CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245192

Add CF 502 to Template Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jasmine Chen
	Reviewed By	Priya S., Himanshu J.

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/10/2022	1.0	Initial Document	Jasmine Chen
11/11/2022	1.1	Added form num and variables	Maria Jensen
11/17/2022	1.2	Added Clarification to Programs list in 2.1.1	Maria Jensen
11/22/2022	1.3	Set var population for the dates to No	Maria Jensen

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1 OVERVIEW

To increase food benefits in response to (COVID-19) and its effects on the economy, eligible CalFresh (CF) and Transitional CalFresh (TCF) households are issued an Emergency Allotment every month. The Food and Nutrition Service (FNS) released updated guidance on April 1, 2021 where all CalFresh households, regardless of household size, will receive a minimum emergency allotment of $95 per month.

1.1 Current Design

This emergency allotment will be ending. A CF 502 mass mailer will inform all CF and TCF households that this effort is ending.

Currently the system does not have this CF 502 mailer.

1.2 Requests

Add the correspondence to the Template Repository in English and Spanish.

1.3 Overview of Recommendations

1. Add the informing mass mailer CF 502 (7/22), into the CalSAWS system in English and Spanish.

1.4 Assumptions

1. Per SCERFRA responses, the mailer will only be implemented in English and Spanish.
2. CA-251253 will scope a one-time mass mailing of the CF 502 to all active CF, TCF households when CDSS confirms a specific date.

2   RECOMMENDATIONS

2.1   Add new Mass Mailer to System: CF 502

2.1.1   Overview

The CF 502 form will be added into the system and mass mailed to all active CF, TCF households via a one-time batch process.

State Form: CF 502 (7/22)

Programs: CF, TCF*

Attached Forms: N/A

Forms Category: Form

Template Repository Visibility: All Counties

Languages: English, Spanish

*Note: in Template Repository this form will be available under the CalFresh program drop down, but we are mentioning TCF as we will be sending this mailer to active TCF cases.

2.1.2   Form Verbiage

Create Form XDP

Add the CF 502 form into the system. The header will be on the first page and the CF 502 form will be on the back page.

Form Header: CalSAWS Standard Header (refer to mockup)
Form Title: End of CalFresh Emergency Allotments
Form Number: CF 502
Include NA Back 9: N
Imaging Form Name (40 char. maximum): End of CF Emergency Allotments
Imaging Document Type: CalFresh (CF) (CT10602_A5)
Imaging Case/Person: Case
Form Mockups/Examples: See Supporting Documents #1

2.1.3 Form Variable Population

Form Body Variables:

The following will be the variable population of the CF 502:

Variable Name	Population	Formatting	Editable* /Field Type	Template Repository Population	Populates with Form Generation
<EA_END_MON>	EA Cut-off Date provided by the State Example: November 2022	Size 12, Arial	Y / TextField	N	N
<EA_END_MON_PLUS>	EA Cut-off Date + 1 Example: December 2022	Size 12, Arial	Y / TextField	N	N
<WORKER_PH>	Phone number of the program worker Example: (123) 456-7890	Size 12, Arial	Y, Varchar Text Field	Y	Y

* Notes:
- All Form Body Variables will be editable by default.
- 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
Translations for months of year can be found in CT10005.

Form Footer:

The following will be the footer on the form: CF 502 (7/22)

2.1.4 Form Generation Conditions

1. **Add Form to Template Repository**
   CF 502 will be available in the Template Repository for all counties and will stay accessible from the Template Repository.

   Technical Note: This form can stay in the Template Repository until high-date, 12/31/9999.

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

2. **Add Form Control**

Add the following form control options:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

Add the following print options:

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

Mailing Requirements:
Mail-To (Recipient):
- When generated through Template Repository - the individual selected from the 'Customer Name' parameter.

Mailed From (Return): CalFresh Worker's Office
Mail-back-to Address: N/A
Outgoing Envelope Type: Standard
Return Envelope Type: N/A

Additional Requirements:
Special Paper Stock: N/A
Enclosures: None
Electronic Signature: No
Post to Self Service Portal (SSP): Yes

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	Mockup of CF 502 mass-informing notice, English	CA 245192_CF 502_EN.pdf
2	Form	Mockup of CF 502 mass-informing notice, Spanish	CA 245192_CF 502_SP.pdf

4 REQUIREMENTS

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1254	The LRS shall generate special mailings and mass notifications to specific programs, populations, or individuals, as specified by COUNTY.	The CalSAWS system will add CF 502 into the Template Repository.

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California Statewide Automated Welfare System

Design Document

CA-246430

Add MC 347 to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Rohan Dayanand Bedre
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/23/2022	1.0	Initial Draft	Rohan Dayanand Bedre

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1   OVERVIEW

The purpose of this SCR is to add MC 347 (05/07) to CalSAWS Template Repository in English and Spanish language.

1.1   Current Design

Currently the MC 347 (05/07) is not available in the CalSAWS Template Repository.

1.2   Requests

Add MC 347 (05/07) Persons age 21 to 65 in a nursing facility denial or discontinuance of benefits to CalSAWS Template Repository in English and Spanish languages.

1.3   Overview of Recommendations

Add MC 347 (05/07) Persons age 21 to 65 in a nursing facility denial or discontinuance of benefits to CalSAWS Template Repository in English and Spanish languages.

1.4   Assumptions

1. All fields (blank or prepopulated) will be editable.
2. No variables will be populated on the MC 347 (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.

2   RECOMMENDATIONS

2.1   Add MC 347 (05/07) to CalSAWS Template Repository in English and Spanish Language

2.1.1   Overview

The MC 347 will be added in English and Spanish languages to CalSAWS.

State Form: MC 347 (05/07)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name): Persons age 21 to 65 in a nursing facility denial or discontinuance of benefits

Imaging Form Name: Persons 21-65 In Nursing Facility Denial

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

2.1.2   Form Verbiage

Create MC 347 XDP

A new XDP will be added in English and Spanish for MC 347 form with version (05/07).

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Include NA Back 9: Yes

Form Mockups/Examples: See supporting document #1

2.1.3   Form Generation Conditions

Add MC 347 (05/07) Persons age 21 to 65 in a nursing facility denial or discontinuance of benefits form to Template Repository

The MC 347 (05/07) Persons age 21 to 65 in a nursing facility denial or discontinuance of benefits form is added only to the Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the Received Aid Payment - Deny State form

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

Mailing Options:

Mailing Options	Option for MC 347
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Add Form Control

Add an imaging barcode for MC 347.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for MC 347 Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	Persons age 21 to 65 in a nursing facility denial or discontinuance of benefits	MC 347_English.pdf MC 347_Spanish .pdf

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS template repository shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices;	MC 347 (05/07) is being added in English and Spanish language.

	q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-214453

Update Medi-Cal Batch Protection for PHE to prepare for PHE Unwinding

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tisha Mutreja
	Reviewed By	Renee Gustafson, Girish Chakkingal, Appalaraju Indala, Chad Quan, Geetha Ramalingam

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/16/2022	0.1	Original Draft	Tisha Mutreja
09/21/2022	0.2	Updated Definitions and added examples. Re-formatted	Renee Gustafson

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1 OVERVIEW

Per MEDIL I 20-06, for all populations affected by a public health crisis or disaster, counties shall:

1. Continue to provide benefits beyond the certification period, as needed, to provide additional time to submit renewals or verifications, and
2. Modify eligibility requirements at application or renewal to allow for self-attestation

CalSAWS added a Read-Only EDBC Reason to Batch EDBC to protect Medi-Cal beneficiaries from having an adverse action during the 'Public Health Crisis/Natural Disaster' (referred to as 'PHE Protection').

In anticipation of the Public Health Emergency (PHE) ending, DHCS instructed SAWS to prepare to unwind the PHE Protections.

In this SCR, CalSAWS will update the PHE Protection to allow discontinuances or adverse actions for on-going Medi-Cal cases that complete a renewal cycle after the date the PHE is officially ended. CalSAWS will also update the PHE Protection to not apply for new Medi-Cal applications after the PHE is officially ended. The PHE Protection updates will have configurable effective dates since the PHE end date is unknown.

CalSAWS will update the configurable dates, turn on the auto-discontinuance batches for Medi-Cal and stop the on-going monthly DCR that resets the renewal and creates journals due to PHE with CA-245109 when the PHE end date is known.

1.1 Current Design

CalSAWS added a Medi-Cal rule to save an EDBC as 'Read-Only' for 'Public Health Crisis/Natural Disaster' in Batch EDBC to protect Medi-Cal beneficiaries from having an adverse action during the PHE with SCRs CA-215211, CA-223883, CA-227173 and CA-229364. The PHE Protection is turned on effective March 2020 benefit month or later for on-going Medi-Cal beneficiaries.

1.2 Requests

Update the Batch EDBC PHE protection to allow Discontinuance for 'Failed to Complete Redetermination' reason and to allow discontinuances or adverse actions on or after a renewal is completed when the PHE is ended. Update the Batch EDBC PHE Protection to not pertain to new Medi-Cal applications after the PHE is ended.

Since the PHE end date is unknown, this SCR will update the existing Batch EDBC protection for PHE with configurable effective dates; one for the date the PHE Protections do not apply to new applications and one for the date when adverse actions can happen on on-going Medi-Cal cases.

1.3   Overview of Recommendations

1. CalSAWS will update existing Batch PHE Protections with a configurable date by adding 'Failed to Complete Redetermination' as an allowable Discontinuance reason, and update protections to no longer apply when a Medi-Cal case completes a renewal post the PHE end date. PHE Protections will not apply to new applications post the PHE end date.
2. System Test will test the updated PHE Protections as if the configurable dates are 'turned on', and with the Medi-Cal Negative Action batches turned on and the monthly DCRs turned off.

1.4   Assumptions

1. The SCR updates are only for Medi-Cal EDBC run in Batch; there are no updates to online Medi-Cal EDBC rules.
2. Individuals who apply for Medi-Cal post the PHE End Date will not be covered in PHE Protections. However, if an individual is added to an on-going Medi-Cal case, PHE protections will apply to the new individual the same as other Medi-Cal program members.
3. The updated PHE Protection configurable dates functionality must be set to actual date values when implemented in production with this SCR. The configurable dates will be set to dates well into the future so the functionality will be not 'turned on' until CA-245109 is implemented to set the configurable dates to the official dates.

2 RECOMMENDATIONS

2.1 EDBC Rules Update for Batch PHE Protection

2.1.1 Overview

CalSAWS will update existing Batch PHE Protections with a configurable date by adding 'Failed to Complete Redetermination' as an allowable Discontinuance reason and also update protections to no longer apply when a Medi-Cal case completes a renewal post the PHE end date. PHE Protections will not apply to new applications post the PHE end date.

2.1.2 Description of Changes

PHE dates are defined as:
- **PHE End Date**: The official end of the Public Health Emergency as provided by DHCS.
- **PHE Lift Date**: The benefit month following the PHE End Date.
- **PHE Unwinding Start Month**: The first allowable benefit month where an on-going Medi-Cal program *may* no longer be protected by PHE protections.
- **PHE Unwinding Renewal EDBC:** A Regular Accepted and Saved Medi-Cal EDBC with RE Run Reason for a benefit month on or after the **PHE Unwinding Start Month**

1. Add 'Failed to Complete Redetermination' as an allowable Discontinuance reason for the Batch PHE Protection effective **PHE Unwinding Start Month**.

2. Do not apply the Batch PHE Protection to the Medi-Cal program with latest application date before **PHE Lift Date** when either of the below are true:
   a) The current EDBC is run with 'RE' Run Reason on or after the **PHE Unwinding Start Month,** or
   b) The current EDBC benefit month is on or after **PHE Unwinding Renewal EDBC**, and
      At least one EDBC for the program has a **PHE Unwinding Renewal EDBC**

3. Do not apply the Batch PHE Protection if the Medi-Cal program latest application date is on or after the **PHE Lift Date.**

4. Implement the **PHE Lift Date** as October 2023 and the **PHE Unwinding Start Month** as January 2024 when delivered to production.
Note: These dates are well into the future and the PHE is anticipated to end early in 2023. The PHE Protection Configurable Dates will be updated as part of CTCR change with CA-245109.

Examples
The PHE officially ends January 31, 2023, and the Configurable Dates are as follows:
   o **PHE Lift Date**: February 2023
   o **PHE Unwinding Start Month**: May 2023

Adverse Actions Allowed
A. On February 01, 2023, renewal process starts for a Medi-Cal case with RE Due Date April 2023.
On February 18, 2023, the Renewal Packet is generated with a due date April 10, 2023.
On April 18, 2023 the Renewal Packet is not returned and CalSAWS auto-discontinues for 'Failure to Complete Redetermination' effective May 2023.

B. On April 29, 2023 RE EDBC for Benefit Month May 2023 is successful and renewal is advanced to May 2024. – This becomes the program's **PHE Unwinding Renewal EDBC**. Any subsequent Medi-Cal EDBC for benefit month May 2023 or later can have adverse actions; the case is no longer covered under PHE Protections.

C. On February 01, 2023, renewal process starts for a Medi-Cal case with RE Due Date April 2023.
On February 18, 2023, the Renewal Packet is generated with a due date April 10, 2023.
On April 10, 2023, the Renewal Packet is returned and the new income brings the parent's over income but the children are MAGI Eligible. The worker runs May 2023 EDBC with 'RE' Run Reason and is permitted to process the discontinuance for 'Over Income' for the parent and the children are renewed to May 2024 – This becomes the program's **PHE Unwinding Renewal EDBC**. Any subsequent Medi-Cal EDBC for benefit month May 2023 or later can have adverse actions; the case is no longer covered under PHE Protections.

D. On February 3, 2023, a new Medi-Cal application with Application Date February 2, 2023, is approved with RE Due Date January 2024. This is a new application after the **PHE Lift Date** so the case is not covered under PHE Protections for any benefit month.

PHE Protection Applies

E. On January 01, 2023, renewal process starts for a Medi-Cal case with RE Due Date March 2023.
On January 18, 2023, the Renewal Packet is generated with a due date March 10, 2023.
On March 18, 2023 the Renewal Packet is not returned. CalSAWS will auto-reset the renewal to March 2024 and the program remains covered under PHE Protections.

F. On February 28, 2023, RE EDBC for Benefit Month April 2023 is successful and renewal is advanced to March 2024. – This RE EDBC benefit month is before the **PHE Unwinding Start Month** so the program remains covered under PHE Protections.

G. On January 03, 2023, renewal process starts for a Medi-Cal case with RE Due Date March 2023.
On January 18, 2023, the Renewal Packet is generated with a due date March 10, 2023.
On March 10, 2023, the Renewal Packet is returned and the new income brings the parent's over income but the children are MAGI Eligible. The worker runs April 2023 EDBC with 'RE' Run Reason and is not permitted to process the discontinuance for 'Over Income' for the parent. The worker does not save the RE EDBC and CalSAWS will auto-reset the renewal to March 2024 and the program remains covered under PHE Protections.

H. On February 3, 2023, a new Medi-Cal application with Application Date January 31, 2023, is approved with RE Due Date December 2023. This is a new application prior to the **PHE Lift Date** so the case is covered under PHE Protections.

I. On May 12, 2023, beneficiary reports a change and new income now brings them over income. The RE Due Date is September 2023 so the worker does not process the discontinuance for Over Income. - The program remains covered under PHE Protections.
On June 18, 2023, the program is identified for age 6 batch. Batch EDBC is run and saves as Read Only for PHE Protection to prevent the Discontinuance for Over Income.

2.1.3 Programs Impacted
Medi-Cal

2.1.4 Performance Impacts
N/A

2.2 Testing Only

2.2.1 Overview

System Test will test the updated PHE Protections as if the configurable dates are 'turned on' and also with the Medi-Cal Negative Action batches turned on and the monthly DCRs turned off.

2.2.2 Description of Changes

System Test will test the following –
1. Turn On the following batches:
   - MAGI RE Negative Action Job (PB00CH204)
   - MAGI/Mixed RE Negative Action EDBC Sweep Job (PB00E121)
   - Non-MAGI RE Negative Action Job (PB00E182)
2. Turn Off the ongoing, monthly DCR to insert journals from CA-218501.
3. Turn Off the ongoing, monthly DCR that completes and resets the RE due to PHE from CA-226465.
4. Turn On the updated PHE Protections in Batch (from Recommendation 2.1.2).

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-227569

DHCS CMS PI Updates

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Esequiel Herrera-Ortiz
	Reviewed By	Ravneet Bhatia; Gokul Suresh

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/10/2022	1.0	Initial version	Esequiel Herrera-Ortiz

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1 OVERVIEW

This document outlines the updates to the DHCS Performance Indicators Master Data Request report as requested by DHCS.

1.1 Current Design

The DHCS Performance Indicators Master Data Request report provides information for: Medi-Cal applications received, Medi-Cal renewals, Medi-Cal eligibility, Medi-Cal ineligibility, Medi-Cal pending applications and pending renewals, and Medi-Cal determination processing time. The report consists of the following 6 indicators:

> Indicator 5 – Number of Applications Received
>
> Indicator 7 – Renewals
>
> Indicator 9 - Total Number of Individuals Determined Eligible
>
> Indicator 10 - Total Number of Individuals Determined Ineligible
>
> Indicator 11 - Number of Pending Applications or Redeterminations
>
> Indicator 12 - Processing Time for Determinations

Note the state report includes indicators 1-3 but they are not included in the CalSAWS report as they relate to Call Center information. This information is stored in a separate system and submitted separately to DHCS.

There are three versions of this report:

DHCS CMS Performance Indicators Master Data Request (State) - The state version of the report which contains summary information for all counties for the 6 indicators. This version is generated monthly and submitted directly to DHCS via SFTP process. The report is not accessible to counties.

DHCS CMS Performance Indicators Master Data Request (County) - The county version of the report which contains case level information for the 6 indicators. The report is generated monthly and available for counties to review the data that is submitted to DHCS for their own county. Counties can access the report within the CalSAWS system using the following navigation:

Global: Reports
Local: Scheduled
Task: State

The DHCS CMS Performance Indicator 12 Details – A state version of the report generated monthly which contains person level information for indicator 12 for all counties. This CSV format report is sent directly to DHCS via SFTP process. The report is not accessible to counties.

The reports need to be updated per the latest instructions provided by DHCS.

1.2 Requests

Update the DHCS CMS Performance Indicators Master Data Request report as requested by DHCS.

1.3 Overview of Recommendations

1. **Indicator 5 - Number of Applications Received:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of reports. The county version of the report will become available to the county.
   b. Split indicators 5a and 5b. Indicator 5a is now labeled "5.a All applications (5b+5n)". The indicator is now equal to the sum of 5b and 5n for a given county. Previously 5a was equal to 5b.
   c. Relabel indicator 5b to "5b. Applications received by the Medicaid agency (5c+5d+5e+5f+5g)". The column represents the summation of indicators 5c – 5g for each given county.
   d. Update indicator 5d. Mail to exclude Fax applications. These applications are now reported under indicator 5g. Other.
   e. Update indicator 5e. In Person to include Out-Station applications.
   f. Add a new indicator labeled 5n. SBM. The indicator captures all applications received from CalHEERS. Previously the CalHEERS applications were captured under 5c. Online. The 5n. SBM indicator will also include CalHEERS applications that are not linked to a case. Previously indicator 5 did not include referrals that were not linked to a case.
   g. Update indicator 5g. Other to exclude ICT applications and Single Point of Entry (SPE) applications. ICT and SPE applications are excluded from indicator 5 entirely. Indicator 5g now captures any application, including newly introduced application types, that are not captured on indicators 5b-5f or 5n and that are not ICT or SPE applications.
   h. Update the base population logic to only report one application for a given person if multiple applications are submitted. The first application received will be reported.
   i. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.
   j. Add the following columns to the county version of the report:
      - Application Date
      - Application Pending Date
      - Referral Date
      - MAGI Case Number
   k. Update the logic to the existing columns in the county version of the report to account for CalHEERS referrals which have not been linked to a case:
      - Case Number

- Case Name
- Person Name
- DOB
- CIN

2. **Indicator 7 - Renewals:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the reports. The county version of the report will become available to the county.
   b. Include aid code 'P0' to indicators 7a and 7b.
   c. Exclude aid code '0C' from the indicator.
   d. Exclude the role reason of Medi-Cal Member Only from the indicator logic. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
   e. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code.
   f. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

3. **Indicator 9 - Total Number of Individuals Determined Eligible:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the reports. The county version of the report will become available to the county.
   b. Include aid code 'P0' from indicators 9a, 9b, 9d, 9e, 9g and 9i.
   c. Exclude aid code '0C' from the indicator.
   d. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code.
   e. Exclude the role reason of Medi-Cal Member Only from the indicator logic. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
   f. Update the base population logic to no longer consider the program person application event of Retro Approved as an Eligible determination. The indicator no longer reports retro determinations.
   g. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month.
      - Change
      - Retro Pending
      - Retro Approved
      - Retro Denied
      - Retro Denial Rescinded
      - Retro Rescind Approved (Denial)
      - Denial Rescinded
      - Discontinuance Rescinded
      - Rescind Approved (Denial)

- Rescind Approved (Discontinued)
    h. Update the base population logic to only report one application for a given person if multiple applications are submitted. The first application received will be reported.
    i. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.
    j. Add the following columns to the county detail sheet:
        - Application Date
        - Completed RE Due Date
4. **Indicator 10 - Total Number of Individuals Determined Ineligible:**
    a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the reports. The county version of the report will become available to the county.
    b. Remove the list of reportable denial reasons. Previously only ineligible determinations with a status reason in the list were reported. The list is replaced with a list of non-reportable status reasons. These excluded status reasons are for ineligible determinations due to requesting disenrollment, individuals who were denied but did not apply and denials for CMSPI, Express Lange, etc.
    c. Report an Ineligible determination as either MC or both MC and CHIP using the following logic:
        - If the individual is determined eligible for CHIP (having a CHIP aid code) count this determination on indicator 10 as MC Ineligible. Note the same determination will also be reported on indicator 9 as CHIP eligible. This is because MC eligibility should be evaluated first and found to be ineligible before checking CHIP eligibility.
        - If the individual is determined ineligible for MC and the individual is 19 years old or older as of the last day of the report month, then count the ineligibility as MC Ineligible only. The individual should not be evaluated for CHIP eligibility due to being over age.
        - If the individual is determined ineligible for MC and the individual is 18 years or younger as of the last day of the report month, count the indelibility as both MC ineligible and CHIP ineligible.
    d. Update the report logic to report only a single program person application denial. Currently the report is reporting an individual multiple times if multiple applications were denied during the report month.
    e. Update the report logic to select a single EDBC record based on the latest Begin Date followed by the latest database created on date.
    f. Exclude the role reason of Medi-Cal Member Only from the indicator logic. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
    g. Update the base population logic to no longer consider the program person application event of Retro Denied as an Ineligible determination. The indicator no longer reports retro determinations.

h. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month.
- Change
- Retro Pending
- Retro Approved
- Retro Denied
- Retro Denial Rescinded
- Retro Rescind Approved (Denial)
- Denial Rescinded
- Discontinuance Rescinded
- Rescind Approved (Denial)
- Rescind Approved (Discontinued)

i. Include the Discontinued Financially Responsible – Included (FRI) population to the indicator. This is a person who is not eligible for assistance but is financially responsible to the program and is included in the unit size. The individual must apply for benefits to be reported.

j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

k. Update the logic to the following existing columns on the county detail version of the report:
- Determination Reason

l. Add the following columns to the county version of the report:
- Determination Status

5. **Indicator 11 - Number of Pending Applications or Redeterminations:**
a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the version of the reports. The county version of the report will become available to the county.

b. Include aid code 'P0' to the indicator 11a.

c. Exclude aid code '0C' to the indicator.

d. Update Indicator 11b. Pending App to display '1' rather than 'A'. All counties are reporting at the individual level represented by '1'. The 'A' represents counties that are reporting at the case level or at the case and individual level.

e. Select a single aid code when an individual has multiple assigned aid codes. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code.

f. Update the base population for Indicator 11 to exclude the role of Medi-Cal Member Only when evaluating for the Pending at MC Agency base population. This is a residual condition from when the report included cash based Medi-Cal.

g. Exclude Pending Applications that are not tied to a 'Pending' program status as of the last day of the report month. These applications are stuck in 'Pending' status and cannot be actioned by a worker in the system. Currently these applications are being reported every month as Pending even though the program has been approved or denied with a newer application.

h. Update the base population logic to no longer consider the program person application event of Retro Pending. The indicator no longer reports pending retro determinations.
i. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month.
    - Change
    - Retro Pending
    - Retro Approved
    - Retro Denied
    - Retro Denial Rescinded
    - Retro Rescind Approved (Denial)
    - Denial Rescinded
    - Discontinuance Rescinded
    - Rescind Approved (Denial)
    - Rescind Approved (Discontinued)
j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.
k. Add the following columns to the county version of the report:
    - Application Date
    - Application Pending Date
l. Update the 'Determination Type' column in the county version of the report to display the value 'Redetermination' rather than 'Renewal'.

6. **Indictor 12 - Processing Time for Determinations:**
    a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the reports. The county version of the report will become available to the county.
    b. Update the indicator 12k label from '12k: Less than 30 days' to '12k: Within 30 days' on the state and county version of the report.
    c. Update the MAGI and Non-MAGI budget test mapping as presented on Appendix 7.2. The budget tests are used to determine whether a single determination should be counted under the MAGI processing time, Non-MAGI processing time or both. Some budget tests have been excluded such as County Medical Service Program (CMSP, Express Lane, FC/KG/AAP) budget tests from lists.
    d. Update the indicator 12 logic to calculate MAGI and Non-MAGI processing time as follows:
        - MAGI Only Processing Time – For determination with only MAGI budget tests associated, the processing time is calculated as follows:
          Start Date: If there is an associated determination response, then the start date is the Application Date on the Program Application or the Program Person Application else the start date is the date the program application or program person application was created in the system (CREATED_ON).

> End Date: If there is an associated determination response, then the end date is the referral timestamp (REF_TIMESTAMP) else the end date is equal to the event date of the first approval/denial event of the program application or program person application.

- Non-MAGI Only Processing Time – For determination with only Non-MAGI budget tests associated, the processing time is calculated as follows:

  > Start Date: From the date the program application or program person application record was created in the database.
  > End Date: The event date of the first approval/denial event of the determination.

- MAGI and Non-MAGI Processing Time – For determination with both MAGI and Non-MAGI budget tests associated, the processing time is calculated as follows:

  > MAGI Start Date: If there is an associated determination response, then the start date is the Application Date on the Program Application or Program Person Application else the start date is the date the program application or program person application was created in the system (CREATED_ON).
  > MAGI End Date: If there is an associated determination response, then the end date is the referral timestamp (REF_TIMESTAMP) else the end date is equal to the event date of the first approval/denial event of the program application or program person application.
  > Non-MAGI Start Date: If there is an associated determination response, then the start date is the referral timestamp (REF_TIMESTAMP) else from the date the program application or program person application record was created in the database.
  > Non-MAGI End Date: The event date of the first approval/denial event of the determination.

  > Note this process also applies to denied determinations. Previously denied determinations were treated as MAGI only determinations due to not having no aid code.

e. Exclude the role reason of Medi-Cal Member Only from the indicator logic. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.

f. Update the logic which defines a disability application. The list of medical conditions has been expanded. The reported medical condition must now be effective during the determination rather than as of the last day of the report month.

g. Remove the condition that a Denied person must either not have an aid code or the aid code must be in the list of the Master Aid Code list. A denied person does not have an aid code but may have a residual aid code due to an overwritten EDBC record.

h. Update the condition that restricts the EDBC record to have a begin and end date that encompass the program application or program person application event's effective date. This condition is causing valid determinations from being reported.
Technical Note: The PERS_EDBC table can be used when a person is added to an existing program application.

i. Select a single aid code when an individual has multiple assigned aid codes. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code.

j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

k. Remove the following column from the county version detail sheet:
    • RE Due Date

l. Add the following columns to the county version detail sheet:
    • Budget Test
    • Referral Timestamp

m. Update the logic for the following columns:
    • Aid Code
    • Days to Process
    • Disability Indicator
    • Application Received Date

n. Update the DHCS CMS Performance Indicator 12 Details generated file name to be in the following format:
CalSAWS_[YYYY]_[MM]_Ind12_[RunDate].xlsx

1.4 Assumptions

1. When CalWIN counties migrate to CalSAWS, the CalWIN counties' data will be compatible with the report and no update will be required to the report.

2. Indicator 9h: Medicaid Eligible via Administrative Determination is mentioned in the DHCS CMS Master Data Request report instructions as well as the state provided template, however, California does not report Indicator 9h and has been excluded from this CalSAWS report.

3. Indicator 5n. SBM is using the referral to report CalHEERS applications. There are situations where a referral is used to create a program application, but the referral is never linked to the case, and the referral status is set to Cancelled. For these scenarios we will report the program application using the program application date and exclude the cancelled referral.

4. Indicator 5n. SBM can miss valid applications when a U-DER of type Determination Change has a transaction date in the report month, but the application date was in the prior month. This is because there is no way to tell whether this is a new application or a change in circumstance.

5. Indicator 5n. SBM can include referrals that are canceled the following month. This means the referral will never become an application in the system.

6. On Indicator 5, we capture applications based on the applications initial pending event date rather than the user provided application date. This is because the application dates can be retro set which can cause the application to go unreported.
7. Indicator 5 is the only indicator on the report that reports at the household level.
8. Indicator 5 reports applications that are created in CalSAWS but have a source of CalHEERS and no linkage to the referral. If a user has selected the source of CalHEERS then it is assumed that a referral was used even though it is not linked.
9. Indicator 7 – Renewals requires that a person be Active as of the last day of the report month. If the individual has a renewal due in the report month and is discontinued effective during the RE Due Month, the renewal will not be reported.
10. Indicator 7e – Renewals of Unknown Type will always be equal to 0. This scenario is not possible in the system. Also, the Master Aid Code List does not have any aid codes listed for Indicator 7e.
11. For Indicator 12 the days to process will be rounded down. This is because one category is labeled as less than 24 hours. This also means that categories such as 31-60 days will capture determinations that took 60.5 days.
12. Indicators 9 – Individuals Determined Eligible and Indicator 10 – Individuals Determined Ineligible captures the latest determination result, while Indicator 12 captured the initial determination result in the report month. This means a person can appear as having two different determination results when comparing the two indicators.
13. A change of circumstance is identified as any renewal that is completed within 9 months of the prior renewal. This is because at the 10th month the auto authorization process begins.
14. Indicator 11 is capturing applications which have an erroneous pending status. The user is approved for benefits, but a worker later sets the application to pending status for the benefit month which has already approved. These records will continue to be captured until the implementation of **CA-200895 Update the Rescind Logic**.
15. Indicator 11 excludes pending applications when the application is not the latest application for the program. These applications cannot be actioned by a worker since they are not the latest one. They are stuck in pending status even though the program may have eligibility established with the later program application.
16. Indicator 12 – For MAGI processing time for households, the processing time for everyone will be extended to the last person evaluated. For example, if household of 3 is evaluated for MAGI and 2 are approved while 1 is set to pending status due to needing to provide verification, the processing time for all 3 individuals will be until the final person is evaluated.
17. Indicator 12 is not equal to the sum of 9e+9f+10d due to the CHIP eligible and CHIP ineligible being reported as MC Ineligible as well.
18. For Indicator 12 MAGI processing time, if a user manually changes the application date to be after the referral date, then the processing time will be

negative. These determinations will be reported as having a 0-day processing time.

19. Indicator 10 excludes ineligible determinations with specific denial reasons such as requesting disenrollment. Indicator 12 does not have this requirement for ineligible determinations.
20. Indicator 10 includes ineligible determinations due to being discontinued. Indicator 12 only includes approvals and denials at application.
21. The report includes Former Foster Youth.
22. In the SAWS2+ application there is a disability related question. However, this root question is not used in identifying a disability related application as this indicator only signals a worker to populate the medical condition page. We use the medical condition page to identify a disability related application.

2   RECOMMENDATIONS

The DHCS CMS Performance Indicators Master Data Request report is being updated as requested by DHCS.

2.1   DHCS CMS Performance Indicators Master Data Request

2.1.1   Overview

DHCS has requested the DHCS CMS Performance Indicators Master Data Request to be updated to report on Medicaid and CHIP information more accurately.

2.1.2 DHCS CMS Performance Indicators Master Data Request Mockup

| SAWS: | CalSAWS | | | Report Date: | 02-01-2020 08:13 PM | | | | |
| Reporting Level: | Application Level | | | Reporting Period (monthly reporting): | 01-01-2020 to 01-31-2020 | | | | |

CMS Performance Indicator 5. Number of Applications Received

County	5a. All applications (5b+5n)	5b. Applications received by the Medicaid agency (5c+5d+5e+5f+5g)	Application Received by Medicaid Agency, by Channel					
			5c. Online	5d. Mail	5e. In Person	5f. Phone	5g. Other	5n. SBM
Alameda	1	1	1	1	1	1	1	1
Alpine	1	1	1	1	1	1	1	1
Amador	1	1	1	1	1	1	1	1
Butte	1	1	1	1	1	1	1	1
Calaveras	1	1	1	1	1	1	1	1
Contra Costa	1	1	1	1	1	1	1	1
Del Norte	1	1	1	1	1	1	1	1
El Dorado	1	1	1	1	1	1	1	1
Fresno	1	1	1	1	1	1	1	1
Glenn	1	1	1	1	1	1	1	1
Humboldt	1	1	1	1	1	1	1	1
Imperial	1	1	1	1	1	1	1	1
Inyo	1	1	1	1	1	1	1	1
Kern	1	1	1	1	1	1	1	1
Kings	1	1	1	1	1	1	1	1
Lake	1	1	1	1	1	1	1	1
Lassen	1	1	1	1	1	1	1	1
Los Angeles	1	1	1	1	1	1	1	1
Madera	1	1	1	1	1	1	1	1
Marin	1	1	1	1	1	1	1	1
Mariposa	1	1	1	1	1	1	1	1
Mendocino	1	1	1	1	1	1	1	1
Merced	1	1	1	1	1	1	1	1
Monterey	1	1	1	1	1	1	1	1
Napa	1	1	1	1	1	1	1	1
Nevada	1	1	1	1	1	1	1	1
Orange	1	1	1	1	1	1	1	1
Placer	1	1	1	1	1	1	1	1
Plumas	1	1	1	1	1	1	1	1
Riverside	1	1	1	1	1	1	1	1
Sacramento	1	1	1	1	1	1	1	1
San Benito	1	1	1	1	1	1	1	1
San Bernardino	1	1	1	1	1	1	1	1
San Diego	1	1	1	1	1	1	1	1
San Francisco	1	1	1	1	1	1	1	1
San Joaquin	1	1	1	1	1	1	1	1
San Luis Obispo	1	1	1	1	1	1	1	1
San Mateo	1	1	1	1	1	1	1	1
Santa Barbara	1	1	1	1	1	1	1	1
Santa Clara	1	1	1	1	1	1	1	1
Santa Cruz	1	1	1	1	1	1	1	1
Shasta	1	1	1	1	1	1	1	1
Sierra	1	1	1	1	1	1	1	1
Siskiyou	1	1	1	1	1	1	1	1
Solano	1	1	1	1	1	1	1	1
Sonoma	1	1	1	1	1	1	1	1
Stanislaus	1	1	1	1	1	1	1	1
Sutter	1	1	1	1	1	1	1	1
Tehama	1	1	1	1	1	1	1	1
Trinity	1	1	1	1	1	1	1	1
Tulare	1	1	1	1	1	1	1	1
Tuolumne	1	1	1	1	1	1	1	1
Ventura	1	1	1	1	1	1	1	1
Yolo	1	1	1	1	1	1	1	1
Yuba	1	1	1	1	1	1	1	1
Total	58	58	58	58	58	58	58	58

Note see the Supporting Documents section for the attached mockup.

