

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-208602 Batch Scheduling Updates for
CalWIN Conversion (Wave 3)

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
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1 OVERVIEW

This SCR will outline the necessary modifications for scheduling the CalSAWS batch jobs for the CalWIN Wave 3 Conversion. The CalWIN Wave 3 Counties include Orange, Santa Barbara, and Ventura.

1.1 Current Design

Various CalSAWS Migration DDIDs implemented in R1 through R8 include functionality to turn on/turn off Batch jobs for the 58 Counties. CA-208599 implemented batch schedule updates for the C-IV Migration counties. The SCR contained DDID references and county responses from C-IV and CalWIN Counties per batch job/functionality.

CalWIN Conversion has begun with the 22.09 release of the Wave 1 Counties of Placer and Yolo. Wave 2 CalWIN Conversion Counties Contra Costa, Santa Clara, and Tulare County will be migrated with the 23.01 release. Wave 3 CalWIN Conversion Counties Orange, Santa Barbara, and Ventura will begin late April 2023.

The scheduling of the remaining CalWIN Counties will occur for each conversion wave in future system change requests.

1.2 Requests

Update Batch Scheduling CalWIN Conversion Wave 3 to schedule the various Batch jobs for Orange, Santa Barbara, and Ventura. Batch jobs from the following SCRs will be scheduled for the CalWIN Wave 3 Counties starting target late April 2023:

Batch:

- CA-207374: DDID 1110 – Update Negative Action Batch jobs to be configurable
- CA-207302: DDID 1527 - CalFresh Denial Due to Missed Interview
- CA-207363: DDID 1236 – Update the Non-MAGI RE Discontinuance Batch Job to run for all 58 Counties
- CA-208568: DDID 1967 – Modify WTW Batch job related to Sanctions for all 58
- CA-222369: Update Batch jobs for Foster Care program when NMD turns 21
- CA-207145: CAPI Discontinuance (PB00E917) for C-IV and CalWIN Counties.
- CRFI 22-031: CalWIN - CFET Automation Jobs
- CRFI 22-043: CalWIN – Update Child Care Certificate
- CRFI 22-021: CalWIN – WTW program Activation Batch Job
- Schedule the following IVR jobs for CalWIN counties: POxxM300, POxxM301, POxxM302, POxxM303, POxxM304, POxxM305

Correspondence:

- CA-50988: Automation of the Medi-Cal Request for Information Form MC 355
- CA-215153: DDID 2659 FDS: Non State Forms – Update MATURES 1
- CA-215155: DDID 2660 FDS: Non State Forms – Update MATURES 2
- CRFI 19-030: DDID 2280 CSF 285 form
- Schedule the following print bundling and print file FTP jobs for the CalWIN counties: PBXXP400, PBXXP401, PBXXP404, PBXXP405, PBXXP500, PBXXP501, PBXXP504, PBXXP420, PBXXP421, PBXXP424, etc., and conduct central print testing.
- Schedule the remaining NOA and FORM Generation thread jobs for the CalWIN Counties.
- CRFI 22-061: CalWIN County CSF 124 and CSF 125

Fiscal:

- CA-216568: DDID 1787 and 1789 – Migrate C-IV County Specific Batch Jobs Phase 5
- CA-212363: DDID 1360 - Add Direct Deposit Functionality to CalSAWS for CalWIN Migration Counties
- CA-217791: DDID 1967 – Update RDB With Direct Deposit Data Collection
- CA-207266: DDID 1652 – Enable Recovery Account Activation Batch Job for all 58 Counties
- CA-207157: DDID 2128 – Add Tax Intercept Functionality to CalSAWS
- CA-212361: DDID 2194 - Add Positive Pay Interface Functionality to CalSAWS for CalWIN Migration Counties
 - Do not schedule Positive Pay job/FTP for Contra Costa County
- Foster Care Main Payroll
 - Schedule Main Payroll on 1st of the month, similar to C-IV counties, for all CalWIN counties.
- CA-215679: DDID 2376 FDS: GA GR Overpayment Suspension/Termination Batch Changes
 - CRFI 22-003: CalWIN - Terminate GA/GR Recovery Account
- CA-235652: CRFI 21-036 Update Warrant Expiration for CalWIN Counties
- CA-207137: DDID 2196, 2200, 2201 - CalWIN Fiscal Interfaces
- CA-207493: DDID 87 – Add Batch Automation for WTW Supportive Services Overpayments

1.3 Overview of Recommendations

1. Update CalSAWS batch jobs via BPCR/BSCR to run for Orange, Santa Barbara, and Ventura Counties based on county opt in/opt out decisions starting April 24, 2023.

1.4 Assumptions

1. Batch Scheduling for CalWIN Migration Counties will occur with the following SCRs for each conversion wave:

- a. CA-208603 CalWIN Wave 4: San Diego, San Mateo, Santa Cruz, and Solano (Release 23.05)
 - b. CA-208604 CalWIN Wave 5: Alameda, Fresno, Sonoma (Release 23.07)
 - c. CA-208605 CalWIN Wave 6: Sacramento, San Francisco, and San Luis Obispo (Release 23.09)
- 2. The CalWIN Counties will be scheduled for batch jobs that are currently running for all former C-IV Counties and Los Angeles County in CalSAWS. These batch jobs will retain their current batch job frequencies and dependencies, apart from some Fiscal jobs.
 - a. For Foster Care Main payroll, the CalWIN Counties will run on the 1st business day of the month the same as the C-IV Counties.
- 3. CA-251408 will add Positive Pay Interface for Ventura County.

2 RECOMMENDATIONS

2.1 Schedule Batch Jobs to run for the CalWIN Wave 3 Counties

2.1.1 Overview

This section outlines the updates necessary to include the batch jobs in the CalSAWS Batch Scheduler for Orange, Santa Barbara, and Ventura counties.

2.1.2 Description of Change

1. Validate the following batch jobs in the CalSAWS Batch Scheduler. Create BSCR/BPCR (if necessary) to schedule batch jobs for the CalWIN Wave 3 Counties.
 - a. Refer to Supporting Document 'CalWIN All Other Batch Jobs Wave 3' for detailed list of batch jobs.
 - b. There are existing batch jobs that are currently scheduled. Review the Supporting Document to update batch job scheduling and/or properties based on county opt-in/opt-out responses.

2.1.3 Execution Frequency

Refer to Supporting Document 'CalWIN All Other Batch Jobs Wave 3' for batch job frequencies.

2.1.4 Key Scheduling Dependencies

Refer to Supporting Document 'CalWIN All Other Batch Jobs Wave 3' for batch job frequencies.

2.1.5 Counties Impacted

Orange, Santa Barbara, and Ventura

2.1.6 Data Volume/Performance

N/A

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.)

2.2 Schedule Correspondence Jobs to run for the CalWIN Wave 3 Counties

2.2.1 Overview

This section outlines the updates necessary to include the batch jobs in the CalSAWS Batch Scheduler for Orange, Santa Barbara, and Ventura counties.

2.2.2 Description of Change

1. Validate the following batch jobs in the CalSAWS Batch Scheduler. Create BSCR/BPCR (if necessary) to schedule batch jobs for the CalWIN Wave 3 Counties.
 - a. Refer to Supporting Document 'CalWIN Correspondence Batch Jobs Wave 3' for detailed list of batch jobs.
 - b. There are existing batch jobs that are currently scheduled. Review the Supporting Document to update batch job scheduling and/or properties based on county opt-in/opt-out responses.

2.2.3 Execution Frequency

Refer to Supporting Document 'CalWIN Correspondence Batch Jobs Wave 3' for batch job frequencies.

2.2.4 Key Scheduling Dependencies

Refer to Supporting Document 'CalWIN Correspondence Batch Jobs Wave 3' for batch job frequencies.

2.2.5 Counties Impacted

Orange, Santa Barbara, and Ventura

2.2.6 Data Volume/Performance

N/A

2.2.7 Failure Procedure/Operational Instructions

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

2.3 Schedule Fiscal Jobs to run for the CalWIN Wave 3 Counties

2.3.1 Overview

This section outlines the updates necessary to include the batch jobs in the CalSAWS Batch Scheduler for Orange, Santa Barbara, and Ventura counties.

2.3.2 Description of Change

1. Validate the following batch jobs in the CalSAWS Batch Scheduler. Create BSCR/BPCR (if necessary) to schedule batch jobs for the CalWIN Wave 3 Counties.
 - a. Refer to Supporting Document 'CalWIN Fiscal Batch Jobs Wave 3' for detailed list of batch jobs.
 - b. There are existing batch jobs that are currently scheduled. Review the Supporting Document to update batch job scheduling and/or properties based on county opt-in/opt-out responses.
2. Foster Care Main Payroll
 - a. Schedule FC Main Payroll on 1st of the month, similar to C-IV counties, for all CalWIN Counties.

Note: CA-251408 will add Positive Pay Interface for Ventura County.

2.3.3 Execution Frequency

Refer to Supporting Document 'CalWIN Fiscal Batch Jobs Wave 3' for batch job frequencies.

2.3.4 Key Scheduling Dependencies

Refer to Supporting Document 'CalWIN Fiscal Batch Jobs Wave 3' for batch job frequencies.

2.3.5 Counties Impacted

Orange, Santa Barbara, and Ventura

2.3.6 Data Volume/Performance

N/A

2.3.7 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 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|------------------|--|--|
| 1 | Batch/Interfaces | List of all other batch jobs with county opt-in indicator, execution frequencies, and scheduling dependencies | CalWIN All Other Batch Jobs Wave 3.xlsx |
| 2 | Correspondence | List of Correspondence batch jobs with county opt-in indicator, execution frequencies, and scheduling dependencies | CalWIN Correspondence Batch Jobs Wave 3.xlsx |
| 3 | Fiscal | List of Fiscal batch jobs with county opt-in indicator, execution frequencies, and scheduling dependencies | CalWIN Fiscal Batch Jobs Wave 3.xlsx |



California Statewide Automated Welfare System

Design Document

CA-239721

CFL 21/22-61- REIMBURSEMENT INSTRUCTIONS FOR
REPLACEMENT OF CALFRESH FOOD BENEFITS DUE TO
ELECTRONIC THEFT

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
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| | Reviewed By | Thao Ta, Ravneet Bhatia, Gokul Suresh, Parul Dhawan |

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| 11/23/2022 | 1.2 | Removing select conditions in table categorizing the CalFresh and SUAS cash benefit replacements to account for scenario of other transaction type and status reason. | Susanna Martinez |
| 11/29/2022 | 1.3 | Added Assumption item and updated section 2.1.3 and 2.2.3 for Line 3 recoveries of aid CalFresh records clarification for TEMP 2035 and TEMP 2313 reports. | Susanna Martinez |
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1 OVERVIEW

The ACL 21-133 letter informs County Welfare Departments (CWDs) of a change to CalFresh benefit replacement policy in accordance with Ortega v. Johnson (2020) as it relates to electronic benefit theft, inclusive of benefit theft via skimming and scamming. Effective upon release of this letter, CWDs are responsible for replacing CalFresh food benefits that have been stolen via electronic theft.

In relation to ACL 21-133, the purpose of CFL 21/22-61 is to provide County Welfare Departments (CWDs) reimbursement instructions for the replacement of CalFresh food benefits that are lost to electronic theft by skimming or scamming, as a result of the Ortega v. Johnson (2020) case. CWDs are instructed to issue the food benefits replacement using the Electronic Theft Replacement Cash Benefits (ETRCB) benefit type that was established for electronic theft of cash benefits. The TEMP 2035 EBT THEFT (skimming) and TEMP 2313 EBT THEFT (scamming) claims were redesigned in August 2021, separating the programs into pre-designated columns for which CWDs may claim reimbursement for the replacement of EBT theft. Effective December 2021, a column has been added so that CWDs may claim reimbursement for CalFresh food benefits replacement as a result of EBT theft. The implementation of this policy is described in ACL 21-133 and is effective as of October 29, 2021.

With ACL 21-133 and CFL 21/22-61 in place, CalFresh EBT food benefits lost to electronic theft by skimming or scamming will be replaced with EBT cash and will be considered cash replacements in the CalSAWS system. These changes will be reflected and implemented under SCR CA-236332. As a result, the TEMP 2313 EBT THEFT – Scam, TEMP 2035 EBT THEFT – Skimming and select Fiscal and State reports will need to be updated to accurately report these CalFresh EBT cash replacements.

1.1 Current Design

The TEMP 2313 EBT THEFT – Scam and TEMP 2035 EBT THEFT – Skimming reports provide information regarding reimbursement claim for Electronic Benefit Transfer (EBT) replacement, due to electronic theft by scam/skimming for the following programs: CalWORKs, TCVAP, RCA, CAPI, SUAS and GA/GR.

The following reports do not capture cash replacements for issuances under the CalFresh program:

- Cash EBT Production Reconciliation Report
- Supplemental Benefit Issuance EBT Register
- Supplemental Benefit Manual EBT Issuance Register
- Integrated Payroll Benefit Issuance Detail Claiming Report
- Integrated Payroll Benefit Issuance Detail Claiming Report By Case
- Integrated Payroll Summary Report
- Journal Voucher Writer Month End Report
- Journal Voucher Writer Daily Details Report

- Month-End JVW Cancellations and Expungements Report

The following reports are currently capturing CalFresh EBT issuance information in such a way that does not restrict these EBT issuances by any specific criteria which would distinguish food benefit replacement issuances versus cash benefit replacement issuances:

- CalFresh EBT Production Reconciliation Report
- CalFresh Supplemental Issuance Register
- Integrated CalFresh Issuance Detail Claiming Report
- DFA 256
- DFA 256 Detailed Report

1.2 Requests

1. Update the TEMP 2313 EBT THEFT – Scam and TEMP 2035 EBT THEFT – Skimming reports to report CalFresh EBT cash replacements in accordance with CFL 21/22-61.
2. Modify existing daily and monthly reports to capture or exclude cash issuances of CalFresh replacement benefits issued with aid code 99.

1.3 Overview of Recommendations

1. Update the TEMP 2313 EBT THEFT – Scam and TEMP 2035 EBT THEFT – Skimming reports mockups and logic to report CalFresh EBT cash replacements in accordance with CFL 21/22-61.
2. Update the TEMP 2313 EBT THEFT – Scam and TEMP 2035 EBT THEFT – Skimming reports to include the General Assistance (Managed), General Assistance (Non-Managed) and GA/GR Automated Solution program codes.
3. Update the Line 6 summary line name and definition for the TEMP 2313 EBT THEFT – Scam and TEMP 2035 EBT THEFT – Skimming reports.
4. Update the following reports to include CalFresh EBT cash replacement issuances in accordance with the new CalFresh benefit replacement policy in accordance with Ortega v. Johnson (2020) as it relates to electronic benefit theft per ACL 21-133 and SUAS EBT cash benefit replacements:
 - a. Cash EBT Production Reconciliation Report
 - b. Supplemental Benefit Issuance EBT Register
 - c. Supplemental Benefit Manual EBT Issuance Register
 - d. Integrated Payroll Benefit Issuance Detail Claiming Report
 - e. Integrated Payroll Benefit Issuance Detail Claiming Report By Case
 - f. Integrated Payroll Summary Report
 - g. Journal Voucher Writer Month End Report
 - h. Journal Voucher Writer Daily Details Report
 - i. Month-End JVW Cancellations and Expungements Report
5. The following reports should not be reporting on cash issuances being issued as CalFresh EBT cash replacement benefits or SUAS EBT cash benefit replacements. Therefore, they will need to be updated to exclude CalFresh

EBT cash replacements and SUAS EBT cash benefit replacements from the report:

- a. CalFresh EBT Production Reconciliation Report
 - b. CalFresh Supplemental Issuance Register
 - c. Integrated CalFresh Issuance Detail Claiming Report
 - d. DFA 256
 - e. DFA 256 Detailed Report
6. Update the CalFresh EBT Production Reconciliation Report to add filters to the 'EBT Details' and 'Expungement Details' sheets in the report template.

1.4 Assumptions

1. The requests and updates in this design are based upon and depend on the implementation of parent SCR CA-236332.
2. The CalFresh EBT cash replacements and SUAS EBT cash replacements are issued under category of Supplemental Benefit with a sub-category code of Replacement Benefit.

2 RECOMMENDATIONS

2.1 TEMP 2313 EBT THEFT - Scam

2.1.1 Overview

The TEMP 2313 EBT Theft – Scam report provides information regarding reimbursement claim for Electronic Benefit Transfer (EBT) replacement, due to electronic theft by scam. This is a scheduled report ran on a monthly basis. The report mockup and logic will need to be updated to report CalFresh EBT cash replacements in accordance with CFL 21/22-61.

2.1.2 TEMP 2313 EBT THEFT - Scam Mockup

| | | | | | |
|--|--|--|--|-------------------|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | | |
| COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT THEFT BY SCAMS - AB 2313 (2018) | | | County | Date (Month Year) | |
| | | | Los Angeles | 04/2022 | |
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Figure 2.1.2.1 – TEMP 2313 EBT THEFT – Scam ‘TEMP 2313 Scam’ Sheet before addition of ‘CalFresh Cash Assistance’ column

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | | | | | | |
|--|--|--|--------------------------|-----------------------|---------------------|----------------------|----------------------|-----------------------|
| COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT BY SCAMS - AB 2313 (2018) | | County | Date (Month Year) | | | | | |
| | | Los Angeles | 03/2022 | | | | | |
| EBT THEFT BY PROGRAM | | | | | | | | |
| 1 | Select the Program Name | CalWORKs Cash Assistance | CalFresh Cash Assistance | TCVAP Cash Assistance | RCA Cash Assistance | CAPI Cash Assistance | SUAS Cash Assistance | GA/GR Cash Assistance |
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by scams in current claiming month | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3 | Recoveries of Aid for Prior AB 2313 issuances: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5 | Prior Month Negative Adjustments: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5): | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 | Total Number of Payments Issued: | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Figure 2.1.2.2 – TEMP 2313 EBT THEFT – Scam ‘TEMP 2313 Scam’ Sheet with addition of ‘CalFresh Cash Assistance’ column

Note: Please see full report mockup attached in the Supporting Documents section for reference

| COUNTY AUDITOR'S CERTIFICATION | |
|---|------|
| I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services. | |
| Signature of County Auditor | Date |
| | |
| Last Modified 06/13/2019 | |

Figure 2.1.2.3 – TEMP 2313 EBT THEFT – Scam ‘TEMP 2313 Scam’ Sheet before ‘Last Modified’ date change

Note: Please see full report mockup attached in the Supporting Documents section for reference

| COUNTY AUDITOR'S CERTIFICATION | |
|---|------|
| I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services. | |
| Signature of County Auditor | Date |
| | |
| Last Modified 11/30/2021 | |

Figure 2.1.2.4 – TEMP 2313 EBT THEFT – Scam ‘TEMP 2313 Scam’ Sheet after ‘Last Modified’ date change

Note: Please see full report mockup attached in the Supporting Documents section for reference

| 1 | Select the Program Name | CalWORKs Cash Assistance |
|---|--|-----------------------------|
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by scams in current claiming month | \$0 |
| 3 | Recoveries of Aid for Prior AB 2313 issuances: | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 |
| 5 | Prior Month Negative Adjustments: | \$0 |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5): | \$0 |

Figure 2.1.2.5 – TEMP 2313 EBT THEFT – Scam ‘TEMP 2313 Scam’ Sheet before Line 6 name change

Note: Please see full report mockup attached in the Supporting Documents section for reference

| 1 | Select the Program Name | CalWORKs Cash Assistance |
|---|--|-----------------------------|
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by scams in current claiming month | \$0 |
| 3 | Recoveries of Aid for Prior AB 2313 issuances: | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 |
| 5 | Prior Month Negative Adjustments: | \$0 |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5): | \$0 |

Figure 2.1.2.6 – TEMP 2313 EBT THEFT – Scam ‘TEMP 2313 Scam’ Sheet after Line 6 name change

Note: Please see full report mockup attached in the Supporting Documents section for reference

2.1.3 Description of Change

1. Update the TEMP 2313 EBT THEFT – Scam report template to adhere to claim worksheet standards and instructions per CFL 21/22-61.

- a. Reference Figure 2.1.2.2, Figure 2.1.2.4 and the TEMP 2313 EBT THEFT – Scam report mockup in the Supporting Documents Section.
 - i. The 'CalFresh Cash Assistance' column will be added to the 'TEMP 2313 Scam' sheet
 - ii. The 'Last Modified' date on the 'TEMP 2313 Scam' sheet will be updated from '6/13/2019' to '11/30/2021'
2. Update the TEMP 2313 EBT THEFT – Scam curation job to capture CalFresh cash benefit replacements as a result of EBT theft.

- a. These types of replacements will fall under the existing base criteria in place for the report and are additionally met by the following:
 - The Electronic Theft Type Code value of the issuance is 'SC' for 'Scam'

| Category ID | Code Value | Short Decode Value |
|-------------|------------|--------------------|
| 10547 | SC | Scam |

Note: The decoded value for CT 10547 with code value of 'SC' will be updated from 'AB 2313 – Scam' to 'Scam' as a part of SCR CA-236332

- The Aid Code of the claimed transaction is '99'

| Category ID | Code Value | Short Decode Value |
|-------------|------------|--|
| 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit |

- The Pay Code of the claimed transaction is 'CalFresh EBT Theft Replacements'

Note: This is a new Pay Code that is being created in SCR CA-236332

| Category ID | Code Value | Short Decode Value |
|-------------|------------|---------------------------------|
| 623 | 3T | CalFresh EBT Theft Replacements |

- The Program Code of the claimed transaction is 'FS'

| Category ID | Code Value | Short Decode Value |
|-------------|------------|--------------------|
| 18 | FS | CalFresh |

- b. The SUAS replacements utilize the CalFresh program code of 'FS' and the CalFresh replacements will also utilize the 'FS'

program code. To distinguish between the SUAS replacements and the CalFresh replacements, we will use the following:

- i. SUAS replacements: The original issuance of the replacement has an issuance subcategory code of 'SUAS'. These records will be populated under the 'SUAS Cash Assistance' column.

Technical Note: This will be where the ISSUANCE.SUB_CAT_CODE = 'SU' for the original issuance. The original issuance can be found by referencing the ISSUANCE.RELATED_ISSUANCE_ID column.

- ii. CalFresh replacements: The original issuance of the replacement has no issuance subcategory code associated to it. These records will be populated under the 'CalFresh Cash Assistance' column.

Technical Note: This will be where the ISSUANCE.SUB_CAT_CODE is NULL for the original issuance. The original issuance can be found by referencing the ISSUANCE.RELATED_ISSUANCE_ID column.

3. Update the TEMP 2313 EBT THEFT – Scam curation job to include the General Assistance (Managed), General Assistance (Non-Managed) and GA/GR Automated Solution program codes.

| Program | Code |
|----------------------------------|------|
| General Assistance (Managed) | GM |
| General Assistance (Non-Managed) | GN |
| GA/GR Automated Solution | GR |

Note: The TEMP 2313 EBT THEFT – Scam report is already reporting on the General Assistance/General Relief program for LA county. This update is to include the General Assistance/General Relief program code for the remaining counties to keep the logic uniform for all counties. This data is not used for State reconciliation and is only purposed as supplementary data.

4. Update the Line 6 summary line name and definition on the 'TEMP 2313 Scam' sheet:
 - a. The Line 6 definition will be updated to add the prior month negative adjustments (Line 5) rather than subtract this value.

| Summary Line Name | Field Description |
|---|---|
| Line 6 > Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5) | This line will populate the total amount of expenditures (Line 2) plus the total amount of prior month positive adjustments (Line 4) minus Recoveries of Aid (Line 3) plus prior month negative adjustments (Line 5). |

- b. For example, if we have the following values for Line 2, Line 4, Line 3 and Line 5, the Line 6 formula will go as follows:

| Line | Value |
|---|--|
| Line 2 - Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by scams in current claiming month | \$1,500,000 |
| Line 4 - Prior Month Positive Adjustments: | \$200 |
| Line 3 - Recoveries of Aid for Prior AB 2313 issuances: | \$100 |
| Line 5 - Prior Month Negative Adjustments: | (\$50,000) Note: This is considered a negative value as denoted by the parenthesis (\$50,000) = -\$50,000 |

The Line 6 formula will calculate as follows:

$$\begin{aligned}
 \text{Line 6} &= \text{Line 2} + \text{Line 4} - \text{Line 3} + \text{Line 5} \\
 \text{Line 6} &= \$1,500,000 + \$200 - \$100 + (-\$50,000) \\
 \text{Line 6} &= \$1,500,000 + \$200 - \$100 - \$50,000 \\
 \text{Line 6} &= \mathbf{\$1,450,100}
 \end{aligned}$$

- c. Update the Summary Line Name for Line 6 in the report template, see below and Figure 2.1.2.6 for reference:

| Line 6 Name Before | Line 6 Name After |
|---|--|
| Total Net Obligations for Reimbursement | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5) |

| | |
|--|--|
| (Sum Lines #2 and #4, less Lines #3 and #5): | |
|--|--|

- Previously Line 3 'Recoveries of Aid for Prior AB 2313 issuances' records having program code of 'FS' for CalFresh were counted under the 'SUAS Cash Assistance' column. These Line 3 'Recoveries of Aid for Prior AB 2313 issuances' CalFresh program records will now be counted under the 'CalFresh Cash Assistance' column.

2.1.4 Report Location

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

2.1.5 Counties Impacted

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

2.1.6 Security Updates

- Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

- Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.1.7 Report Usage/Performance

No significant performance impact is expected.

2.2 TEMP 2035 EBT THEFT - Skimming

2.2.1 Overview

The TEMP 2035 EBT Theft – Skimming report provides information of County reimbursement claims for EBT replacement due to electronic theft by

skimming. This report is a scheduled report ran on a monthly basis. The report mockup and logic will need to be updated to report CalFresh EBT cash replacements in accordance with CFL 21/22-61.

2.2.2 TEMP 2035 EBT THEFT - Skimming Mockup

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | | | | | |
|---|---|--|-----------------------|---------------------|----------------------|----------------------|-----------------------|
| COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT THEFT BY SKIMMING - AB 2035 (2012) | | County | Date (Month Year) | | | | |
| | | Los Angeles | 04/2022 | | | | |
| EBT THEFT BY PROGRAM | | | | | | | |
| 1 | Select the Program Name | CalWORKs Cash Assistance | TCVAP Cash Assistance | RCA Cash Assistance | CAPI Cash Assistance | SUAS Cash Assistance | GA/GR Cash Assistance |
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month | \$1,215,090 | \$0 | \$0 | \$53,106 | \$20 | \$84,585 |
| 3 | Recoveries of Aid for Prior AB 2035 issuances: | \$386 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5 | Prior Month Negative Adjustments: | (\$37,512) | \$0 | \$0 | \$0 | \$0 | (\$6,397) |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5): | \$1,252,216 | \$0 | \$0 | \$53,106 | \$20 | \$90,982 |
| 7 | Total Number of Payments Issued: | 1680 | 0 | 0 | 78 | 1 | 418 |

Figure 2.2.2.1 – TEMP 2035 EBT THEFT – Skimming ‘TEMP 2035 Skimming’ Sheet before addition of ‘CalFresh Cash Assistance’ column

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | | | | | | |
|---|---|--|--------------------------|-----------------------|---------------------|----------------------|----------------------|-----------------------|
| COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT THEFT BY SKIMMING - AB 2035 (2012) | | County | Date (Month Year) | | | | | |
| | | Los Angeles | 03/2022 | | | | | |
| EBT THEFT BY PROGRAM | | | | | | | | |
| 1 | Select the Program Name | CalWORKs Cash Assistance | CalFresh Cash Assistance | TCVAP Cash Assistance | RCA Cash Assistance | CAPI Cash Assistance | SUAS Cash Assistance | GA/GR Cash Assistance |
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 3 | Recoveries of Aid for Prior AB 2035 issuances: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 5 | Prior Month Negative Adjustments: | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5): | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 7 | Total Number of Payments Issued: | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Figure 2.2.2.2 – TEMP 2035 EBT THEFT – Skimming ‘TEMP 2035 Skimming’ Sheet with addition of ‘CalFresh Cash Assistance’ column

Note: Please see full report mockup attached in the Supporting Documents section for reference

| | |
|---|--------------------------|
| COUNTY AUDITOR'S CERTIFICATION | |
| I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services. | |
| Signature of County Auditor | Date |
| | |
| | Last Modified 06/13/2019 |

Figure 2.2.2.3 – TEMP 2035 EBT THEFT – Skimming ‘TEMP 2035 Skimming’ Sheet before ‘Last Modified’ date change

Note: Please see full report mockup attached in the Supporting Documents section for reference

| | |
|---|--------------------------|
| COUNTY AUDITOR'S CERTIFICATION | |
| I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services. | |
| Signature of County Auditor | Date |
| | |
| | Last Modified 11/30/2021 |

Figure 2.2.2.4 – TEMP 2035 EBT THEFT – Skimming ‘TEMP 2035 Skimming’ Sheet after ‘Last Modified’ date change

Note: Please see full report mockup attached in the Supporting Documents section for reference

| | | EBT TH |
|---|---|-----------------------------|
| 1 | Select the Program Name | CalWORKs Cash Assistance |
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month | \$0 |
| 3 | Recoveries of Aid for Prior AB 2035 issuances: | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 |
| 5 | Prior Month Negative Adjustments: | \$0 |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5): | \$0 |
| 7 | Total Number of Payments Issued: | 0 |

Figure 2.2.2.5 – TEMP 2035 EBT THEFT – Skimming ‘TEMP 2035 Skimming’ Sheet before Line 6 name change

Note: Please see full report mockup attached in the Supporting Documents section for reference

| | | EBT TH |
|---|---|-----------------------------|
| 1 | Select the Program Name | CalWORKs Cash Assistance |
| 2 | Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month | \$0 |
| 3 | Recoveries of Aid for Prior AB 2035 issuances: | \$0 |
| 4 | Prior Month Positive Adjustments: | \$0 |
| 5 | Prior Month Negative Adjustments: | \$0 |
| 6 | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5): | \$0 |
| 7 | Total Number of Payments Issued: | 0 |

Figure 2.2.2.6 – TEMP 2035 EBT THEFT – Skimming ‘TEMP 2035 Skimming’ Sheet after Line 6 name change

Note: Please see full report mockup attached in the Supporting Documents section for reference

2.2.3 Description of Change

1. Update the TEMP 2035 EBT THEFT – Skimming report template to adhere to claim worksheet standards and instructions per CFL 21/22-61.

- a. Reference Figure 2.2.2.2, Figure 2.2.2.4 and the TEMP 2035 EBT THEFT – Skimming report mockup in the Supporting Documents Section.
 - i. The 'CalFresh Cash Assistance' column will be added to the 'TEMP 2035 Skimming' sheet
 - ii. The 'Last Modified' date on the 'TEMP 2035 Skimming' sheet will be updated from '6/13/2019' to '11/30/2021'

2. Update the TEMP 2035 EBT THEFT – Skimming curation job to capture CalFresh cash benefit replacements as a result of EBT theft.

