



California Statewide Automated Welfare System

Design Document

CA-239004

Add Threshold Languages to CF 303

CalSAWS	DOCUMENT APPROVAL HISTORY	
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DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/27/2022	1.0	Initial Draft	Nisarga N

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1 OVERVIEW

This effort will add the CF 303 (8/19) in all available threshold languages.

1.1 Current Design

Currently, the system has CF 303 (8/19) only in English and Spanish languages in CalSAWS.

1.2 Requests

Add available Threshold Languages to the CalSAWS Template Repository for the CF 303 (8/19) Replacement Or Disaster Supplement Affidavit.

Languages include:

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

1.3 Overview of Recommendations

Add the CF 303 (8/19) form in all available threshold languages.

Languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.

1.4 Assumptions

1. Print options for threshold forms will remain the same as the print options for CF 303 English and Spanish forms.
2. There are no changes to the generation logic of these forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add Threshold Languages to CF 303 (8/19) to CalSAWS.

2.1.1 Overview

This section will cover the requirements for adding the CF 303 (8/19) forms in available threshold languages.

State Form: CF 303 (8/19)

Current Programs: CalFresh

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Imaging Form Name: Replacement or Supplement Affidavit/Auth

Imaging Document Type: Fiscal

2.1.2 Form Verbiage

Create CF 303 XDP's for Threshold Languages

Create CF 303 XDPs for the following threshold languages.

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

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

Form Mockups/Examples: See Supporting Documents #1

Form Header: CalSAWS Standard Header #1

CalSAWS BRM Header #2

Include NA BACK 9: Yes

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

Form Print/Mailing Options

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

Print Options:

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

Mailing Options:

Mailing Options	CF 303
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	Y	Y

Additional Options:

Requirement	Option for CF 303 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CF 303 Threshold Languages	CF303_AE.pdf CF303_AR.pdf CF303_CA.pdf CF303_CH.pdf CF303_FA.pdf CF303_HM.pdf CF303_KO.pdf CF303_LA.pdf CF303_RU.pdf CF303_TG.pdf CF303_VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	CF 303 (8/19) is being added in all available threshold languages.



California Statewide Automated Welfare System

Design Document

CA-47922

DCFS: Automating AAP Finalization

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Soundarya Ramesh
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/01/2022	1.0	Initial Draft	Soundarya Ramesh

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1 OVERVIEW

1.1 Current Design

DCFS Data Mart sends referral intake details for children/youth eligible for Adoption Assistance Program (AAP). CalSAWS loads these in the database as an AAP case, and then they are assigned to an AAP worker through the 'DCFS AAP Inbound Reader'.

If the adoption case is already available in CalSAWS for the same CPS case and AAP, then the inbound record will be considered an update to that AAP case. These records contain either disruption (placement removal) or finalization details. CalSAWS updates the information for identified AAP cases and assigns a new task to the AAP worker for those AAP cases.

Any transaction sent where a match cannot be completed based on the CPS case and AAP case combination will not **complete** to protect case data integrity in CalSAWS.

Commented [LO1]: this wording is hard to understand. I think we can remove the "and logged in database" ?

1.2 Requests

Modify the update process to disassociate the freed minor CPS case from the AAP case whenever the system receives finalization details.

1.3 Overview of Recommendations

Modify 'DCFS AAP Inbound Reader' to disassociate the freed minor CPS case from the AAP case whenever the system receives finalization details.

1.4 Assumptions

The Outbound file sent by DCFS contains the finalization date only in the Case Maintenance Transaction.

2 RECOMMENDATIONS

2.1 DCFS AAP Inbound Reader job

2.1.1 Overview

Update the 'DCFS AAP Inbound Reader' to disassociate the freed minor CPS case from the AAP case whenever the system receives finalization details.

2.1.2 Description of Change

Update the 'DCFS AAP Inbound Reader (PI19C882)' to disassociate the freed minor CPS case from the AAP case whenever the system receives finalization details.

1. At Case Maintenance, whenever the system receives finalization date, disassociate the freed minor CPS case from the AAP case by removing the linkage from the companion table in the database.
2. Create a Journal Entry with the following details after disassociating the freed minor CPS case from the AAP case.
 - i. Category – Eligibility or Interfaces
 - ii. Type – Interfaces or Activity
 - iii. Short Description – Finalization Date Received
 - iv. Long Description – Finalization Date Received from CWS/CMS

2.1.3 Execution Frequency

Daily – No Change

2.1.4 Partner Integration Testing

No

2.1.5 Key Scheduling Dependencies

No Change

2.1.6 Counties Impacted

Los Angeles County

2.1.7 Category

Core

2.1.8 Data Volume/Performance

No Change

2.1.9 Interface Partner

DCFS Data Mart

2.1.10 Failure Procedure/Operational Instructions

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

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.4	The LRS shall match LRS Data from external interfaces to an applicant s or participant s case record and update the LRS database when appropriate	Modify 'DCFS AAP Inbound Reader' to disassociate the freed minor CPS case from the AAP case whenever the system receives finalization details.