2.1.3 Description of Change

Make the following updates to all three versions of the reports unless a specific report is mentioned.

1. **Indicator 5 - Number of Applications Received**:
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
   b. Update the state and county version of the reports to split indicators 5a and 5b. Indicator 5a is now labeled as "5a. All applications (5b+5n)" and is equal to the sum of 5b and 5n. Previously 5a was equal to 5b.
   c. Update the state and county version of the report to relabel indicator 5b to "5b Applications received by the Medicaid agency (5c+5d+5e+5f+5g)".
   d. Update indicator 5d. Mail to exclude Fax applications. These applications are now reported under indicator 5g. Other. See Appendix 7.1 for the full mapping.
   e. Update indicator 5e. In Person to include Out-Station applications.
   f. Add a new 5n. SBM indicator. The indicator captures all CalHEERS referrals as well as any program applications with a source of CalHEERS that is not linked to a referral. Previously the CalHEERS applications were reported under indicator 5c. Online and did not include unlinked referrals.
   g. Update indicator 5g. Other to exclude ICT applications and Single Point of Entry (SPE) applications. ICT and SPE applications are excluded from indicator 5 entirely. Indicator 5g. Other now captures any application, including newly introduced application types that are not captured on indicators 5b-5f or 5n with the exclusion of ICT or SPE applications.
   h. Update the base population logic to only report one application for a given person if multiple applications are submitted. The first application received will be reported. The report is currently reporting all applications submitted for a given person.
   i. Update the logic for the following Indicator totals on the state and county version of the report:

Indicator 5 Definitions	Definition
5a. All applications (5b+5n)	**Indicator 5 Base Population** The total number of Medi-Cal applications received in the report month for a given county combined with the total number of MAGI Referrals received in the report month for a given county. A person is only reported once if they submit multiple applications during the report month by

reporting the first received application. This indicator only reports the primary applicant.

Applications Received

- The Program is (CT-18):
    - MC – Medi-Cal
- The Program Application Source is **NOT** equal to (CT-294):
    - EI - ICT
    - SP - SPE
    - CH - CalHEERS
- The Program Application's Initial Pending Status has an event date in the report month (CT-157):
    - PE – Pending
- If a user submits multiple applications, then the first one received is reported.

Referrals Received from CalHEERS:

- The ICT Source Code (CT-268):
    - CH - CalHEERS
- The referral Initiated Date is in the report month. Technical Note: This is ICT.BATCH_DATE
- The Transfer Type is (CT-270):
    - RF - Referral
    - DC - Determination Change
- For referrals with a Transfer Type of 'Determination Change', the Application Date of the referral is in the month. Technical Note: This is taken from CH_APP.APP_DATE
- The ICT Status as of the last day of the report month is **not** (CT-450):
    - CL - Canceled
    - SP - Suppressed
    - AP - Covered CA Only
- For referral that are not linked to a program application, then status of the referral as of the last day of the report month is **not** (CT-450):
    - NN - Not Needed
- If the referral is not linked to a program application as of the last day of the report month, then the referral has the person marked as Requesting Aid set to 'Y'. Technical Note: This is ICT_PGM_PERS.REQ_AID_IND
- When multiple valid referrals exist for a given CalHEERS case, the latest received in the report month will be reported. This is to avoid duplicates.

CalHEERS Program Applications With No Linkage to Referral

- The Program Application Source is (CT-294):
    - CH - CalHEERS

	• The Program Application's Initial Pending Status is in the report month (CT-157): ○ PE - Pending • The program Application does not have linkage to a CalHEERS referral. If a user submits a program application through CalHEERS and SBM then the one with the earliest received date will be reported. This indicator is equal to the sum of 5b + 5n.

5b. Applications received by the Medicaid agency (5c+5d+5e+5f+5g)	From the base population, the total number of Medi-Cal applications received by the Medicaid agency in the report month for a given county.
	• Application Source is **NOT** Equal to (CT-294):
	    ○ EI - ICT
	    ○ SP - SPE
	    ○ CH – CalHEERS
	• Is not an SBM Referral
	This indicator is equal to the sum of 5c+5d+5e+5f+5g.

5c. Online	From the base population, the total number of Medi-Cal applications received Online in the report month for a given county.
	• Application Source (CT-294):
	    ○ SW - SAWS
	    ○ YB - Self-Service Portal

5d. Mail	From the base population, the total number of Medi-Cal applications received by Mail in the report month for a given county. • Application Source (CT-294): ○ ML - Mail In Application

5e. In Person	From the base population, the total number of Medi-Cal applications received In Person in the report month for a given county.
	• Application Source (CT-294):
	    ○ IP - In Person
	    ○ OS - Outstation

5f. Phone	From the base population, the total number of Medi-Cal applications received by Phone in the report month for a given county.
	• Application Source (CT-294):
	    ○ PH - Phone
	    ○ RC - Regional Call Center (RCC)
	    ○ CS - Service Center Referral (CSC)

5g. Other	From the base population, the total number of Medi-Cal applications received by other means in the report month for a given county.
	• Application Source **NOT** Equal (CT-294):
	○ EI - ICT
	○ SP - SPE
	○ CH - CalHEERS
	○ SW - SAWS
	○ YB - Self-Service Portal
	○ ML - Mail In Application
	○ IP - In Person
	○ OS - Outstation
	○ PH - Phone
	○ RC - Regional Call Center (RCC)
	○ CS - Service Center Referral (CSC)
	• Is not an SBM Referral
	Example of Possible Values:
	• Community Based Organization (CBO)
	• Child Welfare Services (CWS)
	• Email
	• Fax
	• IHSS/CMIPS II
	• Other
	Note this list is not restrictive. If new application source types are introduced to the system, the report will automatically include them on this indicator.
5n. SBM	From the base population, the total number of MAGI Referrals received from CalHEERS in the report month for a given county.
	Referrals Received from CalHEERS:
	• The ICT Source Code (CT-268):
	○ CH - CalHEERS
	• The referral Initiated Date is in the report month. Technical Note: This is ICT.BATCH_DATE
	• The Transfer Type is (CT-270):
	○ RF - Referral
	○ DC – Determination Change
	• For referrals with a Transfer Type of 'Determination Change', the Application Date of the referral is in the month. Technical Note: This is taken from CH_APP.APP_DATE
	• The ICT Status as of the last day of the report month is **not** (CT-450):
	○ CL - Canceled
	○ SP - Suppressed
	○ AP - Covered CA Only
	• If the referral is not linked to a program application as of the last day of the report month, then the

	status of the referral as of the last day of the report month **is not** (CT-450):
	    o NN - Not Needed
	• For referrals that are not linked to a program application as of the last day of the report month, then the referral has the person marked as Requesting Aid set to 'Y'.
	   Technical Note: This is ICT_PGM_PERS.REQ_AID_IND
	• When multiple valid referrals exist for a given CalHEERS case, the latest received in the report month will be reported. This is to avoid duplicates.
	
	CalHEERS Program Applications With No Linkage to Referral
	    • The Program Application Source is (CT-294):
	        o CH - CalHEERS
	    • The Program Application's Initial Pending Status is in the report month (CT-157):
	        o PE - Pending
	    • The program Application does not have linkage to a CalHEERS referral.

j.   Add the following columns to the 'CMS5' county detail sheet:

Column Name	Definition
Application Date	Displays the application date of the program application. This column will be blank for referrals that are not linked to a program application. Format: MM/DD/YYYY
Application Pending Date	Displays the date the program application was first set to pending status. This column will be blank for referrals that are not linked to a program application. Format: MM/DD/YYYY
Referral Date	Displays the date the referral was received in the system. This field will be blank for non CalHEERS referrals. Format: MM/DD/YYYY Technical Note: This is the ICT.BATCH_DATE.
MAGI Case Number	Displays the MAGI Case Number for CalHEERS referral. This field will be blank for non CalHEERS referrals.

	Technical Note: This is the CH_CASE_INFO.CH_CASE_NUM_IDENTIF.

k. Update the logic to the existing columns on the 'CMS5' county detail sheet:

Column Name	Definition
Case Number	Displays the case number of the case. This field will be blank for referrals which are not linked to a case.
Case Name	Displays the case name of the case. This field will be blank for referrals which are not linked to a case.
Person Name	Displays the primary applicant's name related to the application. Format: [First name] [Last name] This field will be blank for referrals which are not linked to a case.
DOB	Displays the date of birth of the primary applicant. Format: MM/DD/YYYY This field will be blank for referrals which are not linked to a case or if the person does not have a Date of Birth in the system.
CIN	Displays the CIN of the primary applicant. Format: MM/DD/YYYY This field will be blank for referrals which are not linked to a case or if the person does not have a CIN.

2. **Indicator 7 - Renewals:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
   b. Include aid code 'P0' to indicators 7a and 7b.
   c. Exclude aid code '0C' from indicator 7. The aid code was previously included on indicators 7a and 7b.

d. Update the base population for 7a. Total REs due to exclude the role reason of Medi-Cal Member Only when evaluating for the Total REs Due. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.

e. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.

f. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 7 Definitions	Definition

7a. Total REs due	**Indicator 7 Base Population**
	
	Reports the total number for annual renewal that came up for redetermination during the report month regardless of whether they receive a final determination. The indicator excludes a change in circumstance.
	
	• Program (CT-18):
	   o MC-Medi-Cal
	• Program Status as of the last day of the report month (CT-72):
	   o AC - Active
	• Program Person Status as of the last day of the report month (CT-72):
	   o AC – Active
	• Program Person Role as of the last day of the report month (CT-201):
	   o ME - Member
	• One of the following 2 conditions are met:
	   o The program person has a Redetermination due in the report month.
	     AND
	     The person is assigned one of the aid code listed under Appendix 7.3 for Indicator 7. Only a single aid code per person is reported. The priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list.
	
	   o The program person has a 4M – FC Continuing Medi-Cal aid code as of the last day of the report month
	     AND
	     Their birthday is in the report month
	     AND

	They are 26 years old as of the last day of the report month
	• Exclude renewals triggered by a change in circumstance. These are renewals where there exists another renewal for the same program that is within 9 months after the current renewal due date. For example, on the 01/2022 report, if a program has a renewal with a due date of 01/2022 and there exists another renewal with a due date of 09/2022 then the program will not be reported on Indicator 7.
7b. MAGI	From the Indicator 7a base population, the number individuals with an aid code listed on Appendix 7.3 for Indicator 9b.
7c. Non-MAGI	From the Indicator 7a base population, the number individuals with an aid code listed on Appendix 7.3 for Indicator 9c.
7d. CHIP	From the Indicator 7a base population, the number individuals with an aid code listed on Appendix 7.3 for Indicator 9d.
7e. Unknown	From the Indicator 7a base population, the number individuals with an aid not listed on indicator 7e. Note this total will always be 0.

3. **Indicator 9 - Total Number of Individuals Determined Eligible:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
   b. Include aid code 'P0' to indicators 9a, 9b, 9d, 9e, 9g and 9i.
   c. Exclude aid code '0C' from the indicator. The aid code was previously included on indicators 9a, 9b, 9d, 9e, 9f, 9j, 9k, 9l, 9m.
   d. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.
   e. Update the base population for 9a. Total Eligible to exclude the role reason of Medi-Cal Member Only when evaluating for the eligible population. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
   f. Update the base population logic to no longer consider the program person application event of 'AT – Retro Approved' as an Eligible determination. The indicator no longer reports retro month approvals.

g. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month:
- Change
- Retro Pending
- Retro Approved
- Retro Denied
- Retro Denial Rescinded
- Retro Rescind Approved (Denial)
- Denial Rescinded
- Discontinuance Rescinded
- Rescind Approved (Denial)
- Rescind Approved (Discontinued)

h. Update the base population logic to only report one application for a given person if multiple applications are submitted. The first application received will be reported.

i. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 9 Definitions	Definition
9a. Total Eligible	Indicator 9 Base Population The total number of individuals determined eligible for Medicaid under MAGI or Non-MAGI rules. This count includes eligible at application, redeterminations, or change in circumstance. A person is only reported once on this indicator regardless of if they have multiple applications. - Program (CT-18): - MC - Medi-Cal - Program Person Role (CT-201): - ME - Member - One of the following conditions are met: - The latest event on the program person application that occurred in the report month is (CT-157): - AA - Approved Disregard the following event types when evaluating for the latest program person application status (CT-157): - CH – Change - AT - Retro Approved - RT - Retro Denial Rescinded - DT - Retro Denied - PT - Retro Pended - AD - Retro Rescind Approved (Denial) - RS - Denial Rescinded - DR - Discontinuance Rescinded - AE - Rescind Approved (Denial)

	▪ AS - Rescind Approved (Discontinued) ○ An RE is completed in the report month and the RE Due Month has been advanced. • A program application takes precedence over a Redetermination if both were to occur for a given program in the report month. • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9a. **OR** The person has an '4M' aid code, their birthday is in the month and they are 26 years old. • The EDBC run date is in the report month. • When multiple EDBC records exist in the report month then a single is selected based on the latest Begin Date followed by the latest database CREATED_ON date. • Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. • If a user submits multiple applications, then the first one approved or denied is reported. Note: 9a = 9b + 9c. Note: Indicator 9a does not include 9j. CHIP Eligible. Note: The program person status is tied to the program application, therefore only a single application can be reported.
9b MAGI Eligible	From the Indicator 9a base population: • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9b. Note: 9b + 9c = 9d + 9g + 9i
9c. Non-MAGI Eligible	From the Indicator 9a base population: • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9c. Note: 9b + 9c = 9d + 9g + 9i
9d. At Application	From the Indicator 9a base population: • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9d. • The person has a program person application where the latest status in the report month is (CT-157): ○ AA - Approved Note: This indicator is equal to the sum of indicator 9e and 9f.

9e. At Application - MAGI	From the Indicator 9a base population: • The person's aid code is listed on Appendix 7.3 for Indicator 9e. • The program person has a program person application where the latest status in the report month is (CT-157): o AA - Approved
9f. At Application – Non - MAGI	From the Indicator 9a base population: • The person's aid code is listed on Appendix 7.3 for Indicator 9f. • The program person has a program person application where the latest status in the report month is (CT-157): o AA - Approved
9g. At Annual Renewal	From the Indicator 9a base population: • The person's aid code is listed on Appendix 7.3 for Indicator 9g. • The program has a Redetermination with a Due Date **less than or equal** to two months after the report month. • The Redetermination Completion Date is in the report month and the RE Due Date was advanced. • The program person **does not** have a program person application where the latest status in the report month is (CT-157): o AA - Approved
9i. Other	From the Indicator 9a base population: • The person's aid code is listed on Appendix 7.3 for Indicator 9i. • The program has a Redetermination with a Due Date **greater** than two months after the report month. • The Redetermination Completion Date is in the report month and the RE Due Date was advanced. • The program person **does not** have a program person application where the latest status in the report month is (CT-157): o AA - Approved

9j. Chip Eligible	Indicator 9j Base Population:
	The total number of individuals determined eligible for CHIP under the MCHIP programs. This count includes eligible at application, redeterminations, or change in circumstance.
	• Program (CT-18):
	   o MC - Medi-Cal
	• Program Person Role (CT-201):
	   o ME - Member
	• One of the following conditions are met:

	o The latest event on the program person application that occurred in the report month is (CT-157):
	    ▪ AA - Approved
	Disregard the following event types from when evaluating for the latest program person application status (CT-157):
	    ▪ CH – Change
	    ▪ AT - Retro Approved
	    ▪ RT - Retro Denial Rescinded
	    ▪ DT - Retro Denied
	    ▪ PT - Retro Pended
	    ▪ AD - Retro Rescind Approved (Denial)
	    ▪ RS - Denial Rescinded
	    ▪ DR - Discontinuance Rescinded
	    ▪ AE - Rescind Approved (Denial)
	    ▪ AS - Rescind Approved (Discontinued)
	o An RE is completed in the report month and the RE Due Month has been advanced.
	• The EDBC Run Date is in in the report month.
	• When multiple EDBC records exist in the report month, then a single is selected based on the latest begin date desc followed by database created on descending.
	• The person's aid code is listed on Appendix 7.3 for Indicator 9j.
	Note 9j = 9k + 9l + 9m

9k. At Application	From the 9j. Chip Eligible population, the number of people found CHIP Eligible at application. • The person's aid code is listed on Appendix 7.3 for Indicator 9k. • The program person has a program person application where the latest status in the report month is (CT-157): o AA - Approved
9l. At Annual Renewal	From the 9j. Chip Eligible population, the number of people found Eligible at annual renewal. • The person's aid code is listed on Appendix 7.3 for Indicator 9l. • The program has a Redetermination with a Due Date **less than or equal to** two months after the report month. • The Redetermination Completion Date is in the report month and the RE Due Date was advanced. • The program person **does not** have a program person application where the latest status in the report month is (CT-157): o AA - Approved

9m. Other	Of the CHIP Medicaid Eligible population, the number of determinants found Eligible at by other means. • The person's aid code is listed on Appendix 7.3 for Indicator 9m. • The program has a Redetermination with a Due Date **greater** than two months after the report month. • The Redetermination Completion Date is in the report month and the RE Due Date was advanced. • The program person **does not** have a program person application where the latest status in the report month is (CT-157): ○ AA - Approved

j. Add the following columns to the 'CMS9' county detail sheet:

Column Name	Definition
Application Date	Displays the application date of the program application. Format: MM/DD/YYYY
Completed RE Due Date	Displays the RE Due Date for Individuals Determined Eligible at Annual Renewal or at Other. The column will be blank if the Eligible Determination was at Application. Format: MM/YYYY

4. **Indicator 10 - Total Number of Individuals Determined Ineligible:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
   b. Remove the restriction of reportable Discontinuance and Denial Reasons. The list is replaced by a list of excluded Discontinuance and Denial reasons. The list excludes individuals who request disenrollment, individuals who were denied but did not apply and CMSPI and Express Lange, etc. The report now includes individuals who are denied but have no denial reason.

Code-73	Short Description
XV	Requested Disc. (CMSP) - Add Person
XW	Requested Disc. (CMSP) - Reapply with Budget Change
XX	Requested Disc. (CMSP) - Verbal

06	Requested Disc. - Verbal
K4	Requested Disc. - Written
K5	Requested Disc. - Written inc. MC
XS	Withdrawal - Written
18	Written Withdrawal
K3	Written Withdrawal inc. MC
09	Application Opened in Error
JK	Declined Elig
JZ	MPPP Declined Eligible
E4	Requested Exclusion
10	Duplicate Application
CN	On Aid Another Case
E5	Verbal Withdrawal
GB	No Open Application

c. Update the logic for Indictor 10 in the way it counts a determination as Medicate or CHIP. See Appendix 7.4 for examples.

- If the individual is determined **eligible** for CHIP (having a CHIP aid code) the determination will also be considered an MC Ineligible determination. This is because MC eligibility should be evaluated first and then CHIP eligibility. This means the single CHIP Eligible determination will be reported under Indicator 9 and Indicator 10.
- If the individual is determined ineligible for MC and the individual is 19 years old or older as of the last day of the report month, the ineligibility will be counted as an MC Ineligible determination only. The individual should not be evaluated for CHIP eligibility due to being over age.
- If the individual is determined ineligible for MC and the individual is 18 years or younger as of the last day of the report month, count the ineligibility as both MC ineligible and CHIP ineligible. The individual should first be evaluated for MC eligibility followed by CHIP eligibility.

d. Update the report logic to report a program person once if they are denied multiple times on different applications in the report month. The first denied application will be reported. Currently the report is reporting an individual multiple times if multiple applications were denied during the report month.

e. Update the report logic to select a single EDBC record based on the latest Begin Date followed by the latest database created on date.

Currently the report logic is capturing the latest EDBC record based on the EDBC Run Date followed by the EDBC End Date. This is because if a retro month is evaluated in the same month, then the ongoing eligibility should be selected by having the latest Begin Date.

f. Update the base population for 10a. Total Medicaid Ineligible and 10g. CHIP Ineligible to exclude the role reason of Medi-Cal Member Only when evaluating for the ineligible population. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.

g. Update the base population logic to no longer consider the program person application event of Retro Denied as an ineligible determination. The indicator no longer reports retro month denials.

h. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month:
- Change
- Retro Pending
- Retro Approved
- Retro Denied
- Retro Denial Rescinded
- Retro Rescind Approved (Denial)
- Denial Rescinded
- Discontinuance Rescinded
- Rescind Approved (Denial)
- Rescind Approved (Discontinued)

i. Include the Discontinued Financially Responsible – Included (FRI) program person role to the indicator. This is a person who is not eligible for assistance but is financially responsible to the program and is included in the unit size. The individual must have applied for benefits to be reported. This means the person has a Pending application status.

j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 10 Definitions	Definition
10a. Total Medicaid Ineligible	Indicator 10 Base Population: The total number of individuals determined ineligible for Medicaid under MAGI or Non-MAGI rules. This count includes eligible at application, redeterminations, or change in circumstance. The indicator also includes individuals determined eligible for CHIP. The indicator excludes individuals who request disenrollment. • Program (CT-18): o MC - Medi-Cal

	- The latest event on the program person application that occurred in the report month and the program person role:
	   ○ Program Person Application Status (CT-157):
	      ▪ DE - Denied
	     Disregard the following event types when evaluating for the latest program person application status (CT-157):
	      ▪ CH – Change
	      ▪ AT - Retro Approved
	      ▪ RT - Retro Denial Rescinded
	      ▪ DT - Retro Denied
	      ▪ PT - Retro Pended
	      ▪ AD - Retro Rescind Approved (Denial)
	      ▪ RS - Denial Rescinded
	      ▪ DR - Discontinuance Rescinded
	      ▪ AE - Rescind Approved (Denial)
	      ▪ AS - Rescind Approved (Discontinued)
	   OR
	   ○ Program Person Application Status (CT-157):
	      ▪ DS – Discontinued
	     Disregard the following event types when evaluating for the latest program person application status (CT-157):
	      ▪ CH – Change
	      ▪ AT - Retro Approved
	      ▪ RT - Retro Denial Rescinded
	      ▪ DT - Retro Denied
	      ▪ PT - Retro Pended
	      ▪ AD - Retro Rescind Approved (Denial)
	      ▪ RS - Denial Rescinded
	      ▪ DR - Discontinuance Rescinded
	      ▪ AE - Rescind Approved (Denial)
	      ▪ AS - Rescind Approved (Discontinued)
	   ○ Program Person Role that is effective during the Discontinued event(CT-201):
	      ▪ ME - Member
	      ▪ UP - Unaided Person
	      ▪ FR - FRI
	   ○ For FRI, the individual must have applied for benefits to be reported. This means the person has a Pending application status.
	- The program application status reason is not one of the following:
	   ○ XV - Requested Disc. (CMSP) - Add Person
	   ○ XW - Requested Disc. (CMSP) - Reapply with Budget Change
	   ○ XX - Requested Disc. (CMSP) - Verbal
	   ○ 06 - Requested Disc. - Verbal
	   ○ K4 - Requested Disc. - Written

	- o K5 - Requested Disc. - Written inc. MC - o XS - Withdrawal - Written - o 18 - Written Withdrawal - o K3 - Written Withdrawal inc. MC - o 09 - Application Opened in Error - o JK - Declined Elig - o JZ - MPPP Declined Eligible - o E4 - Requested Exclusion - o 10 - Duplicate Application - o CN - On Aid Another Case - o E5 - Verbal Withdrawal - o GB - No Open Application - The program person has the following status, role, and resulting event during the report month: - o Program Person Role (CT-201): ▪ ME – Member Program Person Status is (CT-72): ▪ AC – Active ▪ IN – Ineligible Event Type Code **not equal** to (CT-157): ▪ DE - Denied **OR** Program Person Role (CT-201): ▪ UN – Unaided Person ▪ FR - FRI Program Person Status is (CT-72): ▪ IN – Ineligible Event Type Code **not equal** to (CT-157): ▪ DE - Denied Person was a Member the month prior to the report month (CT-201): ▪ ME - Member **OR** Event Type Code is equal to (CT-157): ▪ DE - Denied - The EDBC Run Date is in in the report month. - When multiple EDBC records exist in the report month, a single will be selected by selecting the latest based on begin date descending followed by database created on date desc. - If an individual was found ineligible multiple times through separate applications, then the first approved or denied will be reported. This is to avoid duplicates. - The person is 19 years or older as of the last day of the report month. **UNION** - The Population of Indicator 9j. CHIP Eligible
10b. MC Ineligibility Established	From the 10a base population, the number of individuals that meet the following conditions:

	• Does have a Status Reason listed in Appendix 7.6. **Union** The number of individuals in the 9j. CHIP Eligible population
10c. MC Ineligibility Cannot be Established	From the 10a base population, the number of individuals that meet the following conditions: • Does **not** have a Status Reason listed in Appendix 7.6.
10d. Ineligibility at Application	From the 10a base population, the number of individuals that meet the following conditions: • The person has a program person application with the latest event that occurred in the report month being (CT-157): o DE - Denied **Union** The number of individuals in the 9k. CHIP Eligible At Application population

10e. Ineligibility At Annual Renewal	From the 10a base population, the number of individuals that meet the following conditions:
	
	• The person does **not** have a program person application with latest event that occurred in the report month being (CT-157):
	    o DE - Denied
	• The latest EDBC record by Begin Date with a run date in the report month resulted in a program status of (CT-72):
	    o DS – Discontinued
	The EDBC Status Reason is (CT-73):
	    o 16 - Failed to Complete Eligibility Determination
	    o RD - Failed to Complete Redetermination
	OR
	The person has a program person application with latest event that occurred in the report month being (CT-157):
	    o DS – Discontinued
	The program application Status Reason is (CT-73):
	    o 16 - Failed to Complete Eligibility Determination
	    o RD - Failed to Complete Redetermination
	• The person has a Renewal with a due date **less than or equal to** 2 months after the report month.
	
	Union
	
	The number of individuals in the 9l. CHIP Eligible At Annual Renewal population

10f Ineligibility Other	From the 10a base population, the number of individuals that meet the following conditions:

	• The person is not reported on 10d or 10e. **Union** The number of individuals in the 9m. CHIP Eligible At Other population

10g. CHIP Ineligibility	Base Population for 10g:
	
	Note: The 10g base population is not a subset of the 10a base population.
	
	• Program (CT-18):
	    o MC - Medi-Cal
	• The latest event on the program person application that occurred in the report month and the program person role:
	    o Program Person Application Status (CT-157):
	        ▪ DE - Denied
	    Disregard the following event types when evaluating for the latest program person application status (CT-157):
	        ▪ CH – Change
	        ▪ AT - Retro Approved
	        ▪ RT - Retro Denial Rescinded
	        ▪ DT - Retro Denied
	        ▪ PT - Retro Pended
	        ▪ AD - Retro Rescind Approved (Denial)
	        ▪ RS - Denial Rescinded
	        ▪ DR - Discontinuance Rescinded
	        ▪ AE - Rescind Approved (Denial)
	        ▪ AS - Rescind Approved (Discontinued)
	    OR
	    o Program Person Application Status (CT-157):
	        ▪ DS – Discontinued
	    Disregard the following event types when evaluating for the latest program person application status (CT-157):
	        ▪ CH – Change
	        ▪ AT - Retro Approved
	        ▪ RT - Retro Denial Rescinded
	        ▪ DT - Retro Denied
	        ▪ PT - Retro Pended
	        ▪ AD - Retro Rescind Approved (Denial)
	        ▪ RS - Denial Rescinded
	        ▪ DR - Discontinuance Rescinded
	        ▪ AE - Rescind Approved (Denial)
	        ▪ AS - Rescind Approved (Discontinued)
	    o Program Person Role that is effective during the Discontinued event(CT-201):
	        ▪ ME - Member
	        ▪ UP - Unaided Person
	        ▪ FR - FRI

	- o For FRI, the role reason is blank OR the role reason is NOT one of the following (CT-73): ▪ EG – Parent ▪ EH – Optional Spouse ▪ EI - Father of Unborn-PWO - The program application status reason is not one of the following: - o XV - Requested Disc. (CMSP) - Add Person - o XW - Requested Disc. (CMSP) - Reapply with Budget Change - o XX - Requested Disc. (CMSP) - Verbal - o 06 - Requested Disc. - Verbal - o K4 - Requested Disc. - Written - o K5 - Requested Disc. - Written inc. MC - o XS - Withdrawal - Written - o 18 - Written Withdrawal - o K3 - Written Withdrawal inc. MC - o 09 - Application Opened in Error - o JK - Declined Elig - o JZ - MPPP Declined Eligible - o E4 - Requested Exclusion - o 10 - Duplicate Application - o CN - On Aid Another Case - o E5 - Verbal Withdrawal - o GB - No Open Application - The program person has the following status, role, and resulting event during the report month: - o Program Person Role (CT-201): ▪ ME – Member Program Person Status is (CT-72): ▪ AC – Active ▪ IN – Ineligible Event Type Code **not equal** to (CT-157): ▪ DE - Denied **OR** Program Person Role (CT-201): ▪ UN – Unaided Person ▪ FR - FRI Program Person Status is (CT-72): ▪ IN – Ineligible Event Type Code **not equal** to (CT-157): ▪ DE - Denied Person was a Member the month prior to the report month (CT-201): ▪ ME - Member **OR** Event Type Code is equal to (CT-157): ▪ DE - Denied - The EDBC Run Date is in in the report month. - When multiple EDBC records exist in the report month, a single will be selected by selecting the

	latest based on begin date descending followed by database created on date desc.
	• If an individual was found ineligible multiple times through separate applications, then the latest actioned one will be reported. This is to avoid duplicates.
	• The person is 18 years old or younger as of the last day of the report month.
10h. CHIP Ineligibility Established	From the 10a base population, the number of individuals that meet the following conditions:
	• Does have a Status Reason listed in Appendix 7.6.
10.i CHIP Ineligibility Can't be Established	From the 10a base population, the number of individuals that meet the following conditions:
	• Does **not** have a Status Reason listed in Appendix 7.6.
10j. Ineligible At Application	From the 10g population, the number of individuals that meet the following requirement:
	• The person has a program person app with the latest event in the report month being (CT-157):
	o DE - Denied
10k. Ineligible At Annual Renewal	From the 10g population, the number of individuals that meet the following requirement:
	• The person does **not** have a program person application with latest event that occurred in the report month being (CT-157):
	o DE - Denied
	• The latest EDBC record by Begin Date with a run date in the report month resulted in a program status of (CT-72):
	o DS – Discontinued
	The EDBC Status Reason is (CT-73):
	o 16 - Failed to Complete Eligibility Determination
	o RD - Failed to Complete Redetermination
	OR
	The person has a program person application with latest event that occurred in the report month being (CT-157):
	o DS – Discontinued
	The program application Status Reason is (CT-73):
	o 16 - Failed to Complete Eligibility Determination
	o RD - Failed to Complete Redetermination
	• The person has a Renewal with a due date **less than or equal to** 2 months after the report month.

10l. Ineligible Other	From the 10g base population, the number of individuals that meet the following requirement: • The person is not reported on 10j or 10k.

• Update the logic for the following column:

Column Name	Definition
Determination Reason	Displays the Determination Reason for the determination. Technical Note: This field is derived from PERS_APP.STAT_RSN_CODE

• Add the following columns to the detail sheet:

Column Name	Definition
Determination Status	Displays the Status of the determination. Possible Values: • Denied • Discontinued Technical Note: This is taken from PERS_APP.STAT_CODE.

5. **Indicator 11 - Number of Pending Applications or Redeterminations Updates:**
   a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
   b. Include aid code 'P0' to indicator 11a
   c. Exclude aid code '0C' from indicator 11a
   d. Update Indicator 11b. Pending App to display '1' rather than 'A'. All counties are reporting at the individual level represented by '1'. The 'A' represents counties that reporting at the case level or at the case and individual level. Only the county version of the report is incorrectly displaying 'A'.
   e. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.
   f. Update the base population for Indicator 11 to exclude the role of Medi-Cal Member Only when evaluating for the Pending at MC Agency base population. This role reason is only used in cash based

Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.

g. Exclude Pending Applications that are not tied to a 'Pending' program status as of the last day of the report month. These applications are stuck in 'Pending' status and cannot be actioned by a worker in the system. Currently these applications are being reported every month as Pending even though the program has been approved or denied with a newer application.

h. Update the base population logic to no longer consider the program person application event of Retro Pending. The indicator no longer reports pending retro determinations.

i. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month:

- Change
- Retro Pending
- Retro Approved
- Retro Denied
- Retro Denial Rescinded
- Retro Rescind Approved (Denial)
- Denial Rescinded
- Discontinuance Rescinded
- Rescind Approved (Denial)
- Rescind Approved (Discontinued)

j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 11 Definitions	Definition
11a. Pending at MC Agency	Indicator 11 Base Population:
	The total number of pending applications and renewal still awaiting a final determination as of the last day of the report month. If an individual has a Pending Renewal and Pending Application in the same report month, both are reported.

	Pending Applications
	
	• Program (CT-18):
	    o MC-Medi-Cal
	• Latest Program Person Application event as of the last day of the report month is (CT-157):
	    o PE - Pended
	Disregard the following event types from when evaluating for the latest program person application status (CT-157):
	    o CH – Change
	    o AT - Retro Approved
	    o RT - Retro Denial Rescinded

	o DT - Retro Denied
	o PT - Retro Pended
	o AD - Retro Rescind Approved (Denial)
	o RS - Denial Rescinded
	o DR - Discontinuance Rescinded
	o AE - Rescind Approved (Denial)
	o AS - Rescind Approved (Discontinued)
	
	UNION
	
	Pending Renewals
	
	• Program (CT-18):
	    o MC - Medi-Cal
	• Program Person Status as of the last day of the report month (CT-72):
	    o AC - Active
	• Program Person Role as of the last day of the report month (CT-201):
	    o ME - Member
	• The RE Due Date is less than or equal to the last day of the report month.
	• The RE Completion Date is greater than the last day of the report month.
	• The person has one of the assigned aid codes listed on Appendix 7.3 for indicator 11a.
	• Exclude individuals who will not have a status of Active beginning on the 1st or 2nd month following the report month.
	• Exclude individuals whose role will not be Member beginning on the 1st or 2nd month following the report month.
	• When evaluating EDBC, a single EDBC is selected by obtaining the latest based on Begin Date descending followed by CREATED_ON descending.
	• Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list.
	• Exclude Pending Applications that are not tied to a Pending program status. These are program applications that cannot be actioned by a worker. This happens when a program has a newer program application and the older program application is stuck in Pending status.
	
	FC Continuing Medi-Cal
	
	• Program (CT-18):
	    o MC - Medi-Cal
	• Program Person Status as of the last day of the report month (CT-72):
	    o AC - Active
	• Program Person Role as of the last day of the report month (CT-201):
	    o ME - Member
	• Program Person Aid Code:

	o 4M – FC Continuing Medi-Cal • Program Person's Age is 26 years old • Program Person's Birthday is in the report month.
11b. Pending App	Indicates whether the county reports at the individual level, case level or mix case and individual level. This indicator will always display '1' for the CalSAWS counties as all counties are reporting at the individual level. Possible Values: • 1 – Indicates the county reports at the individual level. • A – Indicates the county reports their numbers at the household level or a mix of individual and household level.

k. Add the following columns to the in the 'CMS11' county detail sheet:

Column Name	Definition
Application Date	Displays the application date of the current program application as of the last day of the report month. Format: MM/DD/YYYY
Application Pending Date	Displays the event date of Pending program application. This column will be blank for Pending Renewals. Format: MM/DD/YYYY

l. Update the following existing columns in the 'CMS11' county detail sheet:

Column Name	Definition
Determination Type	Update the column name from 'Type' to 'Determination Type'. The column displays whether the determination type is at Application or Redetermination. Possible Values: • Application – The determination is at application. • Redetermination – The determination is at redetermination.

6. **Indictor 12 - Processing Time for Determinations:**
    a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.

b. Update the indicator 12k label from '12k: Less than 30 days' to '12k: Within 30 days' on the state and county version of the report.

c. Update the MAGI and Non-MAGI budget test mapping as presented in Appendix 7.2. The budget tests are used to report the determination under the MAGI, Non-MAGI or both MAGI and Non-MAGI processing time. For example, if an EDBC has a MAGI budget test and a Non-MAGI budget test associated, then the determination will be counted under the MAGI and Non-MAGI processing time.
Note the budget tests for County Medical Service Programs have been excluded such as CMSP, Express Lane, FC/KG/AAP.

d. Update the indicator 12 logic to calculate MAGI and Non-MAGI processing time as follows:

- MAGI Only Processing Time – For determination with only MAGI budget tests associated, the processing time is calculated as follows:
Start Date: If there is an associated CalHEERS determination response, then the start date is the date the referral was created in CalSAWS (ICT.CREATED_ON). When there is no associated determination response, the start date is the date the program application or program person application was created in the system (CREATED_ON).
End Date: If there is an associated determination response, then the end date is the referral timestamp (REF_TIMESTAMP) else the end date is equal to the event date of the first approval/denial event of the program application or program person application.

- Non-MAGI Only Processing Time – For determination with only Non-MAGI budget tests associated, the processing time is calculated as follows:
Start Date: From the date the program application or program person application record was created in the database.
End Date: The event date of the first approval/denial event of the determination.

- MAGI and Non-MAGI Processing Time – For determination with both MAGI and Non-MAGI budget tests associated, the processing time is calculated as follows:

MAGI Start Date: If there is an associated CalHEERS determination response, then the start date is the Application Date on the Program Application or Program Person Application else the start date is the date the program application or program person application was created in the system (CREATED_ON).
MAGI End Date: If there is an associated determination response, then the end date is the referral timestamp (REF_TIMESTAMP) else the end date is equal to the event date

of the first approval/denial event of the program application or program person application.

Non-MAGI Start Date: If there is an associated determination response, then the start date is the referral timestamp (REF_TIMESTAMP) else from the date the program application or program person application record was created in the database.

Non-MAGI End Date: The event date of the first approval/denial event of the determination.

This process also applies to denied determinations. Previously denied determinations were treated as MAGI only determinations due to not having an aid code.

e. Update the base population for Indicator 12 to exclude the role of Medi-Cal Member Only. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.

f. Update the list of medical conditions which define a disability application. An application is considered a disability application if the person has one of the following medical conditions effective and reported as of the date of the determination **or** for applications received through CalHEERS, the disability indicator on the CalHEERS application is set to Yes. Meeting either of these conditions sets the indicator to 'Yes'.
Note: Previously the list of Medi-Cal conditions was shorter, and the Medi-Cal condition had to have been effective as of the last day of the report month.

Code-1222	Short Decode Name
32	FC/KG - Physical or Mental Disability
27	Fry v. Saenz Disability
24	Incapacity - Verifiable and at Least 30 Days
22	Limited Services - Kidney Dialysis
23	Limited Services - TPN
21	Limited Services - Tuberculosis
25	Presumptive Allegation of ALS (Lou Gehrigs)
09	Presumptive Allegation of Bed Confinement

11	Presumptive Allegation of Cerebral Palsy
14	Presumptive Allegation of Down Syndrome
15	Presumptive Allegation of Mental Retardation
12	Presumptive Allegation of Muscular Dystrophy
10	Presumptive Allegation of Stroke
08	Presumptive Allegation of Total Blindness
07	Presumptive Allegation of Total Deafness
06	Presumptive Amputation of a Leg at the Hip
16	Presumptive Birth Weight Below 2 lbs.10 oz.
26	Presumptive End Stage Renal Disease
18	Presumptive Gestational Age/Weight at Birth
17	Presumptive Human Immunodeficiency Virus (HIV)
20	Presumptive Nonambulatory/Spinal Cord Injury
19	Presumptive Terminally Ill
04	SP-DDSD Blind
02	SP-DDSD Disabled
28	SP-DDSD Pending
31	SP-DDSD Presumptive Approval
03	SSA Blind
01	SSA Disabled
30	SSI Blind

g. Remove the condition that a Denied person must either not have an aid code or the aid code must be in the list of the Master Aid Code list. A denied person does not have an aid code but may have a residual aid code due to an overwritten EDBC record.

h. Update the condition that restricts the EDBC record to have a begin and end date that encompass the program application or program person application event's effective date. This condition is causing valid determinations from being reported.
Technical Note: The PERS_EDBC table can be used when a person is added to an existing program application.

i. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.

j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 12 Definitions	Definition
	Indicator 12 Base Population:
	Captures all MAGI and Non-MAGI program applications or MAGI and Non-MAGI program person applications that received a final determination during the report month. These applications are captured by the first event action of Approved or Denied.
	MAGI Determinations:
	• Program (CT-18):
	o MC – Medi-Cal
	• A **program application** has a first disposition action of Approved or Denied occur in the report month (CT-157):
	o AA - Approved
	o DE – Denied
	OR
	A **program person application** has a first disposition action of Approved or Denied occur in the report month (CT-157):
	o AA - Approved
	o DE – Denied
	• The EDBC/PERS_EDBC run date is greater than or equal to the event date and the event effective date is between the EDBC/PERS_EDBC begin date and end date. If multiple exists, a single is selected based on run date ascending, begin date ascending, and created on ascending.
	• The program application or program person application does not have one of the following events occur before the first disposition action of Approved or Denied (CT-157):
	o DS - Discontinued
	o RS - Denial Rescinded
	o DR - Discontinuance Rescinded
	o AE - Rescind Approved (Denial)

	○ AS - Rescind Approved (Discontinued) ○ AT - Retro Approved ○ DT - Retro Denied ○ PT - Retro Pended ○ RT - Retro Denial Rescinded ○ AD - Retro Rescind Approved (Denial) ○ RR - Restoration of Aid Waiver Rescinded ○ RA - Restoration of Aid Waiver Approved ○ RD - Restoration of Aid Waiver Denied - One of the following four conditions are met: ○ The first approval/denial event of the program application or program person application is (CT-157): ▪ AA – Approved ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): ▪ AC - Active ○ Program Person Role (CT-201): ▪ ME - Member ○ The person's Aid Code (Budget or EDBC) is in the Indicator 12 list of aid codes. See Appendix 7.3. ○ Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list **OR** ○ The first approval/denial event of the program application or program person application is (CT-157): ▪ AA – Approved ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): ▪ AC - Active ○ Program Person Role (CT-201): ▪ Member ○ The Program Person's Aid Code (CT-184): ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. **OR** ○ The first approval/denial event of the program application or program person application is (CT-157): ▪ DE – Denied

	- The program person status is Active and has a begin date equal to the application event's effective date: - Program Person Status (CT-72) - AC - Active - Program Person Role (CT-201): - ME – Member **OR** The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72): - DE – Denied - PE - Pending **OR** - The first event of Approve or Denied was Denied and occurred in the report month (CT-157): - DE – Denied - The program person status is Active and has a begin date equal to the application event's effective date: - Program Person Status (CT-72) - AC - Active - Program Person Role (CT-201): - ME – Member **OR** The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72): - DE – Denied - PE - Pending - The person's Aid Code (CT-184): 04 - FC Continuing Medi-Cal - The person is 26 years old as of the last day of the report month. - The person's date of birth is in the report month. - The determination has a **MAGI** Budget test associated. If multiple exists, then the **last** one is selected by the database created_on date is taken. See Appendix 7.2 for the list of MAGI Budget Tests. **UNION** **Non-MAGI Determinations:** - Program (CT-18): - MC – Medi-Cal - A **program application** has a first disposition action of Approved or Denied occur in the report month (CT-157): - AA - Approved

        o   DE – Denied

OR

A **program person application** has a first disposition action of Approved or Denied occur in the report month (CT-157):

        o   AA - Approved
        o   DE – Denied

- The EDBC/PERS_EDBC run date is greater than or equal to the event date and the event effective date is between the EDBC/PERS_EDBC begin date and end date. If multiple exists, a single is selected based on run date ascending, begin date ascending, and created on ascending.

- The program application or program person application does not have one of the following events occur before the first disposition action of Approved or Denied (CT-157):
    - DS - Discontinued
    - RS - Denial Rescinded
    - DR - Discontinuance Rescinded
    - AE - Rescind Approved (Denial)
    - AS - Rescind Approved (Discontinued)
    - AT - Retro Approved
    - DT - Retro Denied
    - PT - Retro Pended
    - RT - Retro Denial Rescinded
    - AD - Retro Rescind Approved (Denial)
    - RR - Restoration of Aid Waiver Rescinded
    - RA - Restoration of Aid Waiver Approved
    - RD - Restoration of Aid Waiver Denied
- One of the following four conditions are met:
    - The first approval/denial event of the program application or program person application is (CT-157):
        - AA - Approved
    - Program Person Role (CT-201):
        - ME - Member
    - The program person status is Active and has a begin date equal to the application event's effective date (CT-72):
        - AC - Active
    - The person's Aid Code (Budget or EDBC) is in the Indicator 12 list of aid codes. See Appendix 7.3.
    - Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list.

    OR

	o The first approval/denial event of the program application or program person application is (CT-157):
	    ▪ AA – Approved
	o The program person status is Active and has a begin date equal to the application event's effective date (CT-72):
	    ▪ AC - Active
	o Program Person Role (CT-201):
	    ▪ Member
	o The Program Person's Aid Code (CT-184):
	    ▪ 04 - FC Continuing Medi-Cal
	o The person is 26 years old as of the last day of the report month.
	o The person's date of birth is in the report month.
	
	OR
	
	o The first approval/denial event of the program application or program person application is (CT-157):
	    ▪ DE – Denied
	o The program person status is Active and has a begin date equal to the application event's effective date:
	    ▪ Program Person Status (CT-72)
	        • AC - Active
	    ▪ Program Person Role (CT-201):
	        • ME – Member
	
	    OR
	
	    The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):
	    ▪ DE – Denied
	    ▪ PE - Pending
	
	OR
	
	o The first disposition event of Approve or Denied was Denied and occurred in the report month (CT-157):
	    ▪ DE – Denied
	o The program person status is Active and has a begin date equal to the application event's effective date:
	    ▪ Program Person Status (CT-72)
	        • AC - Active
	    ▪ Program Person Role (CT-201):
	        • ME – Member
	
	    OR

	The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):
	▪ DE – Denied
	▪ PE - Pending
	○ The person's Aid Code (CT-184):
	▪ 04 - FC Continuing Medi-Cal
	○ The person is 26 years old as of the last day of the report month.
	○ The person's date of birth is in the report month.
	• The determination has a Non-MAGI Budget test associated. If multiple exists, then the **first** one by the database created_on date is taken. See Appendix 7.2 for the list of MAGI Budget Tests.
Indicator 12: Processing Time For Determinations (days)	
12a: Median Processing Time	From the base population: Reports the medium value of all the 'Days to Process' for MAGI and Non-MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12a list. See Appendix 7.3.
12b: MAGI Determinations	From the base population, reports the medium value of all the 'Days to Process' for MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12b list. See Appendix 7.3.
12c: Non-MAGI Determinations	From the base population, reports the medium value of all the 'Days to Process' for Non-MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12c list. See Appendix 7.3.
Number of Medicaid MAGI Determinations, by Processing Time	
12f: Less than 24 hours	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is less than 1. For approved determinations, the aid code must be listed on the Indicator 12f list. See Appendix 7.3.
12g: 24 Hours – 7 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 1 and less than 8. For approved determinations, the aid code must be listed on the Indicator 12g list. See Appendix 7.3.
12h: 8 – 30 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 8 and less than 30. For approved determinations, the aid code must be listed on the Indicator 12h list. See Appendix 7.3.

12i: 31 – 45 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 31 and less than 45. For approved determinations, the aid code must be listed on the Indicator 12i list. See Appendix 7.3.
12j: more than 45 days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 45. For approved determinations, the aid code must be listed on the Indicator 12j list. See Appendix 7.3.
Number of Medicaid Non-MAGI Applications, by Processing Time	
12k: Less than 30 Days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is less than 30. For approved determinations, the aid code must be listed on the Indicator 12k list. See Appendix 7.3.
12l: 31 – 60 Days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is greater than or equal to 31 and less than 60. For approved determinations, the aid code must be listed on the Indicator 12l list. See Appendix 7.3.
12m: 61 – 90 Days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is greater than or equal to 61 and less than 90. For approved determinations, the aid code must be listed on the Indicator 12m list. See Appendix 7.3.
12n: 90 or more days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is greater than or equal to 90. For approved determinations, the aid code must be listed on the Indicator 12n list. See Appendix 7.3.

k. Remove the following column from the detail sheet:
   - RE Due Date

l. Add the following columns to the detail sheet:

Column Name	Definition
Budget Test	Displays the category of the Medi-Cal that the budget pertains to. Possible Values (CT-318): • MAGI • Auto Test Medi-Cal • Aged and Disabled … Note: This list is not complete.

Referral Timestamp	The timestamp that indicates when the information was produced by CalHEERS. This column will be blank when a determination does not have an associated EDR from CalHEERS.
	Format:
	MM/DD/YYYY HH:MM:SS AM/PM

m. Update the logic for the following column:

Column Name	Definition
Aid Code	Displays the assigned aid code of the approved MAGI or Non-MAGI determination. This column will be blank for denied determinations.
Days to Process	Displays the number of days to process the determination. The MAGI and Non-MAGI processing time is calculated differently using different Start and End dates.
	Days to Process = End Date – Start Date
	MAGI
	Start Date: If there is an associated determination response, then the start date is the Application Date on the Program Application or Program Person Application else the start date is the date the program application or program person application was created in the system (CREATED_ON).
	End Date: If there is an associated determination response, then the end date is the referral timestamp (REF_TIMESTAMP) else the end date is equal to the event date of the first approval/denial event of the program application or program person application.
	Non-MAGI
	Start Date: If there is an associated determination response, then the start date is the referral timestamp (REF_TIMESTAMP) else from the date the program application or program person application record was created in the database.
	End Date: The event date of the first approval/denial event of the determination.

Disability Indicator	Indicates whether the person had a medical condition effective as of the last day of the report month.
	Possible Values:
	Yes – The customer has one of the following Medi-Cal conditions effective as of the date of the determination **OR** For applications received through CalHEERs, the person's application is marked as a disability application. For applications received through CalHEERs ether condition sets the indicator to 'Yes'. 32 - FC/KG - Physical or Mental Disability 27 - Fry v. Saenz Disability 24 - Incapacity - Verifiable and at Least 30 Days 22 - Limited Services - Kidney Dialysis 23 - Limited Services - TPN 21 - Limited Services - Tuberculosis 25 - Presumptive Allegation of ALS (Lou Gehrigs) 09 - Presumptive Allegation of Bed Confinement 11 - Presumptive Allegation of Cerebral Palsy 14 - Presumptive Allegation of Down Syndrome 15 - Presumptive Allegation of Mental Retardation 12 - Presumptive Allegation of Muscular Dystrophy 10 - Presumptive Allegation of Stroke 08 - Presumptive Allegation of Total Blindness 07 - Presumptive Allegation of Total Deafness 06 - Presumptive Amputation of a Leg at the Hip 16 - Presumptive Birth Weight Below 2 lbs.10 oz. 26 - Presumptive End Stage Renal Disease 18 - Presumptive Gestational Age/Weight at Birth 17 - Presumptive Human Immunodeficiency Virus (HIV)

	20 - Presumptive Nonambulatory/Spinal Cord Injury 19 - Presumptive Terminally Ill 04 - SP-DDSD Blind 02 - SP-DDSD Disabled 28 - SP-DDSD Pending 31 - SP-DDSD Presumptive Approval 03 - SSA Blind 01 - SSA Disabled 30 - SSI Blind **No** – The customer does not meet the criteria above.
Application Received Date	Displays the application date of the program application or the program person application tied to the determination. Previously the report was displaying the initial application date. Format: MM/DD/YYYY
Application Created On Date	The column displays the date the program application or the program person application was received in the system. For referrals where a CalHEERS determination response exists, this will be the Application Date for all other applications this will be the application created_on date. Format: MM/DD/YYYY

n. Update the DHCS CMS Performance Indicator 12 Details generated file name to be in the following format:
CalSAWS_[YYYY]_[MM]_Ind12_[RunDate].xlsx

2.1.4 Report Location

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

2.1.5 Counties Impacted

All Counties will be impacted with the implementation of this SCR.

2.1.6 Security Updates

No change to the report's security will be made as part of this SCR.

2.1.7 Report Usage/Performance

No notable performance change is expected with the implementation of this SCR.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	CMSPI Aid Code List v1.8 Final 5.26.22.xlsx	CMSPI Aid Code List v1.8 Final 05.26.2022.xl
2	Reports	DHCS CMS Performance Indicators Reporting Request Instructions	DHCS CMSPI Master v.2.1 Final 04.21.2022 (
3	Reports	DHCS CMS Performance Indicators Master Data Request – State Mockup	DHCS CMS Performance Indicator
4	Reports	DHCS CMS Performance Indicators Master Data Request – County Mockup	DHCS CMS Performance Indicator

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.2.2	The LRS shall produce reports that provide the detail LRS Data that will be used to complete the reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures.	This SCR will provide DHCS the DHCS CMS Performance Indicators Master Data Request as requested by the department. The counties will receive a county version of the report to verify the information.

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?
CA-235486	Reports	This is a joint 58 county design where there is regional approval aligning to the governance model.	No Impact	No	N/A

6   OUTREACH

N/A

7   APPENDIX

7.1   Indicator 5 Application Source Mapping

Indictor	Application Source
5c. Online	• SAWS • Self-Service Portal
5d. Mail	• Mail In Application
5e. In Person	• In Person • Out-Station
5f. Phone	• Phone • Regional Call Center (RCC) • Service Center Referral (CSC)
5g. Other	• Community Based Organization (CBO) • Child Welfare Services (CWS) • Email • Fax • IHSS/CMIPS II • Other • Any new application type that is not Inter County Transfer (ICT) or Single Point Entry (SPE).
5n. SBM	• CalHEERS

7.2   MAGI / Non-MAGI Budget Test Mapping

MAGI/Non-MAGI	Short Description (CT-318)
MAGI	• 21 - 100% FPL • 24 - 100% FPL Sneede • 22 - 133% FPL • 25 - 133% FPL Sneede • 09 - 1931(b) Alt. "A" • 11 - 1931(b) Alt. "A" Sneede • 41 - 1931(b) Alt. "A" Sneede Individual Income • 10 - 1931(b) Alt. "B" • 12 - 1931(b) Alt. "B" Sneede • 42 - 1931(b) Alt. "B" Sneede Individual Income • 07 - 1931(b) Property • 08 - 1931(b) Property Sneede • 44 - 1931(b) Sneede MFBU Property • 06 - 1931(b) U-Parent • 23 - 200% FPL

	26 - 200% FPL Sneede 32 - 200% Pregnancy 62 - 200% Pregnancy - Second Test 13 - 4 Month Continuing 60 - Auto Test Medi-Cal 92 - Former Foster Youth 99 - Healthy Families Percent 69 - Healthy Families Percent Premium - ZZ - MAGI 93 - MC TLI/FPL Child-H1 94 - MC TLI/FPL Child-H1 Sneede 95 - MC TLI/FPL Child-H2 96 - MC TLI/FPL Child-H2 Sneede 70 - MC TLI/FPL Child-H3 71 - MC TLI/FPL Child-H3 Sneede 97 - MC TLI/FPL Child-H4 98 - MC TLI/FPL Child-H4 Sneede 72 - MC TLI/FPL Child-H5 73 - MC TLI/FPL Child-H5 Sneede 56 - Transitional Medi-Cal Month 1 57 - Transitional Medi-Cal Month 2 58 - Transitional Medi-Cal Month 3
Non-MAGI	63 - A&D - Individual Spouse 15 - AFDC-MN U-Parent 27 - Aged and Disabled 52 - Board & Care or LTC with no Community Spouse - DS - Deemed Protection with SOC - DP - Deemed Protection without SOC 03 - LTC 48 - LTC Child Allocation 47 - LTC Spouse Allocation 18 - MC Income 19 - MC Income Sneede 16 - MC Property 17 - MC Property Sneede 59 - MC Sneede FPL Individual Income 40 - MC Sneede Individual Income 43 - MC Sneede MFBU Property 38 - MPPP - MC 39 - MPPP - SSI 04 - Pickle 05 - Pickle Spouse

	• 37 - QDWI
	• 50 - SSI Child Allocation
	• 51 - SSI Ineligible Parent Allocation
	• 49 - SSI Ineligible Spouse Allocation
	• 61 - SSI Property Deeming
	• 55 - Ten Day Added Member SOC
	• 53 - Ten Day w/Added Member(s)
	• 54 - Ten Day w/o Added Member(s)
	• 35 - Tuberculosis
	• 01 - Waiver
	• 28 - Working Disabled

7.3   Performance Indicators Aid Code Map

Note the aid codes in bold represent the secondary/special segment aid codes.

Sub Performance Indicator to Aid Code Mapping							
7a. Total REs due							
13	14	16	17	23	24	26	27
34	36	37	**44**	47	**48**	55	58
63	64	66	67	69	72	74	**80**
82	83	86	87	1H	1U	1X	1Y
2A	2H	3N	3V	**4M**	5F	5J	5R
6A	6C	6G	6H	6J	6N	6R	6S
6U	6V	6W	6X	6Y	7A	7C	**7H**
8A	**8C**	**8D**	8G	8N	8P	8R	8T
C1	C2	C3	C4	C5	C6	C7	C8
C9	D1	D2	D3	D4	D5	D6	D7
D8	D9	**F3**	**F4**	**G1**	**G3**	**G4**	**G5**
G6	**G7**	**G8**	H1	H2	**H3**	H4	**H5**
J1	**J2**	**J3**	**J4**	**J5**	**J6**	**J7**	**J8**
K6	**K7**	**K8**	**K9**	L6	L7	**M0**	M1
M2	M3	M4	M5	M6	M7	M8	**M9**

N7	**N8**	P0	P5	P6	P7	P8	P9
T0	**T1**	T2	T3	T4	T5	**T6**	T7
T8	T9						

7b. MAGI Renewals

44	47	**48**	69	72	74	2A	3N
3V	**4M**	5F	7A	7C	**K6**	**K7**	**K8**
K9	L6	L7	**M0**	M1	M2	M3	M4
M7	M8	**M9**	**N7**	**N8**	P0	P5	P6
P7	P8	P9					

7c. Medicaid Non-MAGI Renewals

13	14	16	17	23	24	26	27
34	36	37	55	58	63	64	66
67	**80**	82	83	86	87	1H	1U
1X	1Y	2H	5J	5R	6A	6C	6G
6H	6J	6N	6R	6S	6U	6V	6W
6X	6Y	**7H**	**8A**	**8C**	**8D**	8G	C1
C2	C3	C4	C5	C6	C7	C8	C9
D1	D2	D3	D4	D5	D6	D7	D8
D9	**F3**	**F4**	**G1**	**G3**	**G4**	**G5**	**G6**
G7	**G8**	**J1**	**J2**	**J3**	**J4**	**J5**	**J6**
J7	**J8**						

7d. CHIP Renewals

8N	8P	8R	8T	H1	H2	**H3**	H4
H5	M5	M6	T0	**T1**	T2	T3	T4
T5	**T6**	T7	**T8**	T9			

7e. Renewals of Unknown Type							
N/A							

9a. Total Medicaid Eligible							
13	14	16	17	23	24	26	27
34	36	37	38	39	**44**	47	**48**
54	55	58	59	63	64	66	67
69	72	74	**80**	82	83	86	87
1E	1H	1U	1X	1Y	2A	2E	2H
3N	3T	3V	**4M**	5F	5J	5R	5T
5W	6A	6C	6E	6G	6H	6J	6N
6R	6S	6U	6V	6W	6X	6Y	7A
7C	**7H**	7J	7K	**8A**	**8C**	**8D**	8G
C1	C2	C3	C4	C5	C6	C7	C8
C9	D1	D2	D3	D4	D5	D6	D7
D8	D9	**F3**	**F4**	**G3**	**G4**	**G5**	**G6**
G7	**G8**	**J1**	**J2**	**J3**	**J4**	**J5**	**J6**
J7	**J8**	**K6**	**K7**	**K8**	**K9**	L6	L7
M0	M1	M2	M3	M4	M7	M8	**M9**
N7	**N8**	P0	P5	P6	P7	P8	P9

9b. MAGI Eligible							
38	39	**44**	47	**48**	54	59	69
72	74	2A	3N	3T	3V	**4M**	5F
5T	5W	7A	7C	7J	7K	**K6**	**K7**
K8	**K9**	L6	L7	**M0**	M1	M2	M3
M4	M7	M8	**M9**	**N7**	**N8**	P0	P5
P6	P7	P8	P9				

9c. Non-MAGI Eligible

13	14	16	17	23	24	26	27
34	36	37	55	58	63	64	66
67	**80**	82	83	86	87	1E	1H
1U	1X	1Y	2E	2H	5J	5R	6A
6C	6E	6G	6H	6J	6N	6R	6S
6U	6V	6W	6X	6Y	**7H**	**8A**	**8C**
8D	8G	C1	C2	C3	C4	C5	C6
C7	C8	C9	D1	D2	D3	D4	D5
D6	D7	D8	D9	**F3**	**F4**	**G3**	**G4**
G5	**G6**	**G7**	**G8**	**J1**	**J2**	**J3**	**J4**
J5	**J6**	**J7**	**J8**				

9d. MAGI and Non-MAGI Eligible at Application

13	14	17	23	24	27	34	37
44	47	**48**	55	58	63	64	67
69	72	74	**80**	82	83	86	87
1H	1U	1X	1Y	2A	2H	3N	3V
4M	5F	5J	5R	6G	6H	6J	6N
6R	6S	6U	6V	6W	6X	6Y	7A
7C	**7H**	**8A**	**8C**	**8D**	8G	C1	C2
C3	C4	C5	C6	C7	C8	C9	D1
D2	D3	D4	D5	D6	D7	D8	D9
F3	**F4**	**G3**	**G4**	**G5**	**G6**	**G7**	**G8**
J1	**J2**	**J3**	**J4**	**J5**	**J6**	**J7**	**J8**
K6	**K7**	**K8**	**K9**	L6	L7	**M0**	M1
M2	M3	M4	M7	M8	**M9**	**N7**	**N8**
P0	P5	P6	P7	P8	P9		

9e. MAGI Eligible at Application							
44	47	**48**	69	72	74	2A	3N
3V	**4M**	5F	7A	7C	**K6**	**K7**	**K8**
K9	L6	L7	**M0**	M1	M2	M3	M4
M7	M8	**M9**	**N7**	**N8**	P0	P5	P6
P7	P8	P9					

9f. Non-MAGI Eligible at Application							
13	14	17	23	24	27	34	37
55	58	63	64	67	**80**	82	83
86	87	1H	1U	1X	1Y	2H	5J
5R	6G	6H	6J	6N	6R	6S	6U
6V	6W	6X	6Y	**7H**	**8A**	**8C**	**8D**
8G	C1	C2	C3	C4	C5	C6	C7
C8	C9	D1	D2	D3	D4	D5	D6
D7	D8	D9	**F3**	**F4**	**G3**	**G4**	**G5**
G6	**G7**	**G8**	**J1**	**J2**	**J3**	**J4**	**J5**
J6	**J7**	**J8**					

9g. MAGI and Non-MAGI Eligible at Annual Renewal							
13	14	16	17	23	24	26	27
34	36	37	**44**	47	**48**	55	58
63	64	66	67	69	72	74	**80**
82	83	86	87	1H	1U	1X	1Y
2A	2H	3N	3V	**4M**	5F	5J	5R
6A	6C	6G	6H	6J	6N	6R	6S
6U	6V	6W	6X	6Y	7A	7C	**7H**
8A	**8C**	**8D**	8G	C1	C2	C3	C4

C5	C6	C7	C8	C9	D1	D2	D3
D4	D5	D6	D7	D8	D9	**F3**	**F4**
G3	**G4**	**G5**	**G6**	**G7**	**G8**	**J1**	**J2**
J3	**J4**	**J5**	**J6**	**J7**	**J8**	**K6**	**K7**
K8	**K9**	L6	L7	**M0**	M1	M2	M3
M4	M7	M8	**M9**	**N7**	**N8**	P0	P5
P6	P7	P8	P9				

9i. MAGI and Non-MAGI Eligible at Other Method

13	14	16	17	23	24	26	27
34	36	37	38	39	**44**	47	**48**
54	55	58	59	63	64	66	67
69	72	74	**80**	82	83	86	87
1E	1H	1U	1X	1Y	2A	2E	2H
3N	3T	3V	**4M**	5F	5J	5R	5T
5W	6A	6C	6E	6G	6H	6J	6N
6R	6S	6U	6V	6W	6X	6Y	7A
7C	**7H**	7J	7K	**8A**	**8C**	**8D**	8G
C1	C2	C3	C4	C5	C6	C7	C8
C9	D1	D2	D3	D4	D5	D6	D7
D8	D9	**F3**	**F4**	**G3**	**G4**	**G5**	**G6**
G7	**G8**	**J1**	**J2**	**J3**	**J4**	**J5**	**J6**
J7	**J8**	**K6**	**K7**	**K8**	**K9**	L6	L7
M0	M1	M2	M3	M4	M7	M8	**M9**
N7	**N8**	P0	P5	P6	P7	P8	P9

9j. Total CHIP Eligible

8N	8P	8R	8T	H1	H2	**H3**	H4
H5	M5	M6	T0	**T1**	T2	T3	T4

T5	**T6**	T7	**T8**	T9			

9k. Determined CHIP eligible at Application
9l. Determined CHIP Eligible at Annual Renewal
9m. All Others Determined CHIP Eligible

8N	8P	8R	8T	H1	H2	**H3**	H4
H5	M5	M6	T0	**T1**	T2	T3	T4
T5	**T6**	T7	**T8**	T9			

11a. Number Pending at Medicaid Agency

13	14	17	23	24	27	34	37
44	47	**48**	55	58	63	64	67
69	72	74	**80**	82	83	86	87
1H	1U	1X	1Y	2A	2H	3N	3V
4M	5F	5J	5R	6G	6H	6J	6N
6R	6S	6U	6V	6W	6X	6Y	7A
7C	**7H**	**8A**	**8C**	**8D**	8G	8N	8P
8R	8T	C1	C2	C3	C4	C5	C6
C7	C8	C9	D1	D2	D3	D4	D5
D6	D7	D8	D9	**F3**	**F4**	**G3**	**G4**
G5	**G6**	**G7**	**G8**	H1	H2	**H3**	H4
H5	**J1**	**J2**	**J3**	**J4**	**J5**	**J6**	**J7**
J8	**K6**	**K7**	**K8**	**K9**	L6	L7	**M0**
M1	M2	M3	M4	M5	M6	M7	M8
M9	**N0**	**N7**	**N8**	P0	P5	P6	P7
P8	P9	T0	**T1**	T2	T3	T4	T5
T6	T7	**T8**	T9				

12a. Median Processing Time - All Medicaid Determinations

13	14	17	23	24	27	34	37
44	47	**48**	55	58	63	64	67
69	72	74	**80**	82	83	86	87
1H	1U	1X	1Y	2A	2H	3N	3V
4M	5F	6G	6H	6J	6N	6R	6S
6U	6V	6W	6X	6Y	7A	7C	**7H**
8A	**8C**	**8D**	8G	8N	8P	8R	8T
C1	C2	C3	C4	C5	C6	C7	C8
C9	D1	D2	D3	D4	D5	D6	D7
D8	D9	**F3**	**F4**	**G3**	**G4**	**G5**	**G6**
G7	**G8**	H1	H2	**H3**	H4	**H5**	**J1**
J2	**J3**	**J4**	**J5**	**J6**	**J7**	**J8**	**K6**
K7	**K8**	**K9**	L6	L7	**M0**	M1	M2
M3	M4	M5	M6	M7	M8	**M9**	**N7**
N8	P0	P5	P6	P7	P8	P9	T0
T1	T2	T3	T4	T5	**T6**	T7	**T8**
T9							

12b. Median Processing Time - MAGI Determinations							
44	47	**48**	69	72	74	2A	3N
3V	**4M**	5F	7A	7C	8N	8P	8R
8T	H1	H2	**H3**	H4	**H5**	**K6**	**K7**
K8	**K9**	L6	L7	**M0**	M1	M2	M3
M4	M5	M6	M7	M8	**M9**	**N7**	**N8**
P0	P5	P6	P7	P8	P9	T0	**T1**
T2	T3	T4	T5	**T6**	T7	**T8**	T9

12c. Median Processing Time - Non-MAGI Determinations							
13	14	17	23	24	27	34	37

55	58	63	64	67	**80**	82	83
86	87	1H	1U	1X	1Y	2H	6G
6H	6J	6N	6R	6S	6U	6V	6W
6X	6Y	**7H**	**8A**	**8C**	**8D**	8G	C1
C2	C3	C4	C5	C6	C7	C8	C9
D1	D2	D3	D4	D5	D6	D7	D8
D9	**F3**	**F4**	**G3**	**G4**	**G5**	**G6**	**G7**
G8	**J1**	**J2**	**J3**	**J4**	**J5**	**J6**	**J7**
J8							

12f. Less than 24 Hours
12g. 24 Hours - 7 Days
12h. 8 Days - 30 Days
12i. 31 Days - **45** Days
12j. More than **45** Days

44	47	**48**	69	72	74	2A	3N
3V	**4M**	5F	7A	7C	8N	8P	8R
8T	H1	H2	**H3**	H4	**H5**	**K6**	**K7**
K8	**K9**	L6	L7	**M0**	M1	M2	M3
M4	M5	M6	M7	M8	**M9**	**N7**	**N8**
P0	P5	P6	P7	P8	P9	T0	**T1**
T2	T3	T4	T5	**T6**	T7	**T8**	T9

12k. Less than 24 Hours
12l. 24 Hours - 7 Days
12m. 8 Days - 30 Days
12n. 31 Days - **45** Days
12n. More than **45** Days

13	14	17	23	24	27	34	37
55	58	63	64	67	**80**	82	83
86	87	1H	1U	1X	1Y	2H	6G

6H	6J	6N	6R	6S	6U	6V	6W
6X	6Y	**7H**	**8A**	**8C**	**8D**	8G	C1
C2	C3	C4	C5	C6	C7	C8	C9
D1	D2	D3	D4	D5	D6	D7	D8
D9	**F3**	**F4**	**G3**	**G4**	**G5**	**G6**	**G7**
G8	**J1**	**J2**	**J3**	**J4**	**J5**	**J6**	**J7**
J8							

7.4   Examples for Reporting Ineligible Determinations

Example 1:	Example 2:
Case: 1000001	Case: 1000001
Program: Medi-Cal	Program: Medi-Cal
Program Status: Approved at Application	Program Status: Approved at Application
Aid Code: T9 (CHIP Aid Code)	Aid Code: P9 (MAGI aid code)
Indicators Reported:	Indicators Reported:
9j. CHIP Eligible	9a. Total Medicaid Eligible
9k. CHIP At Application	9b. MAGI Eligible
10a. Total Medicaid Ineligible	9d. At Application
10b. MC Ineligibility Established	9e. At Application - MAGI
10d. Ineligible At Application	
Since this person was found eligible for CHIP, having a CHIP aid code, the person is reported as CHIP eligible as well as MC ineligible. The person must first be evaluated for MC before being evaluated for CHIP.	Since this person was found eligible for MC, having a MAGI aid code, the person is reported only as MC Eligible.

Example 3:	Example 4:
Case: 1000001	Case: 1000001
Program: Medi-Cal	Program: Medi-Cal
Program Status: Denied at Annual Renewal	Program Status: Denied at Annual Renewal
Aid Code: No assigned aid code due to denial.	Aid Code: No assigned aid code due to denial.
Person Age: 19	Person Age: 17
Denial Reason: Failed to Complete Determination	Denial Reason: Out of the Home
Indicators Reported:	Indicators Reported:
10a. Total Medicaid Ineligible	10a. Total Medicaid Ineligible
10b. MC Ineligibility Established	10b. MC Ineligibility Established
10e. Ineligible At Annual Renewal	10e. Ineligible At Annual Renewal
	10g. CHIP Ineligible
	10h. CHIP Ineligibility Established
	10k. Ineligible At Annual Renewal
Since this person was found Ineligible, they will not have an assigned aid code. Using the persons age, we report the ineligible determination as MC only since individuals who are 19 years or older should not be evaluated for CHIP.	Since this person was found Ineligible, they will not have an assigned aid code. Using the persons age, we report the ineligible determination as MC and CHIP Ineligible since individuals 18 years or younger should first be evaluated for MC followed by CHIP.

7.5   Examples for Calculating Processing Time

Example 1:

A new user applies through CalHEERS on March 02, 2022 and is approved the same day for MAGI Medi-Cal. The CalSAWS system receives the unsolicited DIR and awaits county worker to process. On July 01, 2022, a county worker processes the unsolicited DIR by creating a case and program for the user and runs eligibility where the unsolicited DIR is linked to the EDBC. The user is only evaluated for MAGI Medi-Cal.

ICT	Program Person Application	Budget Tests

| Referral Timestamp = 07/08/2022 | Application Date: 07/08/2022

Application Created On =Date = 07/08/2022

Application Status: Approved

Application Event: 07/13/2022 | MAGI: Pass |

MAGI Processing Time:

Begin Date = Program Person Application Date = 07/08/2022

End Date = Referral Timestamp = 07/08/2022

Processing Time = 07/08/2022 – 07/08/2022 = 0 days.

Non-MAGI processing Time:

N/A – The user was not evaluated for Non-MAGI.

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12f: MAGI Less than 24 hours

Example 2:

A new user applies through CalHEERS on Apr 08, 2022 and is denied the same day for MAGI Medi-Cal. The CalSAWS system receives the unsolicited DIR and awaits a county worker to process it. That same day the county worker created the program and case for the user and requests the Non-MAGI documents. On May 05, 2022, the county worker reviews the documents and runs eligibility. The user is found eligible for Non-MAGI.

ICT	Program Person Application	Budget Tests
Referral Timestamp = 04/08/2022	Application Date: 04/08/2022 Application Created On Date = 04/08/2022 Application Status: Approved Application Event: 05/05/2022	MAGI: Fail MPP – MC: Fail MC Income: Fail Aged and Disabled: Pass

MAGI Processing Time:

Begin Date = Program Person Application Date = 04/08/2022

End Date = Referral Timestamp = 04/08/2022

Processing Time = 04/08/2022 – 04/08/2022 = 0 days

Non-MAGI Processing Time:

Begin Date = Referral Timestamp = 04/08/2022

End Date = Application Event Date = 05/05/2022

Processing Time = 05/05/2022 – 04/08/2022 = 27 days

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12c: Non-MAGI Determinations

12f: MAGI Less than 24 hours

12k: Non-MAGI Within 30 Days

Example 3:

User applied through CalHEERS on 07/08/2022. The user is denied for MAGI Medi-Cal. The user is then evaluated for Non-MAGI Medi-Cal and is approved. The county worker manually changes the application date from 07/08/2022 to 07/11/2022 which is after the referral date.

ICT	Program Person Application	Budget Tests
Referral Timestamp = 07/08/2022	Application Date: 07/11/2022 Application Created On Date: 04/11/2022 Application Status: Approved Application Event: 07/18/2022	MAGI: Fail MPP – MC: Fail MC Income: Fail Aged and Disabled: Pass

MAGI Processing Time:

Begin Date = Application Date = 07/11/2022

End Date = Referral Timestamp = 07/08/2022

Processing Time = 07/08/2022 – 07/11/2022 = -3 days = 0 days

Note when a worker manually changes the application date to be after the referral date causing a negative processing time, the processing time will be set to 0.

Non-MAGI Processing Time:

Begin Date = Referral Timestamp = 07/08/2022

End Date = Application Event Date = 07/18/2022

Processing Time = 07/18/2022 – 07/08/2022= 10 days

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12c: Non-MAGI Determinations

12f: MAGI Less than 24 hours

12k: Non-MAGI Within 30 Days

Example 4:

User applied through CalSAWS. The user is evaluated for both MAGI and Non-MAGI benefits. The user is approved for both MAGI and Non-MAGI but the user elects MAGI benefits.

ICT	Program Person Application	Budget Tests
Referral Timestamp = 08/03/2022	Application Date: 06/27/2022 Application Created On Date = 06/28/2022 Application Status: Approved Application Event: 08/08/2022	MC Property: Pass MAGI: Pass MC Income: Fail

MAGI Processing Time:

Begin Date = Application Date = 06/27/2022

End Date = Referral Timestamp = 08/03/2022

Processing Time = 08/03/2022 – 06/27/2022 = 37 days

Non-MAGI Processing Time:

Begin Date = Referral Timestamp = 08/03/2022

End Date = Application Event Date = 08/08/2022

Processing Time = 08/08/2022 – 08/03/2022= 5 days

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12c: Non-MAGI Determinations

12i: MAGI 31 – 45 Days

12k: Non-MAGI Within 30 Days

Example 5:

The user is only evaluated for Non-MAGI benefits.

ICT	Program Person Application	Budget Tests
Referral Timestamp: 06/10/2022 Status: 06/10/2022	Application Date: 05/11/222 Application Created On Date: 06/10/2022 Application Status: Approved Application Event: 06/10/2022	Waiver: Pass

MAGI Processing Time:

N/A – The individual was not evaluated for MAGI

Non-MAGI Processing Time:

Begin Date = Application CREATED_ON Date = 06/10/2022

End Date = Application Event Date = 06/10/2022

Processing Time = 06/10/2022 – 06/10/2022 = 0 days

Lines Reported:

12a: Median Processing Time

12c: Non-MAGI Determinations

12k: Non-MAGI Within 30 Days

7.6   List of Denial Reasons for Known Reasons

Code-73	Short Description

09	Application Opened in Error
W1	Application denied
E6	BDA After the Month
05	Calif. Residence
A46	Child Applicant Minor Consent
A48	Child Applicant Minor Consent Over 21
CR	Child Applied for Self
F19	Child not a California Resident
EK	Child of FRI
WG	Conversion
04	Deceased
JK	Declined Elig
JS	Declining WD
KI	Deemed Child - Fam ReApp
Y9	Did not Reapply after LTC
ZX	Did not Request Full Medi-Cal Hierarchy
CM	Didn't Apply Medicare
MF	Didn't Apply OHC
ME	Didn't Coop w. MC Linkage
E7	Didn't Request Retro
A41	Didn't Sign SOF
JO	Does Not Meet Minor Consent Requirements
E8	Doesn't Meet Program Req.
10	Duplicate Application
42	Earnings - Child
40	Earnings - Father
41	Earnings - Mother
44	Earnings - Other Person
43	Earnings - Stepparent
WL	Edwards v. Kizer (38) - Determined Ineligible for Medi-Cal Only
WK	Edwards v. Kizer (38) - Failure to Cooperate, Medi-Cal Only
L7	Elected MAGI
L6	Elected Non-MAGI
G8	End of Edwards MC
IA	Exceeded income
GF	Excess Earned Income
GG	Excess Unearned Income
MD	Excl Child - MC Linkage
ZY	Failed MAGI
G2	Failed Property
G7	Gets CalWORKs
GD	Gets Duplicate Aid

FV	Gets FC
FT	Gets Kin-GAP
FS	Gets RCA
JW	Gets SSI
25	Gets SSI/SSP
EF	Gets Waiver
G62	Incarcerated
N13	Incarcerated Juvenile (MediCal)
Z1	Incomplete MAGI Application
93	Ineligible Non Citizen
08	Institutionalized
85	Inter-County Transfer
JZ	MPPP Declined Eligible
IW	Mandatory/Optional Rules
WJ	Minor Consent
PL	Minor Parent Linkage Only
XY	Moved Out of County (CMSP)
17	No Elig. Child
11	No Eligible Mem
MP	No Linkage - MPPP
KB	No Linkage - No Property Verif
KC	No Linkage - Over Resources
KA	No Linkage - Property Waiver
L1	No Linkage SP-DDSD Denied
EN	No Linkage to MC
GB	No Open Application
DX	Non Co-Op Chld/Med Supp
63	Non-Payment of Premium
NP	Non-Payment of Premium - Low Income FPL
CN	On Aid Another Case
14	Other Property
52	Other State/Local
54	Other Unearned
19	Out of the Home
OI	Out of the Home - Incarcerated
73	Out of the Home - Primary Applicant
39	Over Income
12	Over Resources
K1	Passed Regular MPPP
K2	Passed SSI MPPP
ZZ	Potential Non-MAGI Eligibility
G93	Property/Resource Exceed the Limit

XQ	QC Did not Cooperate (MC)
13	Real Property
CD	Refused Assign Supp Rights
48	SSA
K9	SSA/SSI Denied within 12 Months
3C	SSI
C9	Stop Aid for Optional Member
FZ	TMC
A6	Transferred Property
23	Unrelated Prim Appl
50	Veteran's Benefits
07	Whereabouts Unknown

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-231228

1099 Interface and Reconciliation Reports

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Esequiel Herrera-Ortiz
	Reviewed By	Ravneet Bhatia; Gokul Suresh; Parul Dhawan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/15/2021	1.0	Initial Revision	Esequiel Herrera-Ortiz
10/20/2022	1.1	Update to Counties Impacted section to mention that this SCR does not impact LA county. Also mentioned that the report is not currently picking up information for LA county.	Esequiel Herrera-Ortiz
10/27/2022	1.2	Added not that for CalWIN counties data will not be pulled until a mapping for service arrangement is added. Updated impacted counties as well.	

Table of Contents

1 OVERVIEW

The legacy C-IV system generated the 1099 Interface files for counties every year. The interface files captured payments made for the entire tax year to 1099able vendors via the Needs, Supportive Services, Payment Requests and for some counties, EDBC authorized payments. With **CA-214353 DDID 374 - Update 1099 Interfaces for Migration Counties to Process EDBC Authorized Issuances,** the latest C-IV 1099 Interface files code were migrated to CalSAWS, and the code was updated for all C-IV counties to include EDBC authorized payments. With **CA-208599 DDID 1967: Batch Scheduling Updates for C-IV Conversion,** the batch jobs were scheduled to run in CalSAWS.

There are 4 different batch jobs each used by different counties to obtain their 1099 Interface Files. The differences between them are as follows:

San Bernardino / Merced (Ten99Dao)

- Includes payments issued via Payment Request or EDBC
- Accounts for Payment Adjustments and Recovery Account Collections.
- All payments for an organization are combined into one line.
- Takes into consideration several issuance statuses.
- **Excludes** Issuances which were cancelled.
- **Does not** have an organization Tax Type Code check on EDBC issued issuances.
- **Excludes** issuances that have a CREATED_BY value equal to a county code. These are issuances created by Data Change Request.

Stanislaus (Ten99Dao)

- Includes payments issued via Payment Request and EDBC
- Accounts for Payment Adjustments and Recovery Account Collections.
- Takes into consideration several issuance statuses.
- **Excludes** Issuances which were cancelled.
- **Does not** have an organization Tax Type Code check on EDBC issued issuances.
- **Excludes** issuances that have a CREATED_BY value equal to a county code. These are issuances created by Data Change Request.

Note: the Stanislaus process is like the San Bernardino/Merced file but is a file on its own.

Riverside (Riverside1099Dao)

- Includes payments issued via Payment Request and EDBC
- **Does not** account for Payment Adjustments and Recovery Account Collections.
- Only takes into consideration the 'Issued' issuance status.
- **Does not** exclude Issuances which were cancelled.
- Has an organization Tax Type Code check on EDBC issued issuances.
- **Does not** exclude issuances that have a CREATED_BY value equal to a county code. These are issuances created by Data Change Request.

Los Angeles

The CalSAWS system does not send a 1099 Interface File to Los Angeles County. That information is provided to them outside the system through their eCAPS

interface. For Los Angeles, the base population logic for the 1099 Reconciliation Report and the 1099 Detail Report will not be changed. The report is currently not picking up data for the county. Reference Appendix 7.1 to see current functionality.

All Other CalSAWS Counties (MigrationTen99Dao)

- Includes payments issued via Payment Request and EDBC.
- **Does not** account for Payment Adjustments and Recovery Account Collections.
- Takes into consideration several issuance statuses.
- Excludes issuances which were cancelled.
- **Does not** have an organization Tax Type Code check on Service Payments or EDBC issued issuances.
- **Excludes** issuances that have a CREATED_BY value equal to a county code. These are issuances created by Data Change Request.

Note: There are slight differences between the Riverside process and the other CalSAWS Counties. The logic can be seen below by comparing Description of Change #2 and Description of Change #3.

The CalSAWS system provides the 1099 Reconciliation Report which is used by the counties to review amounts paid to providers prior to the actual 1099 submission. This report displays summary information for every Tax Identification Number (TIN) where 1099 reportable payments were issued for the county. The report displays the total amount that will be reported for each TIN.

1.1 Current Design

Currently the 1099 Reconciliation Report and 1099 Detail Report do not account for the separate county specific 1099 Interface File processes. This is causing the reports to not reconcile with the 1099 Interface Files. Some differences include the following:

- The reports do not account for Adjustments.
- The reports do not account for payments issued via EDBC.
- The reports checks that the Created By field of the Service Payment is not equal to the county code.
- The reports exclude issuances which were Cancelled, Reissued or Voided if the status has a Created By value which does not equal the county code.

The 1099 Reconciliation Report and the 1099 Detail Report are two separate reports. The 1099 Reconciliation Report provides aggregated summation counts on all the benefits issued to each vendor. The 1099 Detailed Report requires the input of a Tax ID or Resource ID to be able to view each vendor's payment.

1.2 Requests

1. Update the 1099 Reconciliation Report and the 1099 Detail Report to reconcile with the separate 1099 Interface Files processes used by counties to give accurate counts.
2. Combine the 1099 Reconciliation Report and the 1099 Detailed Report into a single report.
3. Add the following columns to the Vendor Summary widget:
   a. Adjusted Amount
   b. Overpayment Amount
   c. Total Recovered
4. Add the following columns to the Vendor Transaction Details widget:
   a. Adjusted Amount
   b. Overpayment Amount
   c. Total Recovered
   d. Recovery Account Number
5. Disable the 1099 Detail Report

1.3 Overview of Recommendations

1. Update the 1099 Reconciliation Report base population to use the same base population logic as the 1099 Interface Files.
2. Combine the 1099 Reconciliation Report and the 1099 Detail Report to a single report.

1.4 Assumptions

1. The decision for CalWIN Counties to opt in/out of the 1099 Interface File process will be addressed by CA-208599, CA-208600, CA-208601, CA-208602, CA-208603, CA-208604, and CA-208605.
2. CalWIN Counties that opt in to 1099 Interface functionality will use the Migration County 1099 Interface.
3. For CalWIN counties the report will not pickup issuances issued as Service Arrangement until Fiscal adds the mapping of which service arrangements are provided by the CalWIN county. The report will need to be updated to use the new mapping.
4. External Recovery Accounts are not included in the 1099 Interface Files, 1099 Reconciliation Report or 1099 Detail Report as they are not tied to a specific program or benefit month.
5. The existing report logic for Los Angeles County will not be updated with this SCR since they use the eCAPS interface. The report is currently not picking up data for the county either.
6. The San Bernardino, Merced and Stanislaus base population captures adjustments made to benefits issued to a vendor. This does not include adjustments that were made to prior year payments.
7. The update in logic to the 1099 Reconciliation Report only applies for the year the SCR is implemented to the system. The report logic cannot be applied to

prior years because the report logic is not built to account for any changes made to the 1099 Interface File logic for prior years.

8. Any change to the 1099 Interface File logic requires an update to the 1099 Reconciliation Report logic.

9. The base population logic for this report will need to be applied as of the beginning of the calendar year to have the report reconcile with the 1099 Interface File.

10. The 1099 Reconciliation Report will include information for Ventura County and Yolo County even though they have opted out of the 1099 Interface File process.

2 RECOMMENDATIONS

2.1 1099 Reconciliation Report

2.1.1 Overview

This section outlines the updates to the 1099 Reconciliation Report to collect the same base population as the four separate 1099 Interface File processes. The data for the 1099 Reconciliation Report is refreshed every day while the 1099 Interface Files are generated either yearly or by a county specified frequency. The numbers will reconcile when the 1099 Interface Files are generated for the same period as the 1099 Reconciliation Report.

The 1099 Detail Report provides detailed Vendor Payment Information for a given Organization ID that is reported on the 1099 Reconciliation Report. The 1099 Detailed Report will be brought into the 1099 reconciliation report. When a user selects a vendor the 1099 Vendor Transaction Details pane will pull up the vendor related payments.

2.1.2 1099 Reconciliation Report Screenshot

CalSAWS	1099 Reconciliation Report			
Return to Selections	Data Extracted Daily As Of: 9/30/2021	County: Merced	User: User Name	

Vendor Summary

Vendor ID	Tax ID/SSN	1099 Payee Name	1099 Payee Address	Tax Type	Type 1	Type 7	Other	Total Amount	Adjustment Amount	Overpayment Amount	Total Recovered

Vendor Transaction Details

Vendor ID	Case Number	Control Number	Issuance Date	Issuance Status	Service Type	Type 1	Type 7	Other	Total Amount	Overpayment Amount	Total Recovered	Recovery Account Number

Note: See the Supporting Documents section for the attached mockup.

2.1.3 1099 Reconciliation Report Parameter Page Screenshot

Note: See the Supporting Documents section for the attached mockup.

2.1.4 Description of Change

1. **Update the Base Population for San Bernardino, Merced, and Stanislaus as follows:**
   The base population is a combination of Issuances issued via Service Arrangement and EDBC.

   a. **Issuances Issued Via Service Arrangement**

   - Payment Request Status:

Code-109	Description
PI	Issuance Created

   - The Service Type is one of the services provided by the county. Refer to the Service Types by County document attached in the Supporting Documents section.

   - Issuance does **not** display a created by value equal to the county code.
     Technical Note: This is done by excluding CREATED_BY equal to county codes.

   - The Issuance was issued to an organization.

*Technical Note: This can be checked ISSUANCE.ORG_ID is not null.

- Organization Tax Type:

Code-1002	Description
PS	Partnership - Not 1099 Exempt
LC	LLC - Not 1099 Exempt
CN	Corporation - Not 1099 Exempt
IC	Independent Contractor

- The Issuance Issue Date is between the last successful date the report's data collection batch job ran and the current date of the batch run.

- The Issuance associated to the Payment Request has the latest status of:

Code-111	Description
PD	Paid
RL	Released
IS	Issued
RI	Reissued
HD	Held
RT	Returned
SP	Stop Payment
MI	Manually Issued

- The Issuance was never cancelled. If the issuance is later cancelled the issuance will drop from the report.

Code-111	Description
CA	Cancelled

b. **Issuances Issued Via EDBC**

- The issuance was issued via EDBC.

  Technical Note: This can be checked by ISSUANCE.EDBC_ID is not null.

- The Issuance was issued to an organization.

  Technical Note: This can be checked ISSUANCE.ORG_ID is not null.

- Organization Tax Type:

Code-1002	Description
PS	Partnership - Not 1099 Exempt
LC	LLC - Not 1099 Exempt
CN	Corporation - Not 1099 Exempt
IC	Independent Contractor

- Issuance does not display a created by value equal to the county code.
  Technical Note: This is done by excluding CREATED_BY equal to county codes.

- The Issuance Issue Date is between the last successful date the report's data collection batch job ran and the current date of the batch run.

  Note: The report's data collection batch job runs on a weekly basis.

- The Issuance has the latest status of:

Code-111	Description
PD	Paid
RL	Released
IS	Issued
RI	Reissued
HD	Held
RT	Returned
SP	Stop Payment
MI	Manually Issued

- The Issuance was never cancelled. If the issuance is later cancelled the issuance will drop from the report.

Code-111	Description
CA	Cancelled

2. **Update the base population for Riverside as follows:**
   The Riverside base population is a combination of Issuances issued via Service Arrangement and EDBC.

   a. **Issuances Issued Via Service Arrangement**

   - Payment Request Status:

Code-109	Description
PI	Issuance Created

   - Organization Tax Type:

Code-1002	Description
PS	Partnership - Not 1099 Exempt
LC	LLC - Not 1099 Exempt
CN	Corporation - Not 1099 Exempt
IC	Independent Contractor

- Issuance was issued to an organization.

  Technical Note: This is when ISSUANCE.ORG_ID is not null.

- The Service Type is one of the services approved and provided by the county. Refer to Appendix 7.1 for the current listing of available services per county mapping.

  Note: The list of provided services varies county by county. If a service type is later added or removed by a county, our report will automatically adjust accordingly.

b. **Issuances Issued Via EDBC**

- Issuance was issued to an organization.
  Technical Note: This is when ISSUANCE.ORG_ID is not null.

- The issuance was issued via EDBC.

  Technical Note: This is when ISSUANCE.EDBC_ID is not null.

- The Issuance Issue Date is between the last successful date the report's data collection batch job ran and the current date of the batch run. The Issuance Status was Issued.

Code-111	Description
IS	Issued

- Organization Tax Type:

Code-1002	Description
PS	Partnership - Not 1099 Exempt
LC	LLC - Not 1099 Exempt
CN	Corporation - Not 1099 Exempt
IC	Independent Contractor

Note: For Issuances Issued via EDBC there is no restriction on Service Type.

3. **Update the Base Population for all other counties except for LA County as follows:**
The base population is a combination of Issuances issued via Service Arrangement and EDBC.

   a. **Issuances Issued Via Service Arrangement**

   - Payment Request Status:

Code-109	Description
PI	Issuance Created

   - The Service Type is one of the services approved and provided by the county. Refer to Appendix 7.1 for the current listing of available services per county mapping.

   - Issuance does **not** display a created by value equal to the county code.
   Technical Note: This is done by excluding CREATED_BY equal to county codes.

   - The Issuance was issued to an organization.

     *Technical Note: This can be checked ISSUANCE.ORG_ID is not null.

   - The Issuance Issue Date is between the last successful date the report's data collection batch job ran and the current date of the batch run.

- The Issuance associated to the Payment Request has the latest status of:

Code-111	Description
PD	Paid
RL	Released
IS	Issued
RI	Reissued
HD	Held
RT	Returned
SP	Stop Payment
MI	Manually Issued

- The Issuance was never cancelled. If the issuance is later cancelled the issuance will drop from the report.

Code-111	Description
CA	Cancelled

b. **Issuances Issued Via EDBC**

- The issuance was issued via EDBC.

  Technical Note: This can be checked by ISSUANCE.EDBC_ID is not null.

- The Issuance was issued to an organization.

  Technical Note: This can be checked ISSUANCE.ORG_ID is not null.

- Issuance does not display a created by value equal to the county code.

Technical Note: This is done by excluding CREATED_BY equal to county codes.

- The Issuance Issue Date is between the last successful date the report's data collection batch job ran and the current date of the batch run.

  Note: The report's data collection batch job runs on a weekly basis.

- The Issuance has the latest status of:

Code-111	Description
PD	Paid
RL	Released
IS	Issued
RI	Reissued
HD	Held
RT	Returned
SP	Stop Payment
MI	Manually Issued

- The Issuance was never cancelled. If the issuance is later cancelled the issuance will drop from the report.

Code-111	Description
CA	Cancelled

4. **Combine the 1099 Reconciliation Report and the 1099 Detail Report.**

Migrate the Vendor Payment Detail widget, previously found on the 1099 Detail report, to the 1099 Reconciliation Report.
   a. The widget is placed below the Vendor Summary widget and is named 'Vendor Transaction Details'. See the attached mockup in Supporting Documents section for the widget placements.

b. When a user selects a vendor in the Vendor Summary widget, all the related transactions for that vendor appear on the Vendor Transaction Details widget. This applies to any of the columns for a related vendor in the Vendor Summary widget such as 'Tax ID/SSN', 'Total Amount', 'Type1', etc.

c. The Vendor Transaction Details widget is restricted by the user selected parameter on the parameter page.

d. By default, if no vendor is selected, the Vendor Transaction Details widget will show all transactions restricted by the selected parameter.
See the attached mockup in Supporting Documents section for the widget placements and the new widget names.

5. **Add the following columns to Vendor Summary widget. The columns will be placed after the existing 'Total Amount' column.**

Code-111	Description
Adjusted Amount	Displays the aggregated sum of all adjustments made to the vendor for any of the payments they received during the user selected begin and end date. This is equal to the Total Recovered column minus the Overpayment Amount column. This column will be blank if there are no overpayments or recovery account transactions. Format: $0,000.00 This column will only populate for San Bernardino, Merced, and Stanislaus as they are the only counties that receive adjustments as part of their 1099 Interface File.
Overpayment Amount	Displays the aggregate sum of all overpayment amounts associated to all the payments made to the vendor during the user selected begin and end date. This column will be blank if there are no overpayments. Format: $0,000.00 This column will only populate for San Bernardino, Merced, and Stanislaus as they are the only counties that receive adjustments as part of their 1099 Interface File.
Total Recovered	Displays the aggregate sum of all recovery account transactions associated to all the payments made to the vendor during the user

Code-111	Description
	selected begin and end date. This column will be blank if there are no recovery account transaction.
	Format:
	$0,000.00
	This column is only populated for San Bernardino, Merced, and Stanislaus as they are the only counties that receive adjustments as part of their 1099 Interface File.

6. **Add the following columns to Vendor Transaction Details widget. The columns will be placed after the existing 'Total Amount' column**

Code-111	Description
Adjusted Amount	Displays the aggregated sum of all adjustments related to the single payment made to the vendor during the user selected begin and end date. This is equal to the Total Recovered column minus the Overpayment Amount. This column will be blank if there are no overpayments or recovery account transactions.
	Format:
	$0,000.00
	This column is only populated for San Bernardino, Merced, and Stanislaus as they are the only counties that receive adjustments as part of their 1099 Interface File.
Overpayment Amount	Displays the aggregate sum of all overpayment amounts associated to the single payment made to the vendor during the user selected begin and end date. This column will be blank if there are no overpayments.
	Format:
	$0,000.00
	This column is only populated for San Bernardino, Merced, and Stanislaus as they are the only counties that receive adjustments as part of their 1099 Interface File.
Total Recovered	Displays the aggregate sum of all recovery account transactions associated to the single payment made to the vendor during the user

Code-111	Description
	selected begin and end date. This column will be blank if there are no recovery account transaction.
	Format:
	$0,000.00
	This column is only populated for San Bernardino, Merced, and Stanislaus as they are the only counties that receive adjustments as part of their 1099 Interface File.
Recovery Account Number	Displays the recovery account number associated to the vendor payment. This column will be blank if there is no Recovery Account associated to the vendor payment.

7. **Migrate the 'Input Type' and 'Identification Number' column from the 1099 Detail Report's parameter page to the parameter page of the 1099 Reconciliation Report'.**

The 'Input Type' and 'Identification Number' column are now optional. See the attached mockup in the Supporting Documents section for reference. The parameter page now contains the following columns:

Code-111	Description
County*	A mandatory parameter that restricts the data by the selected county. By default, this field is restricted to a user's own county.
	Note: Only users with the appropriate rights can change this value.
Input Type	An optional parameter that restricts the data by either a vendor's Resource ID or Tax ID. When a user selects an option, the Identification Number updates with the available Resource IDs or Tax IDs.
	Possible Options:
	• Resource ID
	• Tax ID
Identification Number	An optional multi select parameter that restricts the data by either Resource IDs or Tax IDs based on the value selected in the 'Input Type' column.
Begin Date*	A required parameter that restricts the data by the transactions that have an 'Issued' or 'Manually

Code-111	Description
	Issued' status date greater than or equal to the selected date. Format: MM/DD/YYYY
End Date*	A required parameter that restricts the data by the transactions that have an 'Issued' or 'Manually Issued' status date less than or equal to the selected date. Format: MM/DD/YYYY

8. **Disable the 1099 Detail Report.**

2.1.5 Report Location
- **Global: Reports**
- **Local: On Request**
- **Task: Fiscal**

2.1.6 Counties Impacted
All counties except for LA county and the migrating CalWIN counties will be impacted by the changes outlined in this section. The CalWIN counties need to be included in the Service Type mapping before the report can pick up the data.

2.1.7 Security Updates
No updates will be made to the report's security.

2.1.8 Report Usage/Performance
The report's performance is expected to be the same as the SB1099Writer, RV1099Writer and Merced1099Writer sweep jobs.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	Mapping of Service Types offered by Counties.	Service Types by County.xls
2	Reports	1099 Reconciliation Report Mockup	1099 Reconciliation Report Mockup.jpg
3	Reports	1099 Reconciliation Report Parameter Page Mockup	1099 Reconciliation Report Parameter Page

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.	The 1099 Reconciliation Report is used to reconcile the 1099 Interface File received by counties.

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?
CA-231228	Reports	This is a joint 58 county design where there is regional approval aligning to the governance model.	No Impact	No	N/A

6 OUTREACH

N/A

7 APPENDIX

1. **Los Angeles County 1099 Reconciliation Report and 1099 Detail Report Base Population Definition:**

- Issuance does not display a created by value equal to the county code
  Technical Note: This is done by excluding CREATED_BY equal to county codes.

- Payment Request does not display a created by value equal to the county code
  Technical Note: This is done by excluding CREATED_BY equal to county codes.

- The Issuance was issued to an organization
  Technical Note: This is done by looking for ISSUANCE.ORG_ID is not blank.

- The Issuance has one of the following existing statuses with a status date between the last successful batch date and the current batch date:

Code-111	Description
IS	Issued
MI	Manually Issued

- The Issuance was never in one of the following statuses:

Code-111	Description
CA	Cancelled
RI	Reissued
VO	Voided

Technical Note: If the issuance is later Cancelled, Reissued or Voided the record will fall off the report.

- The Organization Tax Type is one of the following:

Code-1002	Description
PS	Partnership - Not 1099 Exempt
LC	LLC - Not 1099 Exempt
CN	Corporation - Not 1099 Exempt

Code-1002	Description
IC	Independent Contractor

- The Service Type is one of the services approved and provided by the county. Refer to the Supporting Documents section for the current listing of available services per county mapping.

  Note: The list of provided services varies county by county. If a service type is later added or removed by a county, our report will automatically adjust accordingly.

2. **Notes**
   - Either the Type1, Type7 or Other column is populated with the amount. This is determined by the reference 11 column in the code detail widget for the given service type. If the value is equal to '7' then type 7 is populated. If the value is '1' then Type 1 column is populated. If the value is equal to 'other' or null then the Other column is populated.
   - Adjustments take into effect when the adjustment has a status of Active. There can be multiple active adjustments on a payment request.
   - The adjustment button is not accessible on the online page until a recovery account is created.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-239741

MEDIL I 22-01 Federal COVID-19 PHE Additional Contact
Requirement

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Chereddy
	Reviewed By	Priya Sridharan, Maksim Volf, Girish Chakkingal, Balakumar Murthy, Geetha Ramalingam, Renee Gustafson

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/05/2022	0.1	Initial Version	Nithya Chereddy
07/19/2022	0.2	Update Batch Job Discontinuance to check for 2nd MC Reminder Notice	Tisha Mutreja

Table of Contents

1 OVERVIEW

Per All County Welfare Directors Letter (ACWDL) 14-32, if the beneficiary has not returned the annual renewal form or has not otherwise provided all of the requested information during the 60 days after the annual renewal form is sent, counties shall attempt to contact the beneficiary to request the needed information, in accordance with Welfare & Institutions Code §14005.37. As a best practice, counties are recommended to contact the beneficiary at least 30 days after sending the annual renewal form when no information has been received.

The MEDIL 22-01 further instructs counties that, if no information has been received after the annual renewal form has been sent and first attempted contact has been made, counties shall attempt one additional contact for annual renewals due within the 12-months following the end of the federal COVID-19 PHE. DHCS recommends that this additional contact should occur ten calendar days from the date of the initial reminder contact and no later than ten calendar days prior to the annual renewal form due date.