- b. These types of replacements will fall under the existing base criteria in place for the report and are additionally met by the following:
 - The Electronic Theft Type Code value of the issuance is 'SK' for 'Skimming'

| Category ID | Code Value | Short Decode Value |
|-------------|------------|--------------------|
| 10547 | SK | Skimming |

Note: The decoded value for CT 10547 with code value of 'SK' will be updated from 'AB 2035 – Skimming' to 'Skimming' as a part of SCR CA-236332

- The Aid Code of the claimed transaction is '99'

| Category ID | Code Value | Short Decode Value |
|-------------|------------|--|
| 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit |

- The Pay Code of the claimed transaction is 'CalFresh EBT Theft Replacements'

Note: This is a new Pay Code that is being created in SCR CA-236332

| Category ID | Code Value | Short Decode Value |
|-------------|------------|---------------------------------|
| 623 | 3T | CalFresh EBT Theft Replacements |

- The Program Code of the claimed transaction is 'FS'

| Category ID | Code Value | Short Decode Value |
|-------------|------------|--------------------|
| 18 | FS | CalFresh |

- c. The SUAS replacements utilize the CalFresh program code of 'FS' and the CalFresh replacements will also utilize the 'FS'

program code. To distinguish between the SUAS replacements and the CalFresh replacements, we will use the following:

- i. SUAS replacements: The original issuance of the replacement has an issuance subcategory code of 'SUAS'. These records will fall under the 'SUAS Cash Assistance' column.

Technical Note: This will be where the ISSUANCE.SUB_CAT_CODE = 'SU' for the original issuance. The original issuance can be found by referencing the ISSUANCE.RELATED_ISSUANCE_ID column of the replacement issuance.

- ii. CalFresh replacements: The original issuance of the replacement has no issuance subcategory code associated to it. These records will fall under the 'CalFresh Cash Assistance' column.

Technical Note: This will be where the ISSUANCE.SUB_CAT_CODE is NULL for the original issuance. The original issuance can be found by referencing the ISSUANCE.RELATED_ISSUANCE_ID column of the replacement issuance.

3. Update the TEMP 2035 EBT THEFT – Skimming curation job to include the General Assistance (Managed), General Assistance (Non-Managed) and GA/GR Automated Solution program codes.

| Program | Code |
|----------------------------------|------|
| General Assistance (Managed) | GM |
| General Assistance (Non-Managed) | GN |
| GA/GR Automated Solution | GR |

Note: The TEMP 2035 EBT THEFT – Skimming report is already reporting on the General Assistance/General Relief program for LA county. This update is to include the General Assistance/General Relief program code for the remaining counties to keep the logic uniform for all counties. This data is not used for State reconciliation and is only purposed as supplementary data.

4. Update the Line 6 summary line name and definition on the 'TEMP 2035 Skimming' sheet:
 - a. The Line 6 definition will be updated to add the prior month negative adjustments (Line 5) rather than subtract this value.

| Summary Line Name | Field Description |
|---|---|
| Line 6 > Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5) | This line will populate the total amount of expenditures (Line 2) plus the total amount of prior month positive adjustments (Line 4) minus Recoveries of Aid (Line 3) plus prior month negative adjustments (Line 5). |

- b. For example, if we have the following values for Line 2, Line 4, Line 3 and Line 5, the Line 6 formula will go as follows:

| Line | Value |
|--|--|
| Line 2 - Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month | \$1,500,000 |
| Line 4 - Prior Month Positive Adjustments: | \$200 |
| Line 3 - Recoveries of Aid for Prior AB 2035 issuances: | \$100 |
| Line 5 - Prior Month Negative Adjustments: | (\$50,000) Note: This is considered a negative value as denoted by the parenthesis (\$50,000) = -\$50,000 |

The Line 6 formula will calculate as follows:

$$\begin{aligned}
 \text{Line 6} &= \text{Line 2} + \text{Line 4} - \text{Line 3} + \text{Line 5} \\
 \text{Line 6} &= \$1,500,000 + \$200 - \$100 + (-\$50,000) \\
 \text{Line 6} &= \$1,500,000 + \$200 - \$100 - \$50,000 \\
 \text{Line 6} &= \mathbf{\$1,450,100}
 \end{aligned}$$

- c. Update the Summary Line Name for Line 6 in the report template, see below and Figure 2.2.2.6 for reference:

| Line 6 Name Before | Line 6 Name After |
|---|--|
| Total Net Obligations for Reimbursement | Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Line #3 plus Line #5) |

| | |
|--|--|
| (Sum Lines #2 and #4, less Lines #3 and #5): | |
|--|--|

- Previously Line 3 'Recoveries of Aid for Prior AB 2035 issuances' records having program code of 'FS' for CalFresh were counted under the 'SUAS Cash Assistance' column. These Line 3 'Recoveries of Aid for Prior AB 2035 issuances' CalFresh program records will now be counted under the 'CalFresh Cash Assistance' column.

2.2.4 Report Location

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

2.2.5 Counties Impacted

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

2.2.6 Security Updates

- Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

- Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.2.7 Report Usage/Performance

No significant performance impact is expected.

2.3 Cash EBT Production Reconciliation Report

2.3.1 Overview

The Cash EBT Production Reconciliation Report provides detailed issuance information for all Electronic Benefit Transfer (EBT) transactions to reconcile with other systems. This report is a scheduled report ran on a monthly basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.3.2 Cash EBT Production Reconciliation Report Mockup

| <div> <div>CalSAWS</div> <div>Cash EBT Production Reconciliation Report</div> </div> | | | | | |
|--|----------------------|---------|-------------------|---------------------|----------------|
| Los Angeles | | | | | |
| Run Date: OCT-05-22 04:39 AM | | | | | |
| Date: 10/04/2022 | | | | | |
| Category Summary | | | Total: | 3,853 | \$1,712,532.74 |
| Category | Type of Issuance | Program | Availability Date | Number of Issuances | Total Amount |
| Host to Host Before Daily Deadline | Supplemental Benefit | CW | 10/04/2022 | 600 | \$532,600.69 |
| Batch | Supplemental Benefit | CW | 10/05/2022 | 416 | \$305,448.00 |
| Host to Host After Daily Deadline | Supplemental Benefit | CW | 10/04/2022 | 350 | \$297,403.66 |
| Host to Host Before Daily Deadline | Supplemental Benefit | HT | 10/04/2022 | 118 | \$71,030.00 |
| Host to Host After Daily Deadline | Supplemental Benefit | HT | 10/04/2022 | 125 | \$71,005.00 |
| Batch | Service Payment | WT | 10/05/2022 | 669 | \$62,467.65 |

Figure 2.3.2.1 – Cash EBT Production Reconciliation Report Mockup – Category Summary Sheet

Note: No cosmetic changes are required. The full report mockup can be found attached in the Supporting Documents section.

2.3.3 Description of Change

- Update the Cash EBT Production Reconciliation Report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements. No other CalFresh issuances except for the CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements should be captured in the report.
 - These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-------|-------------|------------|--------------------|----------------|
|-------|-------------|------------|--------------------|----------------|

| | | | | |
|-----------|-----|----|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.3.4 Report Location

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

2.3.5 Counties Impacted

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

2.3.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.3.7 Report Usage/Performance

No significant performance impact is expected.

2.4 Supplemental Benefit Issuance EBT Register

2.4.1 Overview

The Supplemental Benefit Issuance EBT Register provides a list of Electronic Benefit Transfer (EBT) transaction information for supplemental issuances. This is a scheduled report ran on a daily basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

CalsAWS

Supplemental Benefit Issuance EBT Register

Los Angeles
Run Date: OCT-05-22 05:42 AM
Date: 10/04/2022

Issuances
Reactivations
Cancellations
Expungements

| EBT Issuance Summary | | | | | | | | | | | | | | | | |
|----------------------|-------|-------|-----------|---------|-----------|-----------------|--------------|--------------|----------------|-------------|-------------------|-------|--|--|--|--|
| Aid Code | FED A | FED C | Non-Fed A | Other C | FBU Count | Fed Amt. | NFed Amt. | Other Amt. | Unclaimed Amt. | Amount | Transaction Count | | | | | |
| | | | | | | Current Totals: | \$916,086.79 | \$599,306.52 | \$0.00 | \$13,709.00 | \$1,529,102.31 | 2,343 | | | | |
| | | | | | | Prior Totals: | \$81,562.08 | \$116,441.73 | \$0.00 | \$2,000.00 | \$200,003.81 | 564 | | | | |
| | | | | | | Overall Totals: | \$997,648.87 | \$715,748.25 | \$0.00 | \$15,709.00 | \$1,729,106.12 | 2,907 | | | | |

| Person Count | | | | | | | | | | | | | | | | |
|--|-------|-------|-----------|---------|-----------|----------|--------------|--------------|----------------|--------------|-------------------|-----|--|--|--|--|
| Aid Code | FED A | FED C | Non-Fed A | Other C | FBU Count | Fed Amt. | NFed Amt. | Other Amt. | Unclaimed Amt. | Amount | Transaction Count | | | | | |
| 30 - CW-All Other Families (Fед) | 562 | 916 | 0 | 0 | 0 | 562 | \$599,267.00 | \$0.00 | \$0.00 | \$599,267.00 | 789 | | | | | |
| 35 - CW-Zero Parent (Fed) | 222 | 255 | 0 | 0 | 0 | 111 | \$133,385.00 | \$0.00 | \$0.00 | \$133,385.00 | 149 | | | | | |
| 01 - RCA | 62 | 0 | 0 | 0 | 0 | 50 | \$27,444.00 | \$0.00 | \$0.00 | \$27,444.00 | 51 | | | | | |
| 3P - CW-All Other Families-Exempt MAP (Fed) | 2 | 5 | 0 | 0 | 0 | 2 | \$1,601.00 | \$0.00 | \$0.00 | \$1,601.00 | 4 | | | | | |
| 1V - RCA - TCVPAP (State) | 2 | 0 | 0 | 0 | 0 | 2 | \$0.00 | \$745.00 | \$0.00 | \$745.00 | 2 | | | | | |
| 33 - CW-Zero Parent (Fed) | 0 | 472 | 0 | 0 | 0 | 212 | \$181,037.00 | \$0.00 | \$0.00 | \$181,037.00 | 238 | | | | | |
| 3R - CW-Zero Parent-Exempt MAP (Fed) | 0 | 55 | 0 | 0 | 0 | 39 | \$44,852.00 | \$0.00 | \$0.00 | \$44,852.00 | 52 | | | | | |
| 3E - CW-All Other Families (Mixed) | 0 | 26 | 17 | 1 | 0 | 15 | \$9,792.87 | \$5,537.70 | \$0.00 | \$17,039.57 | 21 | | | | | |
| 3H - CW-Zero Parent (Mixed) | 0 | 1 | 1 | 0 | 0 | 1 | \$270.00 | \$270.00 | \$0.00 | \$540.00 | 1 | | | | | |
| 9A - GA General Relief Independent Living-CNTY | 0 | 0 | 908 | 0 | 0 | 900 | \$0.00 | \$169,644.62 | \$0.00 | \$14,000.00 | \$183,644.62 | 938 | | | | |
| 32 - CW-TANF-Timed Out (State) | 0 | 0 | 251 | 556 | 0 | 240 | \$0.00 | \$315,278.43 | \$0.00 | \$0.00 | \$315,278.43 | 366 | | | | |
| 6T - CAP-Limited Term | 0 | 0 | 62 | 0 | 0 | 62 | \$0.00 | \$54,934.33 | \$0.00 | \$0.00 | \$54,934.33 | 62 | | | | |
| 3M - CW-Zero Parent (State) | 0 | 0 | 50 | 47 | 0 | 25 | \$0.00 | \$26,913.00 | \$0.00 | \$0.00 | \$26,913.00 | 25 | | | | |
| 3U - CW-Zero Parent (State) | 0 | 0 | 21 | 18 | 0 | 9 | \$0.00 | \$10,192.00 | \$0.00 | \$0.00 | \$10,192.00 | 12 | | | | |
| 3L - CW-All Other Families (State) | 0 | 0 | 5 | 5 | 0 | 4 | \$0.00 | \$4,176.00 | \$0.00 | \$0.00 | \$4,176.00 | 3 | | | | |
| 1A - CAP-Qualified-Aged | 0 | 0 | 3 | 0 | 0 | 3 | \$0.00 | \$2,844.67 | \$0.00 | \$0.00 | \$2,844.67 | 3 | | | | |
| 91 - GA General Relief-B/C Non Independent Living-CNTY | 0 | 0 | 3 | 0 | 0 | 3 | \$0.00 | \$25.15 | \$0.00 | \$0.00 | \$25.15 | 3 | | | | |
| 3W - CW-TANF-Timed Out (State) | 0 | 0 | 1 | 1 | 0 | 1 | \$0.00 | \$895.00 | \$0.00 | \$0.00 | \$895.00 | 1 | | | | |
| K1 - CW-Safety Net/Felon/WTW Sanct-Non-Two Parent | 0 | 0 | 0 | 100 | 0 | 61 | \$0.00 | \$54,988.00 | \$0.00 | \$0.00 | \$54,988.00 | 86 | | | | |
| 3F - CW-Safety Net/Felon/WTW Sanct-Two Parent | 0 | 0 | 0 | 24 | 0 | 7 | \$0.00 | \$7,925.00 | \$0.00 | \$0.00 | \$7,925.00 | 7 | | | | |
| R1 - CW - TCVPAP (State) | 0 | 0 | 0 | 4 | 0 | 1 | \$0.00 | \$1,363.00 | \$0.00 | \$0.00 | \$1,363.00 | 1 | | | | |
| 3G - CW-Zero Parent (State) | 0 | 0 | 0 | 1 | 0 | 1 | \$0.00 | \$707.00 | \$0.00 | \$0.00 | \$707.00 | 1 | | | | |
| 99 - Electronic Theft Replacement Cash Benefit | 0 | 0 | 0 | 0 | 0 | 0 | \$0.00 | \$59,309.35 | \$0.00 | \$0.00 | \$59,309.35 | 88 | | | | |

EBT Reactivation Summary

| Aid Code | FED A | FED C | Non-Fed A | Other C | FBU Count | Fed Amt. | NFed Amt. | Other Amt. | Unclaimed Amt. | Amount | Transaction Count |
|----------|-------|-------|-----------|---------|-----------|-----------------|------------|------------|----------------|------------|-------------------|
| | | | | | | Overall Totals: | \$3,868.77 | \$40.63 | \$0.00 | \$3,909.40 | 72 |

| Person Count | | | | | | | | | | | | | | | | |
|---|-------|-------|-----------|---------|-----------|----------|------------|------------|----------------|------------|-------------------|--|--|--|--|--|
| Aid Code | FED A | FED C | Non-Fed A | Other C | FBU Count | Fed Amt. | NFed Amt. | Other Amt. | Unclaimed Amt. | Amount | Transaction Count | | | | | |
| 30 - CW-All Other Families (Fed) | 5 | 15 | 0 | 0 | 0 | 17 | \$3,628.06 | \$0.00 | \$0.00 | \$3,628.06 | 31 | | | | | |
| 33 - CW-Zero Parent (Fed) | 0 | 2 | 0 | 0 | 0 | 2 | \$21.08 | \$0.00 | \$0.00 | \$21.08 | 7 | | | | | |
| K1 - CW-Safety Net/Felon/WTW Sanct-Non-Two Parent | 0 | 0 | 0 | 3 | 0 | 2 | \$0.00 | \$37.93 | \$0.00 | \$37.93 | 15 | | | | | |
| 3R - CW-Zero Parent-Exempt MAP (Fed) | 0 | 0 | 0 | 0 | 0 | 2 | \$10.35 | \$0.00 | \$0.00 | \$10.35 | 5 | | | | | |
| 3A - (Prior to 12/2013) | 0 | 0 | 0 | 0 | 0 | 1 | \$0.00 | \$0.64 | \$0.00 | \$0.64 | 3 | | | | | |
| 35 - CW-Zero Parent (Fed) | | | | | | | | | | | | | | | | |

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Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.4.3 Description of Change

1. Update the Supplemental Benefit Issuance EBT Register report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements. No other CalFresh issuances except for the CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements should be captured in the report.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.4.4 Report Location

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

2.4.5 Counties Impacted

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

2.4.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.4.7 Report Usage/Performance

No significant performance impact is expected.

