

CalSAWS | Enhancement Request (CER)

PPOCs: Please send the completed request to CER@CalSAWS.org and cc your RM.

Submission Date	
Title	AAP – Modify Intake NOAs

Region #:	6	County:	Los Angeles	
Submitter:	Edgardo Tayag	Phone:	626-691-1490	Email: tayagea@dcfs.lacounty.gov

Program(s) Impacted:			
<input checked="" type="checkbox"/> Adoptive Services	<input type="checkbox"/> ARC	<input type="checkbox"/> CalFresh	<input type="checkbox"/> Cal-Learn
<input type="checkbox"/> CalWORKS / RCA	<input type="checkbox"/> CAPI	<input type="checkbox"/> Child Care	<input type="checkbox"/> CMSP
<input type="checkbox"/> Foster Care	<input type="checkbox"/> GA/GR	<input type="checkbox"/> GAIN/REP/WTW	<input type="checkbox"/> GROW
<input type="checkbox"/> Kin-GAP	<input type="checkbox"/> Medi-Cal / RMA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – specify			

Area(s) Impacted:			
<input type="checkbox"/> Call Center	<input type="checkbox"/> Case Assignment	<input checked="" type="checkbox"/> Client Correspondence	<input type="checkbox"/> Eligibility
<input type="checkbox"/> Fiscal / Collections	<input type="checkbox"/> Hearings	<input type="checkbox"/> Imaging	<input type="checkbox"/> Lobby Management
<input type="checkbox"/> Reports	<input type="checkbox"/> Resource Data Bank	<input type="checkbox"/> Schedule Appt	<input type="checkbox"/> Security
<input type="checkbox"/> Self Service Portal	<input type="checkbox"/> Special Investigation	<input type="checkbox"/> Task Mgmt	<input type="checkbox"/> Time Limits
<input type="checkbox"/> Training			
<input type="checkbox"/> Interface(s) – specify			
<input checked="" type="checkbox"/> Other – specify EDBC			

Justification / Request Summary: *DCFS has completed a review of LRS system NOAs (not addressed since 2016 “Go Live”) by Program and Type for needed modifications, additions, deletions or suppressions. This request covers **AAP Intake NOAs**.*

Issue: *A. In current LRS, the active AAP Intake NOA template of NA 791 (11/16) is outdated. Request replacement with current NA 791 (9/18 – or latest version) with the two-page NA9 Back. B. For the “AAP Approval” reason NOA, modify “Comments” language. C. SUPPRESS “AAP Denial”; and D. Keep “Deferred Payment Agreement” suppressed.*

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Proposed Recommendation:

A. UNIVERSAL FORM MODIFICATION / PRINT REQUIREMENT CHANGES:

- [1] Use current NA 791 (9/18) with NA Back 9 (two-page version)
- [2] Always print two copies of AAP Intake NOAs, and
- [3] Where the AAP Primary Applicant/Recipient's language is Spanish on the AAP Case Summary page, print a second NOA copy in Spanish, and mail centrally
- [4] Allow supervisor to change erroneous EW data (Name and Phone Number) on auto NOA (auto case assignment is not usually made to EW already working the AAP packet when the interface to LRS occurs, requiring almost 100% caseload re-assignment by supervisor). If the supervisor could simultaneously reassign case to proper EW and correct the system-generated NOA without rejecting it, this could eliminate delays in approval processing by eliminating EW manual NOA preparation. {pending}

B. AAP APPROVAL - Modify

Trigger: When "approval" EDBC is run

Description of the Action: Effective date (begin date of aid), ...

Reason: Display two statements: [1] Monthly negotiated rate of (\$ amount of EDBC) is approved.
[2] Your child's Medi-Cal/Medicaid benefit is approved.

Comments: Display only: *"If the child is receiving SSI benefits or will receive SSI benefits, please report the receipt of AAP benefits funding for this child to the Social Security office. It will take approximately "45" days before you receive the AAP check."* {check}

Regulation: *"This action is required by the following State Regulations which are available for review at the Adoption Agency. California Code of Regulations Title 22, Division 2, Chapter 3, Subchapter 7, Articles 1-10, sections 35325-35352.2."* [Use on all active AAP Change NOAs]

State Hearing: *"If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of action. Read the back for important information about your right to appeal this action."* [Use on all active AAP Change NOAs]

C. AAP DENIAL - Suppress. Denials are very rare and there is no LRS Case number, likely wrong EW is listed, and no list of reasons to choose from to auto populate the various denial reasons.

D. SIGNED DEFERRED AGREEMENT (Suppressed) – Re-Activate

Special Condition 1: No AAP funding and no Medi-Cal requested at this time.

Trigger Condition: EDBC is run when AAP is "Pending" AND Agreement Type is "Deferred" and the Benefit Basis" is "Deferred No Medi-Cal" on the AAP Agreement Detail Page for current EDBC month

Description of the Action: Effective date (EDBC date).

Reason: Display: "Your child does not meet AAP eligibility criteria to receive AAP benefits. You have signed a Deferred AAP Agreement."

Comments: Display: "Your child will receive no AAP benefits or Medi-Cal, because you signed an AAP Agreement deferring your child's benefits including Medi-Cal. If your child requires AAP benefits in the future, contact Post Adoption Services (PAS) at 1-800-735-4984."

Regulation: and State Hearing: (UNIVERSAL REQUIREMENTS apply)

Special Condition 2: AAP Medi-Cal Only requested at this time.

Trigger Condition: EDBC is run when AAP is "Pending" AND Agreement Type is "Deferred" and the Benefit Basis" is "Deferred Medi-Cal Only" on the AAP Agreement Detail Page for current EDBC month

Description of the Action: Effective date (Beginning date of aid).

Reason: Display: [1] "Your child's Medi-Cal/Medicaid benefit is approved."

[2] "You have signed a deferred AAP Agreement. If your child requires AAP benefits in the future, contact Post Adoption Services (PAS) at 1-800-735-4984."

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Comments: Display: “Your child will receive no AAP cash benefits, because you signed an AAP Agreement deferring them; however, you did request Medi-Cal benefits for which your child is approved. If your child requires AAP cash benefits in the future, contact Post Adoption Services (PAS) at 1-800-735-4984.”

Regulation: and State Hearing: (*UNIVERSAL REQUIREMENTS apply*)

ASSUMPTIONS: [1] NA 791 (9/18) or latest version is available with **two-page** NA Back 9
[2] Applies to both batch EDBC and online EDBC
[3] Applies to both CCR rate schedules and non-CCR rate schedules

CONTACT: Louisa Chan (213) 763-3841

BS:NOA/AAP Intake NOAs CER 1 21 20 (Ret'd 6/12/2020)

Priority/Implementation Consideration(s): The AAP Intake NOAs have not been revisited since DCFS 2016 “Go Live”; NOA version is out dated, requiring 100% manual preparation of AAP Intake NOAs.

CalSAWS Response:

CER Tracking #: (automatically generate by JIRA)

SCR #

Rejected By:

Date:

Rejection Reason(s) or other Comments: