

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-55378

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

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

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12/31/2019	1.1	Updated Overview, Sections 1.2, 1.3, 1.4, 2.1, 2.1.1 and 2.1.2. Removed recommendation for 'hard stop' to prevent users from EDBC when no immunization record exists due to migration impact.	T. Lazio
01/22/2020	1.2	Updated Overview, Sections 1.2, 1.3, 1.4, 2.1 and 2.2 Existing functionality for CW 2200 generation and due date will remain unchanged.	T. Lazio
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03/23/2020	1.4	Added Section 2.3: Add CW 2209 Form Added Assumptions 10 and 11 in Section 1.4 Updated recommendations 1 and added recommendation 3 in Section 1.3 Updated penalty verbiage in Section 2.1.2.	J.Ng T.Lazio
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1 OVERVIEW

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

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

1.1 Current Design

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

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

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

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

1.2 Requests

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

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

1.3 Overview of Recommendations

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

1.4 Assumptions

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

following the month in which verifications are received. In the case of the youngest child in the AU turning six years old, the MAP grant amount will be increased the first of the youngest child's birth month.

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

threshold languages for the CalWORKs No School/Immunization Verification NOA.

2 RECOMMENDATIONS

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

2.1.1 Overview

- 1) Update CW EDBC to impose 'FTP-Immunization' MAP reduction penalty in the amount of the following program participants:
 - (a) Parent(s) of the child under the age of 6 in the AU with 'pending' or 'refused' immunization record
 - (b) Caretaker relative with parental control over the child under the age of 6 in the AU with 'pending' or 'refused' immunization record.
- 2) Update CW EDBC to no longer set the status of Deny (Intake) or Discontinue (Ongoing) for CW persons when the immunization record has a status of 'Refused'.

2.1.2 Description of Changes

- 1) Update CW EDBC logic to impose the role of 'MMO' with the role reason of 'FTP-Immunization' for any the following active participants aided on the case:
 - (a) Parent participant(s) with a relationship type of 'Parent (Biological/ Adoptive)' to the MEM participant(s) under the age of 6 in the AU with a 'pending' or 'refused' immunization record.
 - (b) Caretaker participant with a relationship type NOT 'Parent(Biological/ Adoptive)' that 'Has Parental Control' over the MEM participant(s) under the age of 6 in the AU with a 'pending' or 'refused' immunization record.
- 2) Update CW EDBC logic to disable setting the program status of 'Denied'(Intake) or 'Discontinued' (Ongoing) for the CW program persons when the immunization record has a status of 'Refused' per CRPC #2198

2.1.3 Programs Impacted

CW

2.1.4 Performance Impacts

N/A

2.2 Update EDBC Rules for Timeframe for Imposing MAP Grant Reduction

2.2.1 Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2.2 Description of Changes

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

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

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

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

2.2.3 Programs Impacted

CW

2.2.4 Performance Impacts

N/A

2.3 Update CalWORKs No School/Immunization Verification NOA Reason

2.3.1 Overview

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

Reason Fragment Name and ID:

CW_CH_MISSING_SCHOOL_IMMUNZTN_VERIF_A994_EN.xdp 7331

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

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

Current Program(s): CalWORKs

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

Existing Languages:

English

Below is verbiage of the reason fragment:

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

2.3.2 Update CalWORKs NOA Generation

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

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

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

2.3.3 Update CalWORKs NOA Variable Population

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

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

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

2.4 Correspondence: Add the CW 2209 Form

2.4.1 Overview

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

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

Programs: CW

Attached Forms: N/A

Forms Category- LRS/CalSAWS: Form

Template Repository Visibility: All Counties

Languages:

English, Chinese, Russian, and Spanish

2.4.2 Description of Change

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

2.4.2.1 Create CW 2209 Form XDP

Create XDP for CW 2209 Form in English and Spanish.

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

Form Title: IMMUNIZATION GOOD CAUSE REQUEST FORM

Form Number: CW 2209 (12/14)

Include NA Back 9: No.

Imaging Form Name: Immunization Good Cause Request Form

Imaging Form Document Type: Notification/NOA

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

2.4.2.2 Add Form Variable Population for CW 2209

Form Body Variables:

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

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

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

2.4.2.3 Add Form Control

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

Due Date: None

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

2.4.2.4 Add CW 2209 Form to Template Repository

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

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

2.4.2.5 Add CW 2209 Form Print Options and Mailing Requirements

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

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

Mailing Requirements:

N/A, Local Print only

Additional Requirements:

Special Paper Stock: None

Enclosures: None

Electronic Signature: No

2.5 Automated Regression Test

2.5.1 Overview

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

2.5.2 Description of Changes

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

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





For each configuration,

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

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

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility	CalWORKs policy (EAS 40-105.4) which specifies timeframes for immunization verifications.	 Policy 40-105.docx
2	Correspondence	CW 2209 Mockup (English)	 CW 2209 IMMUNIZATION GOC CW_2209_EN.pdf
3	Correspondence	CW 2209 Mockup (Spanish)	 CW2209 Spanish.pdf
4	Eligibility	CRPC 2198 which clarifies treatment of 'Refused' immunizations	 CRPC%202198%20-%20Immunization%20

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.5.2.13	The LRS shall allow COUNTY-specified Users to collect immunization information at the individual level.	This SCR will impose the MAP reduction penalty for missing immunizations for children under the age of 6 based on the CalWORKS policy timeframe.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-204193

Update CAPI Denial NOAs per newest version of
NA 691

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Tiffany Huckaby

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08/30/2021	0.1	Initial Draft	Maria Jensen
09/13/2021	0.2	PR review fixes	Maria Jensen, Tiffany Huckaby
09/30/2021	0.3	PR & BA comments: added reasons, added Template Repository version, completed Regulations	Maria Jensen
04/06/2022	0.4	Added handling of existing reasons not present in State NOA	Maria Jensen
05/05/2022	0.5	PR Review fixes	Maria Jensen
05/19/2022	0.6	Added Appendix with triggers for fragments to be updated Fixed Imaging fields	Maria Jensen
05/31/2022	0.7	Added SCR for leftover threshold langs Corrected available languages for form NA 691	Maria Jensen
06/15/2022	0.8	Added 'new' mention for added languages for updated fragments Added English mockups for fragments	Maria Jensen
08/12/2022	0.9	Added mention of NA Back 9 var population per new template	Maria Jensen
09/19/2022	1.0	SCRB Comments fixes	Maria Jensen
11/22/2022	1.1	Added Content Revision for Generation Conditions for the 2 new reasons	Maria Jensen

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1 OVERVIEW

This SCR will update the CAPI Denial NOA in the CalSAWS system for all 58 counties, to match the newest State version of NA 691 (3/18).

1.1 Current Design

Currently the automated CAPI Denial NOA generates from EDBC in the CalSAWS system under the (9/99) revision in English and Spanish only.

1.2 Requests

1. Update the CAPI Denial NOAs based on the newest version of the NA 691 (3/18).
2. Implement the CAPI Denial NOAs in the following threshold languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.
3. Add State form NA 691 (3/18) to Template Repository in the following languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.

1.3 Overview of Recommendations

1. Update the CAPI Denial NOA Fragments based on the newest version of the NA 691 (3/18).
2. Implement the CAPI Denial NOAs in the following threshold languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.
3. Add State form NA 691 (3/18) to Template Repository in the following languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.

1.4 Assumptions

1. This effort will not be introducing the following threshold languages: Arabic, Hmong, and Lao as they have not been provided by the State at the time of this design. SCR CA-246096 has been created for this purpose.
2. There will be no updates to the generation conditions of the existing CAPI Denial NOA Fragments with this effort.
3. Per existing functionality, a GEN 1365 is included in the same envelope with the NA 691 English version when the participant's primary language is a language other than the currently supported languages for this NOA.
4. The C-IV system handled regulations by aggregation. Currently the CalSAWS system handles regulations by concatenation. SCR CA-250358 will handle Regulations by aggregation in the CalSAWS system.
5. There are NOA reasons (see list in Supporting Documents #5) in the CalSAWS system which are not present in the newest version of the State NOA. The section with the checkbox "Other" will cover these reasons. When generating NA 691 via the Template Repository, it is up to the worker to select the checkbox "Other" and fill in the reason manually.

6. CAPI Denial NOAs do not have any associated Message fragments.
7. When adding NA 691 to the Template Repository, the standard NA Back 9 will be used. Hearing Address, Legal Aid Phone and County Name will be prepopulated and editable, several other fields will be empty and editable.

2 RECOMMENDATIONS

2.1 Update the CAPI Denial NOA Action Fragment

2.1.1 Overview

This SCR will update the verbiage of the Action fragment for the CAPI Denial NOA in CalSAWS, to match the newest State version of NA 691 (3/18). This SCR will also add the Action fragment in the following threshold languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.

Action Fragment Name and ID: CI_DN_ACTION1 (Fragment ID: 4084)

State Form/NOA: Taken from State Form NA 691 (revision 3/18)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program

Currently Repeatable: No

Existing Languages: English and Spanish

2.1.2 Form/NOA Verbiage

Update CAPI Denial Fragment XDP

Update the CAPI Denial Fragment verbiage.

Updated Languages:

English, Spanish, Armenian (new), Cambodian (new), Chinese (new), Farsi (new), Korean (new), Russian (new), Tagalog (new), Vietnamese (new)

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	Application for the Cash Assistance Program for Immigrants (CAPI) dated <DATE> has been denied for: <Person> because:	Your application for the Cash Assistance Program for Immigrants (CAPI) dated <DATE> has been denied because:	Arial Font Size 10

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

2.1.3 Form/NOA Variable Population

Update Fragment Variable Population

Remove the <Person> variable from the Action fragment and the application logic. There are no new variables being added with this update.

Variables Requiring Translations: None

2.1.4 Form/NOA Generation Conditions

N/A, there are no updates to the Generation Conditions for this Denial Action fragment.

2.2 Update the CAPI Failed to Comply SSA Requirement NOA Reason

2.2.1 Overview

Update the verbiage of the Failed to Comply SSA Requirement NOA Reason for the CAPI program.

Reason Fragment Name and ID: CI_DN_FAIL_COMPLY_SSA_REQ_C117 (Fragment ID: 7387)

State Form/NOA: Derived from NA 691 (4th reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.2.2 Form/NOA Verbiage

Update Failed to Comply SSA Requirement Reason Fragment XDP

Update the verbiage of the CAPI Denial NOA Reason for Failed to Comply SSA Requirement.