2.5 Supplemental Benefit Manual EBT Issuance Register

2.5.1 Overview

The Supplemental Benefit Manual EBT Issuance Register report provides manual and external supplemental benefit issuance EBT transaction information. This is a scheduled report ran on a daily basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.5.2 Supplemental Benefit Manual EBT Issuance Register Mockup

| CalSAWS Supplemental Benefit Manual EBT Issuance Register | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|----------------------------------|-----------|------------------------------------|----------------|--------|-------------------|
| Los Angeles | | | | | | | | | | | | | | | |
| Run Date: OCT-05-22 05:20 AM | | | | | | | | | | | | | | | |
| Date: 10/04/2022 | | | | | | | | | | | | | | | |
| | | | | | | | | | | Manual Issuances | | External Issuances | | | |
| Manual EBT Issuance Summary | | | | | | | | | | | | | | | |
| | | | | | | | | | | Fed Amt. | NFed Amt. | Other Amt. | Unclaimed Amt. | Amount | Transaction Count |
| Current Totals: | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Prior Totals: | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Overall Totals: | | | | | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Person Count | | | | | | | | | | | | | | | |
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|-----------|-----|----|--|---|
| | | | | CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.5.4 Report Location

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

2.5.5 Counties Impacted

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

2.5.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.5.7 Report Usage/Performance

No significant performance impact is expected.

2.6 Integrated Payroll Benefit Issuance Detail Claiming Report

2.6.1 Overview

The Integrated Payroll Benefit Issuance Detail Claiming Report provides summary and detailed issuance information to back up the Integrated Payroll Summary and the CA 800 expenditure reports. This is a scheduled report ran on a monthly basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.6.2 Integrated Payroll Benefit Issuance Detail Claiming Report Mockup

CalSAWS

Integrated Payroll Benefit Issuance Detail Claiming Report

Los Angeles

Run Date: OCT-04-22 12:10 PM

Date: 09/2022

Aid Code: 99

Program: CalFresh

Totals by Aid Code and Pay Code

Summary

| | | | | | |
|---------|--|------------|--------|--------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | Details |
| | | | | | |
| Totals: | | \$1,888.36 | \$0.00 | \$0.00 | \$1,888.36 |
| | | | | | |

Totals by Pay code

| Aid Code | Pay Code | Payment Total | Cancellation Total | Adjustment Total | Overall Total |
|----------|-------------|---------------|--------------------|------------------|---------------|
| 99 | No Pay Code | \$1,888.36 | \$0.00 | \$0.00 | \$1,888.36 |

Figure 2.6.2.1 – Integrated Payroll Benefit Issuance Detail Claiming Report Mockup – Totals by Aid Code and Pay Code Sheet

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.6.3 Description of Change

1. Update the Integrated Payroll Benefit Issuance Detail Claiming Report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements. No other CalFresh issuances except for the CalFresh EBT cash benefit replacements and the SUAS EBT cash benefit replacements should be captured in the report.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

- b. The Integrated Payroll Benefit Issuance Detail Claiming Report batch job will also need to be updated to run for the CalFresh program and aid code 99 combination.

Technical Note: This change will be done in the PARAMTR_GRID_REPORT table.

2.6.4 Report Location

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

2.6.5 Counties Impacted

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

2.6.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.6.7 Report Usage/Performance

No significant performance impact is expected.

2.7 Integrated Payroll Benefit Issuance Detail Claiming Report by Case

2.7.1 Overview

The Integrated Payroll Benefit Issuance Detail Claiming Report by Case provides summary and detailed issuance information, by case, to back up the Integrated Payroll Summary and the CA 800 expenditure reports. This is a scheduled report ran on a monthly basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.7.2 Integrated Payroll Benefit Issuance Detail Claiming Report by Case Mockup

| | | | | | |
|---|----------------------|---------------------------|-------------------------|----------------------|-------------------------|
| CalSAWS Integrated Payroll Benefit Issuance Detail Claiming Report by Case | | | | | |
| Los Angeles | | | | | |
| Run Date: OCT-03-22 05:16 PM | | | | | |
| Date: 09/2022 | | | | | |
| Aid Code: 99 | | | | | |
| Program: CalFresh | | | | | |
| | | | | | Details |
| Totals By Pay Code | | | | | |
| Pay Code | Payment Total | Cancellation Total | Adjustment Total | Overall Total | |
| CalFresh EBT Theft Replacements | \$3,023.00 | \$0.00 | \$0.00 | \$3,023.00 | |
| Totals: | \$3,023.00 | \$0.00 | \$0.00 | \$3,023.00 | |

Figure 2.7.2.1 – Integrated Payroll Benefit Issuance Detail Claiming Report by Case Mockup – Summary Sheet

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.7.3 Description of Change

- Update the Integrated Payroll Benefit Issuance Detail Claiming Report by Case to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements. No other CalFresh issuances except for the CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements should be captured in the report.
 - These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |

| | | | | |
|-----------|-----|----|--|---|
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

- b. The Integrated Payroll Benefit Issuance Detail Claiming Report by Case batch job will also need to be updated to run for the CalFresh program and aid code 99 combination.

Technical Note: This changed will be done in the PARAMTR_GRID_REPORT table.

2.7.4 Report Location

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

2.7.5 Counties Impacted

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

2.7.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.7.7 Report Usage/Performance

No significant performance impact is expected.

2.8 Integrated Payroll Summary Report

2.8.1 Overview

The Integrated Payroll Summary Report provides summary and detailed issuance information. This is a scheduled report ran on a monthly basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.8.2 Integrated Payroll Summary Report Mockup

| CalSAWS Integrated Payroll Summary Report | | | | | | | | | | | |
|---|---------------|---------------|--------------|--------------|-------------|-------------|---------------|------------------------|-----------------|--------------|------------------------|
| Los Angeles | | | | | | | | | | | |
| Run Date: OCT-03-22 09:44 PM | | | | | | | | | | | |
| Date: 09/2022 | | | | | | | | | | | |
| Aid Code: 99 | | | | | | | | | | | |
| Program: CalFresh | | | | | | | | | | | |
| Payroll Code | Fed Adult | Fed Child | NonFed Adult | NonFed Child | Other Adult | Other Child | Total Cases | Fed Amount | NonFed Amount | Other Amount | Total |
| Main Payroll | 32,092 | 55,245 | 0 | 3 | 0 | 0 | 33,544 | \$26,128,086.00 | \$0.00 | 0 | \$26,128,086.00 |
| Current Month Supplemental Payroll | 5,988 | 9,201 | 0 | 0 | 0 | 0 | 5,899 | \$6,715,744.77 | \$0.00 | 0 | \$6,715,744.77 |
| Current Month Cancellation | -2 | -1 | 0 | 0 | 0 | 0 | -2 | (\$1,521.00) | \$0.00 | 0 | (\$1,521.00) |
| Prior Month Supplemental | 1,103 | 1,614 | 0 | 0 | 0 | 0 | 1,226 | \$426,788.92 | \$0.00 | 0 | \$426,788.92 |
| Current Month Adjustment | -13 | 35 | 0 | 0 | 0 | 0 | 10 | (\$13,039.00) | \$0.00 | 0 | (\$13,039.00) |
| Subtotal | 39,168 | 66,094 | 0 | 3 | 0 | 0 | 40,677 | \$33,256,059.69 | \$0.00 | 0 | \$33,256,059.69 |
| Prior Month Cancellation | -34 | -45 | 0 | 0 | 0 | 0 | -35 | (\$23,819.74) | \$0.00 | 0 | (\$23,819.74) |
| Recoveries of Aid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (\$44,185.27) | \$756.00 | 0 | (\$43,429.27) |
| Prior Month Negative Adjustments | -214 | -458 | 0 | 0 | 0 | 0 | -241 | (\$197,886.00) | \$0.00 | 0 | (\$197,886.00) |
| Subtotal | -248 | -503 | 0 | 0 | 0 | 0 | -276 | (\$265,891.01) | \$756.00 | 0 | (\$265,135.01) |
| Prior Month Positive Adjustment | 135 | 374 | 0 | 0 | 0 | 0 | 216 | \$189,561.00 | \$0.00 | 0 | \$189,561.00 |
| Total | 39,055 | 65,965 | 0 | 3 | 0 | 0 | 40,617 | \$33,179,729.68 | \$756.00 | 0 | \$33,180,485.68 |

Figure 2.8.2.1 – Integrated Payroll Summary Report Mockup

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.8.3 Description of Change

1. Update the Integrated Payroll Summary Report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements. No other CalFresh issuances except for the CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements should be captured in the report.

a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

b. The Integrated Payroll Summary Report batch job will also need to be updated to run for the CalFresh program and aid code 99 combination.

Technical Note: This changed will be done in the PARAMTR_GRID_REPORT table.

2.8.4 Report Location

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

- **Task: Fiscal**

2.8.5 Counties Impacted

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

2.8.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.8.7 Report Usage/Performance

No significant performance impact is expected.

2.9 Journal Voucher Writer Month End Report

2.9.1 Overview

The Journal Voucher Writer Month End Report provides detailed month end information about JVW records. This is a scheduled report ran on a monthly basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.9.2 Journal Voucher Writer Month End Report Mockup

| CalSAWS Journal Voucher Writer Month End Report | | | | | | | |
|---|-------------|-----------|------------|----------------|----------|-----------|---------------------|
| Los Angeles | | | | | | | |
| Run Date: SEP-14-22 11:35 AM | | | | | | | |
| Date: 08/31/2022 | | | | | | | |
| | | | COUNT | | 1 | | |
| DOC ID | CASE_NUMBER | CASE_NAME | PAYEE_NAME | CONTROL_NUMBER | PAY_CODE | FUND_CODE | JOURNAL_DESCR |
| JE222430001 | AAAAAAA | Case Name | Payee Name | 1958247821 | AA | R5 | 2P/CR,NACF,StateMOE |

Figure 2.9.2.1 – Journal Voucher Writer Month End Report Mockup – JVW Month End Detail Report Sheet

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.9.3 Description of Change

1. Update the Journal Voucher Writer Month End Report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.9.4 Report Location

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

2.9.5 Counties Impacted

Los Angeles county will be impacted by these changes. No other counties will be impacted.

2.9.6 Security Updates

3. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

4. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.9.7 Report Usage/Performance

No significant performance impact is expected.

2.10 Journal Voucher Writer Daily Details Report

2.10.1 Overview

The Journal Voucher Writer Daily Details Report provides detailed information about JVW records. This is a scheduled report ran on a daily basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.10.2 Journal Voucher Writer Daily Details Report Mockup

| CalSAWS Journal Voucher Writer Daily Details Report | | | | | | | | | |
|---|-------------|-----------|------------|----------------|----------|-----------|--|-----|--|
| Los Angeles | | | | | | | | | |
| Run Date: SEP-28-22 02:36 AM | | | | | | | | | |
| Date: 27-SEP-2022 | | | | | | | | | |
| | | | | COUNT | 4 | | | | |
| DOC ID | CASE_NUMBER | CASE_NAME | PAYEE_NAME | CONTROL_NUMBER | PAY_CODE | FUND_CODE | JOURNAL_DESCR | OBJ | |
| JD222700001 | AAAAAAA | Case Name | Payee Name | - | - | 4M | CalWORKs Repayments/Refunds | 716 | |
| JD222700002 | AAAAAAA | Case Name | Payee Name | 19100473480 | ET | EC | AB 2035 EBT Ben. Rplment due to Electronic Theft | 581 | |
| JD222700002 | AAAAAAA | Case Name | Payee Name | 19100463025 | TB | EG | AB 2035 EBT Ben. Rplment due to Electronic Theft | 581 | |
| JD222700002 | AAAAAAA | Case Name | Payee Name | 19100474260 | TB | EG | AB 2035 EBT Ben. Rplment due to Electronic Theft | 581 | |

Figure 2.10.2.1 – Journal Voucher Writer Daily Details Report Mockup – JVW Daily Detail Sheet

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.10.3 Description of Change

- Update the Journal Voucher Writer Daily Details Report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft | Note: This paycode is used for the SUAS EBT cash benefit replacements |

| | | | | |
|--------------|-----|----|------------------------------|---|
| | | | Replacement Cash Benefits | ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_C ODE = 'EB' |

2.10.4 Report Location

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

2.10.5 Counties Impacted

Los Angeles county will be impacted by these changes. No other counties will be impacted.

2.10.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.10.7 Report Usage/Performance

No significant performance impact is expected.

2.11 Month-End JWV Cancellations and Expungements Report

2.11.1 Overview

The Month-End JWV Cancellations and Expungements Report provides a summary, by eCAPS accounts/descriptions, of EBT cancellations/expungements for a given month. This is a scheduled report ran on a monthly basis. This report will be updated to capture CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.11.2 Month-End JWV Cancellations and Expungements Report Mockup

| CalSAWS | | | | | |
|---|-------------|-------------|------------------|-------------------|--------------|
| Month-End JWV Cancellations and Expungements Report | | | | | |
| Los Angeles | | | | | |
| Run Date: SEP-01-22 03:09 AM | | | | | |
| Report Month: 08/2022 | | | | | |
| | | | | | |
| | | | Totals: | 17,583 | \$594,908.37 |
| | | | | | |
| eCAPS Description | Fund Number | Object Code | Dept Object Code | Transaction Count | Amount |
| State Utility Assistance Subsidy - Heat & Eat | 25901 | 5509 | - | 10,898 | \$99,939.70 |
| GAIN Transportation-Federal | 25901 | 5524 | E389 | 111 | \$385.77 |
| GAIN Transportation-State | 25901 | 5524 | WT91 | 31 | \$47.46 |
| GAIN Ancillary-Federal | 25901 | 5525 | E384 | 6 | \$10.00 |
| GAIN Ancillary-State | 25901 | 5525 | WT86 | 1 | \$3.06 |
| GAIN Ancillary-State | 25901 | 5525 | WT86 | 1 | \$500.00 |
| WTW Two Parent Family General | 25901 | 5527 | WT75 | 7 | \$3.50 |
| WTW General | 25901 | 5527 | WT80 | 25 | \$327.64 |
| Non-Federal WTW | 25901 | 5527 | WT81 | 2 | \$16.68 |
| CalWORKs Transitional Services | 25901 | 5527 | WT82 | 2 | \$0.59 |

Figure 2.11.2.1 – Month-End JWV Cancellations and Expungements Report Mockup

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.11.3 Description of Change

1. Update the Month-End JWV Cancellations and Expungements Report to include CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements. No other CalFresh issuances except for the CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements should be captured in the report.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-------|-------------|------------|--------------------|----------------|
|-------|-------------|------------|--------------------|----------------|

| | | | | |
|-----------|-----|----|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.11.4 Report Location

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

2.11.5 Counties Impacted

Los Angeles county will be impacted by these changes. No other counties will be impacted.

2.11.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.11.7 Report Usage/Performance

No significant performance impact is expected.

