search e-Messages	e-Messages View e-Messages Edit

2. Security Groups

Security Group	Group Description	Group to Role Mapping
e-Messages View	Search and View e-Messages	Eligibility Staff Eligibility Supervisor Regional Call Center Staff Regional Call Center Supervisor System Administrator View Only
e-Messages Edit	Reply to e-Messages	Eligibility Staff Eligibility Supervisor Regional Call Center Staff Regional Call Center Supervisor System Administrator

Note: The above Security Rights, Security Group and Group to Role mapping are already existing in CalSAWS.

2.1.6 Page Mapping

Add the new "My e-Messages" fields to page mapping

2.1.7 Page Usage/Data Volume Impacts

Estimated 30000 e-Messages records.

2.2 Case Summary

2.2.1 Overview

The Case Summary page displays important case information to the worker. This SCR will add a notification on the Self-Service Portal section when an e-Message is ready to be actioned for the particular case.

2.2.2 Case Summary Mockup

Case Summary

Images
Capture
Generate Coversheet

Case Name	County
Case Name	San Bernardino

▼ **Companion Cases**

Case Number	Case Name
<input type="checkbox"/> 1234567	Case Name
Remove	Add

▼ **Self-Service Portal** [A new e-message is available for this case.]

e-Applications

e-App Number	Applicant Name	ES/IN	Application Date	e-App Status
222222	Testing, Jane 45	No	10/18/2021	Transferred to System

Linked Persons

Person Name	CBO
MORGAN, MORGANA	Yes
Badgley, Wilda	
Badgley, Wild	
Badgley, Cese	Yes

Display:

View

▶ **Child Care**

Figure 2.2.2-1 Case Summary Expanded View

Figure 2.2.2-2 Case Summary Collapsed View

2.2.3 Description of Changes

1. Add a new yellow banner message to the Self-Service Portal section on the Case Summary page as shown on Figure 2.2.1 and Figure 2.2.2.
 - a. Display the yellow banner on the Self-Service section with the message “[A new e-message is available for this case.]” when one of the following conditions are met:
 - i. There is an e-Message that is in “Received” status.
 1. e-Messages with Status field equal to “Received”.
 - ii. There is an Action Type e-Message that is in “Action Completed” status.

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Case Summary**
- **Task: Case Summary**

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

N/A

2.2.7 Page Usage/Data Volume Impacts

Estimated 30000 e-Messages records.

2.3 E-Messages Search Page

2.3.1 Overview

The e-Messages Search Page will be updated to allow workers to search for e-Messages based on the search criteria.

2.3.2 E-Messages Search Mockup

The mockup shows a web interface for searching e-messages. On the left is a sidebar menu with categories: e-Tools, E-Application, e-Application Search, e-Application Document Search, Case Link Request, Self-Service Portal Customer Privacy, E-Messages (highlighted), Application Registration Search, and Inter-County Transfer. The main content area is titled 'e-Messages Search' and includes a legend: '*- Indicates required fields'. There are two 'Search' buttons. The search filters include: 'e-Message Type: *' (dropdown menu set to 'All'), 'e-Messages Status:' (dropdown menu), 'Search By: *' (dropdown menu set to 'All'), and 'Message Date Range *' with 'Begin Date:' and 'End Date:' input fields, each with a calendar icon. At the bottom right, there is a 'Results per Page: 25' dropdown and another 'Search' button. A dark blue footer bar contains the text: 'This Type_1 page took 0.57 seconds to load.'

Figure 2.3.2-1 e-Messages Search Page (Default)

e-Messages Search

* - Indicates required fields

- **Begin Date** - The selected Date range must be 31 days or less.

e-Message Type: * All	e-Messages Status: 	
Search By: * Office	Office ID: * <input type="text"/> <input type="button" value="Select"/>	Unit ID: <input type="text" value="00"/>
Message Date Range *		
Begin Date: 01/01/2022	End Date: 03/05/2022	

Results per Page: 25

This Type_1 page took 0.57 seconds to load.

Figure 2.3.2-2 e-Messages Search Page (Office)

e-Messages Search

* - Indicates required fields

e-Message Type: * Action	e-Messages Status: 	
Search By: * Assigned Worker	Assigned Worker ID: * <input type="text"/> <input type="button" value="Select"/>	
Message Date Range *		
Begin Date: 03/05/2022	End Date: 03/10/2022	

Results per Page: 25

This Type_1 page took 0.57 seconds to load.

Figure 2.3.2-3 e-Messages Search Page (Assigned Worker)

e-Messages Search

*- Indicates required fields

- **End Date** - The End Date must be later than the Begin Date. Please enter a different date.

e-Message Type: * <input type="text" value="All"/>	e-Messages Status: <input type="text"/>
Search By: * <input type="text" value="Person"/>	Person Name: * <input type="button" value="Select"/>
Message Date Range *	
Begin Date: <input type="text" value="04/01/2022"/>	End Date: <input type="text" value="03/01/2022"/>

Results per Page:

This Type 1 page took 0.57 seconds to load.

Figure 2.3.2-4 e-Messages Search Page (Person)

e-Messages Search

*- Indicates required fields

e-Messages Type: * <input type="text" value="Messages"/>	e-Messages Status: <input type="text"/>
Search By: * <input type="text" value="Case"/>	Case Number: * <input type="text"/> <input type="button" value="Select"/>
Message Date Range *	
Begin Date: <input type="text" value="03/05/2022"/>	End Date: <input type="text" value="03/10/2022"/>

Results per Page:

This Type 1 page took 0.57 seconds to load.

Figure 2.3.2-5 e-Messages Search Page (Case)

e-Messages Search

*- Indicates required fields

▼ Refine Your Search

Search

e-Message Type: * Message ▾	e-Messages Status: ▾
Search By: * Case ▾	Case Number: * 0107033 Select
Message Date Range *	
Begin Date: 07/01/2022 📅	End Date: 07/01/2022 📅

Results per Page: 25 ▾ **Search**

Add e-Message

Type	Status	Subject	Date	Case Number	Worker ID
No Data Found					

Add e-Message

Figure 2.3.2-6 e-Messages Search Page (No Result w/ Edit Security)

The screenshot shows the e-Messages Search interface. At the top, there is a title 'e-Messages Search' and a legend '*- Indicates required fields'. Below this is a 'Refine Your Search' section with a 'Search' button. The search filters include: 'e-Message Type: *' (Messages ▾), 'e-Message Status:' (▾), 'Search By: *' (Case ▾), 'Case Number: *' (BOKIN20 **Select**), 'Message Date Range *', 'Begin Date:' (03/05/2022 📅), and 'End Date:' (03/10/2022 📅). Below the filters is a 'Results per Page: 25 ▾ **Search**' button. A table with columns 'Type', 'Status', 'Subject', 'Date', 'Case Number', and 'Worker ID' is shown with the message 'No Data Found'. At the bottom, a status bar indicates 'This Type_1 page took 0.57 seconds to load.'

Figure 2.3.2-7 e-Messages Search Page (No Result w/o Edit Security)

e-Messages Search

*- Indicates required fields

▶ Refine Your Search

Add e-Message

Search Results Summary						Results 1 - 9 of 9
Type	Status	Subject	Date	Case Number	Worker ID	
Message	Received	Other	07/19/2022 10:59 PM	2912108	36LS39Y004	Edit
Message	Received	CalWORKs	07/19/2022 02:59 PM	3400475	36LS18YM04	Edit
Action	Read	Upload Verification Document	07/19/2022 02:23 PM	3400475	90AS00010Z	

Add e-Message

Figure 2.3.2-8 e-Messages Search Page (Result w/ Edit Security)

e-Messages Search

*- Indicates required fields

▶ Refine Your Search

Search Results Summary						Results 1 - 2 of 2
Type	Status	Subject	Date	Case Number	Worker ID	
Action	Action Completed	Informational	03/22/2022 08:09 AM	BOKIN80	90LS003105	
Messages	Sent	Informational	03/22/2022 06:00 AM	BOKIN80	90LS003105	

This [Type 1](#) page took 1.12 seconds to load.

Figure 2.3.2-9 e-Messages Search Page (Result w/o Edit Security)

e-Messages Search

*- Indicates required fields

- **Begin Date** - Date cannot be greater than current date.
- **End Date** - Date cannot be greater than current date.

e-Message Type: *

Search By: *

Message Date Range *

Begin Date: <input type="text" value="05/01/2023"/>	End Date: <input type="text" value="05/30/2023"/>
---	---

Results per Page:

This Type_1 page took 0.57 seconds to load.

Figure 2.3.2-10-Messages Search Page (Validation for date greater than current date)

2.3.3 Description of Changes

1. Update the landing page when the user clicks on the 'E-Messages' item on the task navigation to display the above e-Messages Search page. The updated page contains the following fields:
 - a. Refine your Search section:
 - i. e-Messages Type
 1. This will be a required dropdown field and have the following values:
 - a. All
 - i. This value will only display for counties that have opted-in to the two-way e-Message functionality.
 - b. Action
 - i. This value will only display for counties that have opted-in to the two-way e-Message functionality.
 - c. Message
 2. The e-Message type determines the type of e-Message returned by the search query. Selecting All pulls all e-Message types.
 - ii. e-Messages Status

1. This will be a dynamic dropdown field. Values displayed will be dependent on the value selected on the e-Message Type field.
 - a. Values to display when the value selected on the e-Message type field is 'All':
 - i. <blank>
 - ii. Sent
 - iii. New Action
 - iv. Received
 - v. Read
 - vi. Replied
 - vii. Action Completed
 - viii. Action Closed
 - b. Value to display when the value selected on the e-Message type field is 'Action':
 - i. <blank>
 - ii. New Action
 - iii. Read
 - iv. Action Completed
 - v. Action Closed
 - c. Value to display when the value selected on the e-Message type field is 'Message':
 - i. <blank>
 - ii. Sent
 - iii. Received
 - iv. Read
 - v. Replied
2. The e-Message status determines the status of e-Message returned by the search query. Selecting <blank> pulls all e-Message status.

iii. Search By

1. This will be a required dropdown field.
 - a. All
 - b. Assigned Worker
 - i. This is the worker who is assigned to the e-Message.
 - c. Case
 - i. This is the case associated to the e-Message.

- d. Person
 - i. This is the person associated to the e-Message.
 - e. Office
 - i. This is the office in which the e-Messages are associated to, based on the assigned worker.
- iv. Assigned Worked ID
 - 1. This field dynamically displays when the Search By is 'Assigned Worker'.
 - 2. Clicking the Select button navigates the user to the existing Worker search page flow.
- v. Office ID
 - 1. This field dynamically displays when the Search By is 'Office'.
 - 2. Clicking the Select button navigates the user to the existing Office search page flow.
- vi. Unit ID
 - 1. This text field dynamically displays when the Search By is 'Office'.
 - 2. The unit must be in the office that the user selected, otherwise there will be no results found.
- vii. Case Number
 - 1. This field dynamically displays when the Search By is 'Case'.
 - 2. Clicking the Select button navigates the user to the existing Select Person search page flow.
 - 3. The case number must be in the county that the user is in, otherwise there will be no results found.
- viii. Person Name
 - 1. This field dynamically displays when the Search By is 'Person'.
 - 2. Clicking the Select button navigates the user to the existing Select Person search page flow.
- ix. Message Date Range
 - 1. The date range refers to the creation date of the message regardless if it is initiated by the BenefitsCal customer or the worker.
 - 2. The begin dates and end dates are required fields.
 - 3. Begin Date

- a. The user can enter their desired begin date or click on the calendar icon to select the date.
- 4. End Date
 - a. The user can enter their desired end date or click on the calendar icon to select the date.
 - b. If the end date is blank when the 'Search' button is clicked, the system defaults its value to the current date.
- 5. A validation is triggered when the begin date and/or end date entered is not in the correct format (MM/DD/YYYY) or is not a valid calendar date:
 - a. {Begin/End} Date – Must be a valid calendar date and be in the form MM/DD/YYYY.
- 6. A validation is triggered when the begin date selected is after the end date:
 - a. End Date – The End Date must be later than the Begin Date. Please enter a different date.
- 7. A validation is triggered when the begin date and/or the end date selected is after the current date:
 - a. {Begin/End Date} – Date cannot be greater than current date.
- x. Results per Page:
 - 1. This dropdown limits how many records pulled per results page.
 - 2. The options are:
 - a. 25
 - b. 50
 - c. 75
 - d. 100
- xi. Search button
 - 1. Clicking this button loads the search results.
- b. Search Results Summary Section
 - i. Type
 - 1. This is a sortable column that displays the type of e-Message.