Updated Languages:

English, Spanish, Armenian (new), Cambodian (new), Chinese (new), Farsi (new), Korean (new), Russian (new), Tagalog (new), Vietnamese (new)

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	You failed to provide proof that you applied for SSI benefits, or have taken all necessary steps to obtain SSI benefits.	You failed to provide proof that you applied for all possible benefits (including SSI), or you failed to take all necessary steps to obtain those benefits.	Arial Font Size 10

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

2.2.3 Form/NOA Variable Population

1. Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Sections 49-030, 49-060.1 (j).

2. Add/Update NOA Title and Footer Reference for Reason fragment

The following references will be included or updated for the CAPI Denial NOA Reason, for all available languages.

NOA Title:

NOA Title Requires Translations: Yes, See Supporting Documents #4 for the Title in the following languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.

Note: There will be no updates to the Title for the currently implemented languages (English and Spanish).

Updated NOA Footer: NA 691 (3/18)

NOA Footer Requires Translations: No

2.2.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.3 Update the CAPI Income Exceeds Limit NOA Reason

2.3.1 Overview

Update the verbiage of the Income Exceeds Limit NOA Reason for the CAPI program.

Reason Fragment Name and ID: CI_DN_INCOME_EXCEEDS_LIMIT_C301 (Fragment ID: 7409)

State Form/NOA: Derived from NA 691 (2nd reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English

2.3.2 Form/NOA Verbiage

Update Income Exceeds Limit Reason Fragment XDP

Update the verbiage of the CAPI Denial NOA Reason for Income Exceeds Limit.

Updated Languages:

English, Spanish (new), Armenian (new), Cambodian (new), Chinese (new), Farsi (new), Korean (new), Russian (new), Tagalog (new), Vietnamese (new)

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	Your income of <AMOUNT> is more than the allowable limit.	Your income of \$<AMOUNT>, which may include income deemed from your spouse or sponsor(s), exceeds the allowable limit.	Arial Font Size 10

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

2.3.3 Form/NOA Variable Population

There are no variables to be updated in this fragment.

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-035.

2.3.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.4 Update the CAPI Institution NOA Reason

2.4.1 Overview

Update the verbiage of the Institution NOA Reason for the CAPI program.

Reason Fragment Name and ID: CI_DN_INSTITUTION_C104 (Fragment ID: 7363)

State Form/NOA: Derived from NA 691 (7th reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Spanish

2.4.2 Form/NOA Verbiage

Update Institution Reason Fragment XDP

Update the verbiage of the CAPI Denial NOA for the Institution Reason.

Updated Languages:

English, Spanish, Armenian (new), Cambodian (new), Chinese (new), Farsi (new), Korean (new), Russian (new), Tagalog (new), Vietnamese (new)

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	You are a resident of a public institution.	You are currently a resident of a public institution and have been residing there for an entire calendar month or more.	Arial Font Size 10

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

2.4.3 Form/NOA Variable Population

There are no variables to be populated in this fragment.

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-010.21.

2.4.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.5 Update the CAPI Not Aged, Blind or Disabled NOA Reason

2.5.1 Overview

Update the verbiage of the Not Aged, Blind or Disabled NOA Reason for the CAPI program.

Reason Fragment Name and ID: CI_DN_NOT_DISABLED_OR_65_C005 (Fragment ID: 7340)

State Form/NOA: Derived from NA 691 (9th reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Spanish

2.5.2 Form/NOA Verbiage

Update Not Aged, Blind or Disabled Reason Fragment XDP

Update the verbiage of the CAPI Denial NOA Reason for Not Aged, Blind or Disabled.

Updated Languages:

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

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	You are not age 65 or older, blind or disabled.	You are under the age of 65 and you are neither blind nor disabled.	Arial Font Size 10

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

2.5.3 Form/NOA Variable Population

There are no variables to be populated in this fragment.

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-025.

2.5.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.6 Update the CAPI Resources Exceed Limit NOA Reason

2.6.1 Overview

Update the verbiage of the Resources Exceed Limit NOA Reason for the CAPI program.

Reason Fragment Name and ID: CI_DN_RESOURCE_EXCEED_LIMIT_C201
(Fragment ID: 7406)

State Form/NOA: Derived from NA 691 (3rd reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Spanish

2.6.2 Form/NOA Verbiage

Update Resources Exceed Limit Reason Fragment XDP

Update the verbiage of the CAPI Denial NOA Reason for Resources Exceed Limit.

Updated Languages:

English, Spanish, Armenian (new), Cambodian (new), Chinese (new), Farsi (new), Korean (new), Russian (new), Tagalog (new), Vietnamese (new)

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	Your resources exceed the allowable limit of <AMOUNT1> for an individual or <AMOUNT2> for a couple.	Your resources, which may include resources deemed from your spouse or sponsor(s), exceed the allowable limit of \$2,000 for an individual or \$3,000 for a couple.	Arial Font Size 10

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

2.6.3 Form/NOA Variable Population

Update Fragment Variable Population

Remove the <AMOUNT1> and <AMOUNT2> variables from the Reason fragment.

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-040.

2.6.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.7 Update the CAPI SSI/SSP Recipient NOA Reason

2.7.1 Overview

Update the verbiage of the SSI/SSP Recipient NOA Reason for the CAPI program.

Reason Fragment Name and ID: CI_DN_SSI_SSP_RECIPIENT_C006 (Fragment ID: 7344)

State Form/NOA: Derived from NA 691 (5th reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English, Spanish

2.7.2 Form/NOA Verbiage

Update SSI/SSP Recipient Reason Fragment XDP

Update the verbiage of the CAPI Denial NOA for SSI/SSP Recipient Reason.

Updated Languages:

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

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Existing Text	Updated Text	Formatting*
Static Section	Your SSI benefits have been approved; you cannot receive both SSI benefits and payments under CAPI.	You currently receive SSI benefits; you may not receive SSI benefits and payments under CAPI at the same time.	Arial Font Size 10

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

2.7.3 Form/NOA Variable Population

There are no variables to be populated in this fragment.

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-030.

2.7.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.8 Update the Withdrawal: Client's Request NOA Reason

2.8.1 Overview

Add the NOA Reason fragment in the rest of the available threshold languages and update the Regulations in all available languages.

Reason Fragment Name and ID: CI_DN_CLIENT_REQUEST_DENIAL_C002
(Fragment ID: 7335)

State Form/NOA: Derived from NA 691 (10th reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.8.2 Form/NOA Verbiage

Updated Languages

Add the Reason in the following threshold languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

NOA Mockups/Examples: See Supporting Documents #2

2.8.3 Form/NOA Variable Population

N/A, There are no variables to be populated in this fragment. There are no updates to the Regulations for this fragment.

2.8.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.9 Update the Not A California Resident NOA Reason

2.9.1 Overview

Add the NOA Reason fragment in the rest of the available threshold languages and update the Regulations in all available languages.

Reason Fragment Name and ID: CI_DN_NOT_CALI_RESIDENT_C101 (Fragment ID: 7354)

State Form/NOA: Derived from NA 691 (8th reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.9.2 Form/NOA Verbiage

Updated Languages

Add the Reason in the following threshold languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

NOA Mockups/Examples: See Supporting Documents #2

2.9.3 Form/NOA Variable Population

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-010.14.

2.9.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.10 Update the Citizen/Immigration Not Met NOA Reason

2.10.1 Overview

Add the NOA Reason fragment in the rest of the available threshold languages and update the Regulations in all available languages.

Reason Fragment Name and ID: CI_DN_NOT_CITIZEN_C103 (Fragment ID: 7359)

State Form/NOA: Derived from NA 691 (1st reason)

Current NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Current Program(s): CAPI

Current Action Type: Denial

Current Fragment Level: Program Person

Currently Repeatable: No

Includes NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: N/A

Existing Languages: English and Spanish

2.10.2 Form/NOA Verbiage

Updated Languages

Add the Reason in the following threshold languages: Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

NOA Mockups/Examples: See Supporting Documents #2

2.10.3 Form/NOA Variable Population

Update Fragment Regulations

Current Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

Replace the current Regulations with the following text (see Supporting Documents #5 for the rest of the Threshold languages):

Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-020.

2.10.4 Form/NOA Generation Conditions

N/A, there are no updates to the generation conditions for this fragment.

2.11 Add a new CAPI NOA Reason of Probation/Parole Violator

2.11.1 Overview

Create a new CP NOA Reason for the status of 'Probation/Parole Violator'.

State NOA: Derived from NA 691 (11th reason)

NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Program(s): CAPI

Action Type(s): Denial

Fragment Level: Program Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

2.11.2 Form/NOA Verbiage

Add new Probation/Parole Violator Reason Fragment XDP

Add a new CAPI NOA Reason for Probation/Parole Violator.

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Text	Formatting*
Static Section	You are in violation of a condition of probation or parole imposed under federal or state law.	Arial Font Size 10

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

2.11.3 Form/NOA Variable Population

There are no variables to be populated in this fragment.

1. Add Fragment Regulations

The new Probation/Parole Violator Reason has the following associated Regulations (see Supporting Documents #5 for the rest of the Threshold languages):

New Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-010.23.

2. Add NOA Reference for new Reason

The following reference will be included for the new Probation/Parole Violator Reason Fragment.

NOA Reference on Document List Page: PROBATION/PAROLE VIOLATOR

2.11.4 Form/NOA Generation Conditions

Add Probation/Parole Violator Reason Fragment Generation

This new Fragment will generate when EDBC fails with the Program Status reason of "Probation/Parole Violator". This will generate on a Denial NOA.

This new Fragment will generate when EDBC runs for a Pending Program and at least 1 Program Person is Denied with the Program Person Status reason of "Probation/Parole Violator".

Action Fragment: CI_DN_ACTION1 (Fragment ID: 4084) generates for this reason

2.12 Add a new CAPI NOA Reason of Fleeing Felon

2.12.1 Overview

Create a new CP NOA Reason for the status of 'Fleeing Felon'.

State NOA: Derived from NA 691 (12th reason)

NOA Template: CI_NOA_TEMPLATE (Fragment ID: 3029)

Program(s): CAPI

Action Type(s): Denial

Fragment Level: Program Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A

Languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

2.12.2 Form/NOA Verbiage

Add new Fleeing Felon Reason Fragment XDP

Add a new CAPI NOA Reason for Fleeing Felon.

NOA Mockups/Examples: See Supporting Documents #1 and #2

Description	Text	Formatting*
Static Section	You are fleeing to avoid prosecution, custody or confinement after conviction of a crime that is a felony under the laws of the place from which you have fled.	Arial Font Size 10

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

2.12.3 Form/NOA Variable Population

There are no variables to be populated in this fragment.