2.12 CalFresh EBT Production Reconciliation Report

2.12.1 Overview

The CalFresh EBT Production Reconciliation Report provides detailed issuance information for all CalFresh Electronic Benefit Transfer (EBT) transactions to reconcile with other systems. This is a scheduled report ran on a daily basis. This report will be updated to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.12.2 CalFresh EBT Production Reconciliation Report Mockup

| CalSAWS CalFresh EBT Production Reconciliation Report | | | | |
|---|----------------------|-------------------|---------------------|----------------|
| Los Angeles | | | | |
| Run Date: OCT-05-22 04:44 AM | | | | |
| Date: 10/04/2022 | | | | |
| Category Summary | | | | |
| | | | | |
| Total: | | | 6,301 | \$1,980,152.57 |
| Category | Type of Issuance | Availability Date | Number of Issuances | Total Amount |
| Batch | Supplemental Benefit | 10/04/2022 | 2 | \$500.00 |
| Batch | Supplemental Benefit | 10/05/2022 | 1,613 | \$400,791.00 |
| Batch | Supplemental Benefit | 10/06/2022 | 254 | \$82,870.00 |
| Batch | Supplemental Benefit | 10/07/2022 | 252 | \$84,972.00 |
| Batch | Supplemental Benefit | 10/08/2022 | 256 | \$84,220.00 |
| Batch | Supplemental Benefit | 10/09/2022 | 241 | \$77,773.00 |
| Batch | Supplemental Benefit | 10/10/2022 | 216 | \$70,512.00 |
| Host to Host After Daily Deadline | Supplemental Benefit | 10/04/2022 | 1,263 | \$437,485.00 |
| Host to Host Before Daily Deadline | Supplemental Benefit | 10/04/2022 | 2,151 | \$723,808.57 |
| Manual | Supplemental Benefit | 10/03/2022 | 52 | \$16,959.00 |
| Manual | Supplemental Benefit | 10/04/2022 | 1 | \$262.00 |

Figure 2.12.2.1 – CalFresh EBT Production Reconciliation Report Mockup – Category Summary Sheet

Note: The full report mockup can be found attached in the Supporting Documents section

| CalSAWS CalFresh EBT Production Reconciliation Report | | | | | | | | | | | | |
|---|----------------|--------|-------------|-----------|------------|----------|----------------------|----------|---------------|-------------------|--------------|-----------------|
| Los Angeles | | | | | | | | | | | | |
| Run Date: OCT-05-22 04:44 AM | | | | | | | | | | | | |
| Date: 10/04/2022 | | | | | | | | | | | | |
| | | | | | | | | | | | | Summary |
| EBT Detail | | | | | | | | | | | | Total: \$441.00 |
| Category | Control Number | Office | Case Number | Case Name | Payee Name | Pay Code | Type of Issuance | Aid Code | Benefit Month | Availability Date | Process Time | Amount |
| Batch | 19101595278 | 05 | BBBBBBBB | Case Name | Payee Name | - | Supplemental Benefit | 30 | 10/2022 | 10/05/2022 | 9:21:56 PM | \$441.00 |

Figure 2.12.2.2 – CalFresh EBT Production Reconciliation Report Mockup – EBT Details Sheet before addition of filters

Note: The full report mockup can be found attached in the Supporting Documents section

| CalSAWS CalFresh EBT Production Reconciliation Report | | | | | | | | | | | | |
|---|----------------|--------|-------------|-----------|------------|----------|----------------------|----------|---------------|-------------------|--------------|----------|
| Los Angeles | | | | | | | | | | | | |
| Run Date: OCT-05-22 04:44 AM | | | | | | | | | | | | |
| Date: 10/04/2022 | | | | | | | | | | | | |
| | | | | | | | | | | | Summary | |
| EBT Detail | | | | | | | | | | | Total: | \$441.00 |
| Category | Control Number | Office | Case Number | Case Name | Payee Name | Pay Code | Type of Issuance | Aid Code | Benefit Month | Availability Date | Process Time | Amount |
| Batch | 19101595278 | 05 | BBBBBBBB | Case Name | Payee Name | - | Supplemental Benefit | 30 | 10/2022 | 10/05/2022 | 9:21:56 PM | \$441.00 |

Figure 2.12.2.3 – CalFresh EBT Production Reconciliation Report Mockup – EBT Details Sheet after addition of filters

Note: The full report mockup can be found attached in the Supporting Documents section

| CalSAWS CalFresh EBT Production Reconciliation Report | | | | | | | | | | | | |
|---|----------------|--------|-------------|-----------|------------|----------|------------------|----------|---------------|--------------------|--------------|---------|
| Los Angeles | | | | | | | | | | | | |
| Run Date: OCT-05-22 04:44 AM | | | | | | | | | | | | |
| Date: 10/04/2022 | | | | | | | | | | | | |
| | | | | | | | | | | | Summary | |
| Expungement Detail | | | | | | | | | | | Total: | \$16.00 |
| Category | Control Number | Office | Case Number | Case Name | Payee Name | Pay Code | Type of Issuance | Aid Code | Benefit Month | Availability Month | Process Time | Amount |
| Batch | 1945808822 | - | BBBBBBBB | Case Name | Payee Name | - | Monthly Benefit | 09 | 05/2020 | 05/05/2020 | 8:00:44 PM | \$16.00 |

Figure 2.12.2.4 – CalFresh EBT Production Reconciliation Report Mockup – Expungement Details Sheet before addition of filters

Note: The full report mockup can be found attached in the Supporting Documents section

| CalSAWS CalFresh EBT Production Reconciliation Report | | | | | | | | | | | | |
|---|----------------|--------|-------------|-----------|------------|----------|------------------|----------|---------------|--------------------|--------------|---------|
| Los Angeles | | | | | | | | | | | | |
| Run Date: OCT-05-22 04:44 AM | | | | | | | | | | | | |
| Date: 10/04/2022 | | | | | | | | | | | | |
| | | | | | | | | | | | Summary | |
| Expungement Detail | | | | | | | | | | | Total: | \$16.00 |
| Category | Control Number | Office | Case Number | Case Name | Payee Name | Pay Code | Type of Issuance | Aid Code | Benefit Month | Availability Month | Process Time | Amount |
| Batch | 1945808822 | - | BBBBBBBB | Case Name | Payee Name | - | Monthly Benefit | 09 | 05/2020 | 05/05/2020 | 8:00:44 PM | \$16.00 |

Figure 2.12.2.5 – CalFresh EBT Production Reconciliation Report Mockup – Expungement Details Sheet after addition of filters

Note: The full report mockup can be found attached in the Supporting Documents section

2.12.3 Description of Change

- Update the CalFresh EBT Production Reconciliation Report to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements from being considered as benefit issuances from the report.
 - These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|---------|-------------|------------|--------------------|----------------|
| Program | 18 | FS | CalFresh | N/A |

| | | | | |
|-----------|-----|----|--|--|
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2. Add filters to the 'EBT Details' and 'Expungement Details' sheets in the report template to adhere to report cosmetic standards. Refer to Figure 2.12.2.3 and Figure 2.12.2.5.
 - a. Dynamic totals at the top of the sheet shall update in correspondence to the filters that are applied.

2.12.4 Report Location

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

2.12.5 Counties Impacted

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

2.12.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.12.7 Report Usage/Performance

No significant performance impact is expected.

2.13 CalFresh Supplemental Issuance Register

2.13.1 Overview

The CalFresh Supplemental Issuance Register report provides all the supplemental CalFresh issuance transaction information, ordered by Control Number and includes cancellations. This is a scheduled report made available daily. This report will be updated to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.13.2 CalFresh Supplemental Issuance Register Mockup

| CalSAWS CalFresh Supplemental Issuance Register | | | | | | | | |
|---|--------------|---------|-----------|----------------|----------------|------------------|----------------|-------------------|
| Los Angeles | | | | | | | | |
| Run Date: OCT-12-22 03:12 AM | | | | | | | | |
| Date: 10/11/2022 | | | | | | | | |
| EBT Issuance Summary | | | | | | | | |
| Details | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Current Totals: | 4,854 | 68 | 2,732 | \$910,308.00 | \$11,850.00 | \$0.00 | \$922,158.00 | 2,926 |
| Prior Totals: | 738 | 12 | 371 | \$105,103.00 | \$1,216.00 | \$0.00 | \$106,319.00 | 463 |
| Future Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Overall Totals: | 5,592 | 80 | 3,103 | \$1,015,411.00 | \$13,066.00 | \$0.00 | \$1,028,477.00 | 3,389 |
| Transaction Type | | | | | | | | |
| | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Issuance | 5,592 | 80 | 3,103 | \$1,015,411.00 | \$13,066.00 | \$0.00 | \$1,028,477.00 | 3,389 |
| Cancellation | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Manual Issuance Summary | | | | | | | | |
| Details | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Current Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Prior Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Overall Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Transaction Type | | | | | | | | |
| | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Issuance | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Cancellation | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| External Issuance Summary | | | | | | | | |
| Details | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Current Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Prior Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Overall Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Transaction Type | | | | | | | | |
| | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Issuance | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Cancellation | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Expungement Summary | | | | | | | | |
| Details | Person Count | | FBU Count | Fed Amount | Non Fed Amount | Unclaimed Amount | Amount | Transaction Count |
| | Fed | Non Fed | | | | | | |
| Current Totals: | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Prior Totals: | -956 | -7 | -859 | (\$157,068.77) | (\$1,304.35) | \$0.00 | (\$158,373.12) | 1,140 |
| Overall Totals: | -956 | -7 | -859 | (\$157,068.77) | (\$1,304.35) | \$0.00 | (\$158,373.12) | 1,140 |

Figure 2.13.2.1 – CalFresh Supplemental Issuance Register Mockup – Issuance Summary Sheet

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.13.3 Description of Change

1. Update the CalFresh Supplemental Issuance Register to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements from being considered as benefit issuances from the report.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.13.4 Report Location

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

- **Task: Fiscal**

2.13.5 Counties Impacted

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

2.13.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.13.7 Report Usage/Performance

No significant performance impact is expected.

2.14 Integrated CalFresh Issuance Detail Claiming Report

2.14.1 Overview

The Integrated CalFresh Issuance Detail Claiming Report provides detailed issuance information for CalFresh. This is a scheduled report ran on a monthly basis. This report will be updated to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.14.2 Integrated CalFresh Issuance Detail Claiming Report Mockup

| CalSAWS Integrated CalFresh Issuance Detail Claiming Report | | | | | | | | |
|---|------------|------------------|----------------------------|-------------|------------------|----------------------------|-----------------------------------|------------------|
| Los Angeles | | | | | | | | |
| Run Date: OCT-03-22 09:29 PM | | | | | | | | |
| Date: 09/2022 | | | | | | | | |
| Program: CalFresh | | | | | | | Table of Contents | |
| Summary | | | | | | | | |
| Summary - Unduplicated Count | | | | | | | | |
| PA | Federal HH | | Mixed HH | | | State HH | | |
| | Cases | Persons | Cases | Fed Persons | Non-Fed Persons | Cases | Persons | |
| | 353,369 | 522,987 | 2,361 | 4,844 | 3,243 | 976 | 1,128 | |
| NA | Federal HH | | Mixed HH | | | State HH | | |
| | Cases | Persons | Cases | Fed Persons | Non-Fed Persons | Cases | Persons | |
| | 547,671 | 958,996 | 4,721 | 10,318 | 5,805 | 3,298 | 4,154 | |
| State Issuance Total: | | \$2,104,132.12 | State NA Issuance Total: | | \$1,549,942.63 | State PA Issuance Total: | | \$554,189.49 |
| Federal Issuance Total: | | \$388,104,613.36 | Federal NA Issuance Total: | | \$250,406,703.60 | Federal PA Issuance Total: | | \$137,697,909.76 |
| Issuance Total: | | \$390,208,745.48 | NA Total: | | \$251,956,646.23 | PA Total: | | \$138,252,099.25 |
| Federal Only Issuance Total: | | \$383,343,174.48 | Mixed Only Issuance Total: | | \$5,273,090.00 | State Only Issuance Total: | | \$1,591,703.00 |
| EBT Issuances: | | 1,834,457 | | | | | | |

Figure 2.14.2.1 – Integrated CalFresh Issuance Detail Claiming Report Mockup – Summary Sheet

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.14.3 Description of Change

2. Update the Integrated CalFresh Issuance Detail Claiming Report to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements from being considered as benefit issuances from the report.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |

| | | | | |
|-----------|-----|----|--|---|
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | <p>Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements</p> <p>ISSUANCE_DETL.PAY_CODE = '3T'</p> <p>CLAIM_HIST.PAY_CODE = '3T'</p> |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | <p>Note: This paycode is used for the SUAS EBT cash benefit replacements</p> <p>ISSUANCE_DETL.PAY_CODE = 'ET'</p> <p>CLAIM_HIST.PAY_CODE = 'ET'</p> |
| Type Code | 112 | EB | EBT | <p>ISSUANCE_DETL.TYPE_CODE = 'EB'</p> <p>CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB'</p> |

2.14.4 Report Location

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

2.14.5 Counties Impacted

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

2.14.6 Security Updates

3. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

4. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.14.7 Report Usage/Performance

No significant performance impact is expected.

2.15 DFA 256 Report

2.15.1 Overview

The DFA 256 report provides the number of Food Stamp Public Assistance and Non-Public Assistance households and persons participating in the federal and state food stamp programs; the number of issuances provided by mail, Electronic Benefit Transfer (EBT), and contracted over the counter; and the value of documented benefit issuances. This is a scheduled report ran on a monthly basis. This report will be updated to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements.

2.15.2 DFA 256 Report Mockup

| | | | | | | |
|--|--|--|----------------------------------|------------------------------|----------------|-------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES DATA SYSTEMS AND SURVEY DESIGN BUREAU | | | | |
| <h3 style="margin: 0;">CalFresh Program</h3> <h3 style="margin: 0;">Participation and Benefit Issuance Report</h3> | | SEND ONE COPY OF THIS REPORT TO: California Department of Social Services Data Systems and Survey Design Bureau, M.S. 9-081 P.O. Box 944243 Sacramento, CA 94244-2430 FAX: (916) 657-2074 | | | | |
| COUNTY NAME Los Angeles | <input type="checkbox"/> INITIAL <input type="checkbox"/> REVISED | REVISION NO. | REPORT MONTH AND YEAR 09/2022 | | | |
| PART A. PARTICIPATION DURING THE MONTH a/ | | | | | | |
| | Public Assistance (A) | | | Non-Public Assistance (B) | | |
| | Federal | Federal/State | State | Federal | Federal/State | State |
| 1. Number of households..... | 1 353,369 | 2 2,361 | 3 976 | 4 547,671 | 5 4,721 | 6 3,298 |
| 2. Number of persons in federal-only households..... | 7 522,987 | | | 8 958,996 | | |
| 3. Number of federal and state in federal/state households..... | 9 4,844 | | 10 3,243 | 11 10,318 | | 12 5,805 |
| 4. Number of persons in state-only households..... | | | 13 1,128 | | | 14 4,154 |
| 5. Total number of federal-only households (Cell 1 plus Cell 4)..... | | | | | | 15 901,040 |
| 6. Total number of federal/state households (Cell 2 plus Cell 5)..... | | | | | | 16 7,082 |
| 7. Total number of state-only households (Cell 3 plus Cell 6)..... | | | | | | 17 4,274 |
| 8. Total number of persons in federal-only households (Cell 7 plus Cell 8)..... | | | | | | 18 1,481,983 |
| 9. Total number of federal persons in federal/state households (Cell 9 plus Cell 11)..... | | | | | | 19 15,162 |
| 10. Total number of state persons in federal/state households (Cell 10 plus Cell 12)..... | | | | | | 20 9,048 |
| 11. Total number of persons in state-only households (Cell 13 plus Cell 14)..... | | | | | | 21 5,282 |
| PART B. ISSUANCES DURING THE MONTH | | | | | | |
| 12. Coupons issued by mail..... | | | | | | 22 0 |
| 13. Contracted over the counter agents (outside of state/local governments)..... | | | | | | 23 0 |
| 14. Other over the counter agents (state/local governments, including HIR systems)..... | | | | | | 24 0 |
| 15. EBT issuances..... | | | | | | 25 1,834,457 |
| 16. Total (Cells 22 through 25)..... | | | | | | 26 1,834,457 |
| 17. EBT converted to coupons..... | | | | | | 27 0 |
| PART C. VALUE OF BENEFIT ISSUANCES DURING THE MONTH b/ | | | | | | |
| Round to nearest dollar--do not use cents. | | | | | | |
| 18. Value of federal benefit issuances..... | | | | | | 28 \$ 388,104,613 |
| 19. Value of state benefit issuances..... | | | | | | 29 \$ 2,104,132 |
| 20. Total (Cell 28 plus Cell 29)..... | | | | | | 30 \$ 390,208,745 |
| REMARKS | | | | | | |
| a/ Explain month-to-month participation changes of plus or minus five percent (5%) in Part A, Items 1-4, Columns A and B. Examples: Strikes, disasters, plant shut down s, migrant influx, etc. | | | | | | |
| b/ Explain month-to-month changes of \$2 or more per person (Item 18 [Federal] [Cell 28] divided by Item 8 [persons in federal-only households] [Cell 18]). | | | | | | |
| COMMENTS: | | | | | | |
| | | | | | | |
| CONTACT PERSON (Print) | | | TELEPHONE | | EMAIL | |
| TITLE/CLASSIFICATION | | | FAX | | DATE COMPLETED | |
| | | | | | | |

Figure 2.15.2.1 – DFA 256 Report Mockup

Note: No cosmetic changes are required for this report mockup. The full report mockup can be found attached in the Supporting Documents section.