- ii. Status
 - 1. This is a sortable column that displays the current status of the e-Message.
- iii. Subject
 - 1. This is a sortable column that displays the e-Message subject.
 - 2. Clicking on the hyperlink navigates the user to the e-Message Detail page for this message in View mode.
- iv. Date
 - 1. This is a sortable column that displays the creation date and time of the e-Message regardless of which system it is initiated.
- v. Case Number
 - 1. This is a sortable column that displays the case number in which the e-Message is associated to.
 - 2. Clicking on the hyperlink navigates the user to the Case Summary page of the case number.
- vi. Worker ID
 - 1. This is a sortable column that displays the Worker that is assigned to this e-Message.
 - 2. Clicking on the hyperlink navigates the user to the Worker Detail page of the worker.
- vii. Edit button
 - 1. Clicking the Edit button navigates the user to the e-Message Detail page for this message in Edit mode.
 - 2. This button displays for the following scenarios:
 - a. e-Message Type is Message, it is customer initiated, and Status is Received.
 - b. e-Message Type is Action and Status is Action Completed.
 - 3. This button displays if the user has the 'e-MessagesEdit' security right.
- c. Add e-Message button
 - i. Clicking this button navigates the user to the e-Message Detail page in Create mode.
 - ii. This button displays after clicking the Search button.
 - iii. This button displays if the user has the 'e-MessagesEdit' security right.

2. Update the Begin Date and the End Date fields on the e-Messages Search page:
 - a. Message Date Range can only be 31 days or less.
 - b. Create a new validation message: "Begin Date - The selected Date range must be 31 days or less."
 - i. Validation message will display when a user clicks on the "Search" button and the date range entered on the Begin and End Date is longer than 31 days.
3. Upon loading the e-Messages Search page from the E-Messages task navigation, the Refine your Search section is visible with the following parameters prepopulated:
 - a. E-Message Type is set to All for counties that opted-in.
 - i. For counties that opted-out it will be 'Message'
 - b. E-Messages Status is set to <blank>.
 - c. Search By is set to All.
 - d. Begin Date is 5 days prior to the system date.
 - e. End Date is the current system date.
 - i. Example: System Date is 03/10/2022.
Begin Date will default to 03/05/2022 and End Date will default to 03/10/2022.
 - f. Results per Page is set to 25.

Note: The user is expected to click the Search button to load the search results.

4. The initial search results pulled by the search criteria is ordered by the Date in descending order.
5. The search result pulls all e-Messages given a search criteria. If the e-Message is associated to a confidential case, the user is required to have the security right to view and edit confidential cases to view and edit the e-Message.

2.3.4 Page Location

- **Global: Case Info**
- **Local: e-Tools**
- **Task: E-Messages**

2.3.5 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping
e-MessagesSearchView		e-Messages View e-Messages Edit
e-MessagesView		e-Messages View e-Messages Edit
e-MessagesEdit		e-Messages Edit

2. Security Groups

Security Group	Group Description	Group to Role Mapping
e-Messages View	Search and View e-Messages	Eligibility Staff Eligibility Supervisor Regional Call Center Staff Regional Call Center Supervisor System Administrator View Only
e-Messages Edit	Reply to e-Messages	Eligibility Staff Eligibility Supervisor Regional Call Center Staff Regional Call Center Supervisor System Administrator

2.3.6 Page Mapping

Create a page mapping for the fields introduced in this page.

2.3.7 Page Usage/Data Volume Impacts

Estimated 30000 records.

2.4 E-Messages Detail Page

2.4.1 Overview

The e-Messages Detail Page is a page where the worker will be able to create, edit, and view e-Messages for a case. It will be updated to support the BenefitsCal Two-Way Messaging and Action type of Messages.

There are two types of e-Messages: 'Message' and 'Action'.

- A 'Message' type can be initiated by the worker or the BenefitsCal user.
 - If the worker initiates the 'Message', no response is expected from the BenefitsCal user. The worker who initiated this message is the assigned worker.
 - If the BenefitsCal user initiates the message, the worker is able to reply to the e-Message. The worker that will receive this message is the worker associated to the program selected by the customer. Otherwise, if no worker is found on the program or the program is not selected, BenefitsCal will search for the available worker through the program hierarchy:
 - CalWORKS/Cash Assistance Program for Immigrants (CAPI)/General Assistance/General Relief (Cash)
 - CalFresh (Food)
 - Medi-Cal (Medi-Cal)
 - Welfare-To-Work/General Relief Opportunities for WORK (GROW)
 - Any other program supported by BenefitsCal that are not listed
- An 'Action' type can only be initiated by the worker. The worker can request the BenefitsCal user to view a document, upload a document, or answer a question through an 'Action' type. The worker who initiated this action is the assigned worker.

Opted-Out counties are able to utilize the One-Way Messaging functionality of this page. When a county opts-out of Two-Way Messaging, they are only able to send e-Message type of 'Message'.

2.4.2 E-Messages Detail Mockup

e-Messages Detail

* - Indicates required fields

Save Cancel

Case Number: *	Person Name: *	Created Date:
<input type="text"/> Select	<input type="text"/> Select	02/28/2022

Worker ID: *

[90LS00TZ00](#)

e-Message Type: *

-Select- ▼

Original e-Message Information

Initiated By: *

[90LS00TZ00](#)

e-Message Subject: *

e-Message Body: *

Save Cancel

This Type_1 page took 0.32 seconds to load.

Figure 2.4.2-1 e-Messages Detail in Create mode

e-Messages Detail

*- Indicates required fields

Save Cancel

Case Number: * BOKIN18 Select Person Name: * - Select - Created Date: 02/28/2022

Worker ID: * 90LS00T200

e-Message Type: * Message

Original e-Message Information

Initiated By: * 90LS00T200

e-Message Subject: *

e-Message Body: *

Save Cancel

This Type_1 page took 0.32 seconds to load.

Figure 2.4.2-2 e-Messages Detail in Create mode (Message e-Message Type)

e-Messages Detail

* - Indicates required fields

Save Cancel

- Due Date - Due Date must be on or after the current date.

Case Number: * BOKIN18 <input type="button" value="Select"/>	Person Name: * BUNNY, LOLA 30F	Created Date: 02/28/2022
Worker ID: * 90LS00TZ00		
e-Message Type: * Action	Action Type: * Upload Document	

Original e-Message Information

Initiated By: * 90LS00TZ00	Due Date: * 01/01/2021
e-Message Subject: * Test	
e-Message Body: * Testing Action message type	

Save Cancel

This Type_1 page took 0.32 seconds to load.

Figure 2.4.2-3 e-Messages Detail in Create mode (Action e-Message Type)

e-Messages Detail

*- Indicates required fields Save Cancel

- **Case Number** - This Case Number is not valid for the selected county.
- **Due Date** - Must be a valid calendar date and be in the form MM/DD/YYYY.
- **e-Message Subject** - Message contains derogatory word(s), please revise: [S**T]
- **e-Message Body** - Message contains derogatory word(s), please revise: [S**T]

Case Number: * Select
Person Name: *
Created Date: 02/28/2022

Worker ID: *

e-Message Type: *
Action Type: *

Original e-Message Information

Initiated By: *
Due Date: *

e-Message Subject: *

e-Message Body: *

Save Cancel

Figure 2.4.2-4 e-Messages Detail Create mode with Validations

e-Messages Detail

*- Indicates required fields Close

Case Number: * B0KIN18	Person Name: * BUNNY,LOLA 30F	Created Date: 02/28/2022
Worker ID: * 90LS007Z00		
e-Message Type: * Message		

Original e-Message Information

Initiated By: * 90LS007Z00	Status: * Sent
e-Message Subject: * Testing for e-messages	
e-Message Body: * Testing 2way body messages	

Close

This Type_1 page took 0.32 seconds to load.

Figure 2.4.2-5 e-Messages Detail View Mode (Message e-message Type)

e-Messages Detail

*- Indicates required fields Edit Close

Case Number: * B0KIN18	Person Name: * BUNNY,LOLA 30F	Created Date: 02/28/2022
Worker ID: * 90LS007Z00		
e-Message Type: * Action	Action Type: * View Document	View Documents * Verification of Benefits

Original e-Message Information

Initiated By: * 90LS007Z00	Status: * New Action	Due Date: * 03/29/2022
e-Message Subject: * Testing for Action Type		
e-Message Body: * Testing 2way body messages		

Edit Close

This Type_1 page took 0.32 seconds to load.

Figure 2.4.2-6 e-Messages Detail View Mode (Action e-message Type)

e-Messages Detail

*- Indicates required fields

[Edit](#) [Close](#)

Case Number: * B0KIN18	Person Name: * BUNNY,LOLA 30F	Created Date: 02/28/2022
Worker ID: * 90LS00TZ00		
e-Message Type: * Action	Action Type: * Notification	

Original e-Message Information

Initiated By: * 90LS00TZ00	Status: * Action Completed	Due Date: * 03/05/2022
e-Message Subject: * Upload Document		
e-Message Body: * Please Upload Documents		

Customer Response Information

e-Message Body: Documents Uploaded
Sent Date: 03/01/2022

[Edit](#) [Close](#)

Figure 2.4.2-7 e-Messages Detail View Mode (Action e-message Type w/Customer response)

e-Messages Detail

*- Indicates required fields

Close

Case Number: *

B0KIN18

Person Name: *

BUNNY,LOLA 30F

Created Date:

02/28/2022

Worker ID: *

[90LS00TZ00](#)

Program:

CalFresh

e-Message Type: *

Message

Original e-Message Information

Initiated By: *

[BUNNY,LOLA 30F](#)

Status: *

Replied

e-Message Subject: *

Testing for e-messages

e-Message Body: *

Testing 2way body messages

Worker Response Information

Initiated By: *

[90LS00TZ00](#)

Sent Date:

03/01/2022

e-Message Body: *

Testing worker response

Close

This `Type 1` page took 0.32 seconds to load.

Figure 2.4.2-8 e-Messages Detail View Mode (Customer Initiated with response)

e-Messages Detail

*- Indicates required fields

[Edit](#) [Close](#)

Case Number: * BOKIN18	Person Name: * BUNNY,LOLA 30F	Created Date: 02/28/2022
Worker ID: * 90LS00TZ00	Program: CalFresh	
e-Message Type: * Message		

Original e-Message Information

Initiated By: * BUNNY,LOLA 30F	Status: * Received
e-Message Subject: * Testing for e-messages	
e-Message Body: * Testing 2way body messages	

[Edit](#) [Close](#)

This `Type_1` page took 0.32 seconds to load.

Figure 2.4.2-9 e-Messages Detail View Mode (Customer Initiated w/out response)

e-Messages Detail

*- Indicates required fields

Save

Cancel

Case Number: *

B0KIN18

Person Name: *

BUNNY,LOLA 30F

Created Date:

02/28/2022

Worker ID: *

[90LS00TZ00](#)

Program:

CalWORKs

e-Message Type: *

Message

Original e-Message Information

Initiated By: *

BUNNY, LOLA 30F

Status: *

Received

e-Message Subject: *

Testing for e-Message

e-Message Body: *

Testing for e-Message Customer

Worker Response Information

Initiated By: *

[90LS08TZ90](#)

Sent Date:

03/01/2022

e-Message Body: *

Save

Cancel

This [Type 1](#) page took 0.32 seconds to load.

Figure 2.4.2-10 e-Messages Detail Edit Mode (Message e-message Type customer initiated)

e-Messages Detail

*- Indicates required fields

Save Cancel

Case Number: * BOKIN18	Person Name: * BUNNY,LOLA 30F	Created Date: 02/28/2022
Worker ID: * 90LS00TZ00		
e-Message Type: * Action	Action Type: * Notification	

Original e-Message Information

Initiated By: * 90LS00TZ00	Status: * -Select-	Due Date: * 03/29/2022
e-Message Subject: * Testing for Action Type		
e-Message Body: * Testing 2way body messages		

Customer Response Information

e-Message Body: Please check
Sent Date: 03/01/2022

Save Cancel

This Type_1 page took 0.32 seconds to load.