3. Add Fragment Regulations

The new Fleeing Felon Reason has the following associated Regulations (see Supporting Documents #5 for the rest of the Threshold languages):

New Regulations: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944; MPP Section 49-010.22.

4. Add NOA Reference for new Reason

The following reference will be included for the new Fleeing Felon Reason Fragment.

NOA Reference on Document List Page: FLEEING FELON

2.12.4 Form/NOA Generation Conditions

Add Fleeing Felon Reason Fragment Generation

This new Fragment will generate when EDBC fails with the Program Status reason of "Fleeing Felon". This will generate on a Denial NOA.

This new Fragment will generate when EDBC runs for a Pending Program and at least 1 Program Person is Denied with the Program Person Status reason of "Fleeing Felon".

Action Fragment: CI_DN_ACTION1 (Fragment ID: 4084) generates for this reason

2.13 Add form NA 691 to Template Repository

2.13.1 Overview

The State form NA 691 – Notice of Denial Cash Assistance Program for Immigrants (CAPI) (revision 3/18) is not available via the Template Repository in the CalSAWS system.

The form contains a Reason that references a comments section. In order to implement this specific reason in the CalSAWS system, we are adding the entire State form to the Template Repository instead of adding a Reason fragment to the Denial NOA.

State Form: NA 691 (3/18)

Programs: CAPI

Attached Forms: N/A

Forms Category: Form

Template Repository Visibility: All Counties

Languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

2.13.2 Form/NOA Verbiage

Create NA 691 Form XDP

The form will have 3 impressions and will consist of State verbiage plus several input fields (see Supporting Documents #1 and #2).

Form Header: CalSAWS Standard Header #1 (Header_1)

Form Title (Document List Page Displayed Name): NOTICE OF DENIAL
CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

Template Description: Notice to Customers that their application for CAPI program was Denied.

Form Number: NA 691

Include NA Back 9: Yes (Use the NA Back 9 Frag)

- o **Includes standard NA Back 9 variable population:** Yes

Imaging Form Name: Notice of Denial CAPI

Imaging Document Type: Notification/NOA

Imaging Case/Person: Person

Form Mockups/Examples: See Supporting Documents 1 and #2

2.13.3 Form/NOA Variable Population

In addition to the form Header variables, the form body will have several checkboxes, 3 input fields, and 1 free form Comments section. Two of the input fields will be prepopulated.

Questions? Ask your worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The pages that follow tell you how.

Your application for the Cash Assistance Program for Immigrants (CAPI) dated EFFECTIVE_DENIAL_DATE has been denied because:

- Your citizenship/immigration status does not meet CAPI requirements. (MPP Section 49-020)
- Your income of \$ INCOME_AMOUNT, which may include income deemed from your spouse or sponsor(s), exceeds the allowable limit. (MPP Section 49-035)
- Your resources, which may include resources deemed from your spouse or sponsor(s), exceed the allowable limit of \$2,000 for an individual or \$3,000 for a couple. (MPP Section 49-040)
- You failed to provide proof that you applied for all possible benefits (including SSI), or you failed to take all necessary steps to obtain those benefits. (MPP Sections 49-030, 49-060.1(j))

Form Body Variables:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population
EFFECTIVE_DENIAL_DATE	Program Application Date	Arial Font Size 10 Format: MM/DD/YYYY	Y	Y
<INCOME_AMOUNT>	From EDBC Summary of the latest saved EDBC for current month, Regular Budget fields: Earned Income + Unearned Income	Arial Font Size 10	Y	Y

* Note: All Form Body Variables will be editable by default. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

Variables Requiring Translations: N/A

2.13.4 Form/NOA Generation Conditions

1. Add Form to Template Repository

Add the State form NA 691 to the Template Repository in the CalSAWS system for all 58 counties, in the following languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese.

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

2. Add Form Control

Add the following barcode options to the NA 691 form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

3. Add Form Print Options and Mailing Requirements

Add the following print options to the NA 691 form:

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

Mailing Requirements:

Mail-To (Recipient): Case Person selected on the Document parameter page

Mailed From (Return): Worker's Office Address

Mail-back-to Address: N/A

Outgoing Envelope Type: Standard

Return Envelope Type: Same Day Priority

Additional Requirements:

Special Paper Stock: N/A

Enclosures: N/A

Electronic Signature: N/A
CW/CF Electronic Signature (IVR/Text): N/A
Check to Sign: N/A
Post to Self Service Portal (SSP): Y
Clock Indicator: N/A

2.14 Update the template version for all reasons

2.14.1 Overview

The newest State version of NA 691 is (3/18). This effort will update the template version from (9/99) to (3/18) for all reasons.

2.14.2 Description of Changes

Update the template version from (9/99) to (3/18) to match the newest State NOA version. Make the update for all reasons, including the NOA reasons (see list in Supporting Documents #5) in the CalSAWS system which are not present in the newest version of the State NOA.

Tech Note: noa_snippet_config.templ_name

Rules: These rules apply; you may review them at your local welfare office: Welfare and Institutions Code, Division 9, Part 6, Chapter 10.3, Sections 18937 through 18944.

NA 691D (9/99)

Page 1 of 1



Fig. 2.14.2.1

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	NOAs, Forms	NA 691 (English, Spanish)	NA691_EN.pdf NA691_SP.pdf
2.	NOAs, Forms	NA 691 (Threshold languages)	NA691_AE.pdf NA691_CA.pdf NA691_CH.pdf NA691_FA.pdf NA691_KO.pdf NA691_RU.pdf NA691_TG.pdf NA691_VI.pdf
3.	NOAs, Forms	NA 691 Title in Threshold languages	NA691 Title in Threshold languages.xlsx
4.	NOAs, Forms	NA 691 Regulations in Threshold languages	NA691 Regulations in Threshold languages.xlsx
5.	NOAs	NA 691 reasons not in State NOA	CA-204193 existing reasons with no mockup correspondent.xlsx
6.	NOAs	CAPI Denial action fragment (English)	CI_DN_ACTION1_EN.pdf
7.	NOAs	Failed to Comply SSA Requirement reason fragment (English)	CI_DN_FAIL_COMPLY_SSA_REQ_C117_EN.pdf
8.	NOAs	Income Exceeds Limit reason (English)	CI_DN_INCOME_EXCEEDS_LIMIT_C301_EN.pdf
9.	NOAs	Institution reason (English)	CI_DN_INSTITUTION_C104_EN.pdf
10.	NOAs	Not Aged, Blind or Disabled reason (English)	CI_DN_NOT_DISABLED_OR_65_C005_EN.pdf
11.	NOAs	Resources Exceed Limit reason (English)	CI_DN_RESOURCE_EXCEED_LIMIT_C201_EN.pdf
12.	NOAs	SSI/SSP Recipient reason (English)	CI_DN_SSI_SSP_RECIPIENT_C006_EN.pdf

13.	NOAs	Withdrawal: Client's Request reason (English)	CI_DN_CLIENT_REQUEST_DENIAL_C002_EN.pdf
14.	NOAs	Not A California Resident reason (English)	CI_DN_NOT_CALI_RESIDENT_C101_EN.pdf
15.	NOAs	Citizen/Immigration Not Met reason (English)	CI_DN_NOT_CITIZEN_C103_EN.pdf
16.	NOAs	Probation/Parole Violator reason (English)	CI_DN_PROBATION_PAROLE_VIOLATOR_XYYY.pdf
17.	NOAs	Fleeing Felon reason (English)	CI_DN_FLEEING_FELON_XYYY_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.5 CAR-1241	The LRS shall generate the appropriate status changes, reasons, and denial NOAs, including a full description, when an applicant withdraws during the process of registering an application after signing the application form.	With SCR CA-204193, the CAPI Denial NOAs will be updated in the CalSAWS system for all 58 counties, to match the newest State version of NA 691 (3/18).

5 APPENDIX

Generation/trigger conditions for the Reason fragments to be updated:

Reason Fragment Name	Updated text	EDBC fail status reason (CT73)
CI_DN_FAIL_COMPLY_SSA_REQ_C117	You failed to provide proof that you applied for all possible benefits (including SSI), or you failed to take all necessary steps to obtain those benefits.	Failed to Comply with SSI
CI_DN_INCOME_EXCEEDS_LIMIT_C301	Your income of \$<AMOUNT>, which may include income deemed from your spouse or sponsor(s), exceeds the allowable limit.	Over Income
CI_DN_INSTITUTION_C104	You are currently a resident of a public institution and have been residing there for an entire calendar month or more.	Doesn't Meet Program Req.
CI_DN_NOT_DISABLED_OR_65_C005	You are under the age of 65 and you are neither blind nor disabled.	Doesn't Meet Program Req.
CI_DN_RESOURCE_EXCEED_LIMIT_C201	Your resources, which may include resources deemed from your spouse or sponsor(s), exceed the allowable limit of \$2,000 for an individual or \$3,000 for a couple.	Over Resources
CI_DN_SSI_SSP_RECIPIENT_C006	You currently receive SSI benefits; you may not receive SSI benefits and payments under CAPI at the same time.	Gets SSI/SSP
CI_DN_CLIENT_REQUEST_DENIAL_C002	You have voluntarily withdrawn your application.	Verbal Withdrawal
CI_DN_NOT_CALI_RESIDENT_C101	You are not a California resident.	Calif. Residence
CI_DN_NOT_CITIZEN_C103	Your citizenship/immigration status does not meet CAPI requirements.	Ineligible Non Citizen

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-210617

Updates to Categorically Eligible Logic for CF
Program

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
04/26/2021	1.0	Initial Draft	T.Lazio
06/30/2021	2.0	Updated Sections 1.2, 1.3 and 2.1.2 to specify reasons of 'Fleeing Felon' and 'Probation/Parole Violator' based on committee feedback. Added Assumption 2	T.Lazio
07/12/2021	3.0	Updated 1.2, 1.3 and 2.1 updated to remove the "drug felon" specific verbiage per committee request. Added Assumption 3	T. Lazio
7/13/2021	4.0	Added Assumptions 4 and 5	T. Lazio
08/26/2021	5.0	Updated Sections 1.1, 1.2, 1.3 and 2.1 based on CDSS clarification from CRPC 2264	T. Lazio
11/30/2022	6.0	Content Revision: Removed recommendation 2.1.2.1.c as 'Striker' discontinues/denies the CF program and no CE/MCE determination will be made.	T. Lazio

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1 OVERVIEW

Per ACL 18-90, households receiving SSI/SSP benefits are considered to be 'Categorically Eligible" (CE) for the CalFresh (CF) program. Therefore, as a CE household for CF, the resource/property and gross/net income tests are waived. This SCR will accommodate the need to waive property eligibility test for CF households that have been designated as 'CE' for the CF program including those households receiving SSI/SSP benefits.