2.15.3 Description of Change

1. Update the DFA 256 Report to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements from being considered benefit issuances in the report.
 - a. These issuances are categorized by the following:

| Value | Category ID | Code Value | Short Decode Value | Technical Note |
|-----------|-------------|------------|--|--|
| Program | 18 | FS | CalFresh | N/A |
| Aid Code | 184 | 99 | 99 - Electronic Theft Replacement Cash Benefit | ISSUANCE.AID_CODE = '99' CLAIM_HIST.AID_CODE = '99' |
| Pay Code | 623 | 3T | CalFresh EBT Theft Replacements | Note: This is a new Pay Code that is being created in SCR CA-236332 and is used for the CalFresh EBT Theft cash benefit replacements ISSUANCE_DETL.PAY_CODE = '3T' CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.15.4 Report Location

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

2.15.5 Counties Impacted

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

2.15.6 Security Updates

1. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |

2. Security Groups

| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.15.7 Report Usage/Performance

No significant performance impact is expected.

2.16 DFA 256 Detailed Report

2.16.1 Overview

The DFA 256 provides a detailed break down of the first four lines on the DFA 256. This is a scheduled report ran on a monthly basis. This report will be updated to exclude CalFresh EBT cash benefit replacements and SUAS EBT cash benefit replacements and reconcile with the updates made to the DFA 256 report.

2.16.2 DFA 256 Detailed Report Mockup

CalSAWS

DFA 256 Detailed Report

Los Angeles

Run Date: OCT-03-22 07:06 PM

Date: 09/2022

Program: Food Stamps

[Details](#)

| Summary - Unduplicated Count | | | | | | | | |
|------------------------------|------------|---------|----------|-------------|-----------------|----------|---------|--|
| PA | Federal HH | | Mixed HH | | | State HH | | |
| | Cases | Persons | Cases | Fed Persons | Non-Fed Persons | Cases | Persons | |
| | 353,369 | 522,987 | 2,361 | 4,844 | 3,243 | 976 | 1,128 | |
| NA | Federal HH | | Mixed HH | | | State HH | | |
| | Cases | Persons | Cases | Fed Persons | Non-Fed Persons | Cases | Persons | |
| | 547,671 | 958,996 | 4,721 | 10,318 | 5,805 | 3,298 | 4,154 | |

| | | | | |
|-----------|-----|----|--|---|
| | | | | CLAIM_HIST.PAY_CODE = '3T' |
| Pay Code | 623 | ET | Electronic Theft Replacement Cash Benefits | Note: This paycode is used for the SUAS EBT cash benefit replacements ISSUANCE_DETL.PAY_CODE = 'ET' CLAIM_HIST.PAY_CODE = 'ET' |
| Type Code | 112 | EB | EBT | ISSUANCE_DETL.TYPE_CODE = 'EB' CLAIM_HIST.ISSUANCE_TYPE_CODE = 'EB' |

2.16.4 Report Location

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

2.16.5 Counties Impacted

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

2.16.6 Security Updates

3. Security Rights

| Security Right | Right Description | Right to Group Mapping |
|----------------|-------------------|------------------------|
| N/A | N/A | N/A |









4. Security Groups









| Security Group | Group Description | Group to Role Mapping |
|----------------|-------------------|-----------------------|
| N/A | N/A | N/A |

2.16.7 Report Usage/Performance

No significant performance impact is expected.

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|---|---|
| 1 | Reports | Cash EBT Production Reconciliation Report Mockup |  Cash EBT Production Reconcil |
| 2 | Reports | Supplemental Benefit Issuance EBT Register Mockup |  Supplemental Benefit Issuance EBT |
| 3 | Reports | Supplemental Benefit Manual EBT Issuance Register Mockup |  Supplemental Benefit Manual EBT |
| 4 | Reports | Integrated Payroll Benefit Issuance Detail Claiming Report Mockup |  Integrated Payroll Benefit Issuance Det |
| 5 | Reports | Integrated Payroll Benefit Issuance Detail Claiming Report By Case Mockup |  Integrated Payroll Benefit Issuance Det |
| 6 | Reports | Integrated Payroll Summary Report Mockup |  Integrated Payroll Summary Report Mo |
| 7 | Reports | CalFresh EBT Production Reconciliation Report Mockup |  CalFresh EBT Production Reconcil |
| 8 | Reports | Integrated CalFresh Issuance Detail Claiming Report Mockup |  Integrated CalFresh Issuance Detail Clair |

| | | | |
|----|---------|---|---|
| 9 | Reports | DFA 256 Mockup |  DFA 256 Mockup.xlsx |
| 10 | Reports | DFA 256 Detailed Report Mockup |  DFA 256 Detailed Report Mockup.xlsx |
| 11 | Reports | TEMP 2035 EBT THEFT – Skimming |  TEMP 2035 EBT THEFT - Skimming N |
| 12 | Reports | TEMP 2313 EBT THEFT - Scam |  TEMP 2313 EBT THEFT - Scam Mocku |
| 13 | Reports | Journal Voucher Writer Month End Report |  Journal Voucher Writer Month End R |
| 14 | Reports | Journal Voucher Writer Daily Detail Report |  Journal Voucher Writer Daily Details I |
| 15 | Reports | Month-End JVW Cancellations and Expungements Report |  Month-End JVW Cancellations and E: |
| 16 | Reports | CalFresh Supplemental Issuance Register |  CalFresh Supplemental Issuar |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-----------|---|--|
| 2.24.1.11 | The CalSAWS shall support all reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, | The reports shall be updated to correctly report on CalFresh |

| | | |
|--|---|--|
| | directives, policies, and procedures, including statistical, operational, workload, and fiscal reports. | EBT cash benefit replacement issuances per CFL 21/22-61. |
|--|---|--|

4.2 Migration Requirements

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

5 MIGRATION IMPACTS

| SCR Number | Functional Area | Description | Impact | Priority | Address Prior to Migration? |
|------------|-----------------|-------------|--------|----------|-----------------------------|
| N/A | N/A | N/A | N/A | N/A | N/A |

6 APPENDIX

N/A

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246332

Add M40 -105 to CalSAWS

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|----------------|
| | Prepared By | Karuna Ganeri |
| | Reviewed By | Lianel Richwin |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-----------|---------------------|----------------------|---------------|
| 08/5/2022 | 1.0 | Initial Draft | Karuna Ganeri |
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1 OVERVIEW

The purpose of this change is to add M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate is not available in CalSAWS Template Repository.

1.2 Requests

Add the M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate in English and available threshold languages in CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add the M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate to CalSAWS in English and following threshold languages: Spanish, Chinese, Russian and Vietnamese.

1.4 Assumptions

1. No variables will be populated on M40-105 (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 M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate in English and available threshold Languages in CalSAWS

2.1.1 Overview

Add M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate in English and available threshold languages in CalSAWS.

State Form: M40-105(11/14)

Programs: CalWORKs

Attached Forms: N/A

Template Description: Failed to Provide SSN When Received or Failure to Cooperate

Forms Category: NOA

Template Repository Visibility: All Counties

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

2.1.2 Form Verbiage

Create M40 –105 XDP

A new XDP will be created for M40-105 (11/14) in English and threshold languages.

Threshold Languages: Spanish, Chinese*, Russian, 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): Failed to Provide SSN When Received or Failure to Cooperate

Include NA Back 9: Yes

Imaging Form Name Failed to Provide SSN or Failure to Coop

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. Add M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate in English and available threshold languages to Template Repository

M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate 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 M40-105.

| 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 M40-105 (11/14).

| 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 M40-105 |
|------------------------|---|
| 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 M40-105 |
|-----------------------------|--------------------|
| Post to Self-Service Portal | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|---|---|
| 1 | Form | M40-105 (11/14) Failed to Provide SSN When Received or Failure to Cooperate | M40_105.pdf M40_105_SP.pdf M40_105_CH.pdf M40_105_RU.pdf M40_105_VI.pdf |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------------------|---|---|
| 2.18.3.3 CAR-1239 | <p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions; | M40-105 (11/14) added in English and available threshold languages. |

| | | |
|--|---|--|
| | u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices. | |
|--|---|--|

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246334

Add M40 -105C to CalSAWS

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|----------------|
| | Prepared By | Karuna Ganeri |
| | Reviewed By | Lianel Richwin |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-----------|---------------------|----------------------|---------------|
| 08/5/2022 | 1.0 | Initial Draft | Karuna Ganeri |
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| | 2.1 Add M40-105C (11/14) Change - Notice Of Action – Immunizations in English and available threshold Languages in CalSAWS | 4 |
| | 2.1.1 Overview | 4 |
| | 2.1.2 Form Verbiage | 5 |
| | 2.1.3 Form Generation Conditions | 5 |
| 3 | Supporting Documents | 7 |
| 4 | Requirements..... | 7 |
| | 4.1 Project Requirements..... | 7 |

1 OVERVIEW

The purpose of this change is to add M40-105C (11/14) Change - Notice Of Action - Immunizations to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M40-105C (11/14) Change - Notice Of Action – Immunizations is not available in CalSAWS Template Repository.

1.2 Requests

Add the M40-105C (11/14) Change - Notice Of Action – Immunizations in English and available threshold languages to CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add the M40-105C (11/14) Change - Notice Of Action – Immunizations to CalSAWS in English and following threshold languages: Spanish, Chinese, Russian and Vietnamese.

1.4 Assumptions

1. No variables will be populated on Notice Of Action – Immunizations (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 M40-105C (11/14) Change - Notice Of Action – Immunizations in English and available threshold Languages in CalSAWS

2.1.1 Overview

Add M40-105C (11/14) Notice Of Action – Immunizations in English and available threshold languages in CalSAWS.

State Form: M40-105C (11/14)

Programs: CalWORKs, RCA

Attached Forms: N/A

Template Description: NOA Immunizations

Forms Category: NOA

Template Repository Visibility: All Counties

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

2.1.2 Form Verbiage

Create M40 –105C XDP

A new XDP will be created for M40-105C (11/14) in English and threshold languages.

Threshold Languages: Spanish, Chinese*, Russian, 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): Change - NOA Immunizations

Include NA Back 9: Yes

Imaging Form Name: Change - NOA Immunizations

Imaging Document Type: Notification/NOA

Imaging Case/Person: Person

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. **Add M40-105C 11/14 Notice Of Action – Immunizations in English and available threshold languages to Template Repository**

M40-105C 11/14 Notice Of Action – Immunizations 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 M40-105C.

| 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 M40-105C (11/14).

| 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 M40-105C |
|------------------------|---|
| 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 M40-105C |
|-----------------------------|---------------------|
| Post to Self-Service Portal | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|---|--|
| 1 | Correspondence | M40-105C (11/14) Notice Of Action – Immunizations | M40_105C.pdf M40_105C_SP.pdf M40_105C_CH.pdf M40_105C_RU.pdf M40_105C_VI.pdf |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------------------|---|--|
| 2.18.3.3 CAR-1239 | <p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms; | M40-105C (11/14) added in English and available threshold languages. |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> 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-246395

Add MC 239 R 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 R (05/07) in English and available Threshold Languages to CalSAWS Template Repository.

1.1 Current Design

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

1.2 Requests

Add MC 239 R (05/07) DISCONTINUANCE NOTICE - DECEASED PERSONS in English and Spanish language to CalSAWS Template Repository.

1.3 Overview of Recommendations

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

1.4 Assumptions

1. No variables will be populated on the MC 239 R (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 R in English and Spanish languages

2.1.1 Overview

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

State Form: MC 239 R (05/07)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All counties

Existing Languages: N/A

Template Description: Discontinuance Notice - Deceased Persons

Imaging Form Name: Discontinuance Notice - Deceased Persons
Imaging Document Type: Notification/NOA
Imaging Case/Person: Case

2.1.2 Form Verbiage

Create MC 239 R XDP's for Threshold Languages

A new xdp will be created for MC 239 R (05/07).

Languages: English, Spanish

Form Mockups/Examples: See Supporting Documents

Form Title (Document List Page Displayed Name): DISCONTINUANCE
NOTICE - DECEASED PERSONS

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: Yes

2.1.3 Form Generation Conditions

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

MC 239 R (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 R.

| 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 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 239 R 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 R Form |
|-----------------------------|--------------------------|
| Post to Self-Service Portal | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|------------------|--------------------------------|
| 1 | Form | MC 239 R (05/07) | MC239R_EN.pdf MC239R_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 R (5/07) is added in English and Spanish languages. |

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-246429

Add MC 340 to CalSAWS

| 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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| | 4.1 Project Requirements..... | 7 |

1 OVERVIEW

The purpose of this SCR is to add MC 340 (05/07) to CalSAWS in English and Spanish languages.

1.1 Current Design

Currently MC 340 (05/07) is not available in the CalSAWS Template Repository.

1.2 Requests

Add the MC 340 (05/07) Section 1931(b) Denial or Discontinuance of Benefits to CalSAWS Template Repository in English and Spanish languages.

1.3 Overview of Recommendations

Add the MC 340 (05/07) Section 1931(b) Denial or Discontinuance of Benefits to CalSAWS Template Repository in English and Spanish languages.

1.4 Assumptions

1. No variables will be populated on MC 340 (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 340 (05/07) to CalSAWS in English and Spanish Languages

2.1.1 Overview

Add MC-340 (05/07) in English and Spanish languages to CalSAWS.

State Form: MC-340 (05/07)

Programs: Medi-Cal

Attached Forms: N/A

Template Description: Section 1931(b) DENIAL OR DISCONTINUANCE OF BENEFITS

Forms Category: NOA

Template Repository Visibility: All Counties

Languages: English, Spanish.

2.1.2 Form Verbiage

Create MC 340 (05/07)

A new XDP will be added in English and Spanish languages with version (05/07).

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Form Title (Document List Page Displayed Name): Section 1931(b) DENIAL OR DISCONTINUANCE OF BENEFITS

Include NA Back 9: Yes

Imaging Form Name: Denial Or Discontinuance Of Benefits

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See supporting document #1

2.1.3 Form Generation Conditions

1. Add MC-340 (05/07) Section 1931(b) DENIAL OR DISCONTINUANCE OF BENEFITS to Template Repository

MC-340 (05/07) 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 MC 340.

| 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 340 (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 340 |
|------------------------|---|
| 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 340 |
|-----------------------------|-------------------|
| Post to Self-Service Portal | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|----------------|--|
| 1 | Form | MC 340 (05/07) | MC340_English.pdf MC340_Spanish.pdf |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------------------|---|--|
| 2.18.3.3 CAR-1239 | <p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices; | MC 340 (5/07) is being added in English and Spanish languages. |

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



California Statewide Automated Welfare System

Design Document

CA-247235

Add Threshold Languages to M44-350ISAR (9/13)

M44-350K (11/21) and M44-350L (12/18)

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

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|---------------------|----------------------|----------------------------|
| 07/18/2022 | 1.0 | Initial Draft | Dinesh Kumar Mariyappan |
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1 OVERVIEW

The purpose of this SCR is to add and/or update M44-350ISAR (9/13), M44-350K (8/13) and M44-350L (8/13) versions in all available threshold Language in CalSAWS.

1.1 Current Design

Currently M44-350ISAR (9/13) is not available in Threshold languages. M44-350K (8/13) and M44-350L (8/13) forms are not the latest state versions nor available in all Threshold Languages in CalSAWS.

1.2 Requests

1. Update M44-350K (8/13) and M44-350L (8/13) forms in all existing languages to match with the latest State version.
Available Languages:
English, Spanish, Armenian, Cambodian, Chinese, Korean, Russian, Tagalog and Vietnamese
2. Add M44-350K (11/21) and M44-350L (12/18) forms in all available threshold languages for all counties to match with the State version.
Languages include:
Arabic, Farsi, Hmong and Lao.
3. Update M44-350ISAR (9/13) forms in all existing languages to match with the State version.
Languages include:
English, Spanish.
4. Add M44-350ISAR (9/13) forms in all available threshold languages for all counties to match with the State version.
Languages include:
Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, and Vietnamese.

1.3 Overview of Recommendations

1. Update M44-350K (8/13) and M44-350L (8/13) form versions to match the latest State versions M44-350K (11/21) and M44-350L (12/18) along with the existing Threshold languages.
Available Languages:
English, Spanish, Armenian, Cambodian, Chinese, Korean, Russian, Tagalog and Vietnamese
2. Add M44-350K (11/21) and M44-350L (12/18) forms in all available threshold languages for all counties to match with the State version.
Languages include:
Arabic, Farsi, Hmong and Lao.
3. Update M44-350ISAR (9/13) forms in all existing languages to match with the State version.
Languages include:
English, Spanish.
4. Add M44-350ISAR (9/13) forms in all available threshold languages for all counties to match with the State version.
Languages include:
Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, and Vietnamese.

1.4 Assumptions

1. Print options for threshold languages will remain the same as the print options for English and Spanish languages.
2. There are no changes to the generation logic of the existing form. All triggers for the new threshold languages will be the same as the existing English and Spanish languages.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira website.

2 RECOMMENDATIONS

2.1 Add and Update M44-350ISAR Form in all available Languages

2.1.1 Overview

Add and Update M44-350ISAR (9/13) form in the Template Repository in all available languages.

State Form: M44-350ISAR (9/13)

Current Programs: CalWORKs

Current Attached Forms: NA 274J (7/21)

Current Forms Category: NOA

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Template Description: Trigger for CalWORKs cases when an Overpayment is established due to Over Payment Error Type reasons: Administrative Error, Client Error, Potential Intentional Program Violator (PIPV), or Intentional Program Violator (PV).

Imaging Form Name: CW OP Notice

Imaging Document Type: Notification/NOA

2.1.2 Form Verbiage

Create M44-350ISAR XDP's for Threshold Languages

Create M44-350ISAR in 9/13 version for all threshold languages.

Update Languages: English, Spanish

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

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

Form Header: CalSAWS Standard Header #1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Documents #1

2.1.3 Form Variable Population

Field Mappings: Use the same field mappings as the M44-350ISAR English and Spanish forms for existing population logic.

2.1.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

| Mailing Options | Option for M44-350ISAR |
|------------------------|---|
| 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 |

Form Control:

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| Y | N | Y |

Additional Options:

| Requirement | Option for M44-350ISAR Form |
|-----------------------------|-----------------------------|
| Post to Self-Service Portal | Y |

2.2 Add and Update M44-350K Form in all available Languages

2.2.1 Overview

Add and Update M44-350K form with the version (11/21) in the Template Repository in all available languages.

State Form: M44-350K (11/21)

Current Programs: CalWORKs, General Assistance/General Relief, Cash Assistance Program for Immigrants, Refugee Cash Assistance, Welfare To Work, REP, Cal-Learn

Current Attached Forms: N/A

Current Forms Category: NOA

Current Template Repository Visibility: All counties

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

Template Description: This form informs a customer that their request for a EBT cash aid replacement has been denied.

Imaging Form Name: EBT Replacement Denial

Imaging Document Type: Notification/NOA

2.2.2 Form Verbiage

Create M44-350K XDP's for all Languages

Create M44-350K in (11/21) version for all available languages.

Update Languages: English, Spanish, Armenian, Cambodian, Chinese*, Korean, Russian, Tagalog and Vietnamese.

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

Add languages: Arabic, Farsi, Hmong and Lao.

Form Header: CalSAWS Standard Header #1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Documents #2

2.2.3 Form Variable Population

Field Mappings: Use the same field mappings as the M44-350K English and Spanish forms for existing population logic.

2.2.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

| Mailing Options | Option for M44-350K |
|------------------------|---|
| 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 |

Form Control:

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

Additional Options:

| Requirement | Option for M44-350K Form |
|-----------------------------|--------------------------|
| Post to Self-Service Portal | N |

2.3 Add and Update M44-350L Form in all available Languages

2.3.1 Overview

Add and Update M44-350L form with the version (12/18) in the Template Repository in all available languages.

State Form: M44-350L (12/18)

Current Programs: CalWORKs, General Assistance/General Relief, Cash Assistance Program for Immigrants, Refugee Cash Assistance, Welfare To Work, REP, Cal-Learn

Current Attached Forms: NA 274J (7/21)

Current Forms Category: NOA

Current Template Repository Visibility: All counties

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

Template Description: This form notifies the participant that they were overpaid in cash aid and respective reason for that overpayment.

Imaging Form Name: EBT Notice of OP

Imaging Document Type: Notification/NOA

2.3.2 Form Verbiage

Create M44-350L XDP's for all Languages

Create M44-350L in 12/18 version for all CDSS available languages.

Update Languages: English, Spanish, Armenian, Cambodian, Chinese*, Korean, Russian, Tagalog and Vietnamese.

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

Add languages: Arabic, Farsi, Hmong and Lao.

Form Header: CalSAWS Standard Header #1

Include NA Back 9: Yes

Form Mockups/Examples: See Supporting Documents #3

2.3.3 Form Variable Population

Field Mappings: Use the same field mappings as the M44-350L English and Spanish forms for existing population logic.

2.3.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

| Mailing Options | Option for M44-350L |
|------------------------|---|
| 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 |

Form Control:

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

Additional Options:

| Requirement | Option for M44-350L Form |
|-----------------------------|--------------------------|
| Post to Self-Service Portal | N |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|---|---|
| 1 | Correspondence | M44-350ISAR forms in threshold languages | M44-350ISAR_Arabic.pdf M44-350ISAR_Armenian.pdf M44-350ISAR_Cambodian.pdf M44-350ISAR_Chinese.pdf M44-350ISAR.pdf M44-350ISAR_Farsi.pdf M44-350ISAR_Hmong.pdf M44-350ISAR_Korean.pdf M44-350ISAR_Lao.pdf M44-350ISAR_Russian.pdf M44-350ISAR_Spanish.pdf M44-350ISAR_Tagalog.pdf M44-350ISAR_Vietnamese.pdf |
| 2 | Correspondence | M44-350K forms in all available languages | M44-350K_Arabic.pdf M44-350K_Armenian.pdf M44-350K_Cambodian.pdf M44-350K_Chinese.pdf M44-350K.pdf M44-350K_Farsi.pdf M44-350K_Hmong.pdf M44-350K_Korean.pdf M44-350K_Lao.pdf M44-350K_Russian.pdf M44-350K_Spanish.pdf M44-350K_Tagalog.pdf M44-350K_Vietnamese.pdf |
| 3 | Correspondence | M44-350L forms in all available languages | M44-350L_Arabic.pdf M44-350L_Armenian.pdf M44-350L_Cambodian.pdf M44-350L_Chinese.pdf M44-350L.pdf M44-350L_Farsi.pdf |

| | | | |
|--|--|--|--|
| | | | M44-350L_Hmong.pdf M44-350L_Korean.pdf M44-350L_Lao.pdf M44-350L_Russian.pdf M44-350L_Spanish.pdf M44-350L_Tagalog.pdf M44-350L_Vietnamese.pdf |
|--|--|--|--|

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------------------|--|--|
| 2.18.3.3 CAR-1239 | <p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices. | M44-350ISAR, M44-350K and M44-350L forms are being added and Updated in all available languages. |



California Statewide Automated Welfare System

Design Document

CA-247423

Add the M42-101C (11/14) version to the Template Repository and add the Threshold Languages

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|-----------------|
| | Prepared By | Sagar Karnawadi |
| | Reviewed By | Nagesha S |

| 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 change is to add M42-101C (11/14) Age and School Requirements- Discontinue to CalSAWS Template Repository in English and available threshold languages.

1.1 Current Design

Currently M42-101C (11/14) is not available in the CalSAWS Template Repository.

1.2 Requests

Add M42-101C (11/14) Age and School Requirements- Discontinue to CalSAWS Template Repository in English and available Threshold Languages.

Languages Include: English, Spanish, Chinese.

1.3 Overview of Recommendations

Add M42-101C (11/14) Age and School Requirements- Discontinue to CalSAWS Template Repository in English and following Threshold Languages: Chinese, Spanish.

1.4 Assumptions

1. All fields (blank or prepopulated) will be editable.
2. No variables will be populated on the new M42-101C (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.
4. CA-252592 will add the missing threshold languages.

2 RECOMMENDATIONS

2.1 Add M42-101C (11/14) - Age and School Requirements- Discontinue to CalSAWS in English and available threshold languages

2.1.1 Overview

Add the M42-101C (11/14) to CalSAWS in English and available threshold languages.

State Form: M42-101C (11/14)

Programs: CalWORKs

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name):

Age and School Requirements - Discontinue

Imaging Form Name: Age and School Requirements Discontinue

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

Languages: English, Spanish, Chinese.

2.1.2 Form Verbiage

Create M42-101C XDP

A new XDP will be created in English and threshold languages for M42-101C form with version (11/14).

Threshold Languages: Spanish, Chinese*

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Form Number: M42-101C

Include NA Back 9: Yes

Form Mockups/Examples: See supporting documents #1

2.1.3 Form Generation Conditions

Add M42-101C (11/14) to Template Repository in all available languages

The M42-101C (11/14) Age and School Requirements- Discontinue 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 Age and School Requirements Discontinue.

| 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 M42-101C |
|------------------------|---|
| 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 M42-101C.

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

Additional Options:

| Requirement | Option for M42-101C Form |
|-----------------------------|--------------------------|
| Post to Self-Service Portal | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|------------------|--|
| 1 | Form | M42-101C (11/14) | M42-101C_English.pdf M42-101C_Spanish.pdf M42-101C_Chinese.pdf |

4 REQUIREMENTS

4.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------------------|--|---|
| 2.18.3.3 CAR-1239 | <p>CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices. | M42-101C (11/14) is being added in English and available threshold languages. |



California Statewide Automated Welfare System

Design Document

CA-247503

Add the M82-832G (6/18) version to the Template Repository and add the Threshold Languages

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|----------------|
| | Prepared By | Sahana Ramesh |
| | Reviewed By | Lianel Richwin |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|---------------------|----------------------|------------------|
| 08/30/2022 | 1.0 | Initial Draft | Sahana Ramesh |
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1 OVERVIEW

The purpose of this SCR is to add M82-832G/NA 200 (6/18) and M82-832G/NA 1239 SAR in English and available threshold languages to CalSAWS Template Repository.

1.1 Current Design

Currently M82-832G (6/18) Eligible/Mandatory/Optional Person Leaving AU - Change-NOA is not available in CalSAWS Template Repository.

1.2 Requests

1. Add M82-832G/NA 200 (6/18) Eligible/Mandatory/Optional Person Leaving AU – Change-NOA to CalSAWS Template Repository in English and available Threshold Languages.
Languages Include: English, Spanish, Chinese, Russian and Vietnamese.
2. Add M82-832G/NA 1239 SAR (6/18) Eligible/Mandatory/Optional Person Leaving AU – Change-NOA to CalSAWS Template Repository in English and available Threshold Languages.
Languages Include: English, Spanish, Chinese, Russian and Vietnamese.

1.3 Overview of Recommendations

1. Add M82-832G/NA 200 (6/18) Eligible/Mandatory/Optional Person Leaving AU - Change-NOA to CalSAWS Template Repository in English and following Threshold Languages: Spanish, Chinese, Russian and Vietnamese.
2. Add M82-832G/NA 1239 SAR (6/18) Eligible/Mandatory/Optional Person Leaving AU - Change-NOA to CalSAWS Template Repository 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 M82-832G (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.

2 RECOMMENDATIONS

2.1 Add M82-832G/NA 200 (6/18) Eligible/Mandatory/Optional Person Leaving AU - Change-NOA to CalSAWS in English and available threshold languages

2.1.1 Overview

Add M82-832G/NA 200 (6/18) in English and threshold languages.

State Form: M82-832G/NA 200 (6/18)

Programs: CalWORKs, RCA

Attached Forms: NA 200

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name):

Eligible/Mandatory/Optional Person Leaving AU - Change-NOA

Imaging Form Name: Eligible/Mandatory/Optional Pers Leaving

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

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

2.1.2 Form Verbiage

Create M82-832G/NA 200 XDP

A new XDP will be added for M82-832G/NA 200 form with version (6/18) in English and threshold languages.

Threshold Languages: Chinese*, Spanish, Russian, 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

2.1.4 Form Generation Conditions

Add M82-832G/NA 200 (6/18) to Template Repository in English and all available languages

The M82-832G/NA 200 (6/18) Eligible/Mandatory/Optional Person Leaving AU 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 M82-832G/NA 200 (6/18)

| 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 M82-832G/NA 200 |
|------------------------|---|
| 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 M82-832G/NA 200.

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

Additional Options:

| Requirement | Option for M82-832G/NA 200 |
|-----------------------------|----------------------------|
| Post to Self-Service Portal | Y |

2.2 Add M82-832G/NA 1239 SAR (6/18) Eligible/Mandatory/Optional Person Leaving AU - Change-NOA to CalSAWS in English and available threshold languages

2.2.1 Overview

Add M82-832G/NA 1239 SAR (6/18) in English and threshold languages.

State Form: M82-832G/NA 1239 SAR (6/18)

Programs: CalWORKs, RCA

Attached Forms: NA 1239 SAR

Forms Category: NOA

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name):

Eligible/Mandatory/Optional Person Leaving AU - Change-NOA

Imaging Form Name: Eligible/Mandatory/Optional Pers Leaving

Imaging Document Type: Notification/NOA

Imaging Case/Person: Case

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

2.2.2 Form Verbiage

Create M82-832G/NA 1239 SAR XDP

A new XDP will be added for M82-832G/NA 1239 SAR form with version (6/18) in English and threshold languages.

Threshold Languages: Chinese*, Spanish, Russian, 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

2.1.4 Form Generation Conditions

Add M82-832G/NA 1239 SAR (6/18) to Template Repository in English and all available languages

The M82-832G/NA 1239 SAR (6/18) Eligible/Mandatory/Optional Person Leaving AU 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 M82-832G/NA 1239 SAR (6/18)

| 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 M82-832G/NA 1239 SAR |
|------------------------|---|
| 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 M82-832G/NA 1239 SAR.