1.1 Current Design

Currently the MC Reminder notice (CSF 164) is sent out when the following packets are still in sent status by the MC reminder notice generation date.

  i.   Non-MAGI RE Packet
  ii.   MAGI RE Packet
  iii. Mixed Household RE Packet
  iv.   Former Foster Youth Packet

Also, Batch MC MAGI Discontinuance Sweep job (PB00CH204) and Non-MAGI Discontinuance Sweep job (PB00E182) checks if the MC Reminder Notice CSF 164 was sent.

1.2 Requests

1. Update the existing MC Reminder form (CSF 164) batch schedule to run on the 10th business day of the month prior to the RE Due Month.
2. Update the MC Reminder Notice scheduling to trigger the 2nd Medi-Cal Reminder Notice.
3. Update the MC MAGI Discontinuance sweep job and Non-MAGI discontinuance sweep job to look for the 2nd MC Reminder notice.

1.3 Overview of Recommendations

1. Update the Initial MC Reminder job generation date.
2. Update the MC Reminder Notice scheduling to trigger the 2nd Medi-Cal Reminder Notice.
3. Update batch MC MAGI Discontinuance Sweep job (PB00CH204) and Non-MAGI Discontinuance Sweep job (PB00E182) to look for 2nd MC Reminder Notice.

1.4 Assumptions

1. The SCR CA-250600 will turn off the second Medi-Cal Reminder Notice batch job.
2. The SCR CA-214393 turned off the Medi-Cal Discontinuance batch jobs due to COVID-19.
3. The SCR CA-245109 will turn on the batch jobs for PHE Lift for Medi-Cal and will update the FFY Discontinuance Batch job to check if at least two reminder notices were sent.
4. LA county MC RE Reminder Outbound call will not be impacted due to the generation of an additional reminder notice with this SCR.

2 RECOMMENDATIONS

2.1 Update the MC Reminder Notice batch date

2.1.1 Overview

The MC Reminder Notice (CSF 164) gets triggered for an active Medi-Cal Program if one of the following packets is still in sent status and the customer reporting effective month is the month after the current batch month

  i.   Non-MAGI RE Packet
  ii.   MAGI RE Packet
  iii. Mixed Household RE Packet
  iv.   Former Foster Youth Packet

Note: Currently Former Foster Youth Packet gets generated only for LA County while the Non-MAGI RE Packet, MAGI RE Packet and the Mixed Household RE Packets get generated for all counties.

2.1.2 Description of Change

1. Update the MC Reminder Notice batch job PB00R1932 to run on the 10th Business Day of the month prior to the RE month
   Note:
   - All other trigger conditions remain the same for this batch job.
   - The batch job PB00R1932 is currently scheduled to run 6 business days before the end of the month prior to the RE month

2.1.3 Execution Frequency

10th Business Day of the month (Excludes Saturdays)

2.1.4 Key Scheduling Dependencies

N/A

2.1.5 Counties Impacted

All Counties

2.1.6 Category

N/A

2.1.7 Data Volume/Performance

N/A.

2.1.8 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…)

2.2 MC Reminder Notice – 2nd contact

2.2.1 Overview

Currently the MC reminder notice (CSF 164) gets triggered for an active Medi-Cal Program if one of the following packet(s) is still in sent status and the customer reporting effective month is the month after the current batch month

  i.   Non-MAGI RE Packet
  ii.   MAGI RE Packet
  iii. Mixed Household RE Packet
  iv.   Former Foster Youth Packet

Note: Currently Former Foster Youth Packet gets generated only for LA County while the Non-MAGI RE Packet, MAGI RE Packet and the Mixed Household RE Packets get generated for all counties.

2.2.2 Description of Change

1. Trigger the 2nd MC Reminder Notice when the following conditions are true.
    a. Program is active Medi-Cal
    b. At least one of the following packets is in 'Sent' status

- Non-MAGI RE Packet
- MAGI RE Packet
- Mixed Household RE Packet
- Former Foster Youth Packet

c. Customer Reporting effective month is the month after the current batch month

Note: The triggers for the 1st and 2nd MC Reminder Notice are the same.

2.2.3 Execution Frequency

4 business days before the end of the month (Included Saturdays)

2.2.4 Key Scheduling Dependencies

N/A

2.2.5 Counties Impacted

All Counties

2.2.6 Category

N/A

2.2.7 Data Volume/Performance

N/A.

2.2.8 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…)

2.3 Update the MC Discontinuance Sweep Job (PB00CH204)

2.3.1 Overview

The MC MAGI Discontinuance Sweep batch job (PB00CH204) checks if a MC Reminder Notice (CSF 164) has been sent out. Update the batch job to also look for MC 2nd Reminder Notice.

2.3.2 Description of Change

1. Update the MC MAGI Discontinuance Sweep batch job (PB00CH204) Batch trigger to check at least two MC Reminder Notices were sent in addition to the MAGI RE Packet or the Mixed Household RE Packet for the targeted RE Due Date.

2.3.3 Execution Frequency

N/A

2.3.4 Key Scheduling Dependencies

N/A

2.3.5 Counties Impacted

All 58 Counties

2.3.6 Category

N/A

2.3.7 Data Volume/Performance

N/A

2.3.8 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…)

2.4 Update the Non-MAGI Discontinuance Sweep Job (PB00E182)

2.4.1 Overview

The Non-MAGI Discontinuance Sweep Job (PB00E182) checks if a MC Reminder Notice (CSF 164) has been sent out. Update the batch job to also look for MC 2nd Reminder Notice.

2.4.2 Description of Change

1. Update Non-MAGI Discontinuance Sweep Job (PB00E182) Batch trigger to check at least two MC Reminder Notices were sent in addition to the Non-MAGI RE Packet.

2.4.3 Execution Frequency

N/A

2.4.4 Key Scheduling Dependencies

N/A

2.4.5 Counties Impacted

All Counties

2.4.6 Category

N/A

2.4.7 Data Volume/Performance

N/A

2.4.8 Failure Procedure/Operational Instructions

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

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices;	The second Medi-Cal reminder Notice will be generated for customers with this SCR.

b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-242904

CA-242904 -ACIN I-71-22 2023 CAPI COLA-
Batch EDBC

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/10/2022	1.0	Initial Draft	T. Lazio

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1 OVERVIEW

Per ACIN I-71-22, the new payment standards for the Cash Assistance Program for Immigrants (CAPI) program will be implemented effective January 1, 2023. This SCR will provide details for the one-time batch run that will apply the new payment standard to the CAPI program for the benefit month of January 2023.

1.1 Current Design

Currently CalSAWS uses the 2022 CAPI payment standards that are effective from January 1, 2022 based on SCRs CA-233170 (2022 CAPI CTCR) and CA-233171(CAPI COLA Batch Run) .

1.2 Requests

CA-242903 will update CalSAWS with the 2023 CAPI COLA Payment Standards effective 01/01/2023. Once that SCR is implemented, run batch EDBC on active CAPI programs to calculate new benefit amounts effective 1/1/2023. Then run batch EDBC on CalFresh programs that have a participant in common with a CAPI program.

1.3 Overview of Recommendations

1. Run Batch EDBC for CAPI programs to apply the new payment standards along with CF/NB programs that have a CAPI participant in common.
2. Generate exception listings for Counties to review.

1.4 Assumptions

1. CAPI COLA Change NOA is generated for Active CAPI programs when Batch EDBC is run with a run reason of CAPI COLA and there is a change in the monthly benefit amount issued.
2. The existing CalFresh Change NOA will generate when the CAPI COLA changes impact the CalFresh benefit.
3. If the CalFresh and/or CAPI benefit amount change(s) based on the CAPI COLA and another change (e.g., income increase/decrease), send only the change NOA related to the non-COLA change, per existing logic.
4. For cases with both CAPI and CalFresh programs, both the CalFresh change NOA and the CAPI Notice of Change will be sent if the new CAPI payment standards cause the benefits to change for both programs.
5. Since multiple COLAs are running on the same date (ex: SSA COLA, State Minimum Wage), cases may appear on multiple listings.

2   RECOMMENDATIONS

Batch EDBC will run for CAPI to apply the new payment standards and CF for the same CAPI participants to apply benefit updates.

2.1   Run Batch EDBC for CAPI and CF/NB

2.1.1   Overview

CAPI/CF/NB Batch EDBC will run for the benefit month of 01/2023.

2.1.2   Description of Changes

1. Run batch EDBC for active CAPI programs for the benefit month of 01/2023. Approximately 7,800 + cases.
   Note: This step must complete before the CalFresh cases (see recommendation 2 below) because spouses who are both on CAPI will be on separate cases for CAPI benefits but may be in the same CF household and the CF should only run after both CAPI cases have processed.
   a. Batch EDBC will run with the run reason CT744_CP (CAPI COLA).
   b. Batch EDBC records will have a run type code of 'Single Program'.
   c. Batch EDBC will not be triggered on any CAPI programs that already have an Accepted & Saved for the January 2023 benefit month since CA-242903 went into production on 12/03/2022.
   d. All CAPI programs run by batch will be automatically authorized. There is no Pending Authorization logic in batch, so no cases will be queued for supervisor authorization.
   e. Batch EDBC will insert the below Journal entry for CAPI programs:

      Short Description: "Batch EDBC ran for [month year]."
      Long Description: "Batch EDBC Ran for [month year]. Batch EDBC processed for the program for following reasons: CAPI COLA "

2. Run batch EDBC for active CF and NB programs having an active CalFresh participant in common with CAPI program for the month of 01/2023. Approximately 3,300+ cases.
   a. Batch EDBC will run with the run reason CT744_CP (CAPI COLA) for CF program only.
   b. Batch EDBC records will have a run type code of 'Partial Program' for both CF and NB.
   c. Batch EDBC will not run on the active CF program cases if SAR7 report status is 'Generated', 'Sent' or 'Incomplete'.

d. Batch EDBC will not run CF Program if the benefit month is past the latest RE due date.
e. Batch EDBC will insert the below Journal entry for CF and NB programs where there is a common CAPI program participant:

Short Description: "Batch EDBC ran for [month year]."
Long Description: "Batch EDBC Ran for [month year]. Batch EDBC processed for the program for following reasons: CAPI COLA "

2.1.3 Programs Impacted

CAPI

CF

NB

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.16.1.2	The CalSAWS shall include an automated method for implementing mass updates triggered by policy changes or mass participant financial changes, including Social Security or Veterans benefits cost of living adjustments (COLAs).	The new CAPI payment standards will be updated in the system. These new COLA values will be used to determine the eligibility benefits.
2.16.4.1	The CalSAWS shall include the ability to process a mass update that includes eligibility and benefits with an effective date of any prior month, the current month, or future month(s).	The Batch EDBC process will be run and determine eligibility using the new CAPI payment standards.

4 OUTREACH

4.1 Lists

Generate lists to aid the counties after batch EDBC completes.

All lists will have the standard list columns to display on the listings.

Standard Columns:

- Case Name
- Case Number

- County
- Unit
- Unit Name
- Office Name
- Worker ID

Informational List: Below are the case listing details for informational purposes only and can be reviewed if required.

1. List Name: Impacted Case List
List Criteria: List of all impacted active CAPI and CF cases will be generated before the Batch EDBC run.
Additional Column(s): 'CAPI Case Number', 'CalFresh Case Number'
NOTE: The CF cases will be where the person from the CAPI CASE is active on CF, if one exists. The 'CalFresh Case Number' column may contain the same or a different case number than the 'CAPI Case Number' column, or it may be blank.

Exception List: Below are the case listing details for case exceptions to be reviewed by Counties for any further action.

1. List Name: Cases with Program Closed by Batch
List Criteria: List of CP/CF/NB programs discontinued by batch EDBC.
Additional Column(s): "Program Type", "Program Closure Reason"

2. List Name: Cases with Person Closed by Batch
List Criteria: List of CP/CF/NB programs where batch EDBC closed a person.
Additional Column(s): "Program Type", "Program Closure Reason"

3. List Name: Cases Skipped by Batch
List Criteria: List of CP/CF/NB programs skipped in the batch EDBC run with skip reasons.
Additional Column(s): "Program Type", "EDBC Month", "Skip Reason"

The lists will be posted to the following location: CalSAWS Web Portal>System Changes>SCR and SIR Lists>2022>CA-242904

5   APPENDIX

5.1   Batch Operations:

a) Run CAPI driving query to insert into SYS_TRANSACT all CAPI programs that are active for 01/2023 benefit month from SCR CA-242904 (Section 2.1.2 recommendation 1).
b) Run batch EDBC for the CAPI population from SCR CA-242904 (Section 2.1.2 recommendation 1).
c) Run driving queries to insert records into SYS_TRANSACT for SCR CA-242753 (SSA COLA), SCR CA-249622 (State Minimum Wage) and SCR CA-242904 (CAPI COLA – CF/NB cases from Section 2.1.2 recommendation 2).
d) Run batch EDBC for the populations in step c) above.

NOTE:

- There are currently 7,871 cases with active CAPI programs in CalSAWS.
- There are currently 3,326 CF cases that have an active member in common with an active CAPI program.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-243683

Update AP18 transactions for AVP Request

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Howard Suksanti
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/22/2022	1.0	Initial Revision	Howard Suksanti

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1 OVERVIEW

1.1 Current Design

When an Asset Verification Request is submitted through the IEVS Request page, AP18 transaction is triggered to MEDS only when the Medi-Cal (MC) program status is Active.

1.2 Requests

Update MEDS AP18 to send pending Medi-Cal program when an Asset Verification Request is submitted.

1.3 Overview of Recommendations

Update MEDS AP18 to send pending Medi-Cal program when an Asset Verification Request is submitted.

1.4 Assumptions

1. There is no change to the current logic when the MC program is in Active status. Please refer to CA-228997 for more details.

2 RECOMMENDATIONS

2.1 AP18 Transaction Batch jobs (PO00EM424)

2.1.1 Overview

Users will be allowed to request Asset Verification for Pending Medi-Cal program. Update the AP18 Batch Transaction (PO00EM424) to include AVP requests for pending Medi-Cal program status.

List of existing AP18 batch jobs:

PO00EM400 – this batch job triggers AP18 at program creation.

PO00EM424 – this batch job triggers AP18 when there is a request on IEVS Request List page.

2.1.2 Description of Change

Update the Daily Batch AP18 Transaction job (PO00EM424) to include pending Medi-Cal program. The batch will trigger AP18 regardless of the person's Role Code.

When the AVP request is submitted on the same day as program creation, there will be only one AP18 transaction to MEDS.

There is no change on the PO00EM400 batch job.

The data element of AVP Request Type and Application Flag will be as specified on the following scenarios:

Table 1: Scenarios when Asset Verification Request is requested on the same day as case creation and MC program status is pending.

NUMBER	SCENARIO	APPLICATION FLAG (DE #3024)	AVP REQUEST TYPE (DE #9017)
1	User sends an ad hoc request for AVP only with AVP Request Type of 'Non-LTC'.	P	N
2	User sends an ad hoc request for AVP only with AVP Request Type of 'LTC'.	P	L
3	User sends an ad hoc request for IEVS and AVP with AVP Request Type of 'Non-LTC'.	P	N
4	User sends an ad hoc request for IEVS and AVP with AVP Request Type of 'LTC'.	P	L

NUMBER	SCENARIO	APPLICATION FLAG (DE #3024)	AVP REQUEST TYPE (DE #9017)
5	User sends an ad hoc request for IEVS, SAVE and AVP with AVP Request Type of 'Non-LTC'.	P	N
6	User sends an ad hoc request for IEVS, SAVE and AVP with AVP Request Type of 'LTC'.	P	L

Table 2: Scenarios when Asset Verification Request is requested after the case creation date and MC program status is pending.

NUMBER	SCENARIO	APPLICATION FLAG (DE #3024)	AVP REQUEST TYPE (DE #9017)
1	User sends an ad hoc request for AVP only with AVP Request Type of 'Non-LTC'.	V	N
2	User sends an ad hoc request for AVP only with AVP Request Type of 'LTC'.	V	L
3	User sends an ad hoc request for IEVS and AVP with AVP Request Type of 'Non-LTC'.	I	N
4	User sends an ad hoc request for IEVS and AVP with AVP Request Type of 'LTC'.	I	L
5	User sends an ad hoc request for IEVS, SAVE and AVP with AVP Request Type of 'Non-LTC'.	P	N
6	User sends an ad hoc request for IEVS, SAVE and AVP with AVP Request Type of 'LTC'.	P	L

2.1.1 Partner Integration Testing

No.

2.1.2 Execution Frequency

No change.

2.1.3 Key Scheduling Dependencies

No change.

2.1.4 Counties Impacted

CalSAWS Counties.

2.1.5 Data Volume/Performance

N/A.

2.1.6 Interface Partner

MEDS.

2.1.7 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…)

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
3.4.4.2.55	The System shall be able to receive reports from other systems (e.g., EBT, IEVS).	Allow Users to request an Ad Hoc Asset Verification Request through CalSAWS.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245221

Create a CMS Unwinding Eligibility and
Enrollment Data Monthly Report

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Esequiel Herrera-Ortiz
	Reviewed By	Ravneet Bhatia; Gokul Suresh

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/09/2022	1.0	Initial Version	Esequiel Herrera-Ortiz
09/21/2022	1.1	Update to the report per revised SIRFRA 1186 v2. Update to the report per DHCS input during 09/20/2022 meeting.	Esequiel Herrera-Ortiz

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1 OVERVIEW

With SIRFRA 1186, DHCS and CMS have requested a monthly report to assist them in tracking the state's progress in addressing Medi-Cal pending eligibility and enrollment action when the state's unwinding period begins.

1.1 Current Design

The DHCS CMS Unwinding Eligibility and Enrolment Data report does not existing in CalSAWS.

1.2 Requests

Automate the DHCS CMS Unwinding Eligibility and Enrollment Data report in CalSAWS. The state summary version will contain summary counts for all counties and will be sent directly to DHCS via SFTP process. The report will not be accessible to counties. The county detailed version will contain case level detailed information used by counties to validate the summary counts on the state version of the report.

1.3 Overview of Recommendations

1. Automate the DHCS CMS Unwinding Eligibility and Enrolment Data state and county detail reports in CalSAWS.

1.4 Assumptions

1. Measure 1 includes applications that were Pending during PHE but were Denied due to withdrawal or cancelation after PHE. These applications were excluded in SIRFRA 1185 (CA-243495).
2. Measure 1 should only consider the initial pending status. If a program person application goes from pending to approved/denied and back to pending status, the report will disregard the second pending status as a final determination had already been made.
3. All measures do not take into consideration rescissions which are reinstatements during cure period.
4. Measure 1 is expected to be a static count month after month. A known exception to this is if a worker manually changes the application source to ICT. This will cause the report to drop from Measure 1 as ICTs are excluded from the report.
5. Measures 1a and 1b are expected to be static counts month after month. A known exception to this is if a worker removes or updates the medical condition that was used to classify the application as a disability related application.
6. There is a disability indicator on the SAWS2+ application, however, this root question only indicates to the worker to populate the Medical Condition page. The Medical Condition page is what is used to classify an application as a disability related application.

7. Measures 1,2 and 3 will categorize a MAGI application as any Medi-Cal application where the user does not have a medical condition recorded in the system. Normally MAGI and Non-MAGI is determined using the assigned aid code. Since pending and denied determinations do not have an associated aid code, then a recorded disability will be used for all applications as a workaround.
8. Measure 1,2 and 3 classified an application as a disability related application if a person has a disability effective as of the first day after PHE (02/01/2022). This means even if the disability has an end date less than the report month, the application will still be considered a disability related application since the disability effective check is as of 02/01/2022.
9. The Unwinding Period date will not change after this this SCR is implemented. If it does, then there will not be sufficient time to update the logic.
10. Disability information can be overwritten in the system, this means that if the report is regenerated, the information for Measure 1,2,3 can change for a given report month.
11. Measure 4, 5 and 7 do not have an aid code restriction. This differs from the DHCS CMS Performance Indicators Master Request and the DHCS CMS Renewals Master Request.
12. The report will be submitted to DHCS until DHCS submits a request to discontinue the report.
13. Measurement 4 will report renewals that do not have a determination request sent to CalHEERS. This includes Non-MAGI only household cases and Former Foster Youth.
14. All the medical conditions that make up the disability related application indicator result in a worker needing further verification.
15. The Automated Medi-Cal Discontinuance happens 10 days before RE Due Month. The batch job discontinues any programs where an RE Packet was not received. Th discontinuance status is effective on the 1st of the following month. The Auto Rescind batch job runs 5 days after the 1st of month and restores individuals who returned the application before the end of the RE Due Month. Measures 5 and 7 will capture the discontinuance but not the rescission as the measure does not consider rescissions.
16. The Non-MAGI screening packet can have an effective date of any month while all other RE packets have an effective date equal to RE Due Month.
17. The first monthly report that DHCS will submit to CMS is the February 2023 report.
18. The first available post PHE discontinuance data will be available on May 2022 for RE Due Month of April 2022. The April 2022 RE Due Date will be initiated in February 2022.
19. Along with the submission of the first DHCS CMS Unwinding Eligibility and Enrollment Data report, the ad-hoc report for SIRFRA 1185 will need to be regenerated so that Measure 1 of SIRFRA 1185 reconciles with Measure 1 on the CMS Unwinding Eligibility and Enrollment Data report.

2   RECOMMENDATIONS

2.1   DHCS CMS Unwinding Eligibility and Enrollment Data

2.1.1   Overview

The DHCS CMS Unwinding Eligibility and Enrollment Data report is designed to support CMS in tracking the state's progress in addressing pending eligibility and enrollment actions when the state's unwinding period begins. The report includes the following measures:

Measures 1,2,3:

Reports the total number of pending program person applications that were received between March 1, 2020, and January 31,2023 for which a final eligibility determination has not been made. The measure then breaks down those applications into the number of MAGI applications, disability-related applications, completed applications and pending applications.

Measure 4:

Reports the total number of beneficiaries with an annual renewal that was initiated in the report month. An annual renewal is considered initiated when the state first begins the ex parte process. The ex parte process starts with the auto ex parte process, and this is when a person's eligibility is determined through automation and no information is requested from the recipient. The auto ex parte process occurs two months prior to the RE Due Month. This means the measure collects data for renewals with an RE Due Date 2 months after the report month.

Measure 5 and 7:

Reports the total number of beneficiaries with an annual renewal due in the report month. The measure then goes into counting those renewals that were renewed through the ex parte process, renewed through beneficiary provided information, those determined eligible, those determined ineligible, renewal that were not processed. Measure 7 reports the renewals that have not been processed from the beginning of the unwinding period till the reporting period.

Note all measures are at the person level.

2.1.2 DHCS CMS Unwinding Eligibility and Enrollment Data Screenshot – State Version

SAWS:	CalSAWS	SAWS Submission Date:	MM/DD/YYYY						
Reporting Level:	Individual	Reporting Period (month prior to submission month):	MM/YYYY						

APPLICATION PROCESSING

County Name	Measure 1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	Measure 1a. Total MAGI and other non-disability applications *(2a+3a)*	Measure 1b. Total disability-related applications *(2b+3b)*	Measure 2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period *(2a+2b)*	Measure 2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	Measure 2b. Completed disability-related applications as of the last day of the reporting period	Measure 3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period *(3a+3b)*	Measure 3a. 3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	Measure 3b. 3b. Pending disability-related applications as of the last day of the reporting period
Alameda	0	0	0	0	0	0	0	0	0
Alpine	0	0	0	0	0	0	0	0	0
Amador	0	0	0	0	0	0	0	0	0
Butte	0	0	0	0	0	0	0	0	0
Calaveras	0	0	0	0	0	0	0	0	0
Colusa	0	0	0	0	0	0	0	0	0
Contra Costa	0	0	0	0	0	0	0	0	0
Del Norte	0	0	0	0	0	0	0	0	0
El Dorado	0	0	0	0	0	0	0	0	0
Fresno	0	0	0	0	0	0	0	0	0
Glenn	0	0	0	0	0	0	0	0	0
Humboldt	0	0	0	0	0	0	0	0	0
Imperial	0	0	0	0	0	0	0	0	0
Inyo	0	0	0	0	0	0	0	0	0
Kern	0	0	0	0	0	0	0	0	0
Kings	0	0	0	0	0	0	0	0	0
Lake	0	0	0	0	0	0	0	0	0
Lassen	0	0	0	0	0	0	0	0	0
Los Angeles	0	0	0	0	0	0	0	0	0
Madera	0	0	0	0	0	0	0	0	0
Marin	0	0	0	0	0	0	0	0	0
Mariposa	0	0	0	0	0	0	0	0	0
Mendocino	0	0	0	0	0	0	0	0	0
Merced	0	0	0	0	0	0	0	0	0
Modoc	0	0	0	0	0	0	0	0	0
Mono	0	0	0	0	0	0	0	0	0
Monterey	0	0	0	0	0	0	0	0	0
Napa	0	0	0	0	0	0	0	0	0
Nevada	0	0	0	0	0	0	0	0	0
Orange	0	0	0	0	0	0	0	0	0
Placer	0	0	0	0	0	0	0	0	0
Plumas	0	0	0	0	0	0	0	0	0
Riverside	0	0	0	0	0	0	0	0	0
Sacramento	0	0	0	0	0	0	0	0	0
San Benito	0	0	0	0	0	0	0	0	0
San Bernardino	0	0	0	0	0	0	0	0	0
San Diego	0	0	0	0	0	0	0	0	0
San Francisco	0	0	0	0	0	0	0	0	0
San Joaquin	0	0	0	0	0	0	0	0	0
San Luis Obispo	0	0	0	0	0	0	0	0	0
San Mateo	0	0	0	0	0	0	0	0	0
Santa Barbara	0	0	0	0	0	0	0	0	0
Santa Clara	0	0	0	0	0	0	0	0	0
Santa Cruz	0	0	0	0	0	0	0	0	0
Shasta	0	0	0	0	0	0	0	0	0
Sierra	0	0	0	0	0	0	0	0	0
Siskiyou	0	0	0	0	0	0	0	0	0
Solano	0	0	0	0	0	0	0	0	0
Sonoma	0	0	0	0	0	0	0	0	0
Stanislaus	0	0	0	0	0	0	0	0	0
Sutter	0	0	0	0	0	0	0	0	0
Tehama	0	0	0	0	0	0	0	0	0
Trinity	0	0	0	0	0	0	0	0	0
Tulare	0	0	0	0	0	0	0	0	0
Tuolumne	0	0	0	0	0	0	0	0	0
Ventura	0	0	0	0	0	0	0	0	0
Yolo	0	0	0	0	0	0	0	0	0
Yuba	0	0	0	0	0	0	0	0	0

APPLICATION PROCESSING

Sum of Counties	Measure 1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	Measure 1a. Total MAGI and other non-disability applications *(2a+3a)*	Measure 1b. Total disability-related applications *(2b+3b)*	Measure 2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period *(2a+2b)*	Measure 2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	Measure 2b. Completed disability-related applications as of the last day of the reporting period	Measure 3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period *(3a+3b)*	Measure 3a. 3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	Measure 3b. 3b. Pending disability-related applications as of the last day of the reporting period
Total	0	0	0	0	0	0	0	0	0

Note: See the Supporting Documents section for the attached mockup.

2.1.1 DHCS CMS Unwinding Eligibility and Enrollment Data Screenshot – County Version

CalSAWS	DHCS CMS Unwinding Eligibility and Enrollment Data							
San Bernardino								
Run Date: FEB-02-22 05:38 PM								
Report Month: 01/2022								
Measures 1,2,3 - Application Processing								
				APPLICATION PROCESSING				
Measure 1.	Measure 1a.	Measure 1b.	Measure 2.	Measure 2a.	Measure 2b.	Measure 3.	Measure 3a.	Measure 3b.
Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	Total MAGI and other non-disability applications *(2a+3a)*	Total disability-related applications *(2b+3b)*	Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	Completed MAGI and other non-disability related applications as of the last day of the reporting period	Completed disability-related applications as of the last day of the reporting period	Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)	3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	3b. Pending disability-related applications as of the last day of the reporting period
0	0	0	0	0	0	0	0	0
							Total:	1
Case Number	Case Name	Person Name	DOB	CIN	Initial Pending Date	Disability Related Application	Disposition Event	Disposition Event Date
10000001	Case Name1	John James	01/01/1990	90000000A	03/15/2022	Yes	Approved	06/01/2022

Note: See the Supporting Documents section for the attached mockup.

2.1.2 Description of Change

- **State Report Header:**

Header	Description
SAWS:	Displays the name of the SAWS system for which the report was generated for. Possible Value: - CalSAWS
SAWS Submission Date:	Displays the date the report was generated on. Format: MM/DD/YYYY
Reporting Level:	Indicates whether the report was generated at the case level or the individual level. For CalSAWS this value is equal to individual. Possible Value: - Individual
Reporting Period (month prior to submission month):	Displays the month the data was generated for. This will be the month prior to the SAWS Submission Date. Format: MM/YYYY

- **County Report Header:**

Header	Description
[County Name]	Displays the county name that the report was generated for. Format: [County Name]
Run Date:	Displays the run date the report was generated on. Format: RUN Date: MON-DD-YY HH:MM AM/PM
Report Month:	Displays the month the data was generated for. Format: MM/YYYY
[Sheet Name]	Displays the sheet name of the given sheet. Format: [Sheet Name]

- **Monthly Report Measures 1,2,3 Base Population**

  o The program is:

Code-18	Description
MC	Medi-Cal

  o The program **person application's** initial pending status occurred between March 01, 2020, and January 31, 2023:

Code-157	Description
PE	Pending

  o The program person application **does not** have an initial disposition event of approved or denied that occurred between March 01, 2020, and January 31, 2023:

Code-157	Description
AA	Approved
DE	Denied

Note: Program person applications that were approved or denied during March 01, 2020, and January 31, 2023, are excluded.

Example 1:

A program application is Pending and Approved on January 10, 2023 (During PHE) with three program persons approved or denied one the same day.

Outcome: None of the people are reported because the approve/denial occurred during PHE.

Example 2:

A program application is Pending and Approved on January 10, 2023 (During PHE) with three program persons approved or denied at the same time. A new person is added to the program on January 29, 2023, and is not approved or denied as of the last day of PHE.

Outcome: Only the person who applied on January 29, 2023, will be reported since their program person application was the only application that was pending as of the last day of PHE and did not have an initial Approval/Denial during PHE.

See Appendix 7.1 for more examples.

o Exclude applications that have an application source equal to Inter County Transfer.

Code-294	Description
EI	Inter County Transfer

o The base population is a distinct program person count. If a person appears on two separate Medi-Cal programs, then they may be reported for each given program.

o If a person has multiple applications on the same program, the latest application by Pending Date will be reported.

Note: See Appendix 7.1 for examples.

- **Monthly Report Measures 1,2,3 Totals**
  The columns which are referenced in the total descriptions are defined in the section below.

Header	Description
Measure 1. Total Pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	From the base population displays the count of people that meet the following condition: • All people captured in the base population
Measure 1a. Total MAGI and other non-disability applications (2a+3a)	From the base population displays the count of people that meet the following condition: • The Disability Related Application indicator is set to No.
Measure 1b. Total disability-related applications (2b+3b)	From the base population displays the count of people that meet the following condition: • The Disability Related Application indicator is set to Yes.
Measure 2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	From the base population displays the count of people that meet the following condition: • The Initial Disposition Event is set to Approved or Denied.
Measure 2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: • The Initial Disposition Event is set to Approved or Denied • The Disability Related Application indicator is set to No.
Measure 2b. Completed disability-related applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: • The Initial Disposition Event is set to Approved or Denied. • The Disability Related Application indicator is set to Yes.
Measure 3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last	From the base population displays the count of people that meet the following condition: • The Initial Disposition Event is blank.

Header	Description
day of the reporting period (3a+3b)	
Measure 3a. 3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: • The Initial Disposition Event is blank. • The Disability Related Application Indicator is set to No.
Measure 3b. 3b. Pending disability-related applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: • The Initial Disposition Event is blank. • The Disability Related Application indicator is set to Yes.

- **Monthly Report Measures 1,2,3 County Detail Columns:**

Column Name	Description
Case Number	Displays the case number of the case
Case Name	Displays the case name of the case
Person Name	Displays the program person's name Format: [First Name] [Last Name]
DOB	Displays The date of birth (DOB) of the program person. This column will be blank if the program person does not have a date of birth recorded in the system. Format: MM/DD/YYYY
CIN	Displays the Client Index Number (CIN) of the program person. This column will be blank if the program person does not have a CIN.
Initial Pending Date	Displays the initial pending date of the program person application.

Column Name	Description
	Format: MM/DD/YYYY
Disability Related Application	Indicates whether the program person application is a disability related application as of the first day after PHE ends. Possible Values: • Yes – The person has one of the medical conditions listed below effective as of February 01, 2023. • No – The person **does not** have one of the medical conditions listed below effective as of February 01, 2023. Medical Conditions (CT-160): • 32 - FC/KG - Physical or Mental Disability • 27 - Fry v. Saenz Disability • 24 - Incapacity - Verifiable and at Least 30 Days • 22 - Limited Services - Kidney Dialysis • 23 - Limited Services - TPN • 21 - Limited Services - Tuberculosis • 25 - Presumptive Allegation of ALS (Lou Gehrigs) • 09 - Presumptive Allegation of Bed Confinement • 11 - Presumptive Allegation of Cerebral Palsy • 14 - Presumptive Allegation of Down Syndrome • 15 - Presumptive Allegation of Mental Retardation • 12 - Presumptive Allegation of Muscular Dystrophy • 10 - Presumptive Allegation of Stroke • 08 - Presumptive Allegation of Total Blindness

Column Name	Description
	• 07 - Presumptive Allegation of Total Deafness • 06 - Presumptive Amputation of a Leg at the Hip • 16 - Presumptive Birth Weight Below 2 lbs.10 oz. • 26 - Presumptive End Stage Renal Disease • 18 - Presumptive Gestational Age/Weight at Birth • 17 - Presumptive Human Immunodeficiency Virus (HIV) • 20 - Presumptive Nonambulatory/Spinal Cord Injury • 19 - Presumptive Terminally Ill • 04 - SP-DDSD Blind • 02 - SP-DDSD Disabled • 28 - SP-DDSD Pending • 31 - SP-DDSD Presumptive Approval • 03 - SSA Blind • 01 - SSA Disabled • 30 - SSI Blind
Initial Disposition Event	Displays the first disposition event of approve or denied on the program person application as of the last day of the report month. This column will be blank if the person application was not approved or denied as of the last day of the report month. Possible Values (CT 157): • AA - Approved • DE – Denied
Initial Disposition Date	Displays the event date of the first disposition event of approved or denied on the program person application as of the last day of the report month. This column will be blank if the person application was not approved or denied as of the last day of the report month. Format: MM/DD/YYYY

- **Monthly Report Measure 4 Base Population**
  The base population includes Former Foster Youth.

  o The program is:

Code-18	Description
MC	Medi-Cal

  o The program status as of the last day of the report month:

Code-72	Description
AC	Active

  o The program person status as of the last day of the report month:

Code-72	Description
AC	Active

  o The program person role as of the last of the report month:

Code-201	Description
ME	Member

  o One of the following two conditions are met
    i. The person has a renewal with a Due Date two months after the report month and the renewal does not have a completion reason of:

Code-1892	Description
NV	No Longer Valid
CO	Conversion

    ii. The program person is a Former Foster Youth having the following conditions as of the last day of the report month:
      - Has a **4M – FC Continuing Medi-Cal** aid code

- Their birthday is the month two months after the report month
- They are 26 years old as of the last day of the month which is two months after the report month

Example: In the report month of 09/2022 this measure will pick up renewals with an RE Due date of 11/2022

o When a user has multiple renewals in the report month that meet the criteria above, the latest one created will be reported.