1.1 Current Design

CalSAWS considers households to be 'Categorically Eligible" (CE) when all of the active members of the household receive some type of public assistance in addition to CalFresh (CF), including CalWORKs, Tribal Temporary Assistance for Needy Families (TANF), SSI/SSP, and General Assistance/General Relief (GA/GR). CalSAWS does waive the gross income eligibility test for CE CF households but does not waive the property resource test. Also, CalSAWS still designates the household as 'CE' or Modified Categorical Eligible' (MCE) even when one or more participants has an effective eligibility non-compliance for CF.

1.2 Requests

If the CF household (HH) is designated as categorically eligible (CE), CalSAWS should always waive the property eligibility test for CF regardless of resource amounts or combination of public assistance (specifically CW, SSI/SSP, Tribal TANF or GR/GA) with CF. Per CRPC 2264, the CF HH should no longer be designated as 'CE' or 'MCE' and be subject to all CF eligibility requirements if the HH contains any of the following:

- One or more CF participants who are disqualified for an intentional program violation (IPV).
- One or more CF participants who are fleeing felons or parole/probation violators.
- ~~One or more CF participants receiving GR/GA benefits who are disqualified for being an ineligible 'striker'.~~

1.3 Overview of Recommendations

1. Update CF EDBC logic to no longer designate CF HH as 'Categorically Eligible' or 'Modified Categorical Eligible' and reinstate CF eligibility requirements when one or more CF participants is non-compliant due to an intentional program violation, ~~or is a fleeing felon or parole/probation violator.~~ ~~or is an ineligible 'striker' receiving GR/GA benefits.~~
2. Update CF EDBC logic to waive property eligibility test when CF HH is designated as 'Categorically Eligible'.

1.4 Assumptions

1. This SCR change will only apply to come up month CF EDBC's after the implementation of this SCR.
2. CalSAWS currently waives property test results for CF programs eligible for Modified Categorical Eligibility (MCE).
3. Eligibility Non Compliance 'Type' label of 'Drug/Fleeing Felon' will be re-evaluated in a future effort through SCR CA-230959.
4. This SCR change does not impact CalWORKs or General Relief programs.
5. CalFresh EDBC rule updates for substantial lottery or gambling winnings will be addressed in a future effort through SCR CA-222827.
6. CalFresh EDBC rule updates to only close a person and not the entire CF program for CF Eligibility Non-Compliance with type 'Voluntary Quit/Striker' with reason of 'Striker' will be addressed in a future effort with SCR CA-253226.

2 RECOMMENDATIONS

2.1 CalFresh EDBC Rule Updates

2.1.1 Overview

When a CF participant in a CE or MCE household (HH) has an effective eligibility non-compliance for an intentional program violation (IPV), fleeing felon or parole/probation violator or striker receiving GR/GA benefits, EDBC logic should be updated to no longer designate the CF HH as 'Categorically Eligible' or 'Modified Categorical Eligible' and should apply all CF eligibility requirements until the eligibility non-compliance is resolved.

Eligibility Non-Compliance Detail

*- Indicates required fields

Save and Return Cancel

Program:
CalFresh

Name: *
Mom, CWCF 31F

Type: *
Drug/Fleeing Felon

Reason: *
Fleeing Felon

Begin Date: * 05/01/2021 **End Date:**

Figure 1: CalFresh Eligibility Non-Compliance Example

When the EDBC does determine the CalFresh program to be 'Categorically Eligible' (CE), the EDBC logic should be updated to waive the Property Eligibility test for that program.

IRT Evaluation

Categorically Eligible: Yes **SUAS Eligible:** No

Eligible for Expedited Service: No

Public Assistance: Yes **Modified Categorical Eligibility:** No

Restaurant Meals: No

Property Eligibility	Regular
Data Month Property:	\$ 0.00
Benefit Month Property:	\$ 7,500.00
Property Limit:	\$ 2,250.00
Result:	Waived

Figure 2: CalFresh EDBC Property Eligibility Test Mockup

2.1.2 Description of Changes

1. Update CF EDBC rules to not designate a CF program as 'Categorically Eligible' or 'Modified Categorical Eligible' and apply all CF eligibility requirements for benefit calculation if one or more of the following is true:
 - a. One or more CF participants has Eligibility Non-Compliance for the 'CalFresh' program with type of 'Drug/Fleeing Felon' with reason of 'Fleeing Felon' or 'Probation/Parole Violator' that is effective for the benefit period.

b. One or more CF participants has Eligibility Non-Compliance for the 'CalFresh' program with type of 'IPV/Fraud' regardless of the reason or instance that is effective for the benefit period.

~~c. One or more CF and GA/GR participants in a GR/GA/CF combo HH has Eligibility Non-Compliance for the 'CalFresh' program with type of 'Voluntary Quit/Striker' with reason of 'Striker' regardless of instance that is effective for the benefit period.~~

2. Update CF EDBC rules to set the property eligibility results to 'Waived' when the CalFresh program is determined to be 'Categorically Eligible'.

2.1.3 Programs Impacted

- CF

2.1.4 Performance Impacts

N/A

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.11	The LRS shall treat income and resources based on program-specific rules.	EDBC will 'waive' property test for households determined as 'Categorically Eligible' for the CalFresh program.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-233816

Add threshold languages for CW/WTW Time
Limit Forms

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Lianel Richwin
	Reviewed By	P Madhan Kumar

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/25/2022	1.0	Initial Draft	Lianel Richwin
10/20/2022	1.1	Content Revision 1 Updated Section 1.2 and Section 1.3 to add time limit NOA title in Spanish language and update the action fragment in English & Spanish to reflect the 60-months aid.	

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1 OVERVIEW

This effort is to add all the available threshold languages for CW, WTW time limit forms and add Time on Aid NOAs in Spanish language.

1.1 Current Design

Currently, the system has only English language in CalSAWS for CW 2166, CW 2186B, CW 2187, CW 2190A, FSP 2 and time on Aid NOA's.

1.2 Requests

1. Add the CW 2166 form in all available Threshold languages to the latest version CW 2166 (11/2021)
Languages include:
Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
2. Add the CW 2186B form in all available Threshold languages to the latest version CW 2186B (04/2021)
Languages include:
Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
3. Add the CW 2187 form in all available Threshold languages to the latest version CW 2187 (04/2021)
Languages include:
Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
4. Add the CW 2190A form in all available Threshold languages to the latest version CW 2190A (04/2021)
Languages include:
Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
5. Add the FSP 2 form in all available Threshold languages to the latest version FSP 2 (01/2021)
Languages include:
Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
6. Add the time on Aid NOAs M40-107A, M40-107B, M40-107F, M40-107F1, M40-107F2, M40-107G, M40-107J, M40-107J1, M40-107K in Spanish language.
7. Add NOA Title for Approvals, Changes, Denials, Discontinuances, No Change in Spanish Language.
8. Update English and Spanish for M40-107J action fragment (CW_AP_ACTION7) to reflect the 60-months of CalWORKs aid verbiage.

1.3 Overview of Recommendations

1. Add the latest version of CW 2166 (11/2021) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
2. Add the latest version of CW 2186B (04/2021) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
3. Add the latest version of CW 2187 (04/2021) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
4. Add the latest version of CW 2190A (04/2021) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
5. Add the latest version of FSP 2 (01/2021) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
6. Add the time on Aid NOAs M40-107A, M40-107B, M40-107F, M40-107F1, M40-107F2, M40-107G, M40-107J, M40-107J1, M40-107K in Spanish language.
7. Add NOA Title for Approvals, Changes, Denials, Discontinuances, No Change in Spanish Language.
8. Update English and Spanish for M40-107J action fragment (CW_AP_ACTION7) to reflect the 60-months of CalWORKs aid verbiage.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print options 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 EN forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.
5. SCR CA-224269 implemented the English language for CalWORKs and WTW Time Limit Forms to the newest version.
6. SCR CA-249474 will add the Time Limit NOAs in threshold languages.

2 RECOMMENDATIONS

2.1 Add Threshold Languages to CW 2166 (11/2021) in CalSAWS

2.1.1 Overview

This section will cover the requirements for adding the CW 2166 forms in available threshold languages.

State Form: CW 2166 (11/2021)

Current Programs: CalWORKs, Welfare to Work, Refugee Employment Program

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: Work Really Pays! Here's How

Imaging Form Name: Work Pays Notice

Imaging Document Type: CalWORKs (CW)

2.1.2 Form Verbiage

Create CW 2166 XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #1

Form Header: CalSAWS Standard Header #3

Include NA BACK 9: No

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

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for CW 2166 Form
Mail-To (Recipient)	N/A
Mailed From (Return)	N/A
Mail-back-to Address	N/A
Outgoing Envelope Type	N/A
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW 2166 Form
Post to Self-Service Portal	Y

2.2 Add Threshold Languages to CW 2186B (04/2021) in CalSAWS

2.2.1 Overview

This section will cover the requirements for adding the CW 2186B forms in available threshold languages.

State Form: CW 2186B (04/2021)

Current Programs: CalWORKs, Welfare to Work, Refugee Employment Program

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: This flyer is sent out to explain how social security numbers are used to verify a customer's income.

Imaging Form Name: CW Exemption Determination

Imaging Document Type: CalWORKs (CW)

2.2.2 Form Verbiage

Create CW 2186B XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #2

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: Yes

2.2.3 Form Variable Population

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

2.2.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for CW 2186B 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

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW 2186B Form
Post to Self-Service Portal	Y

2.3 Add Threshold Languages to CW 2187 (04/2021) in CalSAWS

2.3.1 Overview

This section will cover the requirements for adding the CW 2187 forms in available threshold languages.

State Form: CW 2187 (04/2021)

Current Programs: CalWORKs

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: This form is used by a customer to request information on CalWORKs Time Limit history.

Imaging Form Name: YOUR CW 60-MONTH TIME LIMIT

Imaging Document Type: CalWORKs (CW)

2.3.2 Form Verbiage

Create CW 2187 XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #3

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: Yes

2.3.3 Form Variable Population

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

2.3.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for CW 2187 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

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW 2187 Form
Post to Self-Service Portal	Y

2.4 Add Threshold Languages to CW 2190A (04/2021) in CalSAWS

2.4.1 Overview

This section will cover the requirements for adding the CW 2190A forms in available threshold languages.

State Form: CW 2190A (04/2021)

Current Programs: CalWORKs, Welfare to Work, Refugee Employment Program

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: User Initiated from the Repository. Form is initiated when a participant requests a time-limit extender.

Imaging Form Name: CW 60-Month Time Limit Extender Request

Imaging Document Type: Time Limit Documents

2.4.2 Form Verbiage

Create CW 2190A XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #4

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: No

2.4.3 Form Variable Population

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

2.4.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for CW 2190A 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

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CA 2190A Form
Post to Self-Service Portal	Y

2.5 Add Threshold Languages to FSP 2 (01/2021) in CalSAWS

2.5.1 Overview

This section will cover the requirements for adding the FSP 2 forms in available threshold languages.

State Form: FSP 2 (01/2021)

Current Programs: CalWORKs, Welfare to Work, Refugee Employment Program

Current Attached Forms: N/A

Current Forms Category: NOA

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: The FSP 2 form is used to Deny services for Family Stabilization Services.

Imaging Form Name: Family Stabilization Program Denial

Imaging Document Type: Family Stabilization

2.5.2 Form Verbiage

Create FSP 2 XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #5

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: Yes

2.5.3 Form Variable Population

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

2.5.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for FSP 2 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

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for FSP 2 Form
Post to Self-Service Portal	Y

2.6 Add Time Limit NOA Template in Spanish language

2.6.1 Overview

This effort is adding the Template for the added Time Limit NOA in Spanish language.

NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

State Form/NOA: NA 530 (Revision 4/21)

Program(s): CalWORKs

Includes NA Back 9: Yes

Existing Languages: English

2.6.2 Form/NOA Verbiage

Create Time Limit NOA Template XDP

Add Time Limit Template for Approvals, Changes, Denials, Discontinuances in Spanish.

NOA Mockups/Examples: Supporting Documents #6

2.6.3 Form/NOA Variable Population

No Updates in this Section. Use the existing populating condition.

2.7 Add Time Limit NOA Message in Spanish

2.7.1 Overview

Add the Message to populate on Time Limit NOAs in Spanish language.

Message Fragment Name and Id: CW_AP_DN_CH_TN_MESSAGE2 (ID:5133)

Known County NOA: NA 530

Program(s): CalWORKs

Action Type(s): Approval, Change, Discontinuance, Denial

Fragment Level: Program

Repeatable: No

Existing Languages: English

2.7.2 Form/NOA Verbiage

Create Time Limit NOA message XDP in Spanish Language.

NOA Mockups/Examples: Supporting Documents #7

2.7.3 Form/NOA Variable Population

N/A, this Message Fragment does not require any variable population.

2.7.4 Form/NOA Generation Conditions

No Updates to the existing trigger condition

2.8 Add Action Fragment in Spanish language

2.8.1 Overview

Add Action to populate on Time Limit NOAs in Spanish language.

Action Fragment Name and Id: CW_AP_ACTION11 (ID: 4154)

Known County NOA: NA 530

Program(s): CalWORKs

Action Type(s): Approval

Fragment Level: Program

Repeatable: No

Existing Languages: English

2.8.2 Form/NOA Verbiage

Create Time Limit NOA Action XDP in Spanish language.

NOA Mockups/Examples: Supporting Documents #8

2.8.3 Form/NOA Variable Population

No Updates in this Section

2.8.4 Form/NOA Generation Conditions

No Update to the existing trigger condition

2.9 Add Time on Aid NOA (M40-107G) in Spanish Language

2.9.1 Overview

Add Time on Aid NOA (M40-107G) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:

CW_CH_TL_60_GRANT_REDUCED_EXEMPTS_CS_A414 (ID: 9580)

State Form/NOA: NA 530/M40-107G

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

Current Program(s): CalWORKs

Current Action Type: Change/Discontinuance

Current Fragment Level: Program

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)

Existing Languages: English

2.9.2 Form Verbiage

Add NOA fragments in the Spanish languages.

NOA Mockups/Examples: Supporting Documents #9

2.9.3 Form/NOA Variable Population

No updates in this section.

2.9.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.10 Add Time on Aid NOA (M40-107F) in Spanish language

2.10.1 Overview

Add Time on Aid NOA (M40-140F) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:

CW_IN_TL_60_EXTENDED_EXEMPTS_CS_A415 (ID: 9581)

State Form/NOA: NA 530/M40-107F

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

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Current Program(s): CalWORKs
Current Action Type: No Change or Information Action
Current Fragment Level: Program
Currently Repeatable: No
Include NA Back 9: Yes
Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)
Existing Languages: English

2.10.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #10

2.10.3 Form/NOA Variable Population

No updates in this section.

2.10.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.11 Add Time on Aid NOA (M40-107B) in Spanish language

2.11.1 Overview

Add Time on Aid NOA (M40-107B) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:

CW_IN_TL_60_REDETERM_EXEMPTS_AND_CS_A416 (ID: 9582)

State Form/NOA: NA 530/M40-107B

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

Current Program(s): CalWORKs

Current Action Type: Informational

Current Fragment Level: Program

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)

Existing Languages: English

2.11.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #11

2.11.3 Form/NOA Variable Population

No updates in this section.

2.11.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.12 Add Time on Aid NOA(M40-107J) in Spanish language

2.12.1 Overview

Add Time on Aid NOA (M40-107J) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID: CW_AP_TL_60_PA_EXEMPTS_CS_A417 (ID: 9583)

State Form/NOA: NA 530/M40-107J

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

Current Program(s): CalWORKs

Current Action Type: Partial Approval

Current Fragment Level: Program

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)

Existing Languages: English

2.12.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #12

2.12.3 Form/NOA Variable Population

No updates in this section.

2.12.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.13 Add Time on Aid NOA (M40-107F2) in Spanish language

2.13.1 Overview

Add Time on Aid NOA (M40-107F2) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:

CW_CH_TL_60_EXTENDER_END_EXEMPTS_NO_CS_A418 (ID: 9584)

State Form/NOA: NA 530/M40-107F2

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

Current Program(s): CalWORKs

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)

Existing Languages: English

2.13.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #13

2.13.3 Form/NOA Variable Population

No updates in this section.

2.13.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.14 Add Time on Aid NOA (M40-107F1) in Spanish language

2.14.1 Overview

Add Time on Aid NOA (M40-107F1) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:
CW_CH_TL_60_EXTEND_TIME_OUT_PARTICIPANT_A419 (ID: 9585)
State Form/NOA: NA 530/M40-107F1
Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)
Current Program(s): CalWORKs
Current Action Type: Change
Current Fragment Level: Program
Currently Repeatable: No
Include NA Back 9: Yes
Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)
Existing Languages: English

2.14.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #14

2.14.3 Form/NOA Variable Population

No updates in this section.

2.14.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.15 Add Time on Aid NOA (M40-107K) in Spanish language

2.15.1 Overview

Add Time on Aid NOA (M40-107K) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:
CW_CH_TL_60_EXEMPT_CS_OVRPAY_INCR_GRANT_A420 (ID: 9586)
State Form/NOA: NA 530/M40-107K
Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)
Current Program(s): CalWORKs
Current Action Type: Change
Current Fragment Level: Program
Currently Repeatable: No
Include NA Back 9: Yes
Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)
Existing Languages: English

2.15.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #15

2.15.3 Form/NOA Variable Population

No updates in this section.

2.15.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.16 Add Time on Aid NOA (M40-107J1) in Spanish language

2.16.1 Overview

Add Time on Aid NOA (M40-107J1) in Spanish language to reflect the 60 MTC changes.

Reasons Fragment Name and ID:

These NOA consists of 5 reason fragments

1. CW_AP_TL_60_PARTICIPANT_MET_CONDITION_A421 (ID: 9587)
2. CW_AP_TL_60_CS_REPAID_A423 (ID: 9596)
3. CW_AP_TL_60_OVERPAY_REPAID_APPROVED_A424 (ID: 9597)
4. CW_AP_TL_REPAID_CS_PRORATE_APPROV_AFTER_60_A425 (ID: 9598)
5. CW_AP_TL_REPAID_OVERPAY_PRORATE_AP_AFTER_60_A426 (ID: 9599)

State Form/NOA: NA 530/M40-107J1

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

Current Program(s): CalWORKs

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)

Existing Languages: English

2.16.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #16

2.16.3 Form/NOA Variable Population

No updates in this section.

2.16.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.17 Update Action Fragment in English and Spanish languages

2.17.1 Overview

Update Action to populate on Time Limit NOAs in English and Spanish language.

Action Fragment Name and Id: CW_AP_ACTION7 (ID: 4076)

Known County NOA: NA 530

Program(s): CalWORKs

Action Type(s): Approval

Fragment Level: Program

Repeatable: No

Existing Languages: English, Spanish

2.17.2 Form/NOA Verbiage

Update Time Limit NOA Action XDP in English and Spanish languages.

NOA Mockups/Examples: Supporting Documents #19

2.17.3 Form/NOA Variable Population

No Updates in this Section

2.17.4 Form/NOA Generation Conditions

No Update to the existing trigger condition

2.18 Add new Time on Aid NOA (M40-107A) in Spanish language

2.18.1 Overview

Add new Time on Aid NOA (M40-107A) in Spanish language to reflect the 60 MTC changes.

Reason Fragment Name and ID:

CW_AP_IN_TL_60_REDETERM_EXEMPTS_AND_CS_A422 (ID: 9588)

State Form/NOA: NA 530/M40-107A

Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)

Current Program(s): CalWORKs

Current Action Type: Informational

Current Fragment Level: Program

Currently Repeatable: No

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: CW 2184 (04/2021)

Existing Languages: English

2.18.2 Form Verbiage

Add NOA fragments in the Spanish languages

NOA Mockups/Examples: Supporting Documents #17

2.18.3 Form/NOA Variable Population

No updates in this section.

2.18.4 NOA Generation Conditions

No updates to existing trigger conditions.

2.19 Add Time Limit NOA Title in Spanish language

2.19.1 Overview

This effort is adding the NOA Title for the added Time Limit NOA in Spanish language.

NOA Template:

CW_NC_TL_60_NOA_TYPE (ID: 3175)

CW_AP_TL_60_NOA_TYPE (ID: 3170)

CW_TN_TL_60_NOA_TYPE (ID: 3173)

CW_CH_TL_60_NOA_TYPE (ID: 3171)

CW_DN_TL_60_NOA_TYPE (ID: 3172)

State Form/NOA: NA 530 (Revision 4/21)

Program(s): CalWORKs

Existing Languages: English

2.19.2 Form/NOA Verbiage

Create Time Limit NOA Template XDP

Add NOA Title for Approvals, Changes, Denials, Discontinuances, No Change in Spanish.