California Statewide Automated Welfare System

Design Document

CA-208537

ACIN I-25-19 Treatment on In-Kind Support and
Maintenance in the Cash Assistance Program
for Immigrants (CAPI)

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio, Connor O'Donnell, Connor Gorry
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/13/2022	1.0	Initial Draft	Tom Lazio, Connor O'Donnell, Connor Gorry
02/06/2023	2.0	Revised SCR based on committee feedback: <ul style="list-style-type: none"> - Removed assumptions 2 and 3 - Added assumptions 8 and 9 - Updated 2.1.2 mockup - Updated Section 2.1.3 - Updated Section 2.5.1 Overview - Updated Sections 2.5.2.1 and 2.5.2.2 	Tom Lazio Connor O'Donnell
03/01/2023	3.0	Added the following assumption for clarification based on R6 concern: The ISM income on couple cases will behave the same as income assigned to a person who is on multiple cases. Example: In the scenario where current CAPI applicant/recipient and Financially Responsible – Excluded (FRE) spouse have separate CAPI cases, the ISM income would only need to be entered on the CAPI applicant/recipient case with the CF program which will apply the 'split' income to both CAPI cases.	Tom Lazio
03/03/2023	4.0	Updated Sections 2.5.2.1.a and 2.5.2.1.c based on feedback from the State	Tom Lazio

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1 OVERVIEW

ACIN I-25-19 provides guidance on how to calculate and apply in-kind support and maintenance (ISM) for Cash Assistance Program for Immigrants (CAPI) applicant(s)/recipient(s). This SCR will provide details for automating the ISM calculation and applying it as unearned income for the CAPI applicant/recipient.

1.1 Current Design

Currently County staff manually calculate the countable income to determine whether in-kind support and maintenance (ISM) is applicable using the SOC 453 form and enter the countable ISM as unearned income for the CAPI applicant/recipient into CalSAWS.

1.2 Requests

The request is to add a new income type for ISM and automate the ISM calculation to apply the countable amount as unearned income for the CAPI applicant/recipient in CalSAWS.

1.3 Overview of Recommendations

1. Online: Update the Income Detail page with a new Income Type to support the entry of questions related to In-Kind Support and Maintenance (ISM).
2. Online: Update the Transaction History Detail page with new fields to match the updates to the Income Detail page.
3. Online: Update the County Parameters Detail page to account for the new ISM income type.
4. Eligibility: Add new In-Kind Support and Maintenance (ISM) income type and configure treatment across different programs.
5. Eligibility: Add new CAPI EDBC logic for ISM amount calculation.
6. Eligibility: Add new Presumed Maximum Value (PMV) code table.
7. Client Correspondence: Regression Testing for CAPI NOAs with Unearned Income.
8. Client Correspondence: Add threshold language translations for new 'In-Kind Support and Maintenance' income type.

1.4 Assumptions

1. Fields not mentioned to be modified within the description of changes will retain their current functionality and logic.
2. There is no impact to IEVS interface with this SCR.
3. CA-206907 will update the SOC 453 form to the most recent 8/22 revision in English and Spanish. Future SCR CA-232403 will add threshold languages for this version of the SOC 453.
4. This SCR change will only apply to the CAPI EDBC benefit months that are ran after the implementation of this SCR.

5. When the 'In-Kind Support and Maintenance (ISM)' Income Type is used, the Frequency will be 'Monthly'.
6. In the scenario where current CAPI applicant/recipient and Financially Responsible – Excluded (FRE) spouse have separate CAPI cases and the ISM amount is split between the two cases, the user will be responsible for running EDBC on both CAPI cases.
7. In a couple's CAPI case, the user will be responsible for entering the total couples' contribution amount under '**What is the CAPI applicant/recipient's contribution to the household's monthly expenses?**' in the income detail page.
8. The ISM income on couple cases will behave the same as income assigned to a person who is on multiple cases. Example: In the scenario where current CAPI applicant/recipient and Financially Responsible – Excluded (FRE) spouse have separate CAPI cases, the ISM income would only need to be entered on the CAPI applicant/recipient case with the CF program which will apply the 'split' income to both CAPI cases.

2 RECOMMENDATIONS

2.1 Income Detail

2.1.1 Overview

The Income Detail page allows for information related to certain specifics of a potential aid recipient's income information to be stored and accessed by EDBC. The new income type of In-Kind Support and Maintenance will allow for various CAPI applicant details to be stored.

2.1.2 Income Detail Mockup

Category: Miscellaneous	Type: * In-Kind Support and Maintenance(ISM) ▼
Source: <input type="text"/>	
Frequency: * Monthly ▼	
Description: <input type="text"/>	

ISM Calculation

Does the CAPI applicant/recipient live in a public assistance household? *

No ▼

Does CAPI applicant/recipient live alone? *

No ▼

Does CAPI applicant/recipient live with spouse? *

Yes ▼

Does CAPI applicant/recipient live with spouse and/or minor children only? *

No ▼

Is this a CAPI couples' case? *

No ▼

How many people live in the household(including CAPI applicant/recipient)? *

2

Does the CAPI applicant/recipient receive food and shelter assistance from one or more members of the household? *

No ▼

Does the CAPI applicant/recipient receive non-medical care from one or more members of the household? *

No ▼

Is outside ISM applicable? *

No ▼

What are the total monthly household expenses? *

2000.00

What is the Pro Rata Share? *

1000.00

What is the CAPI applicant's/recipient's contribution to the household's monthly expenses? *

1500.00

What is the date the CAPI applicant/recipient started living in the household? *


02/07/2023 

Figure 2.1.1 – Income Detail Mockup

2.1.3 Description of Changes

1. Add a new value of 'In-Kind Support and Maintenance (ISM)' to the Type field on the Income Detail page for when the Category is 'Miscellaneous'. When this income type is selected, set the 'Frequency' field to Monthly.
2. Add a new required section titled 'ISM Calculation' that will dynamically appear directly below the Description field when the Category is 'Miscellaneous' and the Type field is set to 'In-Kind Support and Maintenance (ISM)'. This field will appear extended by default but can be minimized by clicking the arrow next to the title. This section will contain the following questions, all of which are required:
 - a. 'Does the CAPI applicant/recipient live in a public assistance household?' This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - b. 'Does CAPI applicant/recipient live alone?' This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - c. 'Does CAPI applicant/recipient live with spouse?' This question will dynamically appear when the question shown in 2.1.3.2.b is set to 'No'. This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - d. 'Does CAPI applicant/recipient live with spouse and/or minor children only?' This question will dynamically appear when the 'Does CAPI applicant live alone?' is set to 'No'. This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - e. 'Is this a CAPI couples' case?' This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - f. 'How many people live in the household (including CAPI applicant/recipient)?' This question can be answered with a text input field that accepts number values.
 - g. 'Does the CAPI applicant/recipient receive food and shelter assistance from one or more members of the household?' This

question can be answered with a select field containing the following values:

- i. Null space (default value)
 - ii. Yes
 - iii. No
 - h. 'Does the CAPI applicant/recipient receive non-medical care from one or more members of the household?' This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - i. 'Is outside ISM applicable?' This question can be answered with a select field containing the following values:
 - i. Null space (default value)
 - ii. Yes
 - iii. No
 - j. 'What are the household's total monthly expenses?' This question can be answered with a text input field that accepts number values.
 - k. 'What is the Pro Rata Share?' This question can be answered with a text input field that accepts number values. When there is a value populated for 'How many people live in the household (including CAPI applicant)?' and 'What are the household's total monthly expenses?', dynamically populate this field using the following logic:
 - i. If 'Is this a CAPI couples' case' is set to 'No', divide the second value by the first value (i.e if the monthly expenses are 4000.00, and there are four people living in the household, the Pro Rata Share should be set to 1000.00).
 - ii. If 'Is this a CAPI couples' case' is set to 'Yes', divide the second value by the first value, and then multiply the result by two (i.e if the monthly expenses are 4000.00, and there are four people living in the household, the Pro Rata Share should be set to 2000.00).
 - l. 'What is the CAPI applicant/recipient's contribution to the household's monthly expenses?' This question can be answered with a text input field that accepts number values.
 - m. 'What is the date that the CAPI applicant started living in the household?' This question can be answered with a text input field that accepts date values in MM/DD/YYYY format.
3. Add the following validation for the questions in the new 'ISM Calculation' section:
- a. If 'Does CAPI applicant/recipient live alone?' is set to 'Yes' then 'How many people live in the household (including CAPI applicant)?' should only accept the value of '1'.

- b. If 'Does CAPI applicant/recipient live alone?' is set to 'Yes' then 'Is this a CAPI couples' case' must be set to 'No'.
- c. If 'Does CAPI applicant/recipient live alone?' is set to 'No' then 'How many people live in the household (including CAPI applicant)?' should only accept a value of greater than '1'.
- d. If 'Is this a CAPI couples' case?' is set to 'Yes' then 'Does CAPI applicant/recipient live with spouse?' must also be set to 'Yes'.

2.1.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Income**

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Transaction History Detail

2.2.1 Overview

The Transaction History Detail page shows a list of updates made to a particular Income entry on the income Detail page. When data is entered or modified on that page, the timeline of those changes will be shown on this page.

2.2.2 Transaction History Detail Mockup

N/A

2.2.3 Description of Changes

1. Add new values that match the 'ISM Calculation' entries in Section 2.1.3.2. These values match the data that is entered into the questions shown in the 'ISM Calculation' dynamic section that appears on the

Income Detail page when the 'In-Kind Support and Maintenance (ISM)' income type is selected.

2.2.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Income**

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

N/A

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 County Parameter Detail Page

2.3.1 Overview

Add 'In-Kind Support and Maintenance (ISM)' to the County Parameter Detail page so that GA/GR Automated Solution Counties can view and edit the parameters associated with this income type for the GR program.

NOTE: Updates to the County Parameter Detail page only impact the GA/GR Automated Solution program.

2.3.2 County Parameter Detail Page Mockup


County Parameter Detail

Edit

Close

Miscellaneous

County:
Orange

View Month:
01/2023 

View

Item	Value	Begin Month	End Month
ABLE/CalABLE Non-Qualified Withdrawal	Exempt	12/2020	
Blood/Plasma	Exempt	12/2020	
Community Services	Exempt	12/2020	
DHS/DSS Advisory Group	Exempt	12/2020	
Disaster/Emergency Assistance	Exempt	12/2020	
GR Other	Exempt	12/2020	
Independent Living Programs (ILP)	Exempt	12/2020	
In-Kind Support and Maintenance (ISM)	Exempt	12/2020	
Jury Duty - Mileage	Exempt	12/2020	
Jury Duty - Per Diem	Earned	12/2020	
LTC Indemnity/Per Diem	Exempt	12/2020	
Modified Grant Diversion	Unearned	12/2020	
Other Unearned All	Exempt	12/2020	
Prison Release Funds - Earnings	Unearned	12/2020	
Prison Release Funds - Transition	Exempt	12/2020	
Relocation Assistance - Govt.	Unearned	12/2020	
Relocation Assistance - Private	Exempt	12/2020	

Figure 2.3.2.1 - County Parameter Detail Mockup

2.3.3 Description of Changes

1. Add the following item to the County Parameter Detail page so that users with access rights can view and edit the 'Value', 'Begin Month' and 'End Month' fields:

County Parameter Category	County Parameter Type	Item
Income	Miscellaneous	In-Kind Support and Maintenance (ISM)

2. The Value dropdown field will have three possible options:
 - a. 'Blank'
 - b. 'Earned'
 - c. 'Exempt'
 - d. 'Unearned'
3. The following values will be set as default for the 'In-Kind Support and Maintenance' item for each GA/GR Automated Solution County:

NOTE: GA/GR Automated Solution counties can update these values as needed.

County	In-Kind Support and Maintenance (ISM)
Alameda	Exempt
Contra Costa	Exempt
Fresno	Exempt
Orange	Exempt
Placer	Exempt
Sacramento	Exempt
Santa Barbara	Exempt
Santa Clara	Exempt
Santa Cruz	Exempt
San Diego	Exempt
San Francisco	Exempt
San Luis Obispo	Exempt

County	In-Kind Support and Maintenance (ISM)
San Mateo	Exempt
Solano	Exempt
Sonoma	Exempt
Tulare	Exempt
Ventura	Exempt
Yolo	Exempt

2.3.4 Page Location

- **Global: Admin Tools**
- **Local: Admin**
- **Task: GA/GR County Admin > Grants/Income**

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Page Usage/Data Volume Impacts

N/A

2.4 Eligibility: New In-Kind Support and Maintenance (ISM) Income Type

2.4.1 Overview

Add the new In-Kind Support and Maintenance (ISM) type and configure the treatment of these types across different programs. For GA/GR Automated Solution (GR) please see Section 2.3.

2.4.2 Description of Changes

1. Add new income type of 'In-Kind Support and Maintenance' under 'Miscellaneous' income category and configure treatment of income across the different programs based on the following:

Program	Treatment
CW	Exempt
CF	Exempt
RCA	Exempt
Foster Care	Exempt
Kin-GAP	Exempt
CAPI	Unearned
Medi-Cal	Exempt
GA (LA Only)	Exempt
Immediate Need	Exempt
Diversion	Exempt
CalHEERS Inbound/Outbound Codes	
CalHEERS Inbound	<i>null</i>
CalHEERS Outbound	<i>null</i>
eICT Inbound/Outbound Codes	
eICT Inbound	<i>null</i>
eICT Outbound	LOT

2.4.3 Programs Impacted

CW, CF, RCA, CAPI, FC, KG, MC, GA (LA Only), IN, DV

2.5 Eligibility: New EDBC Logic for ISM Amount Calculation

2.5.1 Overview

Add new CAPI EDBC logic for calculating ISM income amount applied as unearned income. In 2 person households (HH) where CAPI applicant/recipient and spouse live with other individuals, the ISM amount will vary based on whether the CAPI case is treated as an individual or couples' case. The following 2 HH scenarios describe how ISM would be added and treated on the CAPI case:

Scenario 1: 2 person HH where the applicant/recipient is eligible for CAPI but the spouse is not eligible due to receiving Other Program Assistance (OPA) of SSI/SSP. The user would fill out the 'ISM Calculation' section of the ISM income including '**Is this a CAPI couples' case?**' = '**No**' and enter only the applicant/recipient's individual contribution amount in the '**What is the**

CAPI applicant/recipient's contribution to the household's monthly expenses?' value field. The EDBC logic would subtract the entered contribution amount from the individual's pro-rata share shown in the **'What is the Pro Rata Share?'** field and the resulting amount would be compared to the PMV Individual Value where the EDBC logic will apply the lesser of the two amounts as unearned income.

Scenario 2: 2 person HH where both applicant/recipient and spouse are eligible for CAPI and there is a 'split' case with an active Financially Responsible – Excluded (FRE) spouse. The user would fill out the 'ISM Calculation' section of the ISM income including **'Is this a CAPI couples case?'** = **'Yes'** and enter both the applicant/recipient and spouse's combined contribution amount in the **'What is the CAPI applicant/recipient's contribution to the household's monthly expenses?'** value field. The EDBC logic would subtract the entered couples' contribution amount from the couple's pro-rata share shown in the **'What is the Pro Rata Share?'** field and the resulting amount would be compared to the PMV Couple Value where the EDBC logic will take the lesser of the two amounts, divide by two and apply the resulting amount as unearned income.

2.5.2 Description of Changes

- 1) The ISM income amount will be **\$0** when any of the following values from the 'ISM Calculation' section of the 'ISM' income type detail page (See Section 2.1.3.2) is true:
 - a. All the following are true for PACF HH with no outside ISM:
 - i) 'Does the CAPI applicant/recipient live in a public assistance household?' = **'Yes'**
 - AND-
 - ii) 'Is outside ISM Applicable?' = **'No'**
 - OR-
 - b. All the following are true for lives alone with no outside ISM:
 - i) 'Does CAPI applicant/recipient live alone?' = **'Yes'**
 - AND-
 - ii) 'Is outside ISM Applicable?' = **'No'**
 - OR-
 - c. All the following are true for a CAPI applicant/recipient who only lives with their spouse and/or minor children with no outside ISM:

i) 'Does CAPI applicant/recipient live with spouse and/or minor children only?' = '**Yes**'

-AND-

ii) 'Is outside ISM Applicable?' = '**No**'

-OR-

d. 'What is the CAPI applicant/recipient's contribution to the household's monthly expenses?' amount value is **greater than or equal** to the 'What is the Pro Rata Share?' amount value

-OR-

e. All the following are true for reduced needs payment standard:

i) 'What is the date the CAPI applicant/recipient started living in the household?' **date** is on or prior to the benefit month begin date

-AND-

ii) 'Does the CAPI applicant/recipient receive food and shelter assistance from one or more members of the household?' = '**Yes**'

-AND-

iii) 'Does the CAPI applicant/recipient receive non-medical care from one or more members of the household?' = '**No**'

2) If ISM amount is not determined to be **\$0** in the previous step above, use the following calculation for the ISM amount using the values **in bold** from the 'ISM Calculation' section of the 'ISM' income type detail page (See Section 2.1.3.2):

a. Subtract '**What is the CAPI applicant/recipient's contribution to the household's monthly expenses?**' amount value from the '**What is the Pro Rata Share?**' amount value

-AND-

b. Compare difference from step a. above to the following:

i. If '**Is this a CAPI couples' case?**' = '**No**' then compare difference to the effective PMV Individual Value*

-OR-

ii. If '**Is this a CAPI couples' case?**' = '**Yes**' then compare difference to the effective PMV Couple Value*

-AND-

- c. Take the lesser amount of the comparison from step b. above and do one of the following:
 - i. If the CAPI case contains an active Financially Responsible – Excluded (FRE) spouse, divide the amount by 2 and apply the resulting amount as unearned income to the CAPI program.

-ELSE-

- ii. If the CAPI case does not contain an active Financially Responsible – Excluded (FRE) spouse, apply the entire amount as unearned income to the CAPI program.

* Note - See Section 2.6 for PMV Individual Value and PMV Couple Value.

2.5.3 Programs Impacted

CAPI

2.6 Eligibility: New Presumed Maximum Value (PMV) Code Table

2.6.1 Overview

A new code table will store the Presumed Maximum Value (PMV) which is the maximum value that can be attributed to the CAPI In-kind support and maintenance (ISM) for the purposes of determining countable unearned income. Values will be effective dated so they can be updated when CDSS provides new PMV amounts with the annual CAPI COLA payment standard rate increases. The initial set of values will have a Begin Date of 01/01/2023.

2.6.2 Description of Changes

1. Add a new code table to CalSAWS to store the PMV with the following columns:
 - a. PMV Individual Value
 - b. PMV Couple Value
2. Load these initial values from ACIN I-71-22 with an effective date of 01/01/2023 into the new table:

PMV INDIVIDUAL VALUE	PMV COUPLE VALUE
\$324.66	\$477.00

2.6.3 Programs Impacted

CAPI

2.7 Client Correspondence: Regression Testing for CAPI NOAs with Unearned Income

2.7.1 Overview

Conduct regression testing for CAPI NOAs with triggers and variable population related to unearned income.

ID	Fragment Name	Languages
7409	CI_DN_INCOME_EXCEEDS_LIMIT_C301	EN, SP, AE, CA, CH, FA, KO, RU, TG, RU, VI
7410	CI_TN_INCOME_EXCEEDS_LIMIT_C301	EN, SP
7416	CI_CH_INCOME_OTHER_SRC_CHANGE_C405	EN, SP

Conduct regression testing for the CW 2200 variable population for the new income type.

Form ID	Form Number – Form Name	Languages
5016	CW 2200 – Request for Verification	EN, SP, AR, AE, CA, CH, FA, HM, LA, KO, RU, TG, RU, VI

2.8 Correspondence - Add threshold language translations for new 'In-Kind Support and Maintenance' income type

2.8.1 Overview

This effort will add threshold language translations for the new 'In-Kind – Support and Maintenance' income type.

2.8.2 Description of Change

1. The following new income type options will be translated into the CalSAWS supported threshold languages for inclusion in CT186:
 - a. In-Kind – Support and Maintenance

Language Name
Spanish
Armenian
Cambodian
Chinese
Farsi
Tagalog
Korean
Russian
Vietnamese

See supporting document #1 for the threshold language translations.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	Translations for the new 'In-Kind – Support and Maintenance' income type for CT186.	CA-208537 In-Kind Translations.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.1.1	The LRS shall fully automate and perform all aspects of the eligibility determination process and benefit level calculations for all categories of public assistance in a single pass without manual intervention.	This SCR updates automated EDBC to comply with income calculation and application requirements for In-Kind Support and Maintenance (ISM)' detailed under ACIN I-25-19.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-232056

Update CW/CF Read-Only EDBC Logic
and Unearned Income Logic
When Processing Late Report

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Paul Galloway, Maria Jensen
	Reviewed By	Jason Francis, Ritu Chinya

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
2022-07-01	.01	Initial Draft	Paul Galloway
2022-10-14	.02	CC Regression Test	Maria Jensen
2023-01-09	.03	Updated with input from committee review	Paul Galloway
2023-01-18	.04	Updated Overview for CC Regression Testing Added Supporting Documents	Maria Jensen
2023-02-07	.05	Updates following build and test review	Paul Galloway
2023-02-14	1.00	Updates with committee feedback. This version was approved by CW/CF Committee.	Paul Galloway

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1 OVERVIEW

Updates are needed to CalSAWS EDBC processing for CW(CalWORKs), RCA (Refugee Cash Assistance), and CF (CalFresh) to prevent a negative change in benefits from being applied at the start of a new reporting period without 10-Day Notice when it is not allowed by policy. The policy differs among the programs.

Updates are also needed in how **the cash grant is used in unearned income calculations** when rerunning CF for the first month of a new SAR period.

CalWORKs and RCA:

Ten-day notice is required to apply a negative change on CW/RCA when processing a CW/RCA SAR 7 or a CW RE (RCA only has SAR 7 reports, not RE). A negative change cannot be applied without ten-day notice even when based on a late SAR 7 or RE report. The negative change cannot be applied until the next month when 10-day notice can be provided. After that, a worker can re-run EDBC for the month(s) that had a Read-Only EDBC to create a regular EDBC with an overpayment.

CalFresh:

Ten-day notice is required to apply a negative change on CF when processing a CF SAR7, as it is with CW/RCA. A negative change cannot be applied without ten-day notice even when based on a late CF SAR7 report. The negative change cannot be applied until the next month when 10-day notice can be provided. After that, a worker can re-run EDBC for the month(s) that had a Read-Only EDBC to create a regular EDBC with an **overissuance**.

Ten-day notice is not required to apply a negative change on CF when processing a CF RE for the first month of a new certification period. This is because it is technically considered an approval of a recertification for a lesser benefit amount, not a decrease in benefits. This means that even if the RE month is processed after the cut-off date when 10-day notice could have been provided, a negative change can be applied, and no delay for additional notice is required.

1.1 Current Design

1. When a user processes a CW/CF/RCA SAR7 or a CW/CF RE after the 10-day NOA cut-off in the SAR7 or RE due month and the result is a negative change, CalSAWS creates a Read-Only EDBC for that month and does not apply the change.
2. When a user processes a CW/CF/RCA SAR7 or a CW/CF RE in the month after the report was due and it results in a negative change, CalSAWS does not create a Read-Only EDBC for that month. A regular EDBC is created that applies the negative change even though 10-day notice was not provided.

3. CF EDBC uses the cash grant from the EDBC with the lowest amount for the month rather than the cash grant from the most recent EDBC for the month when re-running CF EDBC in the situation described below.

The calculation of unearned income when CF EDBC is re-run for a benefit month currently uses the lowest amount from the previously run EDBC for the grant from the cash program when:

- a. the EDBC run date is past the intake date for the program; and,
- b. the benefit month is *not* the come-up month; and,
- c. a valid recent EDBC for the benefit month exists.

1.2 Requests

1. Allow CF EDBC to apply changes for the first month of a new CF certification period even if those changes are made after the 10-day NOA deadline and result in a negative change.
2. When processing a late CF SAR7, CW SAR7/RE, or RCA SAR7 in a month after the report was due when benefits have not yet been issued, do not apply negative changes without giving 10-day notice. EDBC should return a Read Only EDBC until a month is processed where timely notice can be provided even if it is after the month the report was due.
3. Use the most recent (not the most beneficial) EDBC from the cash program as unearned income when re-running CF EDBC for the first month of a new CF SAR period if CF benefits have already been issued for the month.

1.3 Overview of Recommendations

1. Update EDBC so that when a user processes a CF RE in the month the RE is due and it is after the 10-day NOA cutoff for the next month and the result is a negative change, CalSAWS will create a Regular (not Read Only) EDBC and will apply the negative change and set the EDBC Run Reason to RE.

(Note: This only applies to CF RE. The rest of "Current Design #1" functionality above remains unchanged: when a CW/CF/RCA SAR7 or CW RE is run in the month the RE is due and it is after the 10-day NOA cut-off for the RE month and the result is a negative change, CalSAWS will still create a Read-Only EDBC and the negative change will not be applied.)

2. Update EDBC so that when a user processes a CW/CF/RCA SAR7 or a CW RE in a month after the report is due and benefits have not yet been issued for the month and the result is a negative change, CalSAWS will create a Read-Only EDBC for that month with the reason 10-Day Negative Action. After benefits have been issued for the month, the EDBC can be re-run to establish an overissuance/overpayment, if needed.

3. Update CF EDBC to use the cash grant amount from the most recent EDBC from the cash program when calculating unearned income if the benefit month being processed is the start of a new SAR period and CF benefits have already been issued for the month. This is necessary in a situation where the SAR report is returned late and the overissuance cannot be established prior to issuing the CF benefits for the month and CF EDBC is being run to recompute the benefits. Existing CF EDBC logic would use the previous cash aid EDBC for the month that has the lowest grant amount rather than the most recent one which might be higher.

1.4 Assumptions

- There will be no Batch EDBC run to reprocess any existing EDBC's after these changes are implemented.
- This change applies to all CalSAWS counties.
- This SCR will not change the logic for advancing the RE Due Date for any program. Dates will remain in alignment the same as they are today once the dates are advanced for all programs.
- The changes in this SCR will not affect the display of the Timely Notice Exception dropdown on the Run EDBC page. The changes in this SCR (Recommendation #2) will result in some 10-Day Negative Action Read Only EDBC's being created for the month(s) after a RE or SAR 7 report was due. Workers can set the "Timely Notice Exception" dropdown to "Yes" and select a Reason in the month(s) after the report was due and EDBC will be able to apply a negative change without creating a Read Only EDBC for that month.
- SCR CA-218060, implemented in Release 21.07, updated EDBC logic so that an EDBC for the SAR/RE Month that returns a Read Only result will not set the SAR7/RE Run Reason in that month. Instead, the SAR/RE Run Reason will be set on the next month that returns a regular (not Read Only) EDBC. When that EDBC is authorized, the RE due month will be advanced (if an RE is being processed), and packets with the status "Reviewed-Ready to Run EDBC" will be flipped to "Complete-EDBC Accepted".
- No changes are being made for Restoration of Aid which will still be processed the same as it is currently in CalSAWS.

2 RECOMMENDATIONS

2.1 Eligibility: Rules Update

2.1.1 Overview

Update EDBC to prevent a negative EDBC result from being applied when processing a late report and 10-day notice cannot be provided, except when it is allowed by policy in the case of processing a CF RE.

Also update CF EDBC for unearned income when re-running the first month of a SAR period.

2.1.2 Description of Changes

1. Update EDBC so that when a user processes a CF RE in the month the RE is due and it is after the 10-day NOA cutoff for the next month and the result is a negative change, CalSAWS will create a Regular (not Read Only) EDBC and will apply the negative change and set the EDBC Run Reason to RE.

BEFORE/AFTER SCENARIOS:

SCENARIO 1: CF Only case processing RE in RE due month after 10-day cutoff

Current Functionality:

1. CF RE Due Month is 10/2022.
2. CF RE packet is returned on 10/25/2022 and data collection is updated with additional income that will reduce future benefits.
3. Report is marked "Reviewed-Ready to Run EDBC" and EDBC is run on 10/25/2022 for 11/2022.
4. The 11/2022 EDBC is Read-Only with reason 10-Day Negative Action.

New Functionality:

- Steps 1- 3 are the same
4. The 11/2022 EDBC is Regular (not Read-Only) because we are processing a CF RE. The CF EDBC Run Reason is set to RE.
 5. When the EDBC is authorized the CF RE Due Month is advanced, and the CF RE packet is marked "Complete-EDBC Accepted".

BEFORE/AFTER SCENARIOS:

SCENARIO 2: CW/CF case processing RE in RE due month after 10-day cutoff

Current Functionality:

1. CW/CF RE Due Month is 10/2022.
2. CW/CF RE packet is returned on 10/25/2022 and data collection is updated with additional income that will reduce future benefits for both CW and CF.
3. Reports for both programs are marked "Reviewed-Ready to Run EDBC" and EDBC is run for CW/CF on 10/25/2022 for 11/2022 and 12/2022.
4. The 11/2022 EDBC for CW and CF are both Read-Only with reason 10-Day Negative Action.
The 12/2022 EDBC for CW and CF are both Regular (not Read-Only) and the Run Reason on both is RE.
5. When the EDBC is authorized, the CW and CF RE Due Month are advanced, and the CW and CF RE packets are marked "Complete-EDBC Accepted" because the 12/2022 EDBC had the RE Run Reason.

New Functionality:

Steps 1- 3 are the same

4. The 11/2022 CW EDBC is Read-Only with reason 10-Day Negative Action.
The 11/2022 CF EDBC is Regular (not Read-Only) with Run Reason RE and uses the previously saved CW benefit as Unearned Income.
The 12/2022 CW EDBC is Regular (not Read-Only) with Run Reason RE.
The 12/2022 CF EDBC is Regular and uses the new CW benefit as Unearned Income.
5. When the EDBC is authorized the CF and CW RE Due Month is advanced, and the CF and CW RE packets are marked "Complete-EDBC Accepted".

SCENARIO 3: CW/CF case processing SAR 7 in due month after 10-day cutoff

Current Functionality: (Functionality for SAR 7 will not change.)

1. CW/CF SAR 7 Due Month is 10/2022.
2. CW/CF SAR 7 packet is returned on 10/25/2022 and data collection is updated with additional income that will reduce future benefits for both CW and CF.
3. Reports for both programs are marked "Reviewed-Ready to Run EDBC" and EDBC is run for CW/CF on 10/25/2022 for 11/2022 and 12/2022.
4. The 11/2022 EDBC for CW and CF are both Read-Only with reason 10-Day Negative Action.
5. The 12/2022 EDBC for CW and CF are both Regular (not Read-Only) and the Run Reason on both is SAR7.

Note: RCA SAR 7 would have the same result as the CW SAR 7 in this scenario

2. Update EDBC so that when a user processes a CW/CF/RCA SAR7 or a CW RE in a month after the report is due and the result is a negative change and it is too late to give 10-day notice, CalSAWS will create a Read-Only EDBC for that month and set the reason to 10-Day Negative Action if no issuance has been created yet for that program in that benefit month.

After the late report has been processed, EDBC can be re-run for the month(s) following the month when the report was due that were previously Read-Only. If an issuance has been created for the month, it will be considered a re-run and the new result can be a regular EDBC that creates an **overissuance**/overpayment when the result is a negative change. The re-run month will have the Run Reason set to RE.

Note: This does not affect a CF RE that results in a negative change and is processed in a month after it was due.

BEFORE/AFTER SCENARIOS:

SCENARIO 1: CW only case processing RE in month after RE Due Month

Current Functionality:

1. CW RE Due Month is 10/2022.
2. CW RE packet is returned on 10/25/2022 and data collection is updated with additional income that will reduce future benefits.
3. Report is marked "Reviewed-Ready to Run EDBC" and EDBC is run on 11/01/2022 for 11/2022 and 12/2022.
4. The 11/2022 EDBC is Regular (not Read-Only) and the EDBC Run Reason is set to RE. The 12/2022 EDBC is also Regular.
5. When the EDBC is authorized, the CW RE Due Month is advanced, and the CW RE packet is marked "Complete-EDBC Accepted".

New Functionality:

Steps 1- 3 are the same

4. The 11/2022 EDBC is Read-Only with reason 10-Day Negative Action. The 12/2022 EDBC is Regular with an EDBC Run Reason of RE.
5. When the EDBC is authorized, the CW RE Due Month is advanced, and the **CW** RE packet is marked "Complete-EDBC Accepted".
6. Worker re-runs month of 11/2022 after benefits are issued to create an overpayment for the previously issued amount.

Notes:

- RE date is only advanced because 12/2022 CW is Regular and has RE Run Reason. If only 11/2022 was run and authorized, RE date would not be advanced because it is Read Only.
- This scenario would return the same result when processing a SAR 7 for CW or CF or RCA.

BEFORE/AFTER SCENARIOS:

SCENARIO 2: CW/CF case processing RE in month after RE Due Month

Current Functionality:

1. CW/CF RE Due Month is 10/2022.
2. CW/CF RE packet is returned on 10/25/2022 and data collection is updated with additional income that will reduce future benefits for both CW and CF.
3. Reports for both programs are marked "Reviewed-Ready to Run EDBC" and EDBC is run on 11/01/2022 for 11/2022 and 12/2022.
4. The 11/2022 CW and CF EDBC are Regular (not Read-Only) with EDBC Run Reason RE.
The 12/2022 EDBC's are also Regular.
5. When the EDBC is authorized, the CW and CF RE Due Month are advanced, and both packets are marked "Complete-EDBC Accepted".

New Functionality:

Steps 1- 3 are the same

4. The 11/2022 CW EDBC is Read-Only with reason 10-Day Negative Action.
The 12/2022 CW EDBC is Regular with Run Reason RE.
The 11/2022 CF EDBC is Regular (not Read-Only) with Run Reason RE.
The 12/2022 CF EDBC is Regular.
5. When the EDBC is authorized, the CW and CF RE Due Month are advanced, and both packets are marked "Complete-EDBC Accepted".
6. Worker re-runs **CW EDBC for the** month of 11/2022 after benefits are issued to create an overpayment for the previously issued amount.