Figure 2.4.2-11 e-Messages Detail Edit Mode (Action e-message Type)

e-Messages Detail

*- Indicates required fields Save Cancel

- Person Name** - This person is not linked to any Self-Service Portal account.

Case Number: * <input type="text" value="123456"/> Select	Person Name: * <input type="text" value="BUNNY, BUGS 35M"/> ▼	Created Date: 02/28/2022
Worker ID: * 90LS00TZ00		
e-Message Type: * <input type="text" value="Message"/> ▼		

Original e-Message Information

Initiated By: *
[90LS00TZ00](#)

e-Message Subject: *

e-Message Body: *

Save Cancel

This [Type 1](#) page took 0.32 seconds to load.

Figure 2.4.2-12 e-Messages Detail (Validation for person without BC account)

e-Messages Detail

* - Indicates required fields

Save

Cancel

- [View Documents](#) - Field is required. Please enter a value.
- [Program](#) - Program is required for a View Document action type.

Case Number: *

123456

Select

Person Name: *

BUNNY, BUGS 35M

Created Date:

02/28/2022

Worker ID: *

90LS00TZ00

e-Message Type: *

Action

Action Type: *

View Document

View Documents: *

-Select-

Original e-Message Information

Initiated By: *

90LS00TZ00

Due Date: *

03/21/2022

e-Message Subject: *

Testing View Document

e-Message Body: *

Testing View Document

Save

Cancel

This [Type 1](#) page took 0.32 seconds to load.

Figure 2.4.2-13 e-Messages Detail for View Notice Action Type with validation

2.4.3 Description of Changes

1. Create a new e-Messages Detail page that displays the e-Message information to the user. This page loads on the same page after clicking the 'Add e-Message' button from the e-Messages Search page. The page has the following components:
 - a. Person Name
 - i. This required field displays the name in which the e-Message is associated to.
 - ii. This is an uneditable field for View and Edit modes.
 - iii. In Create mode, this field is a dropdown of the case members associated to the case selected on the Case Number field.
 1. If the Case Number field is blank, the Select button is visible. Clicking this button navigates the user to the Select Person page. The Name and Case Number is auto-populated based on the user's selection.
 - b. Case Number
 - i. This required field displays the case number in which the e-Message is associated to.
 - ii. This is an uneditable field for View and Edit modes.
 - iii. In Create mode, this field displays a field with Select button next to it. Clicking the Select button navigates to the user to the Select person page. The Name field displays a dropdown with the selected case members' names.
 - c. Created Date
 - i. This uneditable field (for all modes) displays the creation date which is the system date during Create mode when the e-Message is initiated in CalSAWS. Otherwise, it displays the date when the BenefitsCal customer sends the message to the CalSAWS worker.
 - d. Worker ID
 - i. This required field displays the worker ID to which this e-Message is addressed to or the worker that initiated the message.
 - ii. This is an uneditable field for Create, View and Edit modes.

- iii. In Create mode, this is populated with the worker ID of the logged in user viewing the page.
 - iv. Clicking the Worker ID hyperlink navigates the user to the Worker Detail page of that worker ID.
 - e. Program
 - i. This field displays the program associated to the e-Message when it is sent by BenefitsCal.
 - ii. This is an uneditable field for View and Edit modes.
 - f. e-Message Type
 - i. This required field displays the type of e-Message.
 - ii. This is an uneditable field for View and Edit Modes.
 - iii. In Create mode, this displays a dropdown with the following options:
 - 1. Action
 - a. This option only available for counties that has opted-in for two way messaging functionality.
 - 2. Message
 - g. Action Type
 - i. This is a dynamic required field that displays when the e-Message Type is an Action.
 - ii. This is an uneditable field for View and Edit Modes.
 - iii. In Create mode, this displays a dropdown with the following options:
 - 1. Notification
 - 2. Upload Document
 - 3. View Document
 - h. View Documents
 - i. This is a dynamic required field that displays when the Action Type is View Document.
 - 1. This is an uneditable field for View and Edit modes.
 - 2. This field is not multi-select.
 - 3. This field displays the Document Name for the Forms/NOAs in alphabetical order.
 - 4. In Create mode, this displays a drop down with a list of Forms/NOAs that meets the following criteria:
 - a. Forms/NOAs that are marked as publishable in BenefitsCal.
 - b. Forms/NOAs that were generated for the person selected on the Person Name field.

- c. Forms/NOAs that were generated in the last 30 days.
 - i. Original e-Message Information block
 - i. This section displays the original e-Message information initiated by the worker or BenefitsCal customer with the following components:
 - 1. Initiated By
 - a. This required uneditable field displays information regarding who initiated the message.
 - b. In Create mode, this is autopopulated by the user's Worker ID.
 - c. If the message is initiated by a BenefitsCal customer, it displays the customer's name, age and gender.

Note: For counties that has opted-out of Two-Way Messaging functionality, this scenario does not occur since the BenefitsCal customer is restricted from messaging a worker.
 - d. If it is a system generated message, it displays the job number that created the message.
 - 2. Status
 - a. This required field displays the current status of the e-Message.
 - b. In Create mode, the status does not display. Upon saving the e-Message the status for a 'Message' e-Message Type is set to 'Sent'. For an 'Action' e-Message type the status is set to 'New Action'.
 - c. In Edit Mode, the status is a dropdown with the following options:
 - i. If the e-Message is type Action, the dropdown displays 'Action Closed'.
 - d. In Edit mode with e-Message type Message and is customer initiated, the status is uneditable. Upon saving the e-Message with the e-Message Body on the Worker Response Information populated, the status is set to 'Replied'.

- e. For a complete list of statuses utilized in CalSAWS and BenefitsCal and scenario examples, refer to the [Appendix](#) section.
3. Due Date
 - a. This dynamic required field displays when the e-Message type is Action. This is the date when the action is due.
 - b. This is an uneditable field for View and Edit modes.
 - c. In Create Mode, this is a text field that expects the date in 'MM/DD/YYYY' format. Clicking the calendar icon displays the date picker.
 4. e-Message Subject
 - a. This required field displays the subject of the e-Message.
 - b. This is an uneditable field for View and Edit modes.
 - c. In Create Mode, this is a text field in which the user can enter text.
 - d. This field has a 100 character limit.
 5. e-Message Body
 - a. This required field displays the body of the e-Message.
 - b. This is an uneditable field for View and Edit modes.
 - c. In Create Mode, this is a free-text field in which the user can enter text.
 - d. This field has a 4000 character limit.
- j. Worker Response Information block
 - i. This section displays when the e-message is initiated by a BenefitsCal customer and with the following components:
 1. Initiated By
 - a. This required uneditable field displays information regarding who initiated the message.
 - b. In Edit mode, this is auto populated with the user's Worker ID.
 2. Sent Date

- a. This uneditable field (for all modes) displays the date that the worker created the response. This is the system date during Edit mode.
 - 3. e-Message body
 - a. This required field displays the body of the e-Message.
 - b. This is an uneditable field for View mode.
 - c. In Edit Mode, this is a free-text field in which the user can enter text.
 - d. This field has a 4000 character limit.
 - ii. BenefitsCal customer-initiated messages are only available in Edit and View modes.
 - k. Customer Response Information block
 - i. This section displays when the Benefitscal customer responded to the worker's e-message and with the following components:
 - 1. e-Message body
 - a. This field displays the body of the e-Message that the BenefitsCal customer responded with.
 - b. This is an uneditable field for View and Edit modes.
 - 2. Sent Date
 - a. This uneditable field (for all modes) displays the date the BenefitsCal customer sends (respond) the message to the CalSAWS worker.
 - l. Buttons
 - i. Save
 - 1. This button saves the information entered in the e-Messages Detail page and initiates a call to the Portal-Hosted Messaging API to send the created/updated e-Message information.
 - 2. Page validations are triggered upon clicking this button prior to saving the information.
 - 3. This button displays for Create and Edit modes only.
 - 4. Upon clicking, the page is reloaded in View Mode.
 - ii. Cancel

1. This button closes the e-Messages Detail page without saving the information.
 2. This is button displays for Create and Edit modes only.
 3. Upon clicking, the user is navigated back to the e-Messages Search page with the default search parameters set.
- iii. Close
1. This button closes the e-Messages Detail page.
 2. This is button displays for View mode only.
 3. Upon clicking, the user is navigated back to the e-Messages Search page with the default search parameters set.
2. Create the following custom validations:
- a. "Case Number – This Case Number is not valid for the selected county."
 - i. This validation is triggered when the user clicks on the 'Save' button in Create mode and the Case Number that was selected does not exist or invalid in the county that the logged in user belongs to.
 - b. "Due Date – Must be a valid calendar date and be in the form MM/DD/YYYY."
 - i. This validation is triggered when the user clicks on the 'Save' button in Create mode and the value entered/selected is not a valid Calendar Date or not in the correct format of MM/DD/YYYY
 - c. "Due Date – Due Date must be on or after the current date."
 - i. This validation is triggered when the user clicks on the 'Save' button in Create mode and the value entered/selected is a date prior to the system date/the Created Date.
 - d. "e-Message Subject – Message contains derogatory word(s), please revise: [XXXX]."
 - i. This validation is triggered when the user clicks on the 'Save' button in Create mode and the text entered contains derogatory words.
 1. [XXXX] will display the derogatory word(s) that was entered.

Note: The list of derogatory words for CalSAWS is stored in Code Table Category 10326.
 - e. "e-Message Body – Message contains derogatory word(s), please revise: [XXXX]."

- i. This validation is triggered when the user clicks on the 'Save' button in Create mode or in 'Edit' mode (for a 'Message' e-Message Type and it's initiated by a BenefitsCal customer) and the text entered contains derogatory words.
 - 1. [XXXX] will display the derogatory word(s) that was entered.

Note: The list of derogatory words for CalSAWS is stored in Code Table Category 10326.
- f. "Person Name – This person is not linked to any Self-Service Portal account."
 - i. This validation is triggered when the user clicks on the 'Save' button in Create mode and the person selected on the Person Name field is not linked to a Self-Service portal account.
- g. "Program – Program is required for a View Document action type."
 - i. This validation is triggered when the user clicks on the 'Save' button in Create mode and the Action Type is View Document and there's no program selected on the Program field.
- 3. During Create mode, when the user enters the case number on the Case Number field, the Person Name field gets populated based on the case entered provided that it exists in the county.
- 4. When a worker updates the case number after populating all fields, the Person Name and View Document field is populated to -Select-.

2.4.4 Page Location

- **Global: Case Info**
- **Local: e-Tools**
- **Task: e-Messages**

2.4.5 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping
e-MessagesSearchView		e-Messages View e-Messages Edit
e-MessagesView		e-Messages View e-Messages Edit

Security Right	Right Description	Right to Group Mapping
e-MessagesEdit		e-Messages Edit

2. Security Groups

Security Group	Group Description	Group to Role Mapping
e-Messages View	Search and View e-Messages	Eligibility Staff Eligibility Supervisor Regional Call Center Staff Regional Call Center Supervisor System Administrator View Only
e-Messages Edit	Reply to e-Messages	Eligibility Staff Eligibility Supervisor Regional Call Center Staff Regional Call Center Supervisor System Administrator

2.4.6 Page Mapping

Create new page mapping to add the new fields in this page.

2.4.7 Page Usage/Data Volume Impacts

Estimated 30000 records.

2.5 Messaging API (CalSAWS Hosted)

2.5.1 Overview

The CalSAWS Messaging API is a RESTful service that will allow the CalSAWS to reply to messages coming from the BenefitsCal portal. The BenefitsCal portal will support regular messages and actions (initiated by the worker). The Messaging API will store these messages and update their status depending on their process flow.

Please refer to the [Appendix](#) section for the flows that are supported by this API.