NOA Mockups/Examples: Supporting Documents #18

2.19.3 Form/NOA Variable Population

No Updates in this Section. Use the existing populating condition.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	CW 2166 Threshold Languages	CW2166.zip
2	Forms	CW 2186B Threshold Languages	CW2186B.zip
3	Forms	CW 2187 Threshold Languages	CW2187.zip
4	Forms	CW 2190A Threshold Languages	CW2190A.zip
5	Forms	FSP 2 Threshold Languages	FSP2.zip
6	NOA	Time Limit NOA Template	NA_530_SP.pdf CW_2184_Spanish.pdf M40_107_add1_SP.pdf M40_107_add2_SP.pdf Fragments verbiage. xlsx
7	NOA	Time Limit NOA Message	Fragments verbiage. xlsx
8	NOA	Time Limit NOA Action	Fragments verbiage. xlsx
9	NOA	M40-107G	Fragments verbiage. xlsx
10	NOA	M40-107F	Fragments verbiage. xlsx
11	NOA	M40-107B	Fragments verbiage. xlsx
12	NOA	M40-107J	Fragments verbiage. xlsx
13	NOA	M40-107F2	Fragments verbiage. xlsx
14	NOA	M40-107F1	Fragments verbiage. xlsx
15	NOA	M40-107K	Fragments verbiage. xlsx
16	NOA	M40-107J1	Fragments verbiage. xlsx

17	NOA	M40-107A	Fragments verbiage. xlsx
18	NOA	Time Limit NOA Title	Fragments verbiage. xlsx
19	NOA	Time Limit NOA Action	Fragments verbiage. xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.1 CAR-1237	<p>The LRS shall automatically generate the following correspondence online or in the batch process, as a result of individual and/or case action initiated by the LRS or by COUNTY-specified Users, except when exempt due to program requirements:</p> <ul style="list-style-type: none"> a. Adverse notices (includes: decrease, collection, denial, or termination of benefits); b. Non-adverse notices (includes: approval, increase in benefits, no change, and rescission); and c. Non-approval notices (includes: cancellation, withdrawal, informational, and benefit issuance). 	CW/WTW Time Limit Forms is being added in all available threshold languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-240231

Update NOA Logic to Check for Postpartum Aid
Code and Budget

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Phong Xiong
	Reviewed By	Priya Sridharan, Vicente Romero

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/02/2022	1.0	Initial Draft	Phong Xiong

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1 OVERVIEW

As part of the eligibility changes in CA-212145, there can be two budgets generated for a single person in a postpartum scenario. This effort will be an enhancement to the NOA logic to consider multiple budgets for a single person.

1.1 Current Design

As a part of the eligibility changes in CA-212145, when there is a postpartum aid code present on a case, a separate budget is created for the postpartum aid code. As a result, one person is receiving two budgets (one for their primary aid code and one for the postpartum aid code). For postpartum scenarios, the system currently does not handle two budgets being generated from EDBC for a single person.

The Medi-Cal EDBC postpartum rules were updated in CA-212145 in release 22.02.

Also, currently there is not a NOA for retroactive postpartum approvals.

1.2 Requests

1. Update the NOA logic to check for postpartum aid code and budget.
2. Generate the Postpartum Approval NOA for a retroactive Medi-Cal approval scenario.
3. Generate the Postpartum Approval NOA when there is no primary aid code and only the postpartum aid code.

1.3 Overview of Recommendations

1. Update the NOA Action Determination logic to include conditions for postpartum aid code and budget.
2. Update the triggering conditions for the Postpartum Approval NOA to generate for retro and single postpartum aid code scenarios.

1.4 Assumptions

1. The changes made in CA-212145 are not affected with this effort.
2. The existing generation logic for the Postpartum Approval NOA is not changed with this effort. This effort will only be adding more conditions to the existing generation logic.
3. Either Non-MAGI or MAGI Medi-Cal benefits can be "elected" to allow a person to receive postpartum aid code of 76.
4. The updates to the NOA Action Determination logic does not change the current functionality; this is an enhancement on the logic.
5. The updates to the NOA Action Determination logic does not change the current functionality; this is an enhancement on the logic.

6. The changes in item 2 of section 2.1.2, does not change the non-postpartum actions; if all the conditions to trigger the non-postpartum actions are met, then they will continue to do so. The suppression logic outlined prevents multiple unintended NOAs from generating for a number of scenarios.
7. Postpartum can be granted concurrently with Restricted Scope MAGI; verbiage for both is expected on a NOA. Full-Scope MAGI NOA verbiage will not be expected on a NOA with postpartum and Restricted scope verbiage.

2 RECOMMENDATIONS

2.1 Updates to NOA Action Determination Logic

2.1.1 Overview

The NOA Action Determination logic is triggered based on the budgets created from eligibility. This recommendation is for the NOA Action Determination logic to treat the postpartum aid code and budget like MSP NOAs, where MSP NOAs also have their own budgets and action determinations that trigger each MSP NOA.

2.1.2 Description of Changes

1. Update the NOA action determination logic to create a separate action determination for Postpartum.
2. Update the NOA action determination logic to suppress the postpartum budget from triggering other non-postpartum actions.
 - a. Ignore the postpartum budget when there is no approval action to grant postpartum coverage.

Note: For update 1, the conditions that trigger the action determination logic remain the same. The update is only to create a new action determination once the conditions are met.

Note 2: For clarification, update 2 prevents the following Scenario Example and other similar scenarios. The example below is just 1 example out of possible multiple scenarios in which the postpartum budget generates unintended NOAs.

Scenario Example: A person is MAGI Eligible and pregnant with a due date of 04/20/2022. MAGI benefits are elected for the person. EDBC is run on 07/01/2022 for 04/2022 benefit month. EDBC result is 04/2022 eligible for aid codes M2 & 76. Non-MAGI NOA action determination logic allows aid code 76 and postpartum budget to pass through, generating a Non-MAGI NOA for a MAGI case.

2.2 Update Medi-Cal Approval Postpartum Reason Fragment Recommendation

2.2.1 Overview

The Postpartum Approval reason fragment is generated for the Postpartum Approval NOA when a Medi-Cal recipient is no longer pregnant and has been approved for postpartum coverage. The postpartum coverage retains the Medi-Cal recipient's health coverage for an additional 365 days after the pregnancy has ended.

Reason Fragment & ID: MC_AP_POST_PARTUM_APPROVED_M141, ID: 6566

State Form/NOA: MC 239

Current NOA Template: MC_NOA_TEMPLATE (ID: 3028)

Current Programs: Medi-Cal

Current Action Type: Approval

Current Fragment Level: Person

Currently Repeatable: Yes, per applicable person.

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English and Spanish

2.2.2 NOA Verbiage

There are no updates in this section.

2.2.3 NOA Variable Population

There are no updates in this section.

2.2.4 NOA Generation Conditions

1. Updates to Fragment Generation

The new action determination from section 2.1.2 item 1, replaces the current action determination for the Postpartum Approval NOA.

The generation conditions are also updated to generate the NOA for the additional scenarios:

- a) Retroactive approval for postpartum aid code 76, or
 - The run reason is retro run,
 - There is a Medi-Cal approval action or Medi-Cal change action,
 - There is a postpartum aid code (CT184_76_Postpartum),
 - There is a postpartum budget
- b) A customer is approved for postpartum aid code 76 with no primary aid code.
 - There is a Medi-Cal approval action or Medi-Cal change action,
 - There is a postpartum aid code (CT184_76_Postpartum),
 - There is a postpartum budget,
 - There is no primary aid code present in the case

New NOA Template: No

New Program Generation: No

New Action Type: No

Update to Fragment Level: No

Repeatable: No

New Forms/NOAs Generated with this NOA: No

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOAs	Postpartum Approval NOA	Postpartum_Approval_NOA_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.11 CAR-1247	The CalSAWS shall generate notices and NOAs in accordance with COUNTY-specified case and individual trigger conditions.	Updates to the generation conditions of the Postpartum Approval NOA to generate for additional scenarios.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245221

Create a CMS Unwinding Eligibility and
Enrollment Data Monthly Report

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/09/2022	1.0	Initial Version	Esequiel Herrera-Ortiz
09/21/2022	1.1	Update to the report per revised SIRFRA 1186 v2. Update to the report per DHCS input during 09/20/2022 meeting.	Esequiel Herrera-Ortiz
11/18/2022	1.2	Made the PHE end date dynamic rather than a hard coded value. Removed previous assumption #9 which assumed the PHE will not change. The assumption is not necessary since the report reads the end date from a codes table. Added assumption #18. The ICT logic has been updated.	Esequiel Herrera-Ortiz
11/30/2022	2.1	Assumption #18 has been removed. The decision to schedule the report with another SCR has been reverted. The report will be scheduled as part of this SCR.	Esequiel Herrera-Ortiz
12/05/2022	2.2	Updated the report navigation to be under State rather than Case Activity.	Esequiel Herrera-Ortiz

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1 OVERVIEW

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

1.1 Current Design

The DHCS CMS Unwinding Eligibility and Enrollment Data report does not exist in CalSAWS.

1.2 Requests

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

1.3 Overview of Recommendations

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

1.4 Assumptions

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

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

2 RECOMMENDATIONS

2.1 DHCS CMS Unwinding Eligibility and Enrollment Data

2.1.1 Overview

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

Measures 1,2,3:

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

Measure 4:

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

Measure 5 and 7:

Measure 5 reports the total number of beneficiaries with an annual renewal due in the report month. The measure then goes into counting those renewals that were renewed through the ex parte process, renewed through beneficiary provided information, those determined eligible, those determined ineligible, and renewal that were not processed.

Measure 7 reports the renewals that have not been processed from the beginning of the unwinding period till the reporting month.

Note all measures are at the person level.

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

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

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

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

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

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

2.1.2 Description of Change

- State Report Header:

Header	Description
SAWS:	Displays the name of the SAWS system for which the report was generated for. Possible Value: <ul style="list-style-type: none"> CalSAWS
SAWS Submission Date:	Displays the date the report was generated on. Format: MM/DD/YYYY
Reporting Level:	Indicates whether the report was generated at the case level or the individual level. For CalSAWS this value is equal to individual. Possible Value: <ul style="list-style-type: none"> Individual
Reporting Period (month prior to submission month):	Displays the month the data was generated for. This will be the month prior to the SAWS Submission Date. Format: MM/YYYY

- County Report Header:

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

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

- The program is:

Code-18	Description
MC	Medi-Cal

- The program **person application's** initial pending status occurred between March 01, 2020, and the **end of PHE**:

Code-157	Description
PE	Pending

Technical Note: The end of PHE date can be retrieved using `catgry_id = 10598` and `code_num_identif = '01'`.