- **Monthly Report Measure 4 Totals**

Header	Description
Measure 4. 4. Total beneficiaries for whom a renewal was initiated in the reporting period	From the base population displays the count of people that meet the following condition: All people captured in the base population.

- **Monthly Report Measure 4 Detail Columns**

Column Name	Description
Case Number	Displays the case number of the case
Case Name	Displays the case name of the case
Person Name	Displays the program person's name Format: [First Name] [Last Name]
DOB	Displays The date of birth (DOB) of the program person. This column will be blank if the program person does not have a date of birth recorded in the system. Format: MM/DD/YYYY
CIN	Displays the Client Index Number (CIN) of the program person. This column will be blank if the program person does not have a CIN.

- **Monthly Report Measures 5 and 7 Base Population**
  The base population includes Former Foster Youth.

  o The program is:

Code-18	Description
MC	Medi-Cal

  o The program status as of the last day of the report month:

Code-72	Description
AC	Active

  o The program person status as of the last day of the report month:

Code-72	Description
AC	Active

  o The program person role as of the last of the report month:

Code-201	Description
ME	Member

  o One of the following two conditions are met:
    i. **Renewal -** The program person has an annual renewal that meets one of the following two conditions:
       - Delinquent RE: Has a renewal with a Due Date greater than or equal to February 2023 and less than or equal to the last day of the month prior to the report month. The RE was not completed as of the last day of the report month.
       - Current Month RE: Has a renewal with a Due Date equal to the report month and the renewal has a blank completion reason, or the completion reason is not equal to:

Code-1892	Description
NV	No Longer Valid
CO	Conversion

Note: A delinquent RE occurs when a Redetermination is past due from its RE Due Date by having a blank completion date and the person was not discontinued from the program.

ii. **Former Foster Youth -** The program person is a Former Foster Youth having the following conditions as of the last day of the report month:
- Has a 4M – FC Continuing Medi-Cal aid code
- Their birthday is in the report month
- They are 26 years old as of the last day of the report month

o For Renewals, the renewal is not due to a change in circumstance. This is when there exists a renewal with a due date within 9 months of the current Re Due Date.

For example, on the 01/2023 report, if a program has a renewal with a due date of 01/2023 and there exists another renewal with a due date of 04/2023 then the program will not be reported during the report month.

- **Monthly Report Measures 5 and 7 Totals**
  The columns which are referenced in the total descriptions are defined in the section below.

Header	Description
5 Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	From the base population displays the count of people that meet the following condition: • The RE Due Date is equal to the report month.
5a Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	From the Measures 5 population the count of people that meet the following condition: • The Resulting Program Person Status is equal to Active. • The Resulting Program Person Role is equal to Member.

18

Header	Description
5a(1) Number of beneficiaries renewed on an ex parte basis	From the Measures 5a population the count of people that meet the following condition: • The Ex Parte Indicator is set to Yes.
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	From the Measures 5a population the count of people that meet the following condition: • The Ex Parte Indicator is set to No.
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	From the Measures 5 population the count of people that meet the following condition: • The Resulting Program Person Status is **not** equal to Active. **OR** The Resulting Program Person Role is **not** equal to Member.
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	From the Measures 5b population the count of people that meet the following condition: • The Failure to Respond Status Reason is not blank.
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	From the Measures 5 base population: • The Resulting Program Person Status is blank.
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	From the Measure 7 Base Population: • The RE Due Date is less than the report month.

- **Monthly Report Measures 5 and 7 Detail Columns**

Column Name	Description
Case Number	Displays the case number of the case
Case Name	Displays the case name of the case
Person Name	Displays the program person's name Format: [First Name] [Last Name]
DOB	Displays The date of birth (DOB) of the program person. This column will be blank if the program person does not have a date of birth recorded in the system. Format: MM/DD/YYYY
CIN	Displays the Client Index Number (CIN) of the program person. This column will be blank if the program person does not have a CIN.
RE Due Date	Displays the RE Due Date. For delinquent REs, the RE Due Date will be less than the report month. For current month REs, the RE Due Date will be equal to the report month. This column will be blank for Former Foster Youth. Format: MM/DD/YYYY
RE Completion Date	Displays the completion date for renewals that are due in the report month and completed in the report month. The column will be blank if the RE was not completed in the report month. Format: MM/DD/YYYY
Resulting Program Person Status	Displays the resulting program person status for redeterminations due in the report month that are completed in the report month. The column will be blank for redeterminations which are not completed in the report month. Possible Values (CT-73):

Column Name	Description
	• Active • Denied • Discontinued
Resulting Program Person Role	Displays the resulting program person role for redeterminations due in the report month and are completed in the report month. The column will be blank for redeterminations which are not completed in the report month. Possible Values (CT-201): • FSO • FRI • MEM • UP
Advanced RE Due Date	For Redeterminations which are due in the report month and are completed in the report month, displays the RE Due Date of the RE immediately following the completed RE. The advanced RE must have no completion reason or have a completion reason **not** equal to 'No Longer Valid' or 'Conversion'. The column will be blank if an RE does not meet these criteria. Format: MM/YYYY
Ex Parte Indicator	Indicates whether the person received a renewal final determination through the Ex Parte process. Possible Values: • Yes – Meets the Auto Ex Parte or Manual Ex Parte conditions listed below. • No – Does **not** meet the Auto Ex Parte or Manual Ex Parte conditions listed below. **Auto Ex Parte** • The CalHEERS transaction type is (CT-297):

Column Name	Description

	o ED - Eligibility Determination Request
	• The CalHEERS run reason code is (CT-395):
	    o RE - Renewal - batch administrative renewal
	• The CalHEERS batch reason code is (CT-2813):
	    o 01 - Batch MAGI Redetermination EDR
	• The CalHEERS effective date is equal to the report month – 1 month
	• The CalHEERS eligibility status for MAGI is (CT-402):
	    o EL – Eligible
	• The case does not have a Medi-Cal customer report that was generated or sent with an effective date between the report month and 2 months prior to the report month.
	
	Manual Ex Parte
	• The CalHEERS transaction type is (CT-297):
	    o DR - Determination Response
	• The CalHEERS run reason code is (CT-395):
	    o RE - Renewal - batch administrative renewal
	    o RM - Renewal - manual renewal
	• The CalHEERS effective date is equal to the report month – 1 month
	• The case does not have a Medi-Cal customer report that was generated or sent with an effective date between the report month and 2 months prior to the report month.

Failure to Respond Status Reason	For Redeterminations which are due in the report month and completed in the report month and the Resulting Program Person Status is Denied or Discontinued, the column displays the status reason if

Column Name	Description
	the status reason is one of the ones listed below else the column will be blank. Possible Values (CT-73): - Child of FTP Income - Child of FTP Property - FTP Age Verification - FTP California Residency - FTP County Residence - FTP County Residence (Negative Action) - FTP Eligibility Forms - FTP Income - FTP Income for NOA - FTP Multiple Vehicles - FTP One Vehicle - FTP Other Health Care - FTP Proof Citizenship - FTP Proof Dependent Care Expense - FTP Proof Earned Income - FTP Proof Liquid Property - FTP Proof Lotto/Gambling Income - FTP Proof Marital Status - FTP Proof Medical Care Expense - FTP Proof Medical Condition - FTP Proof Relationship - FTP Proof Shelter Expense - FTP Proof Student Income - FTP Proof Unearned Income - FTP Proof Utility Expense - FTP Proof Vehicle Property - FTP Property - FTP Property for NOA - FTP Required Info - FTP Verification - Failed Property - Failed to Complete Determination - Failed to Complete Redetermination - Failed to verify LTC - Failure to Provide

Column Name	Description
	o Incarcerated Juvenile (MediCal) o Other Property o Real Property o Spouse of FTP Income o Spouse of FTP Property
Packet Type	Displays the Customer Report Type for the latest MC Packet which was generated before the end of the report month for the program. The packet must have an Effective Month between two months prior to the report month and the report month. This column will be blank otherwise. Possible Values (CT-329): • ABD MC RE Packet • Controlled Forms • Former Foster Youth Packet • GEN 201 • LTC MC RE Packet • MAGI RE Packet … Note this list is not complete or restrictive. If a new Customer Report Type is introduced to the system, the report will automatically pick up the new type.
Packet Sent Date	Displays the status date of the first Sent status of the latest MC Packet which was generated before the end of the report month for the program. The packet must have an Effective Month between two months prior to the report month and the report month. This column will be blank otherwise. Format: MM/DD/YYYY

- Generate the report on the 1st business day of every month. The report is due to the state on the 15th calendar day of the month.

- The state version of the report is sent directly to DHCS via SFTP process.

2.1.3 Report Location

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

2.1.4 Counties Impacted

All counties are impacted by this SCR because the report is generated for all counties.

2.1.5 Security Updates

A user will need to be granted the report specific security group to be able to access the report.

1. Security Rights

Security Right	Right Description	Right to Group Mapping
DHCSCMSUnwindingEligibilityandEnrollmentData	Provides access to the DHCS CMS Unwinding Eligibility and Enrollment Data report.	• DHCS CMS Unwinding Eligibility and Enrollment Data

2. Security Groups

Security Group	Group Description	Group to Role Mapping
DHCS CMS Unwinding Eligibility and Enrollment Data	Provides access to the DHCS CMS Unwinding Eligibility and Enrollment Data report.	View Only

Note: The View Only security role is an administrative security role and is not accessible to counties.

2.1.6 Report Usage/Performance

The report will not add any notable impact to the systems performance. It is expected to have the same usage and performance as the DHCS CMS Renewals Master Request report.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	DHCS CMS Unwinding Eligibility and Enrollment Data – State Version	DHCS CMS Unwinding Eligibility a
2	Reports	DHCS CMS Unwinding Eligibility and Enrollment Data – County Version	DHCS CMS Unwinding Eligibility a
3	Reports	Security Matrix	Security Matrix.xls

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.2.2	The LRS shall produce reports that provide the detail LRS Data that will be used to complete the reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures.	This SCR will provide DHCS the DHCS CMS Unwinding Eligibility and Enrollment Data as requested by the department. The counties will receive a county version of the report to verify the information.

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?
CA-235486		This is a joint 58 county design where there is regional approval aligning to the governance model.	No Impact		

6   OUTREACH

None

7   APPENDIX

7.1   Measures 1,2,3 Examples

Example 1

Case: 10000001
Person Application Initial Pending Date: 01/15/2023
Person Application Initial Disposition Date: 02/02/2023
Reported Disability Effective 02/01/2023: No

Measure	Report Month: 02/2023	Report Month: 02/2023	Report Month: 02/2023
1 – Total applications	Yes – The application was received during PHE and was not approved or denied during PHE.	Yes – The application was received during PHE and was not approved or denied during PHE. Note the application was also reported last report month.	Yes – The application was received during PHE and was not approved or denied during PHE.
1a – Total disability-related applications	No – The user does not have an effective disability recorded as of 02/01/2023.	No – The user does not have an effective disability recorded as of 02/01/2023.	No – The user does not have an effective disability recorded as of 02/01/2023.
1b – Total non-disability-related applications	Yes – The user does not have an effective disability recorded as of 02/01/2023.	Yes – The user does not have an effective disability recorded as of 02/01/2023.	Yes – The user does not have an effective disability recorded as of 02/01/2023.
2 – Completed applications	No – The application was not approved or denied as of the last day of the report month.	Yes – The application was approved or denied as of the last day of the month.	Yes – The application was approved or denied as of the last day of the month.
2a - Completed non-disability	No – The application was not approved or denied as of the last day of the month.	Yes – The application was approved or denied as of the last day of the month and the user does not have an effective	Yes – The application was approved or denied as of the last day of the month and the user does not have an effective

		disability recorded as of 02/01/2022.	disability recorded as of 02/01/2022.
related applications			
2b - Completed disability related applications	No – The application was not approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month, but the user does not have an effective disability recorded as of 02/01/2022.	No – The application was approved or denied as of the last day of the month, but the user does not have an effective disability recorded as of 02/01/2022.
3 – Pending applications	Yes – The application was not approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month.
3a – Pending non-disability related applications	Yes – The application was not approved or denied as of the last day of the month and the user does not have an effective disability recorded as of as of 02/01/2022.	No – The application was approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month.
3b – Pending disability related applications	No – The application was not approved or denied as of the last day of the month, but the user did not have an effective medical condition recorded as of 02/01/2022.	No – The application was approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month.

Example 2

Case: 1000002
Person Application Initial Pending Date: 01/15/2023
Person Application Initial Disposition Date: 04/02/2023
Reported Disability Effective on 02/01/2023: Yes

Measure	Report Month: 02/2023	Report Month: 03/2023	Report Month: 04/2023
1 – Total applications	Yes – The application was received during PHE and was not approve or denied during PHE.	Yes – The application was received during PHE and was not approve or denied during PHE.	Yes – The application was received during PHE and was not approve or denied during PHE.
1a – Total disability-related applications	Yes – The user has an effective disability recorded as of 02/01/2023.	Yes – The user has an effective disability recorded as of 02/01/2023.	Yes – The user has an effective disability recorded as of 02/01/2023.
1b – Total non-disability-	No – The user has an effective disability recorded as of 02/01/2023.	No – The user has an effective disability recorded as of 02/01/2023.	No – The user has an effective disability recorded as of 02/01/2023.

related applications			
2 – Completed applications	No – The application was not approved or denied as of the last day of the month.	No – The application was not approved or denied as of the last day of the month.	Yes – The application was approved or denied as of the last day of the month.
2a - Completed non-disability related applications	No – The application was not approved or denied as of the last day of the month.	No – The application was not approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.
2b - Completed disability related applications	No – The application was not approved or denied as of the last day of the month.	No – The application was not approved or denied as of the last day of the month.	Yes – The application was approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.
3 – Pending applications	Yes – The application was not approved or denied as of the last day of the month.	Yes – The application was not approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month.
3a – Pending non-disability related applications	No – The application was not approved or denied as of the last day of the month and the user does **not** have an effective disability as of 02/01/2023.	No – The application was not approved or denied as of the last day of the month and the user does **not** have an effective disability as of 02/01/2023.	No – The application was approved or denied as of the last day of the month.
3b – Pending disability related applications	Yes – The application was not approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.	No – The application was not approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.	No – The application was approved or denied as of the last day of the month.

Example 3

Case: 10000003
Person Application Initial Pending Date: 07/15/2022
Person Application Initial Disposition Date: 07/17/2022
Reported Disability: No

The application does not appear on the report because it was approved/denied during the PHE period (March 1, 2020 - January 31,2023).

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245517

Add State Form NA 1231 to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Laxmi Pagadala
	Reviewed By	Kavitha MR

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/23/2022	1.0	Initial Draft	Laxmi Pagadala

Table of Contents

1   OVERVIEW

This SCR will add the NA 1231 (9/22) - CAPI Notice of Overpayment – Partial Waiver Approval State form to CalSAWS system.

1.1   Current Design

Currently the NA 1231 (9/22) - CAPI Notice of Overpayment – Partial Waiver Approval State form is not in the CalSAWS Template Repository or generated from the system.

1.2   Requests

Add CDSS version of the NA 1231 (9/22) form to CalSAWS Template Repository in the following Threshold Languages:

English.

1.3   Overview of Recommendations

Add the NA 1231 (9/22) form in available languages.

Languages: English.

1.4   Assumptions

1. When generated in the context of a case, the body fields will be editable for all counties, as per CalSAWS standards.
2. This form's header consists of the CDSS standard header (Header_1) plus the County name at the top left. This effort will not change the form's header.
3. This effort will be introducing the only English.

2   RECOMMENDATIONS

2.1   Add new NA 1231 - CAPI Notice of Overpayment State form

2.1.1   Overview

The NA 1231 form will be added in English to the Template Repository.

State Form: NA 1231

Programs: CAPI

Attached Forms: Yes

Forms Category: Forms

Template Repository Visibility: All Counties

Existing Languages: N/A

Form Title (Document List Page Displayed Name): CAPI Notice of Overpayment – Partial Waiver Approval

Imaging Form Name: CAPI Notice of OP – Partial Waiver App

Imaging Document Type: CAPI

2.1.2 Form Verbiage

Create NA 1231 XDP

A new XDP will add NA 1231 - CAPI Notice of Overpayment – Partial Waiver Approval State form to Template Repository

Threshold Languages: English.

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Include NA Back 9: Yes

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

Add NA 1231 – CAPI Notice of Overpayment State form to Template Repository

The NA 1231 - CAPI Notice of Overpayment – Partial Waiver Approval State form is added only to the Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for NA 1231- CAPI Notice of Overpayment – Partial Waiver Approval State form.

Print Options:

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

Mailing Options:

Mailing Options	Option for NA 1231
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for NA 1231 Form
Post to Self-Service Portal	Y

Form Control

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	NA 1231 Form	NA1231_EN.pdf

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices: e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	NA 1231 is being added in English language.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245691

Update CSF 124 Batch Job

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/28/2022	0.1	Initial Draft	Ayman Hussein

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1 OVERVIEW

DDID CA-201968 brought over a C-IV batch job that generates the CSF 124 (previously the C-IV WTW 733.4). The PB00R499 daily batch job is responsible for finding WTW participants that have ongoing Work Participation Rate (WPR) Community Service activities and sends a CSF 124 form.

1.1 Current Design

The current batch job PB00R499 looks for an end date on the activity records irrespective of status, however in CalSAWS these records do not require an end date.

1.2 Requests

1) Update the batch to look at status reasons instead of end dates.

1.3 Overview of Recommendations

1) Update the batch to look at status reasons instead of end dates.

1.4 Assumptions

1) This effort will not change the frequency of PB00R499 batch job and will continue to run daily.
2) This job will continue to run before the Forms Balancer job.
3) The current counties who have opted into the process will remain unchanged.
4) The CSF 124 correspondence will not be modified as part of this change.
5) The existing logic of Batch job PB00R499 (previously the C-IV WTW 733.4 JB00R545) can be found under the design document of DDID CA-201968.

2 RECOMMENDATIONS

2.1 Update Batch Job PB00R499

2.1.1 Overview

DDID CA-201968 brought over a C-IV batch job that generates the CSF 124 (previously the C-IV WTW 733.4). The PB00R499 daily batch job is responsible for finding WTW participants that have ongoing Work Participation Rate (WPR) Community Service activities and sends a CSF 124 form.

2.1.2 Description of change

Update the driving query of the PB00R499 batch job, which generates the CSF 124 form, to find cases that have a WTW program in Active status (irrespective of end date of the activity record) where the primary applicant has an ongoing 'Community Service' activity for the report month (the batch month falls within the begin and end date for the activity). If the WTW primary applicant has multiple Community Services activities for the report month, the CSF 124 form will generate for each one. If the activity spans multiple months, the form will generate for each report month. For example, if there is an activity spans July and August, when the batch runs in July, it will generate a CSF 124. When the batch runs again in August, it will generate another one.

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1243	CalSAWS shall identify case actions that require a notice, NOA, form, letter, stuffer, or flyer, and shall generate that appropriate notice, NOA, form, letter, stuffer, or flyer, using variable case-specific information.	PB00R499 batch job that triggers CSF 124 is updated.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246320

Add M16-105 to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vamsi Davuluri
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/3/2022	1.0	Initial Draft	Vamsi Davuluri

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1 OVERVIEW

The purpose of this SCR is to add M16-105 to CalSAWS in English and all available threshold languages.

1.1 Current Design

Currently M16-105 (08/08) EBT Expedited Availability is not available in CalSAWS.

1.2 Requests

Add M16-105 (08/08) EBT Expedited Availability to CalSAWS in English and available threshold languages.

Languages include:

English, Chinese, Russian, Spanish and Vietnamese.

1.3 Overview of Recommendations

Add M16-105 (08/08) EBT Expedited Availability to CalSAWS in English and following threshold languages: Chinese, Russian, Spanish, and Vietnamese.

1.4 Assumptions

1. No variables will be populated on the new Forms (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add M16-105 (08/08) EBT Expedited Availability in English and available threshold languages to CalSAWS

2.1.1 Overview

Add M16-105 (08/08) EBT Expedited Availability in English and available threshold languages to CalSAWS.

State Form: M16-105 (8/08)

Programs: CalWORKs

Attached Forms: N/A

Template Description: EBT Expedited Availability

Forms Category: NOA

Template Repository Visibility: All Counties

Languages: English, Spanish, Chinese, Russian, Vietnamese

2.1.2 Form Verbiage

Create M16-105 XDP's in English and threshold languages

Threshold Languages: Chinese*, Russian, Spanish and Vietnamese.

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

Form Header: CalSAWS Standard Header#1

Form Title (Document List Page Displayed Name): EBT Expedited Availability.

Form Number: M16-105

Include NA Back 9: Yes

Imaging Form Name: EBT Expedited Availability

Imaging Case/Person: Case

Imaging Document Type: Notification/NOA

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. **Add M16-105 (08/08) EBT Expedited Availability in English and available threshold languages to Template Repository**

M16-105 (08/08) EBT Expedited Availability is added in English and available threshold languages to the template repository.

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

2. **Add Form Control**

Add an imaging barcode for M16–105.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

The following are the print and mailing requirements for M16-105 (08/08) EBT Expedited Availability.

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

Mailing Options:

Mailing Options	Option for M16-105 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M16-105 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	M16-105 (08/08) EBT Expedited Availability	M16_105_English.pdf M16_105_Spanish.pdf M16_105_Chinese.pdf M16_105_Russian.pdf M16_105_Vietnamese.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices;	M16-105 (08/08) EBT Expedited Availability added in English and other threshold languages.

	m. Withdrawal forms;	
	n. COLA notices;	
	o. Time limit notices;	
	p. Transitioning of aid notices;	
	q. Interface triggered forms and notices (e.g., IFDS, IEVS);	
	r. Non-compliance and sanction notices;	
	s. Benefit issuance and benefit recovery forms and notices, including reminder notices;	
	t. Corrective NOAs on State Fair Hearing decisions;	
	u. CSC paper ID cards with LRS-generated access information; and	
	v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246362

Add M41-440F to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Anil Ankad
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/28/2022	1.0	Initial Draft	Anil Ankad

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1 OVERVIEW

The purpose of this change is to add M41-440F (6/98) 100 Hour Work Rule – Deny to CalSAWS in English and available threshold languages.

1.1 Current Design

Currently M41-440F (6/98) 100 Hour Work Rule – Deny is not available in CalSAWS Template Repository.

1.2 Requests

Add the M41-440F (6/98) 100 Hour Work Rule - Deny to CalSAWS Template Repository in English and available threshold languages.
Languages include: English, Spanish, Chinese, Russian and Vietnamese.

1.3 Overview of Recommendations

Add the M41-440F - 100 Hour Work Rule – Deny 6/98 to CalSAWS Template Repository in English and following threshold languages: English, Spanish, Chinese, Russian and Vietnamese.

1.4 Assumptions

1. No variables will be populated on the M41-440F (6/98) (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2   RECOMMENDATIONS

2.1   Add M41-440F (6/98) 100 Hour Work Rule – Deny in English and available threshold Languages in CalSAWS

2.1.1   Overview

Add M41-440F (6/98) 100 Hour Work Rule – Deny in English and available threshold languages in CalSAWS.

State Form: M41-440F (6/98)

Programs: CalWORKs

Attached Forms: N/A

Template Description: 100 Hour Work Rule - Deny

Forms Category: NOA

Template Repository Visibility: All Counties

Languages: English, Spanish, Chinese, Russian and Vietnamese.

2.1.2   Form Verbiage

Create M41 – 440F XDP

A new XDP will be created for the M41-440F (6/98) 100 Hour Work Rule - Deny.

Form Header: CalSAWS Standard Header#1

Form Title (Document List Page Displayed Name): 100 Hour Work Rule - Deny

Include NA Back 9: Yes

Imaging Form Name: 100 Hour Work Rule – Deny

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #1

2.1.3   Form Generation Conditions

1. **Add M41-440F (6/98) 100 Hour Work Rule – Deny in English and available threshold languages to Template Repository**

   M41-440F (6/98) 100 Hour Work Rule – Deny is added in English and available threshold languages to the Template Repository.

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

2. **Add Form Control**

    Add an imaging barcode for M41 - 440F.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

    The following are the print and mailing requirements for M41-440F (6/98) 100 Hour Work Rule - Deny.

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

Mailing Options:

Mailing Options	Option for M41 - 440F Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M41 - 440F Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	M41-440F (6/98) 100 Hour Work Rule - Deny	M41- 440F_English.pdf M41- 440F_Spanish.pdf M41- 440F_Russian.pdf M41- 440F_Chinese.pdf M41- 440F_Vietnamese.pdf

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices;	M41-440F (6/98) is being added in English and available threshold languages.

	m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

California Statewide Automated Welfare System

Design Document

CA-246363

Add M44 -113G1 to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Anil Ankad
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/29/2022	1.0	Initial Draft	Anil Ankad

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1 OVERVIEW

The purpose of this change is to add M44-113G1 (6/98) - Change in Income to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M44-113G1 (6/98) - Change in Income is not available in CalSAWS Template Repository.

1.2 Requests

Add the M44-113G1 (6/98) - Change in Income to CalSAWS Template Repository in English and available threshold languages.

Languages include: English, Spanish, Chinese, Russian and Vietnamese.

1.3 Overview of Recommendations

Add the M44-113G1 (6/98) - Change in Income to CalSAWS Template Repository in English and following threshold languages: Spanish, Chinese, Russian and Vietnamese.

1.4 Assumptions

1. No variables will be populated on the M44-113G1 (6/98) (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add M44-113G1 (6/98) - Change in Income in English and available threshold Languages in CalSAWS

2.1.1 Overview

Add M44-113G1 (6/98) - Change in Income in English and available threshold languages in CalSAWS.

State Form: M44-113G1(6/98)
Programs: CalWORKs
Attached Forms: NA 200
Template Description: Change in Income-Minor Parent Case
Forms Category: NOA
Template Repository Visibility: All Counties
Languages: English, Spanish, Chinese, Russian and Vietnamese.

2.1.2 Form Verbiage

Create M44 – 113G1 XDP

A new XDP will be created for the M44-113G1 (6/98).

Form Header: CalSAWS Standard Header#1
Form Title (Document List Page Displayed Name): Change in Income
Include NA Back 9: Yes
Imaging Form Name: Change in Income-Minor Parent Case
Imaging Document Type: Notification/NOA
Imaging Case/Person: Case
Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. **Add M44-113G1 (6/98) - Change in Income in English and available threshold languages to Template Repository**

   M44-113G1 (6/98) - Change in Income is added in English and available threshold languages to the Template Repository.

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

2. **Add Form Control**

    Add an imaging barcode for M44-113G1.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

    The following are the print and mailing requirements for M44-113G1 (6/98) - Change in Income.

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

Mailing Options:

Mailing Options	Option for M44 -113G1 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M44 -113G1 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	M44-113G1 (6/98) - Change in Income	M44-113G1_English.pdf M44-113G1_Spanish.pdf M44-113G1_Chinese.pdf M44-113G1_Russian.pdf M44-113G1_Vietnamese.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms;	M44-113G1 (6/98) added in English and available threshold languages.

n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246394

Add MC 239 C-M to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Kamal Shaker J
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/26/2022	1.0	Initial Document	Kamal Shaker J

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1 OVERVIEW

This effort will add MC 239 C-M (05/07) in English and available Threshold Languages to CalSAWS Template Repository.

1.1 Current Design

Currently, MC 239 C-M (05/07) is not available in CalSAWS Template Repository.

1.2 Requests

Add MC 239 C-M (05/07) CHANGE IN SHARE-OF-COST in English and Spanish language to CalSAWS Template Repository.

1.3 Overview of Recommendations

Add MC 239 C-M (05/07) in English and Spanish language to CalSAWS Template Repository.

1.4 Assumptions

1. No variables will be populated on the MC 239 C-M (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add MC 239 C-M in English and Spanish languages

2.1.1 Overview

This section will cover the requirements for adding the MC 239 C-M in English and Spanish languages.

State Form: MC 239 C-M (05/07)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All counties

Existing Languages: N/A

Template Description: Change In Share-Of-Cost

Imaging Form Name: Change In Share-Of-Cost

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

2.1.2 Form Verbiage

Create MC 239 C-M XDP's for Threshold Languages
A new xdp will be created for MC 239 C-M (05/07).

 Languages: English, Spanish

Form Mockups/Examples: See Supporting Documents
Form Title (Document List Page Displayed Name): CHANGE IN SHARE-OF-COST
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.1.3 Form Generation Conditions

1. **Add MC 239 C-M (05/07) in English & Spanish languages to Template Repository**

   MC 239 C-M (05/07) are added in English and Spanish languages to the template repository.

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

2. **Add Form Control**

   Add an imaging barcode for MC 239 C-M.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for MC 239 C-M (05/07).

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

Mailing Options:

Mailing Options	Option for MC 239 C-M Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for MC 239 C-M Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	MC 239 C-M (05/07)	MC239_C-M_EN.pdf MC239_C-M_SP.pdf

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms;	MC 239 C-M (5/07) is added in English and Spanish languages.

c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);	
d. Periodic reporting notices;	
e. Contact letters;	
f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;	
g. Information notices and stuffers;	
h. Case-specific verification/referral forms;	
i. GR Vendor notices;	
k. Court-mandated notices, including Balderas notices;	
l. SSIAP appointment notices;	
m. Withdrawal forms;	
n. COLA notices;	
o. Time limit notices;	
p. Transitioning of aid notices;	
q. Interface triggered forms and notices (e.g., IFDS, IEVS);	
r. Non-compliance and sanction notices;	
s. Benefit issuance and benefit recovery forms and notices, including reminder notices;	
t. Corrective NOAs on State Fair Hearing decisions;	
u. CSC paper ID cards with LRS-generated access information; and	
v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246426

Add MC 359 R to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Dinesh Kumar Mariyappan
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/23/2022	1.0	Initial Draft	Dinesh Kumar Mariyappan

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1 OVERVIEW

The purpose of this SCR is to add MC 359 R (05/07) to CalSAWS Template Repository.

1.1 Current Design

Currently MC 359 R (05/07) is not available in the CalSAWS Template Repository.

1.2 Requests

Add MC 359 R (05/07) Intercounty Transfer – Receiving County to CalSAWS Template Repository in English and Spanish languages.

1.3 Overview of Recommendations

Add MC 359 R (05/07) Intercounty Transfer – Receiving County to CalSAWS Template Repository in English and Spanish languages.

1.4 Assumptions

1. All fields (blank or prepopulated) will be editable.
2. No variables will be populated on the MC 359 R (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.

2   RECOMMENDATIONS

2.1   Add MC 359 R (05/07) to CalSAWS in English and Spanish Language

2.1.1   Overview

The MC 359 R will be added in English and Spanish Language to CalSAWS.

State Form: MC 359 R (05/07)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name): INTERCOUNTY TRANSFER - RECEIVING COUNTY

Imaging Form Name: Intercounty Transfer - Receiving County

Imaging Document Type: Notification/NOA

2.1.2   Form Verbiage

Create MC 359 R XDP

A new XDP will be added for MC 359 R form with version (05/07).

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Languages: English and Spanish.

Include NA Back 9: Yes

Form Mockups/Examples: See supporting document #1

2.1.3   Form Generation Conditions

Add MC 359 R form to Template Repository

The MC 359 R form is added only to the Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the MC 359 R (05/07)

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

Mailing Options:

Mailing Options	Option for MC 359 R
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Add Form Control

Add an imaging barcode for MC 359 R.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for MC 359 R Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	MC 359 R (05/07)	MC359 R_English.pdf MC359 R_Spanish.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	MC 359 R is being added in English and Spanish language.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246428

Add MC 239 SN-7 to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Singaram Manickam
	Reviewed By	Nagesha

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/21/2022	1.0	Initial Draft	Singaram Manickam

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1 OVERVIEW

The purpose of this SCR is to add MC 239 SN-7 (05/07) to CalSAWS Template Repository.

1.1 Current Design

Currently MC 239 SN-7 (05/07) is not available in the CalSAWS Template Repository.

1.2 Requests

Add MC 239 SN-7 (05/07) Approval for the Medically Needy or Medically Indigent Program Benefits to CalSAWS Template Repository in English and Spanish languages.

1.3 Overview of Recommendations

Add MC 239 SN-7 (05/07) Approval for the Medically Needy or Medically Indigent Program Benefits to CalSAWS Template Repository in English and Spanish languages.

1.4 Assumptions

1. All fields (blank or prepopulated) will be editable.
2. No variables will be populated on the MC 239 SN-7 (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.

2   RECOMMENDATIONS

2.1   Add MC 239 SN-7 (05/07) to CalSAWS in English and Spanish Language

2.1.1   Overview

The MC 239 SN-7 form will be added in English and Spanish Language to CalSAWS.

State Form: MC 239 SN-7 (05/07)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name): APPROVAL FOR THE MEDICALLY NEEDY OR MEDICALLY INDIGENT PROGRAM BENEFITS

Imaging Form Name: Approval Medically Needy/Indigent Ben.

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

2.1.2   Form Verbiage

Create MC 239 SN-7 XDP

A new XDP will be added for MC 239 SN-7 form with version (05/07).

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Languages: English and Spanish.

Include NA Back 9: Yes

Form Mockups/Examples: See supporting document #1

2.1.3   Form Generation Conditions

Add MC 239 SN-7 form to Template Repository

The MC 239 SN-7 form is added only to the Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the MC 239 SN-7 (05/07)

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

Mailing Options:

Mailing Options	Option for MC 239 SN-7
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Add Form Control

Add an imaging barcode for MC 239 SN-7.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for MC 239 SN-7 Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	MC-239 SN-7 (05/07)	MC-239 SN-7_EN.pdf MC-239 SN-7_SP.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	MC 239 SN-7 (05/07) is being added in English and Spanish language.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247214

Add Threshold Languages to M40-125B SAR, M40-129B1, M40-129D2 & M40-129D5

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Dinesh Kumar Mariyappan
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/22/2022	1.0	Initial Draft	Dinesh Kumar Mariyappan

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1 OVERVIEW

This effort will add Threshold Languages to M40-125B SAR, M40-129B1, M40-129D2 and M40-129D5 in CalSAWS Template Repository.

1.1 Current Design

Currently, CalSAWS Temple Repository does not have M40-125B SAR, M40-129B1, M40-129D2 and M40-129D5 in the Threshold Languages.

1.2 Requests

1. Add M40-125B SAR (4/16) Restore After a SAR7 Discontinuance in all available Threshold Languages to Template Repository.

   Language include: Chinese, Russian.

2. Add M40-129B1 (12/90) Approval after Immediate Need Payment - Approve in all available Threshold Languages to Template Repository.

   Language include: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.

3. Add M40-129D2 (12/90) Procedural Requirements - Deny in all available Threshold Languages to Template Repository.

   Language include: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.

4. Add M40-129D5 (11/14) Failed to Provide Proof of SSN Application - Deny in all available Threshold Languages to Template Repository.

   Language include: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.

1.3 Overview of Recommendations

1. Add M40-125B SAR (4/16) Restore After a SAR7 Discontinuance in following Threshold Languages: Chinese, Russian.
2. Add M40-129B1 (12/90) Approval after Immediate Need Payment - Approve in following Threshold Languages: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.
3. Add M40-129D2 (12/90) Procedural Requirements - Deny in following Threshold Languages: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.
4. Add M40-129D5 (11/14) Failed to Provide Proof of SSN Application - Deny following Threshold Languages: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print options for English forms.
2. There are no changes to the generation logic of these forms. All triggers for the new threshold forms will be the same as the English forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.
5. CA-246337 will add the M40-125B SAR in English and Spanish forms.
6. CA-246339 will add the M40-129B1 English form.
7. CA-246341 will add the M40-129D2 English form.
8. CA-246342 will add the M40-129D5 English form.
9. CA-250696 will update the NA 1239 in all available Threshold languages to match the latest state version for the automated NOAs.

2 RECOMMENDATIONS

2.1 Add M40-125B SAR (4/16) in available threshold languages

2.1.1 Overview

This section will cover the requirements for adding the M40-125B SAR forms in available threshold languages.

State Form: M40-125B SAR (4/16)
Current Programs: CalWORKs
Current Attached Forms: NA 1239 SAR
Current Forms Category: NOA
Current Template Repository Visibility: All counties
Existing Languages: English, Spanish
Template Description: Restore After a SAR7 Discontinuance
Imaging Form Name: Restore After a SAR7 Discontinuance
Imaging Document Type: Notification/NOA

2.1.2 Form Verbiage

Create M40-125B SAR XDP's for Threshold Languages

Threshold Languages: Chinese*, Russian.

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

Form Mockups/Examples: See Supporting Documents #4
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.1.3 Form Variable Population

Field Mappings: Use the same field mappings as the English Forms for existing population logic.

2.1.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for M40-125B SAR Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M40-125B SAR Form
Post to Self-Service Portal	Y

2.2 Add M40-129B1 (12/90) in available threshold languages

2.2.1 Overview

This section will cover the requirements for adding the M40-129B1 forms in available threshold languages.

State Form: M40-129B1 (12/90)
Current Programs: CalWORKs
Current Attached Forms: NA 200
Current Forms Category: NOA
Current Template Repository Visibility: All counties
Existing Languages: English
Template Description: Approval after Immediate Need Payment
Imaging Form Name: Approval after Immediate Need Payment
Imaging Document Type: Notification/NOA

2.2.2 Form Verbiage

Create M40-129B1 XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #1
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.2.3 Form Variable Population

Field Mappings: Use the same field mappings as the English Forms for existing population logic.

2.2.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for M40-129B1 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M40-129B1 Form
Post to Self-Service Portal	Y

2.3   Add M40-129D2 (12/90) in available threshold languages

2.3.1   Overview

This section will cover the requirements for adding the M40-129D2 forms in available threshold languages.

State Form: M40-129D2 (12/90)
Current Programs: CalWORKs
Current Attached Forms: N/A
Current Forms Category: NOA
Current Template Repository Visibility: All counties
Existing Languages: English
Template Description: Procedural Requirements - Deny - Immediate Need
Imaging Form Name: Procedural Requirements - Deny
Imaging Document Type: Notification/NOA

2.3.2   Form Verbiage

Create M40-129D2 XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #2
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.3.3   Form Variable Population

Field Mappings: Use the same field mappings as the English Forms for existing population logic.

2.3.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for M40-129D2 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M40-129D2 Form
Post to Self-Service Portal	Y

2.4 Add M40-129D5 (11/14) in available threshold languages

2.4.1 Overview

This section will cover the requirements for adding the M40-129D5 forms in available threshold languages.

State Form: M40-129D5 (11/14)
Current Programs: CalWORKs
Current Attached Forms: N/A
Current Forms Category: NOA
Current Template Repository Visibility: All counties
Existing Languages: English
Template Description: Failed to Provide Proof of SSN Application
Imaging Form Name: Failed to Provide Proof of SSN App Deny
Imaging Document Type: Notification/NOA

2.4.2 Form Verbiage

Create M40-129D5 XDP's for Threshold Languages

 Threshold Languages: Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Hmong, Lao, Russian, Tagalog, Vietnamese.

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

Form Mockups/Examples: See Supporting Documents #3
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.4.3 Form Variable Population

Field Mappings: Use the same field mappings as the English Forms for existing population logic.

2.4.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for M40-129D5 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M40-129D5 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	M40-129B1 (12/90)	M40-129B1.zip
2	Forms	M40-129D2 (12/90)	M40-129D2.zip
3	Forms	M40-129D5 (11/14)	M40-129D5.zip
4	Forms	M40-125B SAR (4/16)	M40-125B SAR.zip

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	M40-125B SAR, M40-129B1, M40-129D2 and M40-129D5 are being added in all available threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247240

Add CBO as an Agency Type in Resource Data Bank

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Gerald Limbrick
	Reviewed By	Wiliam Baretsky, Himanshu Jain

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
9/30/2022	1.0	Initial	G. Limbrick

Table of Contents

1 OVERVIEW

This SCR will add CBO (Community Based Organization) as a Type option, selectable under the Resource Data Bank (RDB) category "Agency".

1.1 Current Design

In the Resource Data Bank (RDB), "Child Care" is the only 'Type' option under the 'Agency' category.

1.2 Requests

Add "CBO" as an Agency 'Type' for an RDB resource under category "Agency".

1.3 Overview of Recommendations

1. The 'Resource Detail' page is used create/enter a specific resource. Add "CBO" as an "Agency" 'Type' for an RDB resource.

1.4 Assumptions

1. The new "CBO" Type option will only be under the Category "Agency", and so will not appear on, or affect, the Money Management Resource Detail page or the Foster Care Resource Detail page; those pages do not display resource Types under the Category "Agency".

2 RECOMMENDATIONS

2.1 Resource Detail

2.1.1 Overview

The Resource Detail page is used to create/enter a specific resource. Currently, "Child Care Agency" is the only Type under the Category "Agency". Add "CBO" as an "Agency" 'Type' option for an RDB resource.

2.1.2 Resource Detail page Mockup

Category ✳	
☑ Agency	
☐ Employer	
☐ Provider	
☐ School	
Agency Type ✳	
☐ Child Care Agency	☐ CBO

Figure 2.1.2.1 - New Agency Type

2.1.3 Description of Changes

1. Add "CBO" as a Type for an RDB resource under the Category "Agency":
   a. short decode name = "CBO"
   b. long decode name = "Community Based Organization"
   c. Leave all Reference Table Columns NULL
      Note: This resource type will not be treated specially, these reference tables, if non-Null, would tell the CalSAWS application to display or handle the resource type in special way.
      i. State Program Number Required = NULL
      ii. Organization Type Abreviation = NULL
      iii. Dual Agency = NULL
      iv. FC Basic Rate = NULL
      v. Single Ratio Indicator = NULL
      vi. Display Ratio Type = NULL
      vii. YBN_Inbound = NULL
      viii. CW = NULL
      ix. GA = NULL
      x. GA Search = NULL
      xi. HT = NULL
      xii. HP = NULL

xiii. CCR Ratio Only Indicator = NULL
xiv. Use ISFC State Program Number Indicator = NULL
xv. GM = NULL
xvi. GR = NULL

2.1.4 Page Location

- **Global: Resource Databank**
- **Local: Resources**
- **Task: Resource Search > (Click the 'Add Resource' button after searching)**

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 Automated Regression Test

2.2.1 Overview

Create a new automated regression test script to verify that a 'CBO' Resource can be created and saved.

2.2.2 Description of Change

1. Create a regression script to create and save a new Resource with the following details:
   a. Category: Agency
   b. Agency Type: CBO

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.10.4.39	The LRS shall support the entry of new Vendor information by County-specified Users into the LRS using the following criteria: a. Facility/Vendor/Business name; b. Physical and mailing address; c. Services offered; d. Areas and individuals served e. Vendor type; f. Vendor number; g. FEIN(TIN)/SSN; h. Provider ID; i. Payee name; j. Invoice; k. Tax ID number; l. Telephone number; m. Vendor contact person; n. License number; o. GR hotels vendor code; p. Special features; q. Rate; r. Service start date; s. Service end date; t. Direct deposit information; u. Languages served; v. Special populations served; w. eCAPS vendor ID; x. Region area; y. GAIN activity; and z. Child care data elements.	This SCR allows entering "CBO" as a Child Care "Vendor type", (item e.), when a vendor is a CBO Agency instead of a direct "Child Care Agency"

3.2 Migration Requirements

N/A

4 MIGRATION IMPACTS

N/A

5 OUTREACH

N/A

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247395

Add Threshold Languages to M40-171A (11/14) and to the
Template Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Dinesh Kumar Mariyappan
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/16/2022	1.0	Initial Draft	Dinesh Kumar Mariyappan

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1 OVERVIEW

This effort will add available Threshold Languages to M40-171A (11/14) in CalSAWS Template Repository.

1.1 Current Design

Currently, M40-171A (11/14) is available only in English and Spanish languages in CalSAWS Template Repository.

1.2 Requests

Add M40-171A (11/14) Failure to Cooperate – Deny in all available Threshold Languages to CalSAWS Template Repository.

Language include: Chinese, Russian, Vietnamese.

1.3 Overview of Recommendations

Add M40-171A (11/14) Failure to Cooperate – Deny in following Threshold Languages: Spanish, Chinese, Vietnamese.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print options for English forms.
2. There are no changes to the generation logic of these forms. All triggers for the new threshold forms will be the same as the existing English forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add M40-171A (11/14) in available threshold languages

2.1.1 Overview

This section will cover the requirements for adding the M40-171A forms in available threshold languages.

State Form: M40-171A (11/14)
Current Programs: CalWORKs
Current Attached Forms: N/A
Current Forms Category: NOA
Current Template Repository Visibility: All counties
Existing Languages: English, Spanish
Template Description: Failure to Cooperate
Imaging Form Name: FAIL TO COOP
Imaging Document Type: Notification/NOA
Updated Form name: NOTICE OF ACTION Failure To Cooperate-Deny

2.1.2 Form Verbiage

Create M40-171A XDP's for Threshold Languages

 Threshold Languages: Chinese*, Russian, Vietnamese.

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

Form Mockups/Examples: See Supporting Documents #1
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.1.3 Form Variable Population

Field Mappings: Use the same field mappings as the English Forms for existing population logic.

2.1.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for M40-171A Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M40-171A Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	M40-171A (11/14)	M40-171A_Chinese.pdf M40-171A_Russian.pdf M40-171A_Vietnamese.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	M40-171A form is being added in all available threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247478

Add the M44-207J(06/98) version to the template
Repository and add the Threshold Languages

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sagar Karnawadi
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/30/2022	1.0	Initial Draft	Sagar Karnawadi

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1 OVERVIEW

The purpose of this SCR is to add new M44-207J (06/98) in English and all available threshold languages to Template Repository.

1.1 Current Design

Currently, M44-207J (06/98) is not available in CalSAWS Template Repository.

1.2 Requests

Add M44-207J (06/98) Financial Eligibility - Deny in English and available Threshold languages to CalSAWS template Repository.

Languages Include: English, Spanish, Chinese, Russian and Vietnamese.

1.3 Overview of Recommendations

Add M44-207J (06/98) Financial Eligibility - Deny in English and following Threshold languages: Spanish, Chinese, Russian and Vietnamese.

1.4 Assumptions

1. All fields (blank or prepopulated) will be editable.
2. No variables will be populated on the new M44-207J Form (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.

2 RECOMMENDATIONS

2.1 Add new M44-207J (06/98) to CalSAWS in English and available threshold languages

2.1.1 Overview

Add new M44-207J (06/98) in English and all available threshold languages to CalSAWS.

State Form: M44-207J (06/98)

Programs: CalWORKs

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name):

Financial Eligibility – Deny

Imaging Form Name: Financial Eligibility - Deny

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Languages: English, Spanish, Chinese, Russian and Vietnamese.

2.1.2 Form Verbiage

Create M44-207J XDP

A new XDP will be added in English and threshold languages for M44-207J form with version (06/98).

Threshold Languages: Spanish, Chinese*, Russian, and Vietnamese

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Include NA Back 9: Yes

Form Mockups/Examples: See supporting documents #1

2.1.3 Form Generation Conditions

Add M44-207J (06/98) to Template Repository in all available languages

The M44-207J (06/98) Financial Eligibility - Deny is added to the Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for Financial Eligibility DENY.

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

Mailing Options:

Mailing Options	Option M44-207J
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Add Form Control

Add an imaging barcode for M44-207J.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for M44-207J Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	M44-207J (06/98)	M44-207J_English.pdf M44-207J_Spanish.pdf M44-207J_Vietnamese.pdf M44-207J _Russian.pdf M44-207J _Chinese.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	M44-207J (06/98) is being added in English and all available threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247531

Add M40-107F (04/21) & M40-107F1 (04/21) in Template Repository.

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Kamal Shaker J
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION kkk	AUTHOR
09/01/2022	1.0	Initial Document	Kamal Shaker J

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1 OVERVIEW

This effort will add M40-107F (04/21) and M40-107F1 (04/21) in English and available Threshold Languages to CalSAWS Template Repository.

1.1 Current Design

Currently, M40-107F (04/21) and M40-107F1 (04/21) are not available in CalSAWS Template Repository.

1.2 Requests

1. Add M40-107F (04/21) Extended Beyond 60 Months of Aid in English and available Threshold Languages to the CalSAWS Template Repository.
   Languages include: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish and Vietnamese.
2. Add M40-107F1 (04/21) Extender Met After 60th Month in English and available Threshold Languages to the CalSAWS Template Repository.
   Languages include: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

1.3 Overview of Recommendations

1. Add M40-107F (04/21) Extended Beyond 60 Months of Aid in English and following Threshold Languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish and Vietnamese.
2. Add M40-107F1 (04/21) Extender Met After 60th Month in English and available Threshold Languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

1.4 Assumptions

1. No variables will be populated on the M40-107F and M40-107F1 (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2   RECOMMENDATIONS

2.1   Add M40-107F (04/21) in English and available threshold languages

2.1.1   Overview

This section will cover the requirements for adding the M40-107F (04/21) in English and available threshold languages.

State Form: M40-107F (04/21)

Programs: CalWORKs

Attached Forms: NA 270

Forms Category: NOA

Template Repository Visibility: All counties

Existing Languages: NA

Template Description: Extended Beyond 60 Months of Aid

Imaging Form Name: Extended Beyond 60 Months of Aid

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

2.1.2   Form Verbiage

Create M40-107F XDP's for Threshold Languages
New xdp will be created for English and Threshold languages.

Threshold Languages: Arabic, Armenian, Cambodian, Chinese*, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

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

Form Mockups/Examples: See Supporting Documents
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.1.3   Form Generation Conditions

1. **Add M40-107F (04/21) Extended Beyond 60 Months of Aid in English and available threshold languages to Template Repository**

   M40-107F (04/21) Extended Beyond 60 Months of Aid is added in English and available threshold languages to the Template Repository.

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

2. **Add Form Control**

   Add an imaging barcode for M40-107F (04/21).

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for M40-107F (04/21) Extended Beyond 60 Months of Aid.

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

Mailing Options:

Mailing Options	Option for M40-107F Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Additional Options:

Requirement	Option for M40-107F Form
Post to Self-Service Portal	Y

2.2   Add M40-107F1 (04/21) in English and available threshold languages

2.2.1   Overview

This section will cover the requirements for adding the M40-107F1 (04/21) in English and available threshold languages.

State Form: M40-107F1 (04/21)

Programs: CalWORKs

Attached Forms: NA 531

Forms Category: NOA

Template Repository Visibility: All counties

Existing Languages: NA

Template Description: Extender Met After 60th Month

Imaging Form Name: Extender Met After 60th Month

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

2.2.2   Form Verbiage

Create M40-107F1 XDP's for Threshold Languages
New xdp will be created for English and Threshold languages.

 Threshold Languages: English, Arabic, Armenian, Cambodian, Chinese*, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

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

Form Mockups/Examples: See Supporting Documents
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: Yes

2.2.3   Form Generation Conditions

1. **Add M40-107F1 (04/21) Extender Met After 60th Month in English and available threshold languages to Template Repository**

   M40-107F1 (04/21) Extender Met After 60th Month is added in English and available threshold languages to the Template Repository.

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

2. **Add Form Control**

   Add an imaging barcode for M40-107F1 (04/21).

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for M40-107F1 (04/21) Extender Met After 60th Month.

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

Mailing Options:

Mailing Options	Option for M40-107F1 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Yes
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Additional Options:

Requirement	Option for M40-107F1 Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	M40-107F (04/21)	M40_107F_EN.pdf M40_107F_SP.pdf M40_107F_AR.pdf M40_107F_AE.pdf M40_107F_CA.pdf M40_107F_CH.pdf M40_107F_FA.pdf M40_107F_HM.pdf M40_107F_KO.pdf M40_107F_LA.pdf M40_107F_RU.pdf M40_107F_VI.pdf
2	Form	M40-107F1 (04/21)	M40_107F1_EN.pdf M40_107F1_SP.pdf M40_107F1_AR.pdf M40_107F1_AE.pdf M40_107F1_CA.pdf M40_107F1_CH.pdf M40_107F1_FA.pdf M40_107F1_HM.pdf M40_107F1_KO.pdf M40_107F1_LA.pdf M40_107F1_RU.pdf M40_107F1_TG.pdf M40_107F1_VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices;	M40-107F (04/21), M40-107F1 (04/21) are added in English and available Threshold languages.

t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247533

Add the M40-107F2 (04/21) Version to the Template Repository and add the Threshold Languages

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Karuna Ganeri
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/30/2022	1.0	Initial Draft	Karuna Ganeri

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1 OVERVIEW

The purpose of this change is to add M40-107F2 (4/21) Extender Ended NOA to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M40-107F2 (4/21) Extender Ended is not available in CalSAWS.

1.2 Requests

Add the M40-107F2 (4/21) Extender Ended in English and available threshold languages to CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add the M40-107F2 (4/21) Extender Ended to CalSAWS Template Repository in English and following threshold languages: Spanish, Russian, Chinese, Arabic, Farsi, Cambodian, Korean, Armenian, Tagalog, Vietnamese, Lao and Hmong.

1.4 Assumptions

1. No variables will be populated on M40-107F2 (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2   RECOMMENDATIONS

2.1   Add M40-107F2 (4/21) Extender Ended in English and available threshold Languages in CalSAWS

2.1.1   Overview

Add M40-107F2 (4/21) Extender Ended in English and available threshold languages in CalSAWS.

State Form: M40-107F2 (4/21)

Programs: CalWORKs

Attached Forms: NA 531
Use Template: NA 530

Template Description: Extender Ended

Forms Category: NOA

Template Repository Visibility: All Counties

2.1.2   Form Verbiage

Create M40 –107F2 XDP

A new XDP will be created for M40-107F2 (4/21) Extender Ended.

Threshold Languages: Spanish, Arabic, Armenian, Cambodian, Chinese*, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.

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

Form Header: CalSAWS Standard Header#1

Form Title (Document List Page Displayed Name): Extender Ended

Include NA Back 9: Yes

Imaging Form Name: Extender Ended

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #1

2.1.3   Form Generation Conditions

1. **Add M40-107F2 (4/21) Extender Ended in English and available threshold languages to Template Repository**

M40-107F2 (4/21) Extender Ended is added in English and available threshold languages to the Template Repository.

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

2. **Add Form Control**

Add an imaging barcode for M40-107F2.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

The following are the print and mailing requirements for M40-107F2 (4/21) Extender Ended.

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

Mailing Options:

Mailing Options	Option for M40-107F2 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M40-107F2 Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	M40-107F2 (4/21) Extender Ended	M40_107F2.pdf M40_107F2_SP.pdf M40_107F2_CH.pdf M40_107F2_RU.pdf M40_107F2_VI.pdf M40_107F2_AR.pdf M40_107F2_FA.pdf M40_107F2_CA.pdf M40_107F2_LA.pdf M40_107F2_HM.pdf M40_107F2_KO.pdf M40_107F2_AE.pdf M40_107F2_TG.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions;	M40-107F2 (4/21) Extender Ended added in English and available threshold languages.

u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

California Statewide Automated Welfare System

Design Document

CA-247608

Add M40-107 Addendum 1 & 2 and M40-107A
to the Template Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Singaram Manickam
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
8/29/2022	1.0	Initial Draft	Singaram Manickam

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1 OVERVIEW

This effort will add M40-107 Addendum 1 & 2 and M40-107A in English and all available threshold languages to CalSAWS Template Repository.

1.1 Current Design

Currently M40-107 (4/21) Addendum 1 & 2 and M40-107A(04/21) are not available in CalSAWS Template Repository.

1.2 Requests

1. Add the "M40-107 Addendum 1 - Child Support Collection For CalWORKs 60-Month Time Limit Exemption" in English and available threshold languages to CalSAWS Template Repository.
   Languages Include: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
2. Add the "M40-107 Addendum 2 - Child Support Collection For CalWORKs 60-Month Time Limit Exemption" in English and available threshold languages to CalSAWS Template Repository.
   Languages Include: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
3. Add the "M40-107A - Time On Aid (no previous NOA issued) – Other" in English and available threshold languages to CalSAWS Template Repository.
   Languages Include: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

1.3 Overview of Recommendations

1. Add the "M40-107 Addendum 1 - Child Support Collection For CalWORKs 60-Month Time Limit Exemption" in English and following threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
2. Add the "M40-107 Addendum 2 - Child Support Collection For CalWORKs 60-Month Time Limit Exemption" in English and following threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
3. Add the " M40-107A - Time On Aid (no previous NOA issued) – Other " in English and following threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

1.4 Assumptions

1. No variables will be populated on the new M40-107 Addendum 1 & 2 and M40-107A Forms (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2   RECOMMENDATIONS

2.1   Add new M40-107 ADDENDUM 1 Form in English and available threshold languages in CalSAWS.

2.1.1   Overview

Add the new M40-107 ADDENDUM 1 Form in English and available threshold languages in CalSAWS.

State Form: M40-107 (04/21) - ADDENDUM 1

Programs: CalWORKs

Attached Forms: NA 270

Template Description: Child Support Collection For CalWORKs 60-Month Time Limit Exemption

Forms Category: NOA

Template Repository Visibility: All Counties

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

2.1.2   Form Verbiage

Create M40-107 ADDENDUM 1 XDP

A new XDP will be created for the M40-107 ADDENDUM 1 Form

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

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Form Title (Document List Page Displayed Name): Child Support Collection For CalWORKs 60-Month Time Limit Exemption

Include NA Back 9: Yes

Imaging Form Name: Child Supp Collection CW 60-Mth Exempt 1

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. **Add M40-107 ADDENDUM 1 – Child Support Collection For CalWORKs 60-Month Time Limit Exemption form to Template Repository**

   The M40-107 ADDENDUM 1 Child Support Collection For CalWORKs 60-Month Time Limit Exemption form is added only to the Template Repository.

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

2. **Add Form Control**

   Add an imaging barcode for M40-107 ADDENDUM 1.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for M40-107 ADDENDUM 1 Child Support Collection For CalWORKs 60-Month Time Limit Exemption.

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

Mailing Options:

Mailing Options	Option for M40 – 107 Addendum 1
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M40-107 ADDENDUM 1 Form
Post to Self-Service Portal	Y

2.2 Add new M40-107 ADDENDUM 2 Form in English and available threshold languages in CalSAWS.

2.2.1 Overview

Add the new M40-107 ADDENDUM 2 Form in English and available threshold languages in CalSAWS.

State Form: M40-107 (04/21) - ADDENDUM 2

Programs: CalWORKs

Attached Forms: NA 270

Template Description: Child Support Collection For CalWORKs 60-Month Time Limit Exemption

Forms Category: NOA

Template Repository Visibility: All Counties

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

2.2.2 Form Verbiage

Create M40-107 ADDENDUM 2 XDP

A new XDP will be created for the M40-107 ADDENDUM 2 Form

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

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Form Title (Document List Page Displayed Name): Child Support Collection For CalWORKs 60-Month Time Limit Exemption

Include NA Back 9: Yes

Imaging Form Name: Child Supp Collection CW 60-Mth Exempt 2

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #2

2.2.3 Form Generation Conditions

1. **Add M40-107 ADDENDUM 2 – Child Support Collection For CalWORKs 60-Month Time Limit Exemption form to Template Repository**

   The M40-107 ADDENDUM 2 Child Support Collection For CalWORKs 60-Month Time Limit Exemption form is added only to the Template Repository.

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

2. **Add Form Control**

   Add an imaging barcode for M40-107 ADDENDUM 2.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for M40 -107 ADDENDUM 2 Child Support Collection For CalWORKs 60-Month Time Limit Exemption.

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

Mailing Options:

Mailing Options	Option for M40 – 107 Addendum 2
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A

Mailing Options	Option for M40 – 107 Addendum 2
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M40-107 ADDENDUM 2 Form
Post to Self-Service Portal	Y

2.3   Add new M40-107A Form in English and available threshold languages in CalSAWS.

2.3.1   Overview

Add the new M40-107A Form in English and available threshold languages in CalSAWS.

State Form: M40-107A (04/21)

Programs: CalWORKs

Attached Forms: NA 270
Use Template: NA 530

Template Description: Time On Aid (no previous NOA issued) - Other

Forms Category: NOA

Template Repository Visibility: All Counties

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

2.3.2   Form Verbiage

<u>Create M40-107A XDP</u>

A new XDP will be created for the M40-107A Form

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

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)
Form Title (Document List Page Displayed Name): Time On Aid (no previous NOA issued) - Other
Include NA Back 9: Yes
Imaging Form Name: Time On Aid (no previous NOA issued)
Imaging Document Type: Notification/NOA
Imaging Case/Person: Case
Form Mockups/Examples: See supporting document #3

2.3.3 Form Generation Conditions

1. **Add M40-107A – Time On Aid (no previous NOA issued) - Other form to Template Repository**

   The M40-107A Time On Aid (no previous NOA issued) - Other form is added only to the Template Repository.

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

2. **Add Form Control**

   Add an imaging barcode for M40-107A.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for M40-107A Time On Aid (no previous NOA issued) - Other.

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

Mailing Options:

Mailing Options	Option for M40-107A
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M40-107A Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	M40-107 ADDENDUM 1 Threshold Languages	M40-107ADD1_EN.pdf M40-107ADDENDUM1_AE.pdf M40-107ADDENDUM1_AR.pdf M40-107ADDENDUM1_CA.pdf M40-107ADDENDUM1_CH.pdf M40-107ADDENDUM1_FA.pdf M40-107ADDENDUM1_TG.pdf M40-107ADDENDUM1_VI.pdf M40-107ADDENDUM1_KO.pdf M40-107ADDENDUM1_LA.pdf M40-107ADDENDUM1_RU.pdf M40-107ADDENDUM1_SP.pdf M40-107ADDENDUM1_HM.pdf NA270.pdf
2	Correspondence	M40-107 ADDENDUM 2 Threshold Languages	M40-107ADD2_EN.pdf M40-107ADDENDUM2_AE.pdf M40-107ADDENDUM2_AR.pdf M40-107ADDENDUM2_CA.pdf M40-107ADDENDUM2_CH.pdf M40-107ADDENDUM2_FA.pdf M40-107ADDENDUM2_TG.pdf M40-107ADDENDUM2_VI.pdf M40-107ADDENDUM2_KO.pdf M40-107ADDENDUM2_LA.pdf M40-107ADDENDUM2_RU.pdf M40-107ADDENDUM2_SP.pdf M40-107ADDENDUM2_HM.pdf NA270.pdf
3	Correspondence	M40-107A	M40-107A_EN.pdf M40-107A_AE.pdf M40-107A_AR.pdf

			M40-107A_CA.pdf
			M40-107A_CH.pdf
			M40-107A_FA.pdf
			M40-107A_TG.pdf
			M40-107A_VI.pdf
			M40-107A_KO.pdf
			M40-107A_LA.pdf
			M40-107A_RU.pdf
			M40-107A_SP.pdf
			M40-107A_HM.pdf
			NA270.pdf
			NA530.zip

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices;	M40-107 Addendum 1 & 2 and M40-107A are being added in English and all available system supported threshold languages

	k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247613

Add the M40-107K (04/21) Version to the Template Repository and add the Threshold Languages

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithin Samineni
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/5/2022	1.0	Initial Draft	Nithin Samineni

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1 OVERVIEW

The purpose of this SCR is to add M40-107K (4/21) to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M40-107K (4/21) Increase Grant due to TOA Adjustment is not available in CalSAWS.

1.2 Requests

Add the M40-107K (4/21) Increase Grant due to TOA Adjustment in English and available threshold languages to CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add the M40-107K (4/21) Increase Grant due to TOA Adjustment to CalSAWS in English and following threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

1.4 Assumptions

1. No variables will be populated M40-107K (aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2   RECOMMENDATIONS

2.1   Add M40-107K (4/21) Increase Grant due to TOA Adjustment in English and available threshold Languages in CalSAWS

2.1.1   Overview

Add M40-107K (4/21) Increase Grant due to TOA Adjustment in English and available threshold languages in CalSAWS.

State Form: M40-107K (4/21)

Programs: CalWORKs

Attached Forms: NA 531
Use Template: NA 530

Template Description: Increase Grant due to TOA Adjustment

Forms Category: NOA

Template Repository Visibility: All Counties

2.1.2   Form Verbiage

<u>Create M40 –107K XDP</u>

A new XDP will be created for M40-107K (4/21) in English and threshold languages.

Threshold languages: Arabic, Armenian, Cambodian, Chinese*, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

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

Form Header: CalSAWS Standard Header#1

Form Title (Document List Page Displayed Name): Increase Grant due to TOA Adjustment (4/21)

Include NA Back 9: Yes

Imaging Form Name: Increase Grant due to TOA Adjustment

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. **Add M40-107K (4/21) Increase Grant due to TOA Adjustment in English and available threshold languages to Template Repository**

   M40-107K (4/21) Increase Grant due to TOA Adjustment is added in English and available threshold languages to the Template Repository.

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

2. **Add Form Control**

   Add an imaging barcode for M40-107K.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

   The following are the print and mailing requirements for M40-107K (4/21) Increase Grant due to TOA Adjustment.

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

   Mailing Options:

Mailing Options	Option for M40-107K Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

   Additional Options:

Requirement	Option for M40-107K Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	M40 -107K (4/21) Increase Grant due to TOA Adjustments	M40_107K_English.pdf M40_107K_Arabic.pdf M40_107K_Armenian.pdf M40_107K_Cambodian.pdf M40_107K_Chinese.pdf M40_107K_Farsi.pdf M40_107K_Hmong.pdf M40_107K_Korean.pdf M40_107K_Lao.pdf M40_107K_Russian.pdf M40_107K_Spanish.pdf M40_107K_Tagalog.pdf M40_107K_Vietnamese.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in	M40-107K (4/21) Increase Grant due to TOA Adjustment added in English and available threshold languages.

worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-247630

Add M40 -107J1 (4/21) Version to
the Template Repository and add the
Threshold Languages

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithin Samineni
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/5/2022	1.0	Initial Draft	Nithin Samineni

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1. OVERVIEW

The purpose of this change is to add M40-107J1 (4/21) to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M40-107J1 (4/21) Approval After 60 Months on Aid are not available in CalSAWS.

1.2 Requests

Add the M40-107J1 (4/21) Approval After 60 Months on Aid in English and

available threshold languages to CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add the M40-107J1 (4/21) Approval After 60 Months on Aid to CalSAWS in English and following threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

1.4 Assumptions

1. No variables will be populated on M40-107J1(aside from the standard header and footer information).
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

2. RECOMMENDATIONS

2.1 Add M40- 107J1 (4/21) Approval After 60 Months on Aid in English and available threshold Languages in CalSAWS

2 .2.1 Overview

Add M40- 107J1 (4/21) Approval After 60 Months on Aid in English and available threshold languages in CalSAWS.

State Form: M40-107J1(4/21)

Programs: CalWORKs

Attached Forms: NA 531
Use Template: NA 530

Template Description: Approval After 60 Months on Aid

Forms Category: NOA

Template Repository Visibility: All Counties

Imaging Case/Person: Case

2.1.2 Form Verbiage

<u>Create M40-107J1 XDP</u>

A new XDP will be created for Approval After 60 Months on Aid (4/21) in English and threshold languages.

Threshold Languages: Arabic, Armenian, Cambodian, Chinese*, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

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

Form Header: CalSAWS Standard Header#1

Form Title (Document List Page Displayed Name): Approval After 60 Months on Aid (4/21)

Include NA Back 9: Yes

Imaging Form Name: Approval After 60 Months on Aid

Imaging Document Type: Notification/NOA

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. **<u>Add M40-107J1 (4/21) Approval After 60 Months on Aid in English and available threshold languages to Template Repository</u>**

   M40-107J1 (4/21) Approval After 60 Months on Aid is added in English and available threshold languages to the Template Repository.

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

2. **<u>Add Form Control</u>**

   Add an imaging barcode for M40-107J1.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. **Add Form Print Options and Mailing Requirements**

The following are the print and mailing requirements for M40-107J1 (4/21) Approval After 60 Months on Aid.

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

Mailing Options:

Mailing Options	Option for M40-107J1 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Additional Options:

Requirement	Option for M40-107J1 Form
Post to Self-Service Portal	Y

3. SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	M40-107 J1 (4/21) Approval After 60 Months on Aid	M40_107J1_English.pdf M40_107J1_Arabic.pdf M40_107J1_Armenian.pdf M40_107J1_Cambodian.pdf

			M40_107J1_Chinese.pdf
			M40_107J1_Farsi.pdf
			M40_107J1_HMong.pdf
			M40_107J1_Korean.pdf
			M40_107J1_Lao.pdf
			M40_107J1_Ruusian.pdf
			M40_107J1_Tagalog.pdf
			M4_107J1_Spanish.pdf
			M40_107J1_Vietnamesepdf

4. REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms;	M40-107J1 (4/21) Approval After 60 Months on Aid is added in English and available threshold languages.

n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-249594

Add a New Validation on the Application
Registration Summary Requiring Email Address
to be in the Correct Format

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Andrea Rodriguez
	Reviewed By	Naga Chinduluru, Michael Wu, Himanshu Jain, William Baretsky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/20/2022	1.0	Initial	Andrea Rodriguez

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1 OVERVIEW

This SCR will address a security concern on the Application Registration Summary page when an incorrect format is entered for an email address. This SCR will apply a constraint to the "EMAIL Address" field on the Application Registration Summary page that will ensure the input text saved on the field follows proper email formatting.