2.5.2 Description of Change

1. Create the new Messaging API that accepts the following parameters (Refer to Supporting Documents for API documentation):

Messaging - Request			
CALSAWS FIELD NAME	TYPE	COMMENTS	REQUIRED
caseNumber	String (7 Char.)	7- Character Case Number.	Y
countyCode	String (2 Char. Min, 2 Char. Max)	County code associated to the case number	Y
pgmCode	String (2 Char. Min, 3 Char. Max)	Program in which the message is for	N
GUID	String (15 Char.)	Unique Identifier for the Customer	Y
msgId	String (1 Char. Min, 50 Char. Max)	Unique identifier for the message or action If initiated from BenefitsCal, the ID will be prefixed with 'BC'. If	Y

Messaging - Request			
CALSAWS FIELD NAME	TYPE	COMMENTS	REQUIRED
		initiated from CalSAWS, the ID will be prefixed with 'CS'.	
msgType	String (2 Char. Min, 3 Char. Max)	Type of message	Y
msgTitle	String (1 Char. Min, 100 Char. Max)	Title of the message	N
msg	String (1 Char. Min, 4000 Char. Max)	Contents of the message	N
msgDate	String	Creation date for the action	N
msgStatus	String (2 Char. Min, 3 Char. Max)	Status of the Message	Y
workerID	String (30 Char.)	Worker's Identification	Y

2. Given a valid request, the API returns the following information as a response:

Messaging - Response			
CALSAWS FIELD NAME	TYPE	COMMENTS	REQUIRED
msgId	String (1 Char. Min, 50 Char. Max)	Unique identifier for the message or action	Y
msgDate	String	Date message is received	Y
msgStatus	String (2 Char. Min, 3 Char. Max)	Status of the Message	Y

3. The following Response Codes are returned:
- a. 200 – Successful Operation
 - i. The message is accepted and stored in CalSAWS.
 - b. 400 – Bad Request

- i. The message is not accepted due to the request is invalid (incorrect field names, missing mandatory fields, etc.)
 - c. 401 – Authorization information is missing or invalid
 - i. The message is not accepted due to an a missing/invalid authorization code passed.
 - d. 503 – Service is unavailable
 - i. The message is not accepted due to the service is not reachable due to maintenance, server is overloaded, etc.
 - e. 500 – Internal Server Error
 - i. The message is not accepted due to web service is experiencing problems.
- 4. If the msgId does not exist in CalSAWS, the Messaging API creates a new messaging record given the information provided in the request.
- 5. If the msgId exists in CalSAWS, the Messaging API updates the existing messaging record with the information provided in the request.

2.5.3 Execution Frequency

No impact to this section.

2.5.4 Key Scheduling Dependencies

No impact to this section.

2.5.5 Counties Impacted

CalSAWS Counties.

2.5.6 Data Volume/Performance

Estimated 30000 records.

2.5.7 Interface Partner

BenefitsCal portal

2.5.8 Failure Procedure/Operational Instructions

Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

2.6 Messaging API (Portal Hosted)

2.6.1 Overview

The Portal-Hosted Messaging API is a BenefitsCal API that CalSAWS invokes to send a message to the BenefitsCal user. The call utilizes a message queue. Currently, the existing e-Messages page calls this service whenever a worker creates and sends a message thru the online page. This API will be updated to support the 2-way messaging.

Please refer to the [Appendix](#) section for the flows that are supported by this API.

2.6.2 Description of Change

1. Update the existing logic that creates the request for the Portal-Hosted Messaging API to send the following fields (Refer to Supporting Documents for API documentation):

Messaging - Request			
BENFI TSCA L FIELD NAM E	TYPE	COMME NTS	REQUIR ED
case Num ber	String (7 Char.)	7- Charact er Case Number.	Y
case Coun ty	String (2 Char. Min, 3 Char. Max)	County code associat ed to the case number	Y
gulD	String (1 Char. Min, 50 Char. Max)	Unique Identifier for the Custome r	Y
msgl d	String (1 Char. Min, 50 Char. Max)	Unique identifier	Y

Messaging - Request			
BENFI TSCA L FIELD NAM E	TYPE	COMME NTS	REQUIR ED
		for the message or action If initiated from BenefitsC al, the ID will be prefixed with 'BC'. If initiated from CalSAWS , the ID will be prefixed with 'CS'.	
msgT ype	String (2 Char. Min, 3 Char. Max)	Type of message	Y
msgTi tle	String (1 Char. Min, 100 Char. Max)	Title of the message	N
msg	String (1 Char. Min, 4000 Char. Max)	Contents of the message OR the pre-defined question	N
msgD ate	String	Date message was received from BenefitsC	Y

Messaging - Request			
BENFI TSCA L FIELD NAM E	TYPE	COMME NTS	REQUIR ED
		al OR Date the action was complet ed from BenefitsC al	
msgD ueDa te	String	Due Date of the action received from CalSAWS. Mandatory for Action type.	N (conditional)
notic elde ntifier	String (2000 Char. Max)	Notice Identifier used for Action Type – View Documents. Mandatory for View Documents.	N (conditional)
msgS tatus	String (2 Char. Min, 3 Char. Max)	Status of the Message	Y
work erID	String (30 Char.)	Worker's Identific ation	Y
work erNa me	String (1 Char. Min, 110 Char Max)	Worker's name who sent the message	N
work erPh oneN um	String (10 Char.)	Worker's phone number	N
mess ageR	Boolean	Existing field – will	N

Messaging - Request			
BENFI TSCA L FIELD NAM E	TYPE	COMME NTS	REQUIR ED
eadl nd		not be used	

2. Given a valid request, the API will return the following information as a response:

Messaging - Response			
BENEFITSCAL FIELD NAME	TYPE	COMMENTS	REQUIRED
msgId	String (1 Char. Min, 50 Char. Max)	Unique identifier for the message or action	N
caseNumber	String (7 Char.)	Case Number for which message was received	N
messageAck	String (10 Char. Max)	Response sent to CalSAWS	Y

2.6.3 Execution Frequency

No impact to this section.

2.6.4 Key Scheduling Dependencies

No impact to this section.

2.6.5 Counties Impacted

CalSAWS Counties.

2.6.6 Data Volume/Performance

Estimated 30000 records.

2.6.7 Interface Partner

BenefitsCal portal

2.6.8 Failure Procedure/Operational Instructions

Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

2.7 Modify GR Non Compliance Alert (PO19C1188)

2.7.1 Overview

PO19C1188 sends an email and a BenefitsCal message when a participant is in GR and becomes non-compliant.

2.7.2 Description of Change

1. Modify PO19C1188 to conform to the updated version of the portal-hosted Messaging API.

BENFITSCAL FIELD NAME	TYPE	COMMENTS	REQUIRED
caseNumber	String (7 Char.)	7- Character Case Number.	Y
caseCounty	String (2 Char. Min, 3 Char. Max)	County code associated to the case number	Y
gulD	String (1 Char. Min, 50 Char. Max)	Unique Identifier for the Customer	Y
msgId	String (1 Char. Min, 50 Char. Max)	Unique identifier for the message or action The ID will be prefixed with 'CS'.	Y
msgType	String (2 Char. Min, 3 Char. Max)	Type of message. CalSAWS type: Message BenefitsCal type:	Y

BENFITSCAL FIELD NAME	TYPE	COMMENTS	REQUIRED
		Informational Only	
msgTitle	String (1 Char. Min, 100 Char. Max)	You have a message from your GR Worker	N
msg	String (1 Char. Min, 4000 Char. Max)	Contents of the message OR the pre-defined question You failed to comply with a work-related requirement on \${Batch date (Monday-Friday)}. Please contact the Customer Service Center within two days at: 1-866-613-3777.	N
msgDate	String	Date message was received from BenefitsCal OR Date the action was completed from BenefitsCal	Y
msgStatus	String (2 Char. Min, 3 Char. Max)	Status of the Message The message status is Sent	Y
workerID	String (30 Char.)	Worker's Identification PO19C1188 Batch	Y
workerName	String (1 Char. Min, 110 Char Max)	Worker's name who sent the message	N

BENFITSCAL FIELD NAME	TYPE	COMMENTS	REQUIRED
		Automated Message	
workerPhoneNum	String (10 Char.)	Not sent	N
messageReadInd	Boolean	Existing field – will not be used	N

2. Store the position information associated to the 'workerID' field sent to the BenefitsCal portal.

2.7.1 Partner Integration Testing

Y – partners integrated testing.

2.7.2 Execution Frequency

No Change - Daily.

2.7.3 Key Scheduling Dependencies

No Change.

2.7.4 Counties Impacted

Los Angeles County.

2.7.5 Category

Non-Core job.

2.7.6 Data Volume/Performance

N/A.

2.7.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

2.8 Modify GROW Non Compliance Alert (PO19C1189)

2.8.1 Overview

PO19C1189 sends an email and a BenefitsCal message when a participant is in GROW and becomes non-compliant.

2.8.2 Description of Change

1. Modify 'GROW Non Compliance Alert' PO19C1189 to conform to the updated version of the portal-hosted Messaging API.

BENEFITS CAL FIELD NAME	TYPE	COMMENTS	REQUIRED
caseNumber	String (7 Char.)	7- Character Case Number.	Y
caseCounty	String (2 Char. Min, 3 Char. Max)	County code associated to the case number	Y
gulD	String (1 Char. Min, 50 Char. Max)	Unique Identifier for the Customer	Y
msgId	String (1 Char. Min, 50 Char. Max)	Unique identifier for the message or action The ID will be prefixed with 'CS'.	Y
msgType	String (2 Char. Min, 3 Char. Max)	Type of message. CalSAWS type: Message BenefitsCal type: Informational Only	Y
msgTitle	String (1 Char. Min, 100 Char. Max)	Title of the message You failed to comply with a work-related requirement on	N

BENEFITS CAL FIELD NAME	TYPE	COMMENTS	REQUIRED
		#{Batch date (Monday-Friday)}. Please reach out to your GROW Case Manager within two days.	
msg	String (1 Char. Min, 4000 Char. Max)	Contents of the message Please reach out to your GROW Case Manager.	N
msgDate	String	Batch run date	Y
msgStatus	String (2 Char. Min, 3 Char. Max)	Status of the Message The message status is Sent	Y
workerID	String (30 Char.)	Worker's Identification PO19C1189 Batch	Y
workerName	String (1 Char. Min, 110 Char Max)	Worker's name who sent the message Current GROW worker name	N
workerPhoneNum	String (10 Char.)	Not sent	N
messageReadInd	Boolean	Existing field – will not be used	N

2. Store the position information associated to the 'workerID' field sent to the BenefitsCal portal.

2.8.3 Partner Integration Testing

Y – partners integrated testing.

2.8.4 Execution Frequency

No Change - Daily.

2.8.5 Key Scheduling Dependencies

No Change

2.8.6 Counties Impacted

Los Angeles County

2.8.7 Category

Non-Core job.

2.8.8 Data Volume/Performance

N/A

2.8.9 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.)

2.9 Self-Service Portal: Messaged Received Automated Action

2.9.1 Overview

The Automated Action framework allows county users a level of configurability for automated task generation. For example, the county can choose to deactivate a specific automated Task within their county outside of the project enhancement process. They also can define attributes such as Task Type, Task Sub-Type, the due dates, and initial assignment information for the resulting tasks through the Automated Action Detail page. (Reference CA-214928 – DDID 34 for the specifics of the Automated Action pages).

This section outlines the modifications required to support a CalSAWS automated task in the Automated Action framework.

2.9.2 Automated Action Detail – Reference Example

Automated Action Detail

[Edit](#) [Close](#)

Action Information

Name: Self Service Portal: Message Received	Type: Create Task	Status: * Inactive
Program(s): CF, CP, CW, GA/GR, HP, HT, MC, NB, WT	Run Date: Real Time	Source: Online
Scenario: An e-message has been received through the Self Service Portal.		

Task Information

Task Type: *	
Due Date: Default Due Date	Default Due Date: 5 business days
Initial Assignment: Default Assignment	Default Assignment: Current Program Worker
Long Description: A message has been received from the Self Service Portal.	

[Edit](#) [Close](#)

Figure 2.9.2-1 Automated Action Detail

2.9.3 Description of Changes

Implement a “Self Service Portal: Message Received” Automated Action in the CalSAWS System.

1. Self Service Portal: Message Received
 - a. Action Information
 - i. Name: Self Service Portal: Message Received
 - ii. Type: Create Task
 - iii. Status: Inactive
 - iv. Program(s): CF, CP, CW, GA/GR, HP, HT, MC, NB, WT
 - v. Run Date: Real Time
 - vi. Source: Online
 - vii. Scenario: An e-message has been received through the Self Service Portal.
 - b. Task Information
 - i. Task Type: BLANK
 - ii. Task Sub-Type: BLANK
 - iii. Due Date: Default Due Date
 - iv. Default Due Date: 5 business days
 - v. Initial Assignment: Default Assignment
 - vi. Default Assignment: Current Program Worker
 - vii. Long Description: A message has been received from the Self Service Portal.
 - c. Invoke the Automated Action when an e-message from the Self-Service Portal has been created in the CalSAWS System.
2. Self Service Portal: Action Completed
 - a. Action Information
 - i. Name: Self Service Portal: Action Completed
 - ii. Type: Create Task
 - iii. Status: Inactive
 - iv. Program(s): CF, CP, CW, GA/GR, HP, HT, MC, NB, WT
 - v. Run Date: Real Time
 - vi. Source: Online
 - vii. Scenario: An action has been completed through the Self Service Portal.
 - b. Task Information
 - i. Task Type: BLANK
 - ii. Task Sub-Type: BLANK
 - iii. Due Date: Default Due Date
 - iv. Default Due Date: 5 business days
 - v. Initial Assignment: Default Assignment
 - vi. Default Assignment: Current Program Worker
 - vii. Long Description: A Customer action has been completed from the Self Service Portal.

- c. Invoke the Automated Action when an Action Type e-Message from the Self-Service Portal is set to "Action Completed" status in the CalSAWS System.

2.9.4 Page Validation

N/A.

2.9.5 Page Location

- **Global:** Admin Tools
- **Local:** Admin
- **Task:** Automated Actions > Task Admin
Click on a hyperlink of the desired result displayed in the Automated Actions Search to navigate to the Automated Action Detail page.
The Task Navigation will display if the user profile contains the "AutomatedActionsListView" security right.

2.9.6 Security Updates

N/A.

2.9.7 Page Mapping

N/A.

2.9.8 Page Usage/Data Volume Impacts

There are no expected page usage/volume impacts.

2.10 Data Change for Existing e-Messages

2.10.1 Overview

Currently, the CalSAWS supports one-way messaging in which the worker can send customers a BenefitsCal message. These existing e-messages will be updated to be compatible with the e-Messages page updates mentioned in this SCR.

2.10.2 Description of Change

1. Update the existing e-Messages to display with the updated e-Message Search page and e-Message Detail page.

- a. The e-Message type for these messages is 'Informational Only' in BenefitsCal, 'Message' in CalSAWS.
- b. These e-Messages are only available in View mode.

2.10.3 Estimated Number of Records Impacted/Performance

Estimated 15000 e-Messages will be updated.

2.11 Automated Regression Test

2.11.1 Overview

Create new automated regression test scripts to verify the following functionality:

- CalSAWS Homepage: "My e-Messages" section
- Case Summary page: e-Message notification
- E-Messages Search page
- E-Messages Detail page
- Messaging API (CalSAWS Hosted / inbound)

Note: As with other BenefitsCal changes these scripts will be developed and available for use during the system test phase. The scripts are not expected to be merged into the regression test suite(s) prior to the end of the system test phase.

2.11.2 Description of Change

Create new automated scripts to send requests to the Messaging API (CalSAWS Hosted) for previously linked cases, and verify the following:

1. The appropriate response status code is returned based on the validity of the request parameters.
2. The "My e-Messages" section displays on the CalSAWS Homepage, with appropriate values for the logged-in user based on the requests sent to the Messaging API.
3. An e-Message notification displays on the Case Summary page for cases associated to the submitted requests.
4. E-Messages display (or do not display) in the Search Results Summary table of the E-Messages Search page based on the search criteria.
5. The E-Messages Detail page displays as expected for messages retrieved through the E-Messages Search page.
6. The E-Messages Detail page can be updated and saved in edit and create modes.
7. The E-Messages Detail page displays the appropriate validation error messages when invalid data is entered in create mode.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Interface	CalSAWS Messaging API – HTML version	Messaging.html
2	Interface	CalSAWS Messaging API – YAML version	Messaging.yaml
3	Interface	BenefitsCal Messaging API – HTML version	getMessageDetails.html
4	Interface	BenefitsCal Messaging API – YAML version	getMessageDetails.yaml

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?

6 APPENDIX

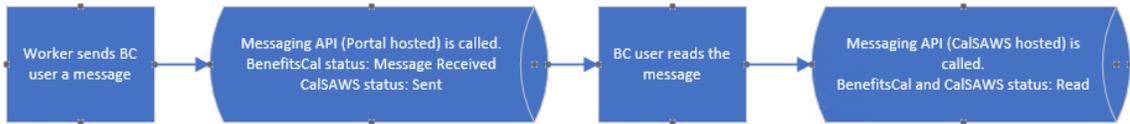
e-Message Type	Scenario	CalSAWS Status	BenefitsCal Status
<p>CalSAWS: Message BenefitsCal: Informational Only</p> <p>*Customer can initiate/create an e-message in BenefitsCal to the worker (except for counties that has opted-out). However, they are restricted from replying back to the worker.</p>	<p>Worker initiated/created an e-message in CalSAWS.</p> <p>*e-Message Type: Message(CalSAWS)/Informational Only (BenefitsCal)</p>	Sent (CalSAWS updates the status)	Message Received
<p>CalSAWS: Message BenefitsCal: Informational Only</p> <p>*Customer can initiate/create an e-message in BenefitsCal to the worker (except for counties that has opted-out). However, they are restricted from replying back to the worker.</p>	<p>Customer views/reads the e-message in BenefitsCal</p> <p>*e-Message Type: Message(CalSAWS)/Informational Only (BenefitsCal)</p>	Read (BenefitsCal updates the status)	Read
<p>CalSAWS: Message BenefitsCal: Informational Only</p> <p>*Customer can initiate/create an e-message in BenefitsCal to the worker (except for counties that has opted-out). However, they are restricted from replying back to the worker.</p>	<p>Customer initiated/created an e-message in BenefitsCal</p> <p>*e-Message Type: Message(CalSAWS)/Informational Only (BenefitsCal)</p>	Received (BenefitsCal updates the status)	Message Sent
<p>CalSAWS: Message BenefitsCal: Informational Only</p> <p>*Customer can initiate/create an e-</p>	<p>Worker views/reads the e-message in CalSAWS</p> <p>*e-Message Type: Message(CalSAWS)/Infor</p>	Received (no change in status)	Message Sent (no changes in status)

e-Message Type	Scenario	CalSAWS Status	BenefitsCal Status
message in BenefitsCal to the worker (except for counties that has opted-out). However, they are restricted from replying back to the worker.	mational Only (BenefitsCal)		
CalSAWS: Message BenefitsCal: Informational Only *Customer can initiate/create an e-message in BenefitsCal to the worker (except for counties that has opted-out). However, they are restricted from replying back to the worker.	Worker replies to the customer e-message in CalSAWS *e-Message Type: Message(CalSAWS)/Informational Only (BenefitsCal)	Replied (CalSAWS updates the status)	Message Received
CalSAWS: Actions BenefitsCal: Notifications	Worker initiates/creates an e-message in CalSAWS *e-Message Type: Actions(CalSAWS)/Notifications (BenefitsCal)	New Action (CalSAWS updates the status)	Action Needed
CalSAWS: Actions BenefitsCal: Notifications	Customer views the action in BenefitsCal *e-Message Type: Actions(CalSAWS)/Notifications (BenefitsCal)	Read (BenefitsCal updates the status)	Read
CalSAWS: Actions BenefitsCal: Notifications	Customer completes the Action in BenefitsCal *e-Message Type: Actions(CalSAWS)/Notifications (BenefitsCal)	Action Completed (BenefitsCal updates the status)	Pending Review
CalSAWS: Actions BenefitsCal: Notifications	Worker completes the review of the customer actions in CalSAWS *e-Message Type: Actions(CalSAWS)/Notifications (BenefitsCal)	Action Closed (Worker/CalSAWS updates the status)	Closed

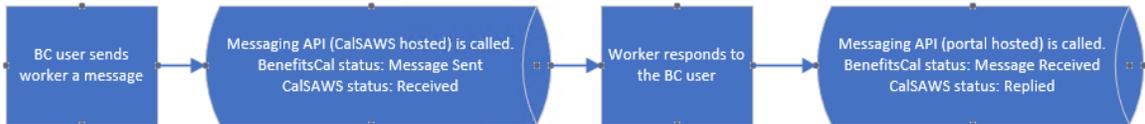
e-Message Type	Scenario	CalSAWS Status	BenefitsCal Status

Process flows:

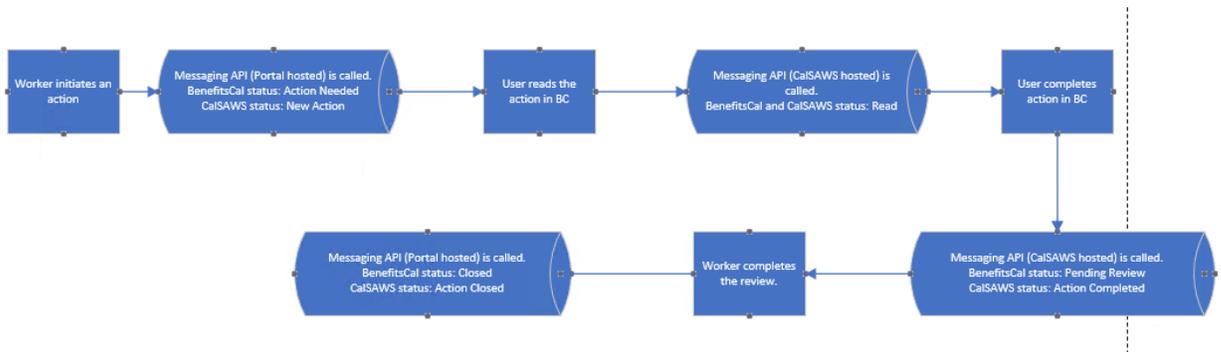
- Worker initiated message



- Customer initiated message



- Worker initiated action



CalSAWS

California Statewide Automated Welfare System

Design Document

CA-240231

Update NOA Logic to Check for Postpartum Aid
Code and Budget

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Phong Xiong
	Reviewed By	Priya Sridharan, Vicente Romero

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/02/2022	1.0	Initial Draft	Phong Xiong

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1 OVERVIEW

As part of the eligibility changes in CA-212145, there can be two budgets generated for a single person in a postpartum scenario. This effort will be an enhancement to the NOA logic to consider multiple budgets for a single person.

1.1 Current Design

As a part of the eligibility changes in CA-212145, when there is a postpartum aid code present on a case, a separate budget is created for the postpartum aid code. As a result, one person is receiving two budgets (one for their primary aid code and one for the postpartum aid code). For postpartum scenarios, the system currently does not handle two budgets being generated from EDBC for a single person.

The Medi-Cal EDBC postpartum rules were updated in CA-212145 in release 22.02.

Also, currently there is not a NOA for retroactive postpartum approvals.

1.2 Requests

1. Update the NOA logic to check for postpartum aid code and budget.
2. Generate the Postpartum Approval NOA for a retroactive Medi-Cal approval scenario.
3. Generate the Postpartum Approval NOA when there is no primary aid code and only the postpartum aid code.

1.3 Overview of Recommendations

1. Update the NOA Action Determination logic to include conditions for postpartum aid code and budget.
2. Update the triggering conditions for the Postpartum Approval NOA to generate for retro and single postpartum aid code scenarios.

1.4 Assumptions

1. The changes made in CA-212145 are not affected with this effort.
2. The existing generation logic for the Postpartum Approval NOA is not changed with this effort. This effort will only be adding more conditions to the existing generation logic.
3. Either Non-MAGI or MAGI Medi-Cal benefits can be "elected" to allow a person to receive postpartum aid code of 76.
4. The updates to the NOA Action Determination logic does not change the current functionality; this is an enhancement on the logic.
5. The updates to the NOA Action Determination logic does not change the current functionality; this is an enhancement on the logic.