- The program person application **does not** have an initial disposition event of approved or denied that occurred between March 01, 2020, and the **end of PHE**:

Code-157	Description
AA	Approved

Code-157	Description
DE	Denied

Note: Program person applications that were approved or denied during March 01, 2020, and the end of PHE, are excluded.

Example 1:

Assuming PHE End Date = 01/31/2023

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

Outcome: None of the people are reported because the approvals/denials occurred during the PHE period.

Example 2:

Assuming PHE End Date = 01/31/2023

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

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

See Appendix 7.1 for more examples.

- o Exclude applications that are an ICT application meeting one of the following conditions:

- i. Has an application source equal to Inter County Transfer.

Code-294	Description
EI	Inter County Transfer

- ii. The application has an ICT Indicator set to 'Yes'
- iii. The application has the following event and event reason that occurred on or before the last day of the report month:

Code-157	Description
CH	Change

Code-2619	Description
IC	ICT

- The base population is a distinct program person count. If a person appears on two separate Medi-Cal programs, then they may be reported for each given program.
- If a person has multiple applications on the same program, the latest application by Pending Date will be reported.

Note: See Appendix 7.1 for examples.

- **Monthly Report Measures 1,2,3 Totals**

The columns which are referenced in the total descriptions are defined in the section below.

Header	Description
Measure 1. Total Pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • All people captured in the base population
Measure 1a. Total MAGI and other non-disability applications (2a+3a)	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Disability Related Application indicator is set to No.
Measure 1b. Total disability-related applications (2b+3b)	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Disability Related Application indicator is set to Yes.
Measure 2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Initial Disposition Event is set to Approved or Denied.

Header	Description
Measure 2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Initial Disposition Event is set to Approved or Denied • The Disability Related Application indicator is set to No.
Measure 2b. Completed disability-related applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Initial Disposition Event is set to Approved or Denied. • The Disability Related Application indicator is set to Yes.
Measure 3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Initial Disposition Event is blank.
Measure 3a. 3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Initial Disposition Event is blank. • The Disability Related Application Indicator is set to No.
Measure 3b. 3b. Pending disability-related applications as of the last day of the reporting period	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The Initial Disposition Event is blank. • The Disability Related Application indicator is set to Yes.

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

Column Name	Description
Case Number	Displays the case number of the case

Column Name	Description
Case Name	Displays the case name of the case.
Person Name	Displays the program person's name. Format: [First Name] [Last Name]
DOB	Displays The date of birth (DOB) of the program person. This column will be blank if the program person does not have a date of birth recorded in the system. Format: MM/DD/YYYY
CIN	Displays the Client Index Number (CIN) of the program person. This column will be blank if the program person does not have a CIN.
Initial Pending Date	Displays the initial pending date of the program person application. Format: MM/DD/YYYY
Disability Related Application	Indicates whether the program person application is a disability related application as of the first day after PHE ends. Possible Values: <ul style="list-style-type: none"> • Yes – The person has one of the medical conditions listed below effective as of the first day of the month after the end of PHE. • No – The person does not have one of the medical conditions listed below effective as of the first day of the month after the end of PHE. Medical Conditions (CT-160): <ul style="list-style-type: none"> • 32 - FC/KG - Physical or Mental Disability • 27 - Fry v. Saenz Disability

Column Name	Description
	<ul style="list-style-type: none"> • 24 - Incapacity - Verifiable and at Least 30 Days • 22 - Limited Services - Kidney Dialysis • 23 - Limited Services - TPN • 21 - Limited Services - Tuberculosis • 25 - Presumptive Allegation of ALS (Lou Gehrigs) • 09 - Presumptive Allegation of Bed Confinement • 11 - Presumptive Allegation of Cerebral Palsy • 14 - Presumptive Allegation of Down Syndrome • 15 - Presumptive Allegation of Mental Retardation • 12 - Presumptive Allegation of Muscular Dystrophy • 10 - Presumptive Allegation of Stroke • 08 - Presumptive Allegation of Total Blindness • 07 - Presumptive Allegation of Total Deafness • 06 - Presumptive Amputation of a Leg at the Hip • 16 - Presumptive Birth Weight Below 2 lbs.10 oz. • 26 - Presumptive End Stage Renal Disease • 18 - Presumptive Gestational Age/Weight at Birth • 17 - Presumptive Human Immunodeficiency Virus (HIV) • 20 - Presumptive Nonambulatory/Spinal Cord Injury • 19 - Presumptive Terminally Ill • 04 - SP-DDSD Blind • 02 - SP-DDSD Disabled • 28 - SP-DDSD Pending • 31 - SP-DDSD Presumptive Approval • 03 - SSA Blind • 01 - SSA Disabled • 30 - SSI Blind

Column Name	Description
Initial Disposition Event	Displays the first disposition event of approve or denied on the program person application as of the last day of the report month. This column will be blank if the person application was not approved or denied as of the last day of the report month. Possible Values (CT 157): <ul style="list-style-type: none"> • AA - Approved • DE – Denied
Initial Disposition Date	Displays the event date of the first disposition event of approved or denied on the program person application as of the last day of the report month. This column will be blank if the person application was not approved or denied as of the last day of the report month. Format: MM/DD/YYYY

- **Monthly Report Measure 4 Base Population**

The base population includes Former Foster Youth.

- The program is:

Code-18	Description
MC	Medi-Cal

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

Code-72	Description
AC	Active

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

Code-72	Description
AC	Active

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

Code-201	Description
ME	Member

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

Code-1892	Description
NV	No Longer Valid
CO	Conversion

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

Example: In the report month of 09/2023 this measure will pick up renewals with an RE Due date of 11/2023

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

- **Monthly Report Measure 4 Totals**

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

Header	Description
	All people captured in the base population.

- **Monthly Report Measure 4 Detail Columns**

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

- **Monthly Report Measures 5 and 7 Base Population**

The base population includes Former Foster Youth.

- The program is:

Code-18	Description
MC	Medi-Cal

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

Code-72	Description
AC	Active

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

Code-72	Description
AC	Active

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

Code-201	Description
ME	Member

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

Code-1892	Description
NV	No Longer Valid
CO	Conversion

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

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

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

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

- **Monthly Report Measures 5 and 7 Totals**

The columns which are referenced in the total descriptions are defined in the section below.

Header	Description
5 Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	From the base population displays the count of people that meet the following condition: <ul style="list-style-type: none"> • The RE Due Date is equal to the report month.
5a Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	From the Measures 5 population the count of people that meet the following condition: <ul style="list-style-type: none"> • The Resulting Program Person Status is equal to Active. • The Resulting Program Person Role is equal to Member.
5a(1) Number of beneficiaries renewed on an ex parte basis	From the Measures 5a population the count of people that meet the following condition: <ul style="list-style-type: none"> • The Ex Parte Indicator is set to Yes.
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	From the Measures 5a population the count of people that meet the following condition: <ul style="list-style-type: none"> • The Ex Parte Indicator is set to No.
5b. Of the beneficiaries included in Metric 5, the number	From the Measures 5 population the count of people that meet the following condition:

Header	Description
determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	<ul style="list-style-type: none"> The Resulting Program Person Status is not equal to Active. OR The Resulting Program Person Role is not equal to Member.
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	<p>From the Measures 5b population the count of people that meet the following condition:</p> <ul style="list-style-type: none"> The Failure to Respond Status Reason is not blank.
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	<p>From the Measures 5 base population:</p> <ul style="list-style-type: none"> The Resulting Program Person Status is blank.
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	<p>From the Measure 7 Base Population:</p> <ul style="list-style-type: none"> The RE Due Date is less than the report month.

- Monthly Report Measures 5 and 7 Detail Columns**

Column Name	Description
Case Number	Displays the case number of the case.
Case Name	Displays the case name of the case.
Person Name	Displays the program person's name. Format: [First Name] [Last Name]
DOB	Displays The date of birth (DOB) of the program person. This column will be blank

Column Name	Description
	<p>if the program person does not have a date of birth recorded in the system.</p> <p>Format: MM/DD/YYYY</p>
CIN	<p>Displays the Client Index Number (CIN) of the program person. This column will be blank if the program person does not have a CIN.</p>
RE Due Date	<p>Displays the RE Due Date. For delinquent REs, the RE Due Date will be less than the report month. For current month REs, the RE Due Date will be equal to the report month. This column will be blank for Former Foster Youth.</p> <p>Format: MM/DD/YYYY</p>
RE Completion Date	<p>Displays the completion date for renewals that are due in the report month and completed in the report month. The column will be blank if the RE was not completed in the report month.</p> <p>Format: MM/DD/YYYY</p>
Resulting Program Person Status	<p>Displays the resulting program person status for redeterminations due in the report month that are completed in the report month. The column will be blank for redeterminations which are not completed in the report month.</p> <p>Possible Values (CT-72):</p> <ul style="list-style-type: none"> • Active • Denied • Discontinued
Resulting Program Person Role	<p>Displays the resulting program person role for redeterminations due in the report month and are completed in the report month. The column will be blank for redeterminations which are not completed in the report month.</p> <p>Possible Values (CT-201):</p>

Column Name	Description
	<ul style="list-style-type: none"> • FSO • FRI • MEM • UP
Advanced RE Due Date	<p>For Redeterminations which are due in the report month and are completed in the report month, displays the RE Due Date of the RE immediately following the completed RE. The advanced RE must have no completion reason or have a completion reason not equal to 'No Longer Valid' or 'Conversion'. The column will be blank if an RE does not meet these criteria.</p> <p>Format: MM/YYYY</p>
Ex Parte Indicator	<p>Indicates whether the person received a renewal final determination through the Ex Parte process.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • Yes – Meets the Auto Ex Parte or Manual Ex Parte conditions listed below. • No – Does not meet the Auto Ex Parte or Manual Ex Parte conditions listed below. <p>Auto Ex Parte</p> <ul style="list-style-type: none"> • The CalHEERS transaction type is (CT-297): <ul style="list-style-type: none"> ○ ED - Eligibility Determination Request • The CalHEERS run reason code is (CT-395): <ul style="list-style-type: none"> ○ RE - Renewal - batch administrative renewal • The CalHEERS batch reason code is (CT-2813): <ul style="list-style-type: none"> ○ 01 - Batch MAGI Redetermination EDR