1.1 Current Design

On the Application Registration Summary page, there is no validation for the formatting of the "EMAIL Address" field input.

1.2 Requests

Apply a constraint to the Application Registration Summary page to ensure that the value entered on the "EMAIL Address" field is following the proper email format.

1.3 Overview of Recommendations

1. Apply a constraint to the Application Registration Summary page to ensure that the value entered on the "EMAIL Address" field is following the proper email format.

1.4 Assumptions

1. The existing Application Registration Summary functionality will not be changed with this SCR.
2. The changes applied with this SCR do not verify the email address that is entered on the Application Registration Summary page. The constraint applied is to ensure that the email is in a proper format.
3. The constraint applied is the same constraint used for email address fields throughout CalSAWS pages and the logic is based on widely used email formatting standards.

2 RECOMMENDATIONS

2.1 Application Registration Summary

2.1.1 Overview

The Application Registration Summary page allows access to applications for potential program participants. This SCR will add a constraint to ensure the "EMAIL Address" field is saved with a proper format input.

2.1.2 Application Registration Summary Mockup

Figure 2.1.1 – Invalid Email Validation Message

2.1.3 Description of Changes

1. Apply a constraint to the "EMAIL Address" field on the Application Registration Summary page.
   a. The constraint will allow the user to save the page only when the input text on the field is a proper format email (for example, johndoe@email.com) or empty.
   b. When an invalid input is entered on the field, the page will display the following standard validation message upon saving, "EMAIL Address – Input [invalid input text] is not valid for this field" (as shown in Figure 2.1.1).

Note: This constraint is to ensure that the email is in a proper format. The constraint does not verify the email address that was entered.

2.1.4 Page Location
- **Global:** Case Info
- **Local:** New Application
- **Task:** Application Registration

2.1.5 Security Updates
N/A

2.1.6 Page Mapping
N/A

2.1.7 Page Usage/Data Volume Impacts
N/A

2.1 Automated Regression Test

2.1.1 Overview
Create a new automated regression test script to verify the format validation on the "EMAIL Address" field on the Application Registration Summary page.

2.1.2 Description of Change
Create a new script to verify the following scenarios for the "EMAIL Address" field when attempting to save the Application Registration Summary page in create mode:

1. Missing address (before "@" symbol): Validation displays
2. Invalid address: Validation displays
   a. **Technical Note:** Special character other than the following: .!#$%'*+\/=?^_`{|}~-
3. Missing domain name (after "@" symbol): Validation displays
4. Invalid domain name (special character other than "-" and "."): Validation displays
   a. **Technical Note:** Special character other than "-" and "."
5. Missing domain separator (no "@" symbol): Validation displays
6. Empty value: No validation

Note: The valid "EMAIL Address" scenario is already covered by the existing "Application Registration" script.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
3.2.4.2.q	The LRS shall comply with all security requirements specified by FIPS Publication 200, Minimum Security Requirements for Federal Information and Information Systems, released March 2006, and any addendums and other revisions thereof. Currently, such security requirements include: a. Access control; b. Awareness and training; c. Audit and accountability; d. Certification, accreditation, and security assessments; e. Configuration management; f. Contingency planning; g. Identification and authentication; h. Incident response; i. Maintenance; j. Media protection; k. Physical and environmental protection; l. Planning; m. Personnel security; n. Risk assessment; o. System and services acquisition; p. System and communications protection; and q. System and information integrity.	This SCR will add a constraint to help ensure the information integrity of the data entered on the "EMAIL Address" field of the Application Registration Summary page.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-249710

Add Available Translations for CW 2217 to CalSAWS

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Pooja Shivanand
	Reviewed By	Kavitha MR

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/16/2022	1.0	Initial Draft	Pooja Shivanand

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1 OVERVIEW

This effort will add CW 2217 (01/15) CalWORKs Request For Voluntary Repayment in all available threshold languages to CalSAWS Template Repository.

1.1 Current Design

Currently CW 2217 (01/15) is available only in English and Spanish Languages in CalSAWS Template Repository.

1.2 Requests

Add CW 2217 (01/15) CalWORKs Request For Voluntary Repayment in all available threshold languages to CalSAWS Template Repository.
Languages Include : Cambodian, Chinese, Russian, Vietnamese

1.3 Overview of Recommendations

Add the CW 2217 (01/15) form in following threshold languages.
Languages: Cambodian, Chinese, Russian and Vietnamese.

1.4 Assumptions

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

2 RECOMMENDATIONS

2.1 Add CW 2217 (01/15) form in all available threshold languages in CalSAWS.

2.1.1 Overview

Add the CW 2217 (01/15) in available threshold languages in CalSAWS.

State Form: CW 2217 (01/15)
Current Programs: CalWORKs
Current Attached Forms: N/A
Current Forms Category: Forms
Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Updated Template Description: User initiated from the repository. Form is initiated when a CalWORKs overpayment occur and the customer is requesting to make voluntary payments.

Imaging Form Name: CW Request For Voluntary Repayment

Imaging Document Type: Overpayment/Overissuance (OP/OI)

2.1.2 Form Verbiage

Create CW 2217 XDP's for Threshold Languages

Threshold Languages: Cambodian, Chinese*, Russian, Vietnamese.

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

Form Mockups/Examples: See Supporting Documents #1
Form Header: CalSAWS Standard Header (Header_3-1)
Include NA BACK 9: No

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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 Options:

Mailing Options	Option for CW 2217 Form
Mail-To (Recipient)	N/A
Mailed From (Return)	N/A
Mail-back-to Address	N/A
Outgoing Envelope Type	N/A
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW 2217 Form
Post to Self-Service Portal	N

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	CW 2217(1/15) Threshold Languages	CW2217_CA.pdf CW2217_CH.pdf CW2217_RU.pdf CW2217_VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	CW 2217 is being added in all available threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-249718

Add Available Threshold languages for SAR 23 to CalSAWS.

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Anusha Somu
	Reviewed By	Kavitha M R

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/16/2022	1.0	Initial Draft	Anusha Somu

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1 OVERVIEW

This effort will add available Threshold languages for the SAR 23 (3/13) in CalSAWS Template repository.

1.1 Current Design

Currently, CalSAWS has SAR 23 (3/13) only in English and Spanish languages.

1.2 Requests

Add available threshold languages to the CalSAWS Template Repository for SAR 23 (3/13) Senior Parent Statement Of Facts.

Languages include: Arabic, Armenian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog.

1.3 Overview of Recommendations

Add available threshold languages to the CalSAWS Template Repository for SAR 23 (3/13) Senior Parent Statement Of Facts.

Languages include: Arabic, Armenian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print options for English and Spanish forms.
2. There are no changes to the generation logic of these forms. All triggers for the new threshold forms will be the same as the existing English and Spanish forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add SAR 23 - 'Senior Parent Statement of Facts' form in the available threshold languages

2.1.1 Overview

This section will cover the requirements for adding the SAR 23 form in all available Threshold languages.

State Form: SAR 23 (3/13)

Current Programs: CalWORKs

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish.

Updated Template Description: This form is used to obtain the Senior Parent's income when a minor parent applies for cash aid.

Imaging Form Name: Sponsors SAR Income and Resources

Imaging Document Type: Customer Reporting

2.1.2 Form Verbiage

Create SAR 23 XDP's for available Threshold Languages

XDP's will be created for the available SAR 23 threshold languages.

Threshold Languages: Arabic, Armenian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog.

*One translation is provided to support the following Cantonese, Chinese, and Mandarin Chinese languages.

Form Mockups/Examples: See Supporting Documents #1
Form Header: CalSAWS Standard Header #1
Include NA BACK 9: No

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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 Options:

Mailing Options	Option for SAR 23 Form
Mail-To (Recipient)	Participant Mailing Address.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Worker's Office Address
Outgoing Envelope Type	N/A
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for SAR 23 Form
Post to Self-Service Portal	N

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	SAR 23 Threshold Languages	SAR23_Arabic.pdf SAR23_Armenian.pdf SAR23_Chinese.pdf SAR23_Farsi.pdf SAR23_Hmong.pdf SAR23_Korean.pdf SAR23_Lao.pdf SAR23_Russian.pdf SAR23_Tagalog.pdf

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	SAR 23 is being added in available threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-249742

Update CalFresh IRT Determination for PACF Households

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sridhar Mullapudi
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/23/2022	1.0	Initial Draft	Sridhar Mullapudi
10/31/2022	1.1	Updated verbiage in section 1.1, 1.3, and 2.1 per committee review	Sridhar Mullapudi

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1 OVERVIEW

1.1 Current Design

Households in which all individuals are on both CalFresh and any public assistance programs can result in the CalFresh household to be classified as a PACF household. When MCE was implemented, the only PACF HHs are CWCF. Since then, the PA definition has been expanded so now it includes individuals such as SSI and GAGR. Since we have a requirement to give the CW IRT for CF if the CFHH is PACF, the system is giving the CW IRT for CF when the CFHH is PACF and contains individuals on CW and SSI or GAGR. For these CalFresh PACF households, the system will assign the CalWORKs IRT for the CalFresh program.

Example:

If the CFHH=2 (one on CW and one on GAGR) the system is assigning the IRT as the CW IRT. This is the same for CFHH=2 (one on CW and one on SSI).

1.2 Requests

CalSAWS shall assign CW IRT to a CF EDBC only when all members on CF are also public assisted on CW program.

1.3 Overview of Recommendations

1. Update eligibility logic to use CW IRT for CF PACF household when all members of CF household are on CW.

1.4 Assumptions

1. CalFresh households in which not all CalFresh members are on CalWORKs will get the CalFresh IRT.
2. The determination of CW/RCA IRT will not change with this the implementation of this SCR.

4

2 RECOMMENDATIONS

2.1 CalFresh IRT Determination

2.1.1 Overview

CalWORKs or RCA IRT shall be used for a CalFresh program EDBC when the household is Public assisted. CalFresh program determined to be public assistance shall use CW IRT only when all members of the CF program are on CW program

2.1.2 Description of Changes

1. Update CalFresh EDBC logic to copy CW EDBC IRT only when the household is determined to be public assistance due to all members are also active members on CW program.
   Note: For PACF households where all members are not public assistance due to CW, IRT shall be determined like the current existing functionality for non-PACF household and assign the CF IRT for the CF program.

2.1.3 Programs Impacted

CalFresh

2.1.4 Performance Impacts

None

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-250173

Update Batch Job PB00M100 - End date Worker Assignment Logic for Wave 1 CalWIN counties

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sowmya Coppisetty
	Reviewed By	Eric Perkins

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
9/19/2022	1.0	Initial Design	Sowmya Coppisetty

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1 OVERVIEW

1.1 Current Design

As per current design, for all former C-IV counties and CalWIN counties the Life Cycle Reassignment Job PB00M100 will automatically end-date the program assignments on same day the program status is updated to either Denied/ Discontinued/Deregistered .

1.2 Requests

Update the Life Cycle Reassignment job PB00M100 job logic for CalWIN counties(Yolo County and Placer County) to align with LA county implementation of the Job (SCR CA-48348) for program statuses of Denied/ Discontinued/ Deregistered.

1.3 Overview of Recommendations

Update the individual county configuration rules for the Life Cycle Reassignment job PB00M100 on when to end date the worker assignment for CalWIN counties(Yolo County and Placer County)to align with LA county implementation of the Job.

1.4 Assumptions

 1.The logic to end date the worker assignment for WTW and REP program in Sanction status will be applicable to the counties who opted into the functionality as part of DDID 85.

2. SCR CA-251841 will update the PB00M100 job for all the remaining CalWIN counties who have opted in to the LA county implementation of the job as part of the CRFI 22-092.

2 RECOMMENDATIONS

2.1 Update the Life Cycle Reassignment Batch Job

2.1.1 Overview

The Life Cycle Reassignment Batch job (PB00M100) was configured to automatically end-dates program assignments with a status of Denied, Discontinued or Deregistered for all former C-IV and CalWIN counties .

With this SCR, Update Life Cycle Reassignment job logic for CalWIN counties(Yolo County and Placer County) to align with LA county implementation of the Job.

2.1.2 Description of Change

Update the end worker assignment driving query to derive the appropriate worker assignment end date for Yolo and Placer county based on the configuration table described below-

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

5

Migration County	Program	Program Status	Program Status Reason	Rules
Alpine, Butte, Calaveras, Colusa, El Dorado, Fresno, Humboldt, Los Angeles, Marin, Mendocino, Merced, Nevada, San Joaquin, Orange, Placer, San Diego, Solano, Sonoma, Stanislaus, Tuolumne **Note**: The list of counties above are the counties who opted into the functionality per DDID 85	WTW, REP	Sanctioned	All Program Status Reasons	Immediately end-date worker assignment based on the begin date (effective date) of the program status. *See example #3 below.*
Los Angeles, Yolo, and Placer County	All Programs excluding the following Medi-Cal, WTW, REP, GROW, and Cal-Learn	Discontinued, Deregistered	All Program Status Reasons excluding 'Exempt'	End-date worker assignment after 1 full calendar month of the Program status begin date (effective date). Note: If a program is closed effective in the middle of the month, then the worker will remain assigned for the remainder of the current month throughout the following month. The worker assignment will be end-dated when the job runs for the first time after the following month.
Los Angeles, Yolo, and Placer County	All Programs excluding the following WTW, REP, GROW, and Cal-Learn	Denied	All Program Status Reasons excluding 'Exempt'	End-date worker assignment 31 days after the Denial creation/action date.

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

2.1.3 Execution Frequency

No Change.

2.1.4 Key Scheduling Dependencies

No Change.

2.1.5 Counties Impacted

CalWIN counties

2.1.6 Category

Core

2.1.7 Data Volume/Performance

The anticipated average number of records processed is between 15,000 – 20,000 per day. Please note that this is an approximation, and the number of records may vary.

2.1.8 Failure Procedure/Operational Instructions

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

3 REQUIREMENTS

3.1 Project Requirements

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-250650

Modifications to Automated Action Cosmetic Attributes

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vallari Bathala
	Reviewed By	Sarah Cox, Dymas Pena, Carlos Albances, Justin Dobbs

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/06/2022	1.0	Initial Revision	Vallari Bathala

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1 OVERVIEW

This design outlines modifications to Task Management functionality within the CalSAWS System to update select Automated Actions with misleading or inaccurate scenario verbiage and related Program information.

1.1 Current Design

The "EPPIC Issuance: Missing in Fiscal History" Automated Action references the obsolete Electronic Payment Processing Information Control (EPPIC) System. Additionally, the scenario verbiage for IEVS Report: IEVS Applicant Discrepancy Completed and Generated Document Failed: Review from Online are misleading and don't accurately define the Automated Action scenario. Lastly, the Programs listed for a select set of Automated Actions make legacy references to Food Stamps and Food Stamp Employment and Training programs.

1.2 Requests

1. Update the reference to EPPIC in the EPPIC Issuance: Missing in Fiscal History Automated Action.
2. Update the scenario verbiage for the IEVS Report: IEVS Applicant Discrepancy Completed Automated Action to be accurate.
3. Update the scenario verbiage for the Online triggered Generated Document Failed: Review Automated Action to be accurate.
4. Remove the reference to ARC in the Programs column in Automated Actions.
5. Update the reference from Food Stamps to CalFresh in the Programs column for impacted Automated Actions.
6. Update the reference from Food Stamp Employment and Training to CalFresh Employment and Training (CFET) in the Programs column for impacted Automated Actions.

1.3 Overview of Recommendations

1. Update the verbiage in the EPPIC Issuance: Missing in Fiscal History Automated Action to reference the new EBT System.
2. Update the scenario verbiage of IEVS Report: IEVS Applicant Discrepancy Completed.
3. Update the scenario verbiage Generated Document Failed: Review from Online.
4. Update the Automated Action page to remove AR from the Programs column.
5. Update the Automated Action page to change FS to CF in the Programs column.
6. Update the Automated Action page to change FT to CT in the Programs column.

1.4 Assumptions

The modifications within this design are strictly cosmetic adjustments to attributes on the Automated Action Detail page and do not require any county actions.

2   RECOMMENDATIONS

2.1   Automated Action List

2.1.1   Overview

This section outlines the modifications to the Automated Action List page to reference the EBT Edge System.

2.1.2   Automated Action List Mockup

Figure 2.1.2-1 – Automated Action List Mockup

2.1.3   Description of Changes

1. Update the name of EPPIC Issuance: Missing in Fiscal History Automated Action to EBT Edge Issuance: Missing in Fiscal History in the Automated Action List page.
2. Remove reference to the ARC program from the Program(s) column in all of the Automated Action Listed in section 4. Appendix.
3. Update all references of Food Stamps (FS) to CalFresh (CF) in the Program(s) column in the following Automated Actions in the Automated Action List page:
    a. Case Flag Added: Error Prone and High Risk
    b. EBT Edge Issuance: Missing in Fiscal History
    c. Specialized Supportive Services Activity: No Concurrent Activity
4. Update reference for FSET (FT) to CFET (CT) in the Program(s) column in the following Automated Actions in the Automated Action List page:
    a. Case Flag Added: Error Prone and High Risk
    b. Specialized Supportive Services Activity: No Concurrent Activity

2.1.4   Page Validations

N/A

2.1.5 Page Location

- **Global:** Admin Tools
- **Local:** Admin
- **Task:** Automated Actions > Task Admin

2.1.6 Security Updates

N/A

2.1.7 Page Mapping

N/A

2.1.8 Page Usage/Data Volume Impacts

N/A

2.2 Automated Action Detail

2.2.1 Overview

This section outlines the modifications to the Automated Action Detail pages to update the misleading scenario verbiage in the IEVS Report: IEVS Applicant Discrepancy Completed and Generated Document Failed: Review Automated Actions.

2.2.2 Automated Action Detail Mockup

Automated Action Detail

| | Edit | Close |

Action Information

Name:	Type:	Status: *
IEVS Report: IEVS Applicant Discrepancy Completed	Complete Task	Active
Program(s):	Run Date:	Source:
CW, CF, MC, RC, CP, FC	Real Time	Online
Scenario:		
An IEVS Applicant Detail page has been updated to have a value in the Discrepancies field within the Sign-Off Section.		

| | Edit | Close |

Figure 2.2.2-1 – Automated Action Detail Mockup - IEVS Report: IEVS Applicant Discrepancy Completed

Automated Action Detail

Edit   Close

Action Information

Name:
Generated Document Failed: Review

Type:
Create Task

Status: *
Active

Program(s):
WT, CW, MC, CF

Run Date:
Real Time

Source:
Online

Scenario:
A New Worker Letter was not produced as part of a Workload Reassignment. Review the case for missing Primary Applicant (PA) and/or Primary Applicant Mailing Address.

Task Information

Task Type: *
Form/NOA Failure

Due Date:
Default Due Date

Default Due Date:
10 days

Initial Assignment:
Default Assignment

Default Assignment:
Current Program Worker

Long Description:
Form/NOA generation failed for either no Primary Applicant (PA) and/or No PA Mailing Address.

Edit   Close

Figure 2.2.2-2 – Automated Action Detail Mockup - Generated Document Failed: Review

2.2.3   Description of Changes

1. Update the scenario verbiage for IEVS Report: IEVS Applicant Discrepancy Completed to: "An IEVS Applicant Detail page has been updated to have a value in the Discrepancies field within the Sign-Off Section."
2. Update the scenario verbiage for Generated Document Failed: Review, with Source of Online to: "A New Worker Letter was not produced as part of a Workload Reassignment. Review the case for missing Primary Applicant (PA) and/or Primary Applicant Mailing Address."
3. Remove reference to the ARC program (AR) from the Program(s) field for Automated Action Listed in section 4. Appendix from the Automated Action Detail page.
4. Update all references of Food Stamps (FS) to CalFresh (CF) in the Program(s) column in the following Automated Actions in the Automated Action Detail page:
   a. Case Flag Added: Error Prone and High Risk
   b. EBT Edge Issuance: Missing in Fiscal History
   c. Specialized Supportive Services Activity: No Concurrent Activity

5. Update reference for FSET (FT) to CFET (CT) in the Program(s) field in the following Automated Actions in the Automated Action Detail page:
   a. Case Flag Added: Error Prone and High Risk
   b. Specialized Supportive Services Activity: No Concurrent Activity

2.2.4 Page Validations

N/A

2.2.5 Page Location

- **Global:** Admin Tools
- **Local:** Admin
- **Task:** Automated Actions > Task Admin

2.2.6 Security Updates

N/A

2.2.7 Page Mapping

N/A

2.2.8 Page Usage/Data Volume Impacts

N/A

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.19.1.2	The LRS shall generate alert, reminder, and control descriptions that are easily understandable.	Update misleading Automated Actions and related Programs to reflect accurate information.

4 APPENDIX

The following Automated Actions reference AR Program in the Automated Action List and Automated Action Detail pages:

	Automated Action Name
1	Batch EDBC Program Skipped: Review Reason
2	Change in Benefits: Review WEX
3	Child Support: Absent Parent Living with Applicant
4	Child Support: Direct Amount Paid to Custodial Parent
5	Child Support: Excess Amount Paid to Custodial Parent
6	Child Support: Parent Not Living with Applicant
7	DCSS Report: Absent Parent Excluded as Father of Child
8	DCSS Report: Custodial Parent Claims Good Cause
9	DCSS Report: Custodial Parent Has Not Cooperated
10	DCSS Report: Paternity Proof for Absent Parent Established
11	DCSS Report: Update to OHC Provided by Absent Parent
12	IEVS Report: IFDS Match Under 2500
13	IEVS Report: New Earnings Clearance Report
14	IEVS Report: New Fleeing Felon Report
15	IEVS Report: New Hire Report
16	IEVS Report: New IEVS Applicant Abstract
17	IEVS Report: New PVS Match
18	IEVS Report: New Prisoner Match
19	IEVS Report: Pending CYA Abstract
20	Issuance Returned: Review
21	Kiosk: Documents Uploaded

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-251235

Update Task Upload File Size Validation

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vallari Bathala
	Reviewed By	Justin Dobbs; Sarah Cox, Carlos Albances

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/11/2022	1.0	Initial Revision	Vallari Bathala

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1 OVERVIEW

This design outlines modifications to Task Management functionality within the CalSAWS System to restrict the size of the Task Upload file when a User uploads a data file that will be translated into Tasks. As a Task Upload progresses through the statuses in the lifecycle, information relevant to the current state will be presented on the Task Upload Detail page.

1.1 Current Design

Currently, when a user creates a new Task Upload instruction, completes the necessary fields, and uploads a complete template file to generate Tasks, the System does not restrict the size of the file at any point. "Preview Processing" only evaluates the validity of information within the template, not the size of the file itself.

1.2 Requests

Evaluate the size of a Task Upload data file and restrict the file size to be less than or equal to 1 megabyte (MB).

1.3 Overview of Recommendations

1. Update the Task Upload page to only allow file template uploaded to be 1MB.
2. Display validation if the file size is larger than 1 MB.

1.4 Assumptions

None.

2   RECOMMENDATIONS

2.1   Task Upload Detail Page

2.1.1   Overview

This section outlines the modifications to the Task Upload Detail page to allow Task Upload to restrict the uploaded file size to be 1 MB.

2.1.2   Task Upload Detail Mockup

Figure 2.1.2 – Task Upload Detail

2.1.3   Description of Changes

1.   Update the Task Upload Detail page to limit an uploaded data file to 1 MB.

2.1.4   Page Validations

Add the following page validation to the Task Upload Detail page when the User clicks on the "Save and Generate Preview" button and the uploaded data file is larger than 1MB:

- File Name – File size is a maximum of 1 MB.

2.1.5   Page Location

Task Type Detail Page:

- **Global:** Tools

5

- **Local:** Admin
- **Task:** Tasks > Task Upload

2.1.6 Security Updates
N/A

2.1.7 Page Mapping
N/A

2.1.8 Page Usage/Data Volume Impacts
N/A

3   SUPPORTING DOCUMENTS

N/A

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-251253

CF 502 Mass Mail via Batch

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jasmine Chen
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/11/2022	1.0	Initial Document	Jasmine Chen

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1 OVERVIEW

1.1 Current Design

Per CA-245192, the CF502 mailer – <mark>End of Emergency Allotments,</mark> was added to the Template Repository.

1.2 Requests

Generate the CF 502 as a mass mailer via a one-time batch to all active CalFresh and Transitional CalFresh households to inform them the Emergency Allotment effort is ending.

1.3 Overview of Recommendations

1. Mass mail the CF 502 to all CF and TCF households via a one-time batch process.

1.4 Assumptions

1. CA-245192 will add this CF 502 mailer into the CalSAWS system. Per SCERFRA responses, the mailer will only be implemented in English and Spanish.
2. Written languages of households other than English and Spanish will get the English version with a GEN 1365.
3. This would be a one-time mass mailer and any CalFresh program approved between the time of the mass mailer and the end of the CalFresh Emergency Allotments would need to be noticed by the county worker.

2 RECOMMENDATIONS

2.1 Update CF 502 to be mass-mailed via Batch

2.1.1 Overview

The CF 502 (XX/XX) form will be mass mailed to all active CF, TCF households via a one-time batch process.

State Form: CF 502 (XX/XX)
Current Programs: CF, TCF
Current Attached Forms: N/A
Current Forms Category: Form
Current Template Repository Visibility: All Counties
Existing Languages: English, Spanish

2.1.2 Form Verbiage

Form XDP

There are no changes to the form verbiage.

2.1.3 Form Variable Population

Form Body Variables:

There are no changes to the variable population.

Form Footer Variables:

There are no changes to the footer variable population.

2.1.4 Form Generation Conditions

1. **Add Form Generation**
   Generate CF 502 via batch process as a one-time mass-mailer for all active CF and TCF households.

   To generate CF 502 via batch process, create a DCR that does the following:

   1. Find the cases that meet all the following conditions:
      a. The program is CalFresh or Transitional CalFresh.
      b. The program status is Active.

   2. Insert the following values below in the System Transaction (SYS_TRANSACT) table for each case:

Table Field to Populate	Population for Field
Case Id	The case id associated to the current CF, TCF program.
Program Id	The program id of the current CF, TCF program.
Person Id	The person id of the primary applicant of the current CF, TCF program.
Type Code	Forms (CT626_FR)
Sub Type Code	IN (for one-time mass mailers)
Effective Date	Batch date to mass-mail the CF 502

   a. The batch date to mass-mail the CF 502 is tentatively [MM/DD/YYYY] and may subject to change.

   > **Commented [JC1]:** Placeholding til State confirms date

2. **Update Form Print Options and Mailing Requirements**

   Mailing Requirements:
   Mail-To (Recipient):

- When mass-mailed - the Primary Applicant of the CF/TCF household
- When generated through Template Repository - the individual selected from the 'Customer Name' parameter.

Mailed From (Return): CalFresh Worker's Office

3. REQUIREMENTS

a. Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1254	The LRS shall generate special mailings and mass notifications to specific programs, populations, or individuals, as specified by COUNTY.	The CalSAWS system will perform a one-time, mass mailing of CF 502 to inform all active CF, TCF households of emergency allotments ending.

CalSAWS

California Statewide Automated Welfare System

Design Document

SCR CA-240856 - Migrate LA Cunty IVR Interface from OSB/OAG

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Adnan Bukhari
	Reviewed By	Sumeet Patil

| DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
05/20/2022	1.0	Initial version	Adnan Bukhari

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1 OVERVIEW

The purpose of this document is to summarize the changes required to migrate LA County IVR interface from OSB / OAG to AWS Native Infrastructure. This change is required as the strategic Contact Center is not live for LA County and OSB / OAG have a hard decommissioning date due to its end of life.

1.1 Current Design

Currently this interface is implemented as SOAP service secured with OSB/OAG.
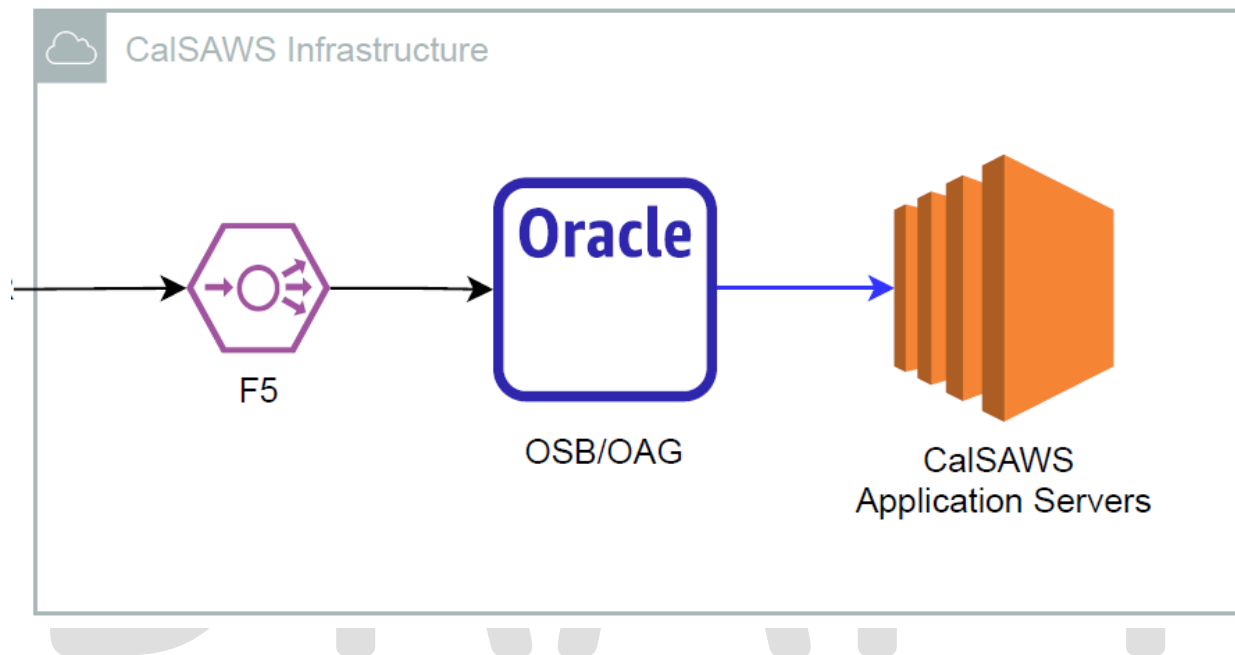
1.2 Requests

The request for this change is to use AWS Native infrastructure instead of OSB / OAG.

1.3 Overview of Recommendations

The recommendations are as follows –

1. Create AWS Lambda function which can authenticate using current mechanism (HTTP Basic Authentication)
2. Front AWS Lambda with an Application Load Balancer.
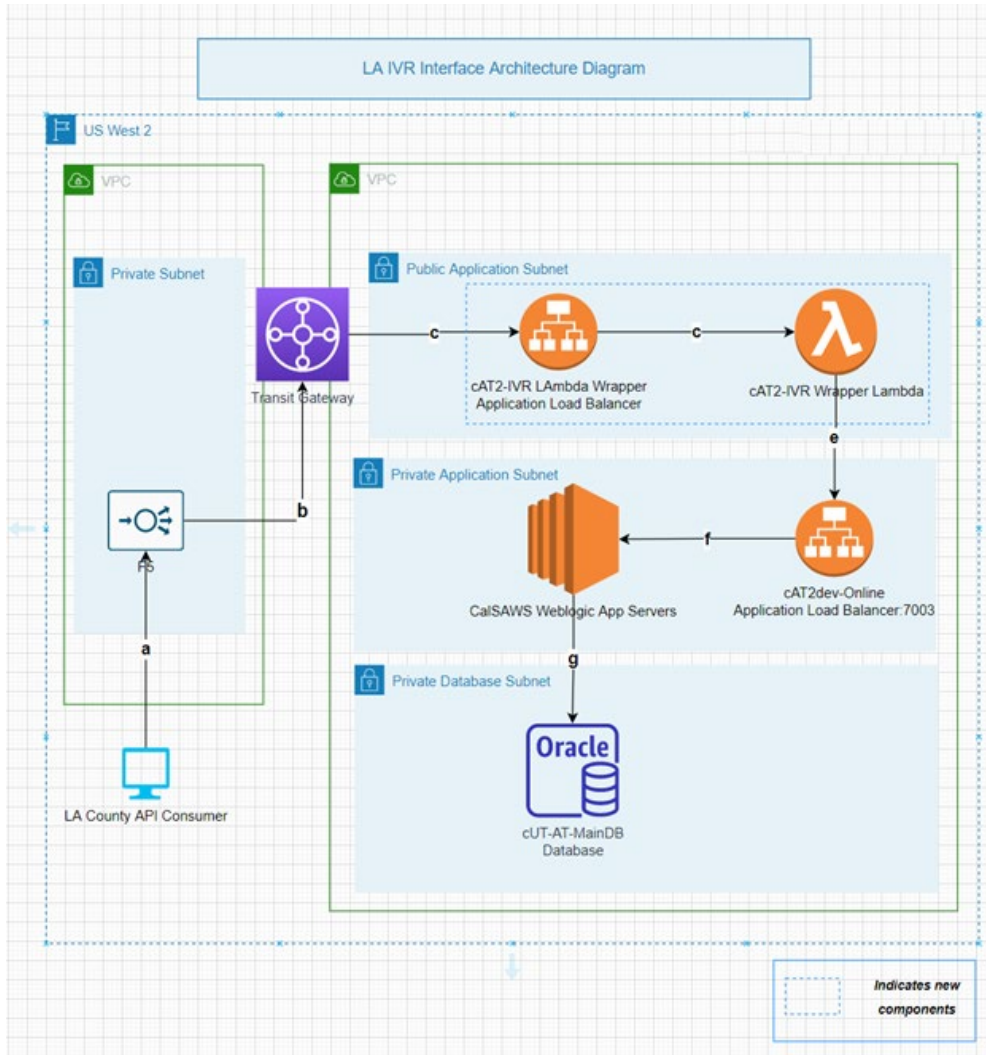3. Perform necessary changes in Network infrastructure.

1.4 Assumptions

1. N/A

2 RECOMMENDATIONS

2.1 Architecture

The following architecture diagram provides the high-level components view of this integration and highlight the new components.

2.2 API Client

The end point URL will remain the same for the LA County client, and no changes will be required.

2.3 Service Wrapper Lambda Fronted by Application Load Balancer (ALB)

A new lambda function will be implemented for the following functions:

1. **HTTP Basic Authentication:** Current OSB / OAG implementation performs HTTP basic authentication for security. The lambda function will use secrets manager to store the username and password and perform the basic authentication.
2. **Request Forwarding:** Lambda function also forwards the complete request to the backend service also send back the response to the client.

2.4   Network Changes

The F5 Load Balancer will be updated to route the traffic to the new Application Load Balancer instead of OSB/OAG.

DRAFT