6. The changes in item 2 of section 2.1.2, does not change the non-postpartum actions; if all the conditions to trigger the non-postpartum actions are met, then they will continue to do so. The suppression logic outlined prevents multiple unintended NOAs from generating for a number of scenarios.
7. Postpartum can be granted concurrently with Restricted Scope MAGI; verbiage for both is expected on a NOA. Full-Scope MAGI NOA verbiage will not be expected on a NOA with postpartum and Restricted scope verbiage.

2 RECOMMENDATIONS

2.1 Updates to NOA Action Determination Logic

2.1.1 Overview

The NOA Action Determination logic is triggered based on the budgets created from eligibility. This recommendation is for the NOA Action Determination logic to treat the postpartum aid code and budget like MSP NOAs, where MSP NOAs also have their own budgets and action determinations that trigger each MSP NOA.

2.1.2 Description of Changes

1. Update the NOA action determination logic to create a separate action determination for Postpartum.
2. Update the NOA action determination logic to suppress the postpartum budget from triggering other non-postpartum actions.
 - a. Ignore the postpartum budget when there is no approval action to grant postpartum coverage.

Note: For update 1, the conditions that trigger the action determination logic remain the same. The update is only to create a new action determination once the conditions are met.

Note 2: For clarification, update 2 prevents the following Scenario Example and other similar scenarios. The example below is just 1 example out of possible multiple scenarios in which the postpartum budget generates unintended NOAs.

Scenario Example: A person is MAGI Eligible and pregnant with a due date of 04/20/2022. MAGI benefits are elected for the person. EDBC is run on 07/01/2022 for 04/2022 benefit month. EDBC result is 04/2022 eligible for aid codes M2 & 76. Non-MAGI NOA action determination logic allows aid code 76 and postpartum budget to pass through, generating a Non-MAGI NOA for a MAGI case.

2.2 Update Medi-Cal Approval Postpartum Reason Fragment Recommendation

2.2.1 Overview

The Postpartum Approval reason fragment is generated for the Postpartum Approval NOA when a Medi-Cal recipient is no longer pregnant and has been approved for postpartum coverage. The postpartum coverage retains the Medi-Cal recipient's health coverage for an additional 365 days after the pregnancy has ended.

Reason Fragment & ID: MC_AP_POST_PARTUM_APPROVED_M141, ID: 6566

State Form/NOA: MC 239

Current NOA Template: MC_NOA_TEMPLATE (ID: 3028)

Current Programs: Medi-Cal

Current Action Type: Approval

Current Fragment Level: Person

Currently Repeatable: Yes, per applicable person.

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English and Spanish

2.2.2 NOA Verbiage

There are no updates in this section.

2.2.3 NOA Variable Population

There are no updates in this section.

2.2.4 NOA Generation Conditions

1. Updates to Fragment Generation

The new action determination from section 2.1.2 item 1, replaces the current action determination for the Postpartum Approval NOA.

The generation conditions are also updated to generate the NOA for the additional scenarios:

- a) Retroactive approval for postpartum aid code 76, or
 - The run reason is retro run,
 - There is a Medi-Cal approval action or Medi-Cal change action,
 - There is a postpartum aid code (CT184_76_Postpartum),
 - There is a postpartum budget
- b) A customer is approved for postpartum aid code 76 with no primary aid code.
 - There is a Medi-Cal approval action or Medi-Cal change action,
 - There is a postpartum aid code (CT184_76_Postpartum),
 - There is a postpartum budget,
 - There is no primary aid code present in the case

New NOA Template: No

New Program Generation: No

New Action Type: No

Update to Fragment Level: No

Repeatable: No

New Forms/NOAs Generated with this NOA: No

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOAs	Postpartum Approval NOA	Postpartum_Approval_NOA_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.11 CAR-1247	The CalSAWS shall generate notices and NOAs in accordance with COUNTY-specified case and individual trigger conditions.	Updates to the generation conditions of the Postpartum Approval NOA to generate for additional scenarios.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-241413

One-time batch for Reduced Premiums for 250%
WDP

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tisha Mutreja, Jasmine Chen
	Reviewed By	Renee Gustafson, Derek Goering, Prashant Goel, Geetha Ramalingam, Priya Sridharan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
03/03/2022	0.1	Original Draft	Tisha Mutreja
05/03/2022	0.2	Updated List criteria	Renee Gustafson
05/06/2022	0.3	Peer Reviewed and updated DCR data volume	Tisha Mutreja
06/08/2022	0.4	Added published policy and release dates	Tisha Mutreja
07/28/2022	0.5	Added MEDS DCR section	Howard Suksanti

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1 OVERVIEW

ACWDL 22-14 provided updated policy which lowers the 250% Working Disabled program (WDP) premium to zero regardless of the net countable income for the individual or couple. This SCR will automate the re-evaluation of 250% Working Disabled individuals to get \$0 premium with a one-time batch process.

1.1 Current Design

In Release 22.07.06, CalSAWS updated existing premium amounts for the 250% Working Disabled program (aid code 6G) to \$0 effective 07/01/2022 with CA-239984.

CalSAWS has 250% Working Disabled individuals with non-zero premiums who should be re-evaluated to update their premium to \$0. Currently CalSAWS does not have the MC 388E – Medi-Cal NOA: Approval for Benefits as a 250% Working Disabled Individual or Couple, where it notifies the change of the individual's premium - "Your premium for enrollment in the 250% WDP has changed to \$Newprem per month beginning EffMonth..."

CalSAWS Batch EDBC functionality allows Batch EDBC to automatically add a standard Journal entry to cases processed by Batch EDBC with:

Journal Category: Eligibility

Journal Type: Batch EDBC

Short Description: Batch EDBC ran for [MONTH/YEAR].

Long Description: Batch EDBC ran for [MONTH/YEAR]. Batch EDBC processed for the Medi-Cal program for the following reasons: <Batch EDBC Sweep Code Short Description>

There is no Batch EDBC Sweep Code for 250% Working Disabled individuals one-time transition batch processing, so CalSAWS will automatically create the journal entry with a missing reason.

1.2 Requests

1. Automate the transition of individuals with aid code 6G who currently have a non-zero premium to a \$0 premium effective 07/01/2022
2. Add a Batch EDBC Sweep Code so the auto-journal Description will display the reason: "Working Disabled Premium Reduction"
3. Provide one-time County lists for County Eligibility Workers to follow-up on any 6G individuals who remain in a non-zero premium, or are discontinued, or changed to another aid code from Medi-Cal after the one-time transition batch processing is complete.
4. Per DHCS request, suppress any NOAs generated from this one-time batch.

1.3 Overview of Recommendations

1. Initiate a one-time process to re-evaluate and run Batch EDBC for identified 6G individuals to transition them to \$0 premium.
2. Add a Batch EDBC Sweep Code to display the Journal Description reason: "Working Disabled Premium Reduction".
3. Generate one-time County lists to aid the counties to complete the transition of 6G individuals to a \$0 premium after Batch EDBC completes.
4. Create a Database Change Request (DCR) to reject all MC NOAs that generated from the one-time batch.

1.4 Assumptions

1. This one-time batch process may include 6G individuals with an overdue RE or an in-process RE.
2. All cases from the one-time batch and identified in BATCH_ELIG_LOG will have all their Medi-Cal NOAs set with a document status of 'Rejected' to prevent them from being sent out. This is because DHCS confirmed they will send an outreach notice about the reduction of premiums for the 250% WDP.
- ~~3. From the one-time batch, a case being discontinued from a Read-Only EDBC record will not have a Discontinuance NOA generated as the system does not generate NOAs off a Read-Only EDBC record.~~

2 RECOMMENDATIONS

2.1 One-Time Batch

2.1.1 Overview

Initiate a one-time process to re-evaluate and run Batch EDBC for identified 6G individuals who are receiving non-zero premium to transition to \$0 premium. Create a Journal entry for the cases processed successfully in the one-time process.

2.1.2 Description of Changes

1. Batch EDBC

- a. Identify individuals that meet all the following conditions for one-time Batch EDBC processing:
 - i. The individual is on aid code 6G with a non-zero premium on or after 07/01/2022
 - ii. Medi-Cal EDBC has not been processed against the 6G individual for the July, August, and September '2022 benefit month since the start date of the update in CA-239984.
- b. Run Batch EDBC for the July, August, and September '2022 benefit month for the Medi-Cal program in Targeted Program mode with Type Code "Batch Eligibility" (BE). Include the new Batch EDBC Sweep Code added in Recommendation 2.1.2.2.

2. Journal Entry

- a. Add a new Batch EDBC Sweep Code (CT_942) for the 250% Working Disabled Premium Reduction one-time batch.

Code Table	Description
Short Description	Working Disabled Premium Reduction
Long Description	250 percent Working Disabled Premium Reduced to \$0

This will allow CalSAWS to generate an auto-journal with the following information for each case processed successfully through Batch EDBC from Recommendation 2.1.2.1.

Journal Category: Eligibility

Journal Type: Batch EDBC

Short Description: Batch EDBC ran for XX/2022.

Long Description: Batch EDBC ran for XX/2022. Batch EDBC processed for the Medi-Cal program for the following reason: Working Disabled Premium Reduction.

Note: XX/2022 could be 07/2022, 08/2022 or 09/2022 based on the benefit month run for the individual.

2.1.3 Execution Frequency

This is a one-time batch.

2.1.4 Key Scheduling Dependencies

One-time batch will run on August 04, 2022, before regularly scheduled batch.

2.1.5 Counties Impacted

All counties

2.1.6 Data Volume/Performance

Approximately 6K individuals will be processed with this change. No NOAs will be sent to Central Print because they will be Rejected with Recommendation 2.2.

2.2 Correspondence – DCR to Reject Batch Generated NOAs

2.2.1 Overview

Create a DCR to set the NOAs generated from this one-time batch with a NOA status of 'Rejected' to prevent any NOAs from being sent out via central-print jobs.

2.2.2 Description of Change

1. Create a DCR query to set all NOAs generated from the one-time batch with a NOA status of 'Rejected' (CT220_RJ).

CC Technical Note: A case that has undergone the one-time batch can be identified in the BATCH_ELIG_LOG.SYS_TRANSACTION_CREATED_BY column with value '241413'.

2.2.3 Estimated Number of Records Impacted/Performance

Impacted NOAs will be less than the estimated volume of individuals processed with the one-time batch.

2.3 Batch – Recurring DCR to insert/Update Data Element SOC-AMOUNT (DE 0719)

2.3.1 Overview

Create a recurring DCR from this SCR implementation date to insert/Update the Data Element SOC-AMOUNT (DE 0719).

2.3.2 Description of Change

1. Create a recurring DCR from this SCR implementation date to insert/Update the Data Element SOC-AMOUNT (DE 0719) with value '00000' for aid code 6G participants after the EW20, RC20, and EW05 transaction generation. The DCR will update the SOC Data Element on EW20, RC20, and EW05 transaction that is effective from July 2022.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility	ACWDL 22-14	 ACWDL 22-14.pdf

4 OUTREACH

Generate one-time County lists to aid the counties to complete the transition of 6G individuals to \$0 premium after Batch EDBC completes.

The lists will display the below columns:

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

List will be posted to the following location:

CalACES Web Portal>System Changes>SCR and SIR Lists>2022>CA-241413

1. **List Name:** Medi-Cal Program Discontinued

Generate a list of cases where the Medi-Cal program was discontinued due to the one-time Batch EDBC processing for 6G individuals transitioning to \$0 premium.

County Action: These are likely the result of household changes or ongoing data collection which was not yet processed through EDBC by the user. Since the purpose of this Batch EDBC process was not to close programs, review these cases to verify the closure was accurate.

2. **List Name:** Medi-Cal Individual Discontinued

Generate a list of cases where an individual was discontinued from the Medi-Cal program due to the one-time Batch EDBC processing for 6G individuals transitioning to \$0 premium.

Additional Columns:

- Individual Name
 <First Name Last Name>
- CIN
- DOB

County Action: These are likely the result of household changes or ongoing data collection which was not yet processed through EDBC by the user. Since the purpose of this Batch EDBC process was not to close individuals, review these cases to verify the closure was accurate.