Column Name	Description
	<ul style="list-style-type: none"> • The CalHEERS effective date is equal to the report month – 1 month • The CalHEERS eligibility status for MAGI is (CT-402): <ul style="list-style-type: none"> ○ EL – Eligible • The case does not have a Medi-Cal customer report that was generated or sent with an effective date between the report month and 2 months prior to the report month. <p>Manual Ex Parte</p> <ul style="list-style-type: none"> • The CalHEERS transaction type is (CT-297): <ul style="list-style-type: none"> ○ DR - Determination Response • The CalHEERS run reason code is (CT-395): <ul style="list-style-type: none"> ○ RE - Renewal - batch administrative renewal ○ RM - Renewal - manual renewal • The CalHEERS effective date is equal to the report month – 1 month • The case does not have a Medi-Cal customer report that was generated or sent with an effective date between the report month and 2 months prior to the report month.
Failure to Respond Status Reason	<p>For Redeterminations which are due in the report month and completed in the report month and the Resulting Program Person Status is Denied or Discontinued, the column displays the status reason if the status reason is one of the ones listed below else the column will be blank.</p> <p>Possible Values (CT-73):</p> <ul style="list-style-type: none"> ○ Child of FTP Income ○ Child of FTP Property ○ FTP Age Verification ○ FTP California Residency ○ FTP County Residence

Column Name	Description
	<ul style="list-style-type: none"> ○ FTP County Residence (Negative Action) ○ FTP Eligibility Forms ○ FTP Income ○ FTP Income for NOA ○ FTP Multiple Vehicles ○ FTP One Vehicle ○ FTP Other Health Care ○ FTP Proof Citizenship ○ FTP Proof Dependent Care Expense ○ FTP Proof Earned Income ○ FTP Proof Liquid Property ○ FTP Proof Lotto/Gambling Income ○ FTP Proof Marital Status ○ FTP Proof Medical Care Expense ○ FTP Proof Medical Condition ○ FTP Proof Relationship ○ FTP Proof Shelter Expense ○ FTP Proof Student Income ○ FTP Proof Unearned Income ○ FTP Proof Utility Expense ○ FTP Proof Vehicle Property ○ FTP Property ○ FTP Property for NOA ○ FTP Required Info ○ FTP Verification ○ Failed Property ○ Failed to Complete Determination ○ Failed to Complete Redetermination ○ Failed to verify LTC ○ Failure to Provide ○ Incarcerated Juvenile (MediCal) ○ Other Property ○ Real Property ○ Spouse of FTP Income ○ Spouse of FTP Property
Packet Type	Displays the Customer Report Type for the latest MC Packet which was generated before the end of the report month for

Column Name	Description
	<p>the program. The packet must have an Effective Month between two months prior to the report month and the report month. This column will be blank otherwise.</p> <p>Possible Values (CT-329):</p> <ul style="list-style-type: none"> • ABD MC RE Packet • Controlled Forms • Former Foster Youth Packet • GEN 201 • LTC MC RE Packet • MAGI RE Packet <p>...</p> <p>Note this list is not complete or restrictive. If a new Customer Report Type is introduced to the system, the report will automatically pick up the new type.</p>
Packet Sent Date	<p>Displays the status date of the first Sent status of the latest MC Packet which was generated before the end of the report month for the program. The packet must have an Effective Month between two months prior to the report month and the report month. This column will be blank otherwise.</p> <p>Format: MM/DD/YYYY</p>

- The report is generated on the 1st business day of every month.
Note: The report is due to the state on the 15th calendar day of the month.
- The state version of the report is sent directly to DHCS via SFTP process.

2.1.3 Report Location

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

2.1.4 Counties Impacted

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

2.1.5 Security Updates

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

1. Security Rights

Security Right	Right Description	Right to Group Mapping
DHCS CMS Unwinding Eligibility and Enrollment Data	Provides access to the DHCS CMS Unwinding Eligibility and Enrollment Data report.	<ul style="list-style-type: none">DHCS CMS Unwinding Eligibility and Enrollment Data

2. Security Groups




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

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

2.1.6 Report Usage/Performance

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

3 SUPPORTING DOCUMENTS

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

4 REQUIREMENTS

4.1 Project Requirements

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

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
CA-235486		This is a joint 58 county design where there is regional approval aligning to the governance model.	No Impact		

6 OUTREACH

None

7 APPENDIX

7.1 Measures 1,2,3 Examples

Assume PHE End Date is 01/31/2023

Example 1

Case: 10000001

Person Application Initial Pending Date: 01/15/2023

Person Application Initial Disposition Date: 02/02/2023

Reported Disability Effective 02/01/2023: No

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

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

Example 2

Assume PHE End Date is 01/31/2023

Case: 1000002

Person Application Initial Pending Date: 01/15/2023

Person Application Initial Disposition Date: 04/02/2023

Reported Disability Effective on 02/01/2023: Yes

Measure	Report Month: 02/2023	Report Month: 03/2023	Report Month: 04/2023
1 – Total applications	Yes – The application was received during PHE and was not approve or denied during PHE.	Yes – The application was received during PHE and was not approve or denied during PHE.	Yes – The application was received during PHE and was not approve or denied during PHE.
1a – Total disability-related applications	Yes – The user has an effective disability recorded as of 02/01/2023.	Yes – The user has an effective disability recorded as of 02/01/2023.	Yes – The user has an effective disability recorded as of 02/01/2023.

1b – Total non-disability-related applications	No – The user has an effective disability recorded as of 02/01/2023.	No – The user has an effective disability recorded as of 02/01/2023.	No – The user has an effective disability recorded as of 02/01/2023.
2 – Completed applications	No – The application was not approved or denied as of the last day of the month.	No – The application was not approved or denied as of the last day of the month.	Yes – The application was approved or denied as of the last day of the month.
2a - Completed non-disability related applications	No – The application was not approved or denied as of the last day of the month.	No – The application was not approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.
2b - Completed disability related applications	No – The application was not approved or denied as of the last day of the month.	No – The application was not approved or denied as of the last day of the month.	Yes – The application was approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.
3 – Pending applications	Yes – The application was not approved or denied as of the last day of the month.	Yes – The application was not approved or denied as of the last day of the month.	No – The application was approved or denied as of the last day of the month.
3a – Pending non-disability related applications	No – The application was not approved or denied as of the last day of the month and the user does not have an effective disability as of 02/01/2023.	No – The application was not approved or denied as of the last day of the month and the user does not have an effective disability as of 02/01/2023.	No – The application was approved or denied as of the last day of the month.
3b – Pending disability related applications	Yes – The application was not approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.	No – The application was not approved or denied as of the last day of the month and the user has an effective disability as of 02/01/2023.	No – The application was approved or denied as of the last day of the month.

Example 3

Assume PHE End Date is 01/31/2023

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

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-249988

Add threshold languages CW Time Limit Forms

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Prajwal Honneshappa
	Reviewed By	Kavitha M R

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/11/2022	1.0	Initial Draft	Prajwal Honneshappa
11/24/2022	1.1	Content Revision1 Removed the updating of English language form section 1.2 and Section 1.3. Updating the Imaging Barcode to N in section 2.1.4	Prajwal Honneshappa

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1 OVERVIEW

This effort is to add all the available threshold languages for CW time limit forms.

1.1 Current Design

Currently, the system has only English language in CalSAWS for CW 2184 and CW2186A.

1.2 Requests

1. Add the CW 2184 form in all available Threshold languages to the latest version CW 2184 (4/21)

Languages include:

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

2. Add the CW 2186A form in all available Threshold languages to the latest version CW 2186A (4/21)

Languages include:

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

1.3 Overview of Recommendations

1. Add the latest version of CW 2184 (4/21) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
2. Add the latest version of CW 2186A (4/21) in the following Threshold languages: Arabic, Hmong, Lao, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print options 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 forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.
5. SCR CA-224269 implemented the English language for CalWORKs Time Limit Forms CW 2184 and CW 2186A to the newest version.

2 RECOMMENDATIONS

2.1 Add Threshold Languages to CW 2184 (4/21) in CalSAWS

2.1.1 Overview

This section will cover the requirements for adding the CW 2184 forms in available threshold languages.

State Form: CW 2184 (4/21)

Current Programs: CalWORKs

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: This form is issued when the CalWORKs 60-month Time Limit Notice of Actions is sent out.

Imaging Form Name: CW 60-Month Time Limit

Imaging Document Type: Time Limit Documents

2.1.2 Form Verbiage

Create CW 2184 for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #1

Form Header: CalSAWS Standard Header #3

Include NA BACK 9: No

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

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for CW 2184 Form
Mail-To (Recipient)	N/A
Mailed From (Return)	N/A
Mail-back-to Address	N/A
Outgoing Envelope Type	N/A
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	N

Additional Options:

Requirement	Option for CW 2184 Form
Post to Self-Service Portal	Y

2.2 Add Threshold Languages to CW 2186A (4/21) in CalSAWS

2.2.1 Overview

This section will cover the requirements for adding the CW 2186A forms in available threshold languages.

State Form: CW 2186A (4/21)

Current Programs: CalWORKs, Welfare-To-Work, REP

Current Attached Forms: N/A

Current Forms Category: Application

Current Template Repository Visibility: All counties

Existing Languages: English

Template Description: This form is used by a customer to request exemption from the Welfare to Work, CalWORKs and REP participants.

Imaging Form Name: CW Exemption Request Form

Imaging Document Type: CalWORKs (CW)

2.2.2 Form Verbiage

Create CW 2186A XDP's for Threshold Languages

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

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

Form Mockups/Examples: See Supporting Documents #2

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: No

2.2.3 Form Variable Population

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

2.2.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	Option for CW 2186A 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

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW 2186A Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	CW 2184 Threshold Languages	CW2184.zip
2	Forms	CW 2186A Threshold Languages	CW2186A.zip

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.1 CAR-1237	<p>The LRS shall automatically generate the following correspondence online or in the batch process, as a result of individual and/or case action initiated by the LRS or by COUNTY-specified Users, except when exempt due to program requirements:</p> <ul style="list-style-type: none">a. Adverse notices (includes: decrease, collection, denial, or termination of benefits);b. Non-adverse notices (includes: approval, increase in benefits, no change, and rescission); andc. Non-approval notices (includes: cancellation, withdrawal, informational, and benefit issuance).	CW Time Limit Forms is being added in all available threshold languages.