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

Additional Options:

| Requirement | Option for M82-832G/NA 1239 SAR |
|-----------------------------|---------------------------------|
| Post to Self-Service Portal | Y |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|-----------------------------|---|
| 1 | Form | M82-832G/NA 200 (6/18) | M82-832G_NA200_English.pdf M82-832G_Vietnamese.pdf M82-832G_Russian.pdf M82-832G_Chinese.pdf M82-832G_Spanish.pdf |
| 2 | Form | M82-832G/NA 1239 SAR (6/18) | M82-832G_NA1239SAR_English.pdf M82-832G_Vietnamese.pdf M82-832G_Russian.pdf M82-832G_Chinese.pdf M82-832G_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; | M82-832G/NA 200 (6/18) and M82-832G/NA 1239 SAR (6/18) are being added in English and all available threshold languages. |

| | |
|---|--|
| <ul style="list-style-type: none"> 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. | |
|---|--|



California Statewide Automated Welfare System

Design Document

CA-247631

Update M44-316E (10/16) Version in the Template Repository and add the Threshold Languages

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|----------------|
| | Prepared By | Vamsi Davuluri |
| | Reviewed By | M R Kavitha |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|---------------------|----------------------|----------------|
| 21/09/2022 | 0.1 | Initial Draft | Vamsi Davuluri |
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| 4.1 | Project Requirements..... | 7 |

1 OVERVIEW

The purpose of this SCR is to Update and add M44-316E (10/16) in all available threshold languages to CalSAWS Template Repository.

1.1 Current Design

Currently M44-316E (10/16) is available in English and Spanish languages in CalSAWS Template Repository.

1.2 Requests

Update English, Spanish and add M44-316E (10/16) in available threshold languages to CalSAWS Template Repository.

Languages include: Chinese, Russian.

1.3 Overview of Recommendations

Update English, Spanish and add M44-316E (10/16) in available threshold languages to CalSAWS Template Repository.

Languages include: Chinese, Russian.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print option for English form.
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 form.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Update English, Spanish and add M44-316E (10/16) in available threshold languages to CalSAWS

2.1.1 Overview

Update English, Spanish and add M44-316E (10/16) in Threshold languages to CalSAWS. Remove the budget on the right side from existing English and Spanish Template Repository form and will now include the NA 200 (7/21) continuation Budget page.

State Form: M44-316E (10/16)

Current Programs: CalWORKs, RCA

Current Attached Forms: N/A

Update Forms Category: NOA

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Template Description: Mid-Period Change Due to the Death of a Child

Imaging Form Name: Mid-Period Change Due To Death Of Child

Imaging Document Type: Notification/NOA

Include Budget: NA200

2.1.2 Form Verbiage

Create M44-316E XDP's for available Threshold Languages

A new XDP will be created for the M44-316E for available threshold languages.

Threshold Languages: Chinese*, Russian,

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

Form Header: CalSAWS Standard Header#1

Include NA Back 9: Yes

Form Mockups/Examples: See supporting document #1

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

Add Form Control

Add an imaging barcode for M44-316E.

| Tracking Barcode | BRM Barcode | Imaging Barcode |
|------------------|-------------|-----------------|
| N | N | Y |

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for M44-316E (10/16).

| 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 M44-316E |
|------------------------|---|
| 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 M44-316E |
|-----------------------------|---------------------|
| Post to Self-Service Portal | N |

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|------------------|--|
| 1 | Form | M44-316E (10/16) | M44-316E_English.pdf M44-316E_Spanish.pdf M44-316E_Chinese.pdf M44-316E_Russian.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; | M44-316E are being updated and added in all available threshold languages. |

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-250712

Update the Journal Long Description to support
20,000 characters

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|---------------|
| | Prepared By | Trevor Torres |
| | Reviewed By | |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-----------|---------------------|----------------------|---------------|
| 10/3/2022 | 1.0 | Initial Revision | Trevor Torres |
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1 OVERVIEW

1.1 Current Design

Currently, the Journal Detail page has a maximum character limit of 10,000 characters in the Long Description field when using the Classic Template. Users have experienced issues of exceed this 10,000-character limit. This SCR will update the character limit from 10,000 to 20,000 characters to accommodate descriptions that exceed the current character limit for the Long Description.

1.2 Requests

Update the Journal Long Description to support 20,000 characters.

1.3 Overview of Recommendations

1. Update the Journal Long Description to support 20,000 characters.
2. Update the validation message to match the new maximum character limit of 20,000.
3. Update the journal API to support the new maximum character limit of 20,000.

1.4 Assumptions

1. Existing functionalities will remain unchanged unless called out as part of this SCR.

2 RECOMMENDATIONS

2.1 Journal Detail

2.1.1 Overview

The Journal Detail pop-up window allows you to append, print and suppress a journal entry. Journal entries using the Classic Template have a Long Description with a current 10,000-character limit. This SCR will update the character limit from 10,000 to 20,000 characters.

2.1.2 Journal Detail Mockup

Journal Detail Help

*- Indicates required fields

Expand Preview Save Cancel

• Long Description - [Text20000] Value is too long [Max. length: 20000.0]

| | |
|--------------------------------|-------------------------------|
| Case Number: I400956 | Case Name: John Doe |
|--------------------------------|-------------------------------|

Entry Information

Journal Category: *
Eligibility

Journal Type: *
Activity

Initiated By:
User

Method of Contact:

Short Description: *
Assignment Worker Initiated

Long Description:

Classic

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Morbi lobortis est metus, a condimentum sapien gravida vitae. Aenean ut ante non nulla sodales euismod id in massa. Sed nunc risus. Lobortis id elementum mollis, sodales quis mi. Proin sed dolor dui. Fusce tincidunt mi vel quam commodo, sed feugiat lacus tempor. Nunc ullamcorper vitae enim ut tempor. Donec posuere dolor elit. Nulla lobortis scelerisque tellus eu ultrices, suspendisse venenatis consectetur ligula ut orantium. Nulla facilisi. Etiam sollicitudin ultricies est nec bibendum. Mauris ipsum odio, faucibus vel ligula id, vulputate tincidunt ligula. Cras vel neque eros. Integer euismod et neque interdum semper. Donec luctus quis odio nec mollis.

Proin vitae ornare leo. Nam est tortor, suscipit in mi nec, cursus facilisis nunc. Sed feugiat enim dolor, sit amet consectetur justo gravida in. Proin convallis porttitor lacinia. Quisque facilisis turpis quis diam volutpat, ac egestas arcu euismod. Ut sodales arcu elit, eget euismod leo lobortis gravida. Nunc sit amet nisi suscipit, semper lacus at, ultricies nulla.

Expand Preview Save Cancel

Figure 2.1.1 – Long Description Field Validation Message

2.1.3 Description of Changes

1. Update the existing validation logic to increase the number of characters allowed on the Long Description field from 10,000 to 20,000 from the Journal Detail page for a Classic Journal Entry.
2. Update the validation message from the Journal Detail page for a Classic Journal Entry when reaching the maximum character allowed from “Long Description – [Text10000] Value is too long [Max. length: 10000.0]” to “Long Description – [Text20000] Value is too long [Max. length: 20000.0]”, as shown in Figure 2.1.1.

2.1.4 Page Location

- **Utilities Navigation: Journal**

2.2 Journal API

2.2.1 Overview

The journal API can be used to create journals from other applications.

2.2.2 Description of Changes

- 1) Update the max allowable length from 10000 to 20000 for both v2 and v3.
- 2) Update any validation and error messaging.
- 3) Please refer to the supporting document for the technical specifications and data element definitions.

3 REQUIREMENTS

3.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------|---|---|
| 3.3.2.13 | 13. The LRS test and staging environments shall include: a. Identification and confirmation of design deficiencies and performance issues; b. Validation of any design modifications for updates and fixes; c. Confirmation of the contents of the release package; and d. Analysis and resolution of any performance issues. | This SCR is updating certain validations in the Journal Entry process when using a Classic Template on the Journal Detail page. |

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-251579

Remove Legacy Caseload Validation

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|------------------|
| | Prepared By | Connor O'Donnell |
| | Reviewed By | Matt Lower |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|---------------------|----------------------|---------------------|
| 10/21/2022 | 1.0 | Initial Draft | Connor O'Donnell |
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1 OVERVIEW

1.1 Current Design

There is a validation message on the Position Detail page that prevents the page from being saved when the Legacy Case Load Number is the same another one in the system.

1.2 Requests

The Legacy Caseload field is not editable which means a worker cannot make changes to this field to save the page, update the page logic in order to ensure the page can be saved.

1.3 Overview of Recommendations

1. Remove the following validation message from the Position Detail page:
 - a. "The Legacy Case Load Number is already assigned to {Worker ID}."

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 Position Detail Page

2.1.1 Overview

Currently the Position Detail page can not be saved if the Legacy Case Load field is the same as another Legacy Case Load currently in the system. As Legacy Case Load is not a field that can be edited, this logic needs to be removed in order to allow the page to be saved.

2.1.2 Position Detail Mockup

N/A

2.1.3 Description of Changes

1. Remove the following validation message from the Position Detail page:
 - a. "The Legacy Case Load Number is already assigned to {Worker ID}."

2.1.4 Page Location

- **Global:**
- **Local:**
- **Task:**

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

3 REQUIREMENTS

3.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|-------|------------------|---------------------|
| | | |
| | | |

3.2 Migration Requirements

| DDID # | REQUIREMENT TEXT | Contractor Assumptions | How Requirement Met |
|--------|------------------|------------------------|---------------------|
| | | | |
| | | | |



California Statewide Automated Welfare System

Design Document

CA-252428

Update the School Attendance Status Detail
Page to Display School Without Organization ID

| CalSAWS | DOCUMENT APPROVAL HISTORY | |
|---------|---------------------------|---------------------------|
| | Prepared By | Andrea Rodriguez |
| | Reviewed By | Michael Wu, Himanshu Jain |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|-----------|---------------------|----------------------|------------------|
| 11/7/2022 | 1.0 | Initial | Andrea Rodriguez |
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1 OVERVIEW

This SCR will allow information associated with converted School Attendance records without organization IDs from displaying on the School Attendance Status Detail page and School Attendance Course Detail page.

1.1 Current Design

The School Attendance Status Detail page does not display for School Attendance Detail records that are not associated to an organization ID. Users are unable to view or edit the status information on converted School Attendance Detail records that are not associated to an organization ID. On the School Attendance Course Detail page, users are unable to view the School Name field information when the associated School Attendance Detail record does not have an organization ID.

1.2 Requests

Expand the logic used on the School Attendance Status Detail and School Attendance Course Detail pages to display School Attendance Status and School Attendance Course Detail record information for a record that does not have an organization ID.

1.3 Overview of Recommendations

1. Expand the logic used on the School Attendance Status Detail page to display for a converted record with no organization ID.
2. Expand the logic used on the School Attendance Course Detail page to display School Name field information for a converted record with no organization ID.

1.4 Assumptions

1. All other functionalities remain unchanged unless specifically called out by this document.
2. This SCR currently impacts Wave 1 CalWIN counties which had School Attendance Detail Records imported without Organization IDs. Future CalWIN records imported to CalSAWS after this SCR is implemented will be able to view School Attendance Status and School Attendance Course records.
3. Organization IDs are used to identify Resources in CalSAWS.

2 RECOMMENDATIONS

This SCR will update the School Attendance Status Detail and School Attendance Course Detail page to be able to display for school attendance records without organization IDs and allow users to edit the records.

2.1 School Attendance Status Detail

2.1.1 Overview

The School Attendance Status Detail page allows a user to add, edit, or view school attendance status information for a School Attendance Detail record.

Currently, users are unable to view School Attendance Status Detail records which do not have an organization ID. This only applies to the status records associated with School Attendance Detail records created without organization IDs.

This SCR will update the School Attendance Status Detail page such that it can display for School Attendance records without organization IDs and alternatively display the converted School Name information as a read-only value on the School Name field.

2.1.2 School Attendance Status Detail Mockup

School Attendance Status Detail

* Indicates required fields

Save and Return Cancel

Change Reason

New Change Reason: *
Participant Provided - Written

New Reported Date: *
01/01/2022

Change Reason:
Reported on PR/RE

Reported Date:
12/21/2020

View

Name:
DOE, JOHN 16M

School Name:
High School Name

School Attendance Type:
High School

Attendance Status: *
Attending Full Time

Verified: *
Verified

Number of Units:

Date Reported:
12/21/2020

Status Begin Date: *
08/11/2020

Status End Date:

View

Last Updated On 01/15/2021 10:18:56 AM By: 500840

Save and Return Cancel

Figure 2.1.1 – School Attendance Status Detail page

2.1.3 Description of Changes

1. Update the School Attendance Status Detail page to also be able to display when the School Attendance Detail record associated does not have an organization ID.
 - a. The School Name field will display the converted School Name value for the associated School Attendance Detail record without an organization ID.
 - b. If no School Name value is available, display the School Name field with an empty value.

Note: Existing School Attendance Status Detail records that do have an organization ID will not be impacted and the School Name field for these records will continue to display the value indicated on the associated resource record.

2.1.4 Page Location

- **Global:** Eligibility
- **Local:** Customer Information
- **Task:** School Attendance

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

Update Page Mapping to reflect the changes being made to the School Attendance Status Detail page.

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 School Attendance Course Detail

2.2.1 Overview

The School Attendance Course Detail page allows a user to add, edit, or view school attendance status information for a School Attendance Detail record.

Currently, users are unable to view the School Name information on the School Attendance Course Detail page when the associated School Attendance Detail record does not have an organization ID.

2.2.2 School Attendance Course Detail Mockup

School Attendance Course Detail

Figure 2.1.1 – School Attendance Course Detail page

2. Update the School Attendance Course Detail page to display the School Name information when the associated School Attendance Detail record does not have an organization ID.
 - a. The School Name field will display the converted School Name value for the associated School Attendance Detail record without an organization ID.
 - b. If no School Name value is available, display the School Name field with an empty value.

2.2.4 Page Location

- 7

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

Update Page Mapping to reflect the changes being made to the School Attendance Course Detail page.

2.2.7 Page Usage/Data Volume Impacts

N/A

3 REQUIREMENTS

3.1 Project Requirements

| REQ # | REQUIREMENT TEXT | How Requirement Met |
|----------|--|---|
| 2.5.2.14 | The LRS shall allow COUNTY-specified Users to collect school attendance information at the individual level. | This SCR will update the School Attendance Status Detail page to be able to display and edit School Attendance Status records without organization IDs. |

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-252931

Add ABAWD Time Period from 2023-2025

| | | |
|---------|---------------------------|-----------|
| CalSAWS | DOCUMENT APPROVAL HISTORY | |
| | Prepared By | Tom Lazio |
| | Reviewed By | |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|---------------------|----------------------|-----------|
| 11/21/2022 | 1.0 | Initial Draft | Tom Lazio |
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1 OVERVIEW

SCR CA-57971 added CT 2621 (ABAWD Time Limit Period) values up till 12/31/2022. When running an CalFresh (CF) EDBC with ABAWD person for 01/2023, the EDBC benefit month is out of date range that is available in the CT2621 code table which causes a UEID. This SCR will add a new 3-year ABAWD period from 2023-2025 to resolve this issue.

1.1 Current Design

SCR CA-57971 added 3 year ABAWD time periods to Code Table 2621 and currently missing ABAWD period from 2023-2025.

1.2 Requests

Add a new 3-year ABAWD period from 2023-2025 to CT 2621 (ABAWD Time Limit Period) which is currently missing in CalSAWS to resolve UEID when running CF EDBC with ABAWD person for benefit month January 2023.

1.3 Overview of Recommendations

1. Add new 3-year ABAWD period from 2023 -2025 to CT 2621 (ABAWD Time Limit Period).

1.4 Assumptions

1. The ABAWD Time Limit record for 2026-2029 will be added with future SCR CA-252933.

2 RECOMMENDATIONS

2.1 ABAWD Time Period

2.1.1 Overview

User is receiving a UEID when running CF EDBC with ABAWD person for benefit month January 2023 due to missing 3-year ABAWD period from 2023-2025 in CT 2621 (ABAWD Time Limit Period). Add a new 3-year ABAWD period from 2023-2025 to CT 2621.

2.1.2 Description of Changes

1. Update the '01/2020 -12/2022' record in CT 2621 (ABAWD Time Limit Period end-dating the code table record with an end date of 12/31/2022.
2. Insert CT 2621 record effective 01/01/2023 with the long description '01/2023 -12/2025' with the following dates:

Begin Date: 01/01/2023

End Date: 12/31/2025

2.1.3 Programs Impacted

CF