3. **List Name:** Read-Only EDBC

Generate a list of cases where the program for the 6G individual targeted by batch resulted in a read-only EDBC.

Additional Columns:

- Read-Only Reason

County Action: County workers should review the case for the 250% Working Disabled individual on the list and determine why they were not processed in the one-time batch. Then, take the appropriate action.

4. **List Name:** Skipped by Batch

Generate a list of cases where the program for the 6G individual targeted by batch was skipped by the batch.

Additional Columns:

- Skip Reason(s)
 - If there is more than one skip reason, display each skip reason separated by a comma.

County Action: County workers should review the case for the 250% Working Disabled individual on the list and determine why they were not processed in the one-time batch. Then, take the appropriate action.

5. **List Name:** Changed Aid Codes

Generate a list of cases where the 6G individual targeted by batch changed to another aid code in the one-time batch.

Additional Columns:

- Individual Name
 - <First Name Last Name>
- CIN
- DOB
- Aid code(s)
 - If there is more than one aid code, display each aid code separated by a comma.

County Action: County workers should review the case for the 250% Working Disabled individual on the list and determine if a manual Notice of Action is needed. Then, take the appropriate action.

6. **List Name:** 6G MEDS Alerts

Generate a list of cases where CalSAWS received MEDS Alerts related to 6G aid code (Alerts # 1094 and 2502). The list will have alerts that are received from July 6, 2022, till this SCR implemented date.

Additional Columns:

- Individual Name
<First Name Last Name>
- CIN
- DOB

County Action: County workers should review the case and take the appropriate action.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-220120

Update CF EDBC Allotment Logic for
Households that received Disaster Supplements
or Emergency Allotments in the Same Benefit
Month

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sridhar Mullapudi, Sidhant Garg, Mayuri Srinivas
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/10/2020	1.0	Initial Draft	Sridhar Mullapudi, Sidhant Garg
07/08/2022	1.2	Content Revision 1	Sridhar Mullapudi, Mayuri Srinivas

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1 OVERVIEW

1.1 Current Design

When disaster CalFresh supplements are issued for EDBC with 'Disaster CF Supplements' run reason subsequent EDBCs run for that benefit month will result in a read only EDBC with reason 'Received Disaster Benefits' if the household size remains the same.

Issuances issued as 'Emergency Allotment' due to COVID-19 are not considered in the previous potential benefit calculation logic when EDBC is recalculated again for the same benefit month. When emergency allotments are issued for EDBC with run reason 'Emergency Allotment' run reason, households will receive up to max allotment for the household size. When regular CF EDBC is run after the emergency allotment issuance, it is possible for the household to receive additional CF supplemental benefits.

1.2 Requests

1. Update the EDBC logic to not make the household read only with reason 'Received Disaster Benefits'
2. Update the previous potential benefit calculation logic for CalFresh program to include issuances that are categorized as Emergency allotment or disaster CalFresh supplements.
3. Update EDBC logic to not provide additional CF benefits or Overissuances for the household that have already received emergency allotments or disaster CalFresh supplements up to their max allotment.

1.3 Overview of Recommendations

1. Update EDBC summary page to include a new line item in allotment section to display the augmentation amount.
2. Update EDBC logic to not mark the household as read only with reason 'Received Disaster Benefits'
4. Update EDBC logic to not provide additional CF benefits or Overissuances for the same household that have already received emergency allotments or disaster CalFresh supplements up to their max allotment.
3. Update the previous potential benefit calculation logic for CalFresh program to include issuances that are categorized as Emergency allotment or Supplemental Disaster Benefit.
4. Add new automated action daily batch job to alert the users when the CalFresh HH size changes since the emergency allotment issuance.

1.4 Assumptions

None

2 RECOMMENDATIONS

2.1 Update CalFresh EDBC Summary Page

2.1.1 Overview

Add new line item in CalFresh EDBC summary page in allotment section to display the augmentation amount when all the conditions are met for a household that received a disaster CalFresh supplement or EA allotment for the same benefit month.

2.1.2 CalFresh EDBC Summary Page Mockup

Allotment	Regular
Full Month Allotment	\$ 330.00
Dates to Prorate	1-31
Allotment	\$ 330.00
Combined Allotment	\$ 330.00
CFAP Amount	\$ 0.00
Overridden CFAP Amount	\$
Final Allotment	\$ 330.00
Overridden Allotment	\$
	Override Allotment
Previous Potential Benefit Allotment	- <u>430.00</u>
Augmentation (Previous Potential Benefit Allotment - Final Allotment)	+ <u>100.00</u>
Overissuance Adjustment Amount	- <u>0.00</u>
Authorized Amount	= 0.00

Figure 2.1.1 – Mockup Name

2.1.3 Description of Changes

1. Add new line item on CalFresh EDBC summary page that will display the 'Augmentation (Previous Potential Benefit Allotment – Final Allotment)' amount
2. This line item will only be displayed when all the conditions are satisfied:
 - a. The CalFresh program is active/ineligible

- b. The CalFresh program has a disaster supplement or EA allotment for the same benefit month the current EDBC summary page is displaying.
- c. There is no change in HH size since the Disaster supplement or EA allotment were issued.

2.1.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: EDBC Results**

2.1.5 Security Updates

None.

2.1.6 Page Mapping

Add page mapping for the new fields

2.1.7 Page Usage/Data Volume Impacts

No expected impacts to page usage or data volume impacts

2.2 Augmentation Calculation List Page

2.2.1 Overview

This new page will show how the Augmentation line item on the EDBC summary Page is calculated. The amount is calculated by subtracting Full Month Allotment from the Previous Potential Benefit for a benefit month.

2.2.2 Augmentation Calculation List Page Mockup

Augmentation Calculation List

[Close](#)

Benefit Month: 10/2020

Number	Type	Amount
1953871772	Issuance (Issued)	\$ 330.00
1971684638	Issuance (Issued) - Emergency Allotment	\$ 100.00
	Full Month Allotment	\$ (330.00)
	Total:	\$ 100.00

[Close](#)

Figure 2.1.1 – Mockup Name

2.2.3 Description of Changes

1. Create a new Augmentation Calculation List page that will be visible to users with the “Augmentation Calculation List View” security group.
2. Users would be able to navigate to this page by clicking the hyperlink for the Augmentation line item on the EDBC Summary page.
3. This First section on this page will include the following fields:
 - a. Benefit Month - This field be a read only field that will display the benefit month associated with the EDBC authorization.
4. This Second section on this page will include the following fields:
 - a. Number - This will be a read only field that will display the Control Number Associated to the Issuance record that already exists for the benefit month.
NOTE: In case of Full Month Allotment, this field will always be blank.
 - b. Type – This will be a Read Only field that will display the type of line item.
 - c. Amount – This will be a Read Only field that will display the amount associated to each line item.

NOTE:

- a. Except the Full Month Allotment line item, the existing logic on the Previous Potential Benefit List page will be used to display other line items including, but not limited to, Issuances, Overpayments, Benefit Reduction/Offset transactions.
 - b. Regression test the existing Previous Potential Benefit List page.
5. Close Button – On Click of this button the user will be navigated back to the EDBC Summary page.

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: EDBC Results**

2.2.5 Security Updates

1. Security Rights

Security Right	Right Description	Right to Group Mapping

2. Security Groups

Security Group	Group Description	Group to Role Mapping

2.2.6 Page Mapping

Field	Table	Column	Comments
Benefit Month	EDBC	BEG_DATE	The first month for a given calculated budget.
Number			This is based on the request type like EDBC/Issuance/Over Payment/Over Payment Adjustment, this column displays the primary ID value of the record from EDBC_PERS_MISC.CALC_DESCR or ISSUANCE.ID or RECOV_ACCT_TRANSACT.ID or OVRPMT.ID
Type			This field displays different request type from which the amount is generated, like Issuance, Over Payment, Over Payment Adjustment etc. For EDBC, the data is retrieved from EDBC_PERS_MISC.CALC_DESCR

Field	Table	Column	Comments
Amount			This is based on request type either EDBC_PERS_MISC.COUNTBL_VAL_AMT, ISSUANCE.PMT_AMT, RECOV_ACCT_TRANSACTION_DETL.DOLLAR_AMT, OVRPMT.OVRPMT_AMT is displayed.
Total			This field displays sum of the request type amounts.

2.2.7 Page Usage/Data Volume Impacts

No expected impacts to page usage or data volume impacts.

2.3 Update CalFresh EDBC Read Only Rules

2.3.1 Overview

When regular CF EDBC is rerun for the same benefit month after a disaster supplement or EA allotment has been issued, remove the EDBC logic that results in a read only EDBC since the household received maximum allotment for the household.

2.3.2 Description of Changes

1. Update CalFresh EDBC rules to not make the EDBC read only with reason 'Received Disaster Supplement'

2.3.3 Programs Impacted

CalFresh

2.3.4 Performance Impacts

None

2.4 Update CalFresh EDBC determination Logic

2.4.1 Overview

Update CF EDBC logic to set indicator to identify if there was a household size change from the household that received a disaster supplements or

emergency allotments. This indicator will be used by the Fiscal logic to determine the CalFresh allotments for households that received disaster supplements or emergency allotments for the same benefit month.

2.4.2 Description of Changes

1. Update CalFresh EDBC logic to set indicator if there is a change in household size from the time the household received disaster supplement or EA for the same benefit month EDBC is being run for.
2. Update the previous potential benefit calculation logic for CalFresh program to include issuances that are categorized as Emergency allotment or Supplemental Disaster Benefit.
3. Add the logic to calculate the new Augmentation field. This logic would only be called when there is **no change in the Household size.** This new field would be the sum of:
 - a. Previous Potential Benefit for the benefit month (this includes EA or Disaster supplement Issuances in a month)
 - b. Potential Benefit for the benefit month

NOTE:

- 1.No impacts/changes to existing functionality of CalSAWS system to create recovery account when a household becomes Ineligible.

EA or Disaster Supplement	Household change	Changes to Rules
Yes	N	Include EA/DCF in Previous Potential, Show Augmentation calculation
Yes	Yes	Include EA/DCF in Previous Potential

Please refer to the scenarios in Section 3 for few examples.

4. Add new column on the EDBC table to store the new augmentation line item value.
5. Update EDBC logic to store the augmentation line item value in the EDBC table when authorizing the EDBC
6. Update EDBC logic to retrieve the new augmentation value when retrieving EDBC information for CF EDBC.
7. The following soft validation messages will be displayed to the user on the EDBC List page when the user is trying to 'Save and Continue' the accepted EDBC. These validations will not prevent the user from saving the EDBC.

Message:

The Household size changed after the household received the emergency allotment for the benefit month. Please review the

EDBC results and manually generate supplements/Overissuances as appropriate.

Condition:

When all the following conditions are met:

- CalFresh program EDBC is being run
- Household received emergency allotment for the benefit month.
- The household size changed since the emergency allotment was issued.

NOTE: The validation will only be available to the user when saving the EDBC after accepting. The validation will not be available to supervisor if supervisor authorization is required.

2.4.3 Programs Impacted

CalFresh

2.4.4 Performance Impacts

None

2.5 Automated Action Detail

2.5.1 Overview

This section outlines the modifications required to support the new Automated Action in the CalSAWS System.

2.5.2 Automated Action Detail Mockup

Automated Action Detail

Edit Close

Action Information

Name: CalFresh Program: HH Size Changed Since Emergency Allotment	Type: Create Task	Status: * Inactive
Program(s): CF	Run Date: Daily(Mon-Sat)	Source: Batch

Scenario:
A change in household size has been identified through CalFresh EDBC since the household received emergency allotment.

Task Information

Task Type: *

Due Date: Default Due Date	Default Due Date: * 7 days
Initial Assignment: Default Assignment	Default Assignment: Current Program Worker

Long Description:
The Household size changed after the household received the emergency allotment for {Benefit Month} benefit month. Please review the CalFresh EDBC results for benefit month {Benefit Month} run on {Run Date} and manually generate supplements/Overissuances as appropriate.

Edit Close

Figure 2.5.2-1 – Automated Action Detail Page Mockup

2.5.3 Description of Changes

Implement a CalFresh Program: HH Size Changed Since Emergency Allotment Automated Action as follows:

1. CalFresh Program: HH Size Changed Since Emergency Allotment Action Information
 - i. Name: CalFresh Program: HH Size Changed Since Emergency Allotment
 - ii. Type: Create Task
 - iii. Status: Inactive
 - iv. Program(s): CF
 - v. Run Date: Daily(Mon-Sat)
 - vi. Source: Batch
 - vii. Scenario: A change in household size has been identified through CalFresh EDBC since the household received emergency allotment.
- b. Task Information
 - i. Task Type: BLANK

- ii. Task Sub-Type: BLANK
- iii. Due Date: Default Due Date
- iv. Default Due Date: 7 days
- v. Initial Assignment: Default Assignment
- vi. Default Assignment: Current Program Worker
- vii. Long Description: The Household size changed after the household received the emergency allotment for {Benefit Month} benefit month. Please review the CalFresh EDBC results for benefit month {Benefit Month} run on {Run Date} and manually generate supplements/Overissuances as appropriate.

2.5.4 Page Location

- **Global:** Tools
- **Local:** Admin
- **Task:** Automated Actions > Task Admin
 - Click on a hyperlink of the desired result displayed in the Automated Actions Search to navigate to the Automated Action Detail page.
 - The Task Navigation will display if the user profile contains the "AutomatedActionsListView" security right.

2.5.5 Security Updates

N/A.

2.5.6 Page Mapping

N/A

2.5.7 Page Usage/Data Volume Impacts

There are no expected page usage/volume impacts.

2.6 CalFresh Program: HH Size Changed Since Emergency Allotment Action Information Batch Process

2.6.1 Overview

This section describes recommendations for a new batch process that will invoke the "CalFresh Program: HH Size Changed Since Emergency Allotment Action Information" Automated Action.

2.6.2 Description of Change

Implement a new batch process to run daily and invoke the “CalFresh Program: HH Size Changed Since Emergency Allotment Action Information” Automated Action. This batch job will invoke the Automated Action when all the following conditions are met

- a. There is a CalFresh Program EDBC
- b. The Household previously received emergency allotment or disaster CalFresh supplement for the benefit month
- c. The household size changed since the emergency allotment or disaster supplement was issued for that benefit month.

2.6.3 Execution Frequency

The batch job will be scheduled to run daily, excluding Sundays and Holidays.

2.6.4 Key Scheduling Dependencies

None

2.6.5 Counties Impacted

All CalSAWS Counties.

2.6.6 Category

Non-Core.

2.6.7 Data Volume/Performance

There are no expected data volume/performance concerns.

2.6.8 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate failures and determine the appropriate resolution.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
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1	EDBC Allotment	Allotment section mockups detailing the different scenarios for allotment calculations	CA-220120 -Allotment Section Mockups.xlsx
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4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.1.21	The LRS shall automate eligibility determination and benefit calculation for certain individual and case changes.	New eligibility logic for Disaster CalFresh program.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245231

Update imaging API for SAR 7 Customer Reporting
Logic when barcode is not available

Style Definition: TOC 1

Style Definition: TOC 3

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Chris Vasquez, Marqui Simmons
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
7/27/2022	2.0	Added Business Logic check for when income is present on case when updating Customer Reporting for SAR 7 documents	

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1 OVERVIEW

1.1 Current Design

The markDocumentReceived API can currently process requests if there is a provided imaging barcode. In scenarios where SAR 7 documents are uploaded via BenefitsCal and no barcode is available, the API will return an error message and not mark the document received in CalSAWS.

Document Routing Rules are not processed for No Change SAR 7 documents.

1.2 Requests

Update the imaging webservice and imaging solution to support updating customer reporting records of SAR 7 documents received via the Portal without an imaging barcode.

Introduce a configurable Task setting allowing Counties to control if Document Routing Rules are processed for the No Change SAR 7 document or not.

1.3 Overview of Recommendations

1. Update the markDocumentReceived API to process requests without an imaging barcode.
2. Update the Imaging "Generate Task and Mark Doc" queue logic to account for SAR 7 documents without a barcode.
3. Add a configurable Task Setting to control if Document Routing Rules are processed for the No Change SAR 7 document or not.

1.4 Assumptions

1. Imaging Logic will be configured to only apply this non-barcode SAR 7 logic to BenefitsCal Uploaded documents (Where the "Capture Information" metadata is "Portal"). Worker Uploaded documents will continue to be marked received under existing logic dependent on a CalSAWS barcode
2. Documents from BenefitsCal with a No-Change flag set to true will be subject to an income check when passed to CalSAWS. If income is identified on a case, the No-Change flag will be updated to false ~~not have additional validation performed within the imaging system~~. All verification of the version and validity of the SAR 7 is performed within the BenefitsCal application prior to upload to imaging
3. If a participant submits a document incorrectly as a SAR 7 this would result in a false positive update of the reporting to "Received"
4. CSPM-50165 documents the scenarios where a No Change flag would be passed to the Imaging System
5. Task Generation and updating a document's status will continue to occur from within the Imaging Solution when documents reach the "Generate Task and Mark Doc" system processing queue as previously designed in CA-214032 and CA-214058.

2 RECOMMENDATIONS

2.1 Batch/Interfaces: markDocumentReceived API

2.1.1 Overview

Update the markDocumentReceived API to be able to process requests that do not contain an imaging barcode. These requests will be for CalSAWS SAR7 documents that do not contain a barcode number.

2.1.2 Description of Change

1. Update the markDocumentReceived API to add the following request fields:
 - a. caseNumber
 - b. countyCode
 - c. formName
2. Using the three new fields in addition to the existing 2 fields, in scenarios where the barcode is missing, add logic to the markDocumentReceived API to determine the correct customer report to update to 'Received' status when the "noChange" flag is set to "false" or 'Reviewed - Ready to Run EDBC' status when the "noChange" flag is set to "true".
 - a. Customer report must be of type 'SAR7'.
 - b. Customer report status must be in 'Sent' or 'Incomplete' status.
 - c. Customer reporting record 'due month' must be no older than the prior month at time of lookup
3. Update the validation logic for the markDocumentReceived API to return a 422 HTTP error code when the following occurs:
 - a. No SAR 7 customer report is found using the three new and 2 pre-existing fields that qualify (section 2.1.2 sub section 2).
 - b. Multiple SAR 7 customer reports are found using the three new fields that qualify (section 2.1.2 sub section 2).

4. Update the response body of the markDocumentReceived API to include two new fields:

Field Name	Data Type	Description
statusCode	String	Status code for the markDocumentReceived transaction.
message	String	Status message for the markDocumentReceived.

Note: A request that has resulted in a successful transaction with no issues will have a "statusCode" of "00" and the "message" will display the result of the transaction (Document was marked Received or

marked Ready to Run EDBC). Also, existing error handling/validation will remain the same.

5. Update the validation logic for the markDocumentReceived API: when a "true" noChange flag is passed and income has been reported on the case within CalSAWS. Customer reporting will be updated to 'Received' and a new status code of "01" will be returned with a status message of "Income Reported. Document marked Received Only".

4.6. Remove validation of 'barcode' request field. Under new logic, this field will be optional for the request to process.

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2.1.3 Partner Integration Testing

Yes – Hyland, BenefitsCal

Design note: The No Change SAR 7 Batch Job should be tested as part of this change.

2.1.4 Execution Frequency

Realtime

2.1.5 Key Scheduling Dependencies

N/A

2.1.6 Counties Impacted

All counties

2.1.7 Category

Webservice

2.1.8 Data Volume/Performance

N/A

2.1.9 Interface Partner

Hyland

2.1.10 Failure Procedure/Operational Instructions

N/A

2.2 Hyland: Imaging API Handling

2.2.1 Overview

Update the imaging "Generate Task and Mark Doc" queue to apply specialized logic for SAR 7 documents without a barcode when received from BenefitsCal. Add additional error handling when error code is returned.

2.2.2 No Barcode SAR 7 Logic Branch

Apply the following logic to documents with a Form Name of "Eligibility Status Report Packet" (Non-Los Angeles Counties), and "Eligibility Status Report" (Los Angeles County).

1. If barcode is available – apply pre-existing logic
2. If barcode is not available and the Capture Information is "Portal"
 - a. Pass the below values to the imaging "markReceived" webservice
 1. Case Number
 2. County Code
 3. Form Name
 4. No Change Flag
 5. Received Date

2.2.3 Error Handling

In the event of an error code (See Section 2.1.2 sub section 3, and CA-214032 for examples of currently existing error codes) being returned on this call, no task will be generated, and the document will be routed to the county **Barcode Verification or Barcode Verification Exception or Exception**-Confidential Queue (Based on the "Confidential" metadata flag value) with the following message added to the beginning of the notes field:

1. If an error code is encountered when processing a SAR 7 document with a No Change Indicator of "false", without a barcode
 - a. "Unable to mark document without barcode "Received" using case number" Note is applied
2. If an error code is encountered when processing a SAR 7 document with a No Change Indicator of "true", without a barcode
 - a. "Unable to mark document without barcode "Reviewed - Ready to Run EDBC" using case number" Note is applied

2.2.4 Status Code Handling

A new status code of "01" will be returned to indicate if an income was identified on the case within CalSAWS when this occurs the following actions will be triggered in Imaging:

1. "No Change Indicator" will be updated to "false"
2. Task generation will be triggered
3. Document will be routed forward in workflow to Person Handling Queue for continued processing

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2.2.42.2.5 Partner Integration Testing

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

Design note: The No Change SAR 7 Batch Job should be tested as part of this change.

2.2.52.2.6 Interface Partner

BenefitsCal, CalSAWS

2.2.62.2.7 Counties Impacted

All CalSAWS counties would be impacted by this change. Specifically, this change would have an impact on any received SAR 7 from the BenefitsCal Portal. (Where document Capture Information = "Portal")

2.3 Task Settings Page

2.3.1 Overview

The Task Settings page includes configuration of specific Task Management settings that can be turned on or off for the county. This section will describe updates to the Task Settings page to include a setting to control if Document Routing Rules are processed for No Change SAR 7 Documents.

2.3.2 Task Settings Page Mockup

Task Settings	
* - Indicates required fields	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	
Description	On/Off
Task Assignment Suggest Worker	<input type="radio"/> On <input checked="" type="radio"/> Off
Bundle Case Tasks	<input type="radio"/> On <input checked="" type="radio"/> Off
Get Next Limit	<input type="radio"/> On <input checked="" type="radio"/> Off
Process Document Routing Rules for No Change SAR 7	<input type="radio"/> On <input checked="" type="radio"/> Off
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Figure 2.3.2-1 – Task Settings Page: Edit Mode

2.3.3 Description of Change

Update the Task Settings Page to include a "Process Document Routing Rules for No Change SAR 7" setting, which will control if Document Routing Rules are processed for No Change SAR 7 documents. This setting will be defaulted to "Off" for every County. Refer to Mockup Figure 2.3.2-1 for the layout of the new Task setting.

Technical Note: No Change SAR 7 for the purposes of Document Routing Rule processing is determined by the "noChangeSar7" attribute as received from the Imaging System.

2.3.4 Document Routing Rule Processing Update

✚ Update Document Routing Rule processing to evaluate the new Task Setting described above. This setting will be defaulted to "Off" for every County; a county may enable this setting if a county requires Document Routing Rule processing to proceed with Task creation for No Change SAR 7 documents. If the "Process Document Routing Rules for No Change SAR 7" Setting is "On" for the county, continue processing Document Routing Rules for Task creation. If the Setting is "Off", Document Routing Rules will not be processed for No Change SAR 7s.

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2.3.5 Page Validations

N/A.

2.3.6 Page Location

- **Global:** Admin Tools
- **Local:** Admin
- **Task:** Tasks > Task Settings

2.3.7 Security Updates

N/A - There are no modifications to existing security.

2.3.8 Page Mapping

Update Page Mapping for the Task Settings Page.

2.3.9 Page Usage/Data Volume Impacts

There are no expected page usage/volume impacts.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
CA-214032	Interfaces	Original markDocumentReceived API Design Documentation	 CA-214032 Mark Document Received
CSPM-50165	BenefitsCal	BenefitsCal No Change Flag Design Documentation	 DesignConsiderations-CSPM-50165-v2.d