Notes:

- If only 11/2022 was run and authorized, the CW RE date would not be advanced because it is Read Only in 11/2022.

BEFORE/AFTER SCENARIOS:

SCENARIO 3: CW/CF case processing RE late in the month after RE Due Month: past 10-day cutoff for the next month

Current Functionality:

1. CW/CF RE Due Month is 10/2022.
2. CW/CF RE packet is returned on 10/25/2022 and data collection is updated with additional income that will reduce future benefits for both CW and CF.
3. Reports for both programs are marked "Reviewed-Ready to Run EDBC" and EDBC is run on 12/01/2022 for 11/2022 through 1/2023.
4. The 11/2022 CW and CF EDBC are Regular (not Read-Only) with EDBC Run Reason RE. The 12/2022 and 1/2023 EDBC's are also Regular.
5. When the EDBC is authorized, the CW and CF RE Due Month are advanced, and both packets are marked "Complete-EDBC Accepted".

New Functionality:

Steps 1- 3 are the same

4. The 11/2022 and 12/2022 CW EDBC's are Read-Only with reason 10-Day Negative Action.
The 1/2023 CW EDBC is Regular with Run Reason RE.
The 11/2022 CF EDBC is regular (not Read-Only) with Run Reason RE.
The 12/2022 and 1/2023 CF EDBC's are Regular.
5. When the EDBC is authorized, the CW and CF RE Due Month are advanced, and both packets are marked "Complete-EDBC Accepted".
6. Worker re-runs **CW EDBC for the months of 11/2022 and 12/2022** after benefits are issued to create an overpayment for the previously issued amount.

Notes:

- If only 11/2022 and 12/2022 were run and authorized, the CW RE date would not be advanced because it is Read Only for both months.

3. Update CF EDBC to use the latest EDBC from the cash program when calculating unearned income if the benefit month being processed is the start of a new SAR period and CF benefits have already been issued for the benefit month. (Currently CF EDBC will use the most beneficial (i.e., lowest) unearned income amount from the previous EDBC's for the month if the CF benefit month is being re-run and is not the come-up month.)

*Technical note: see **490FSUnearnedIncome_ChooseMoreBeneficial** rule for current functionality.*

2.1.3 Programs Impacted

CalWORKs, Refugee Cash Assistance, CalFresh

2.1.4 Performance Impacts

N/A

2.2 Client Correspondence: Regression Testing

2.2.1 Overview

The current functionality around NOAs will not be updated with this effort. Former EDBC's that were Read-Only and are now Regular will now generate a NOA per current functionality. See spreadsheet (Supporting Documents #1) for impacted NOAs that need to be Regression tested per existing logic.

2.2.2 Description of Changes

See spreadsheet (Supporting Documents #1) for impacted NOAs that need to be Regression tested per existing logic. These NOAs will be checked for consistency in functionality and for any conflicts in the verbiage.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Correspondence	Impacted NOA Reason IDs	CA-232056 CC NOA Reasons.xlsx

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-232577

Send 'Hide Contact Info' to CalHEERS for
Individual's in a CWS program

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Cynthia Ridley
	Reviewed By	Renee Gustafson, Maksim Volf, Geetha Ramalingam, William Baretsky

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/11/2022	.01	Created Document	Cynthia Ridley
01/12/2023	.02	Reviewed with Build/Test	Cynthia Ridley
01/13/2023	1.0	Submitted for final review with MC Consortium Analysts	Cynthia Ridley
01/24/2023	2.0	Submitted for Medi-Cal Committee Approval	Cynthia Ridley
02/08/2023	2.1	Added Request and Recommendation for the List to provide to CalHEERS	Cynthia Ridley
02/15/2023	3.0	Add Technical Recommendation to Section 2.5 eHIT	Cynthia Ridley

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1 OVERVIEW

CalHEERS displays contact information for everyone on a CalHEERS case for consumers to view. CalSAWS contact information is stored at the individual level, so if an individual moves to a new case, contact information moves with them. Some individuals should not have their contact information displayed on the CalHEERS public portal, and CalSAWS has no way to inform CalHEERS to hide the individual's contact information.

CalHEERS CR 218151 will allow SAWS to inform CalHEERS when to no longer display an individual's contact information on the CalHEERS public portal.

1.1 Current Design

CalSAWS contact information is saved at the individual level. When an individual moves and belongs to a new case, their contact information (including history) moves with them to the new case. If the individual remains unhidden in both cases, updated contact information displays in both cases.

eHIT requires an address for every individual sent on an Eligibility Determination Request (EDR) even when the EDR is intended to Discontinue an individual from MAGI in their old case after they are moved to a new case. Individuals who moved to a new Child Welfare Services (CWS) case with a program such as Adoption Assistance, Foster Care, or KinGap (AAP/FC/KG), should not have their contact information displayed on the CalHEERS public portal, but there is no functionality in eHIT (EDR or Information Update) to inform CalHEERS that an individual's contact information should not be displayed.

The Information Update transaction in eHIT is a small transaction intended to communicate data collection changes that do not impact Medi-Cal eligibility where an EDR or Determination of Eligibility Response (DER) is not required. The Information Update transaction is both an Inbound and Outbound transaction, meaning, data collection changes made in CalSAWS are sent outbound to CalHEERS and data collection changes made in CalHEERS are received inbound to CalSAWS.

The CalSAWS outbound Information Transaction functionality is divided into two batch jobs.

The first batch job is the "CalHEERS Update Transaction Tables Sweep" job. The first step in the batch job is to remove all records that have a 'Sent' status because those were identified to send in a prior run and the next job successfully sent them. The next step in the batch job is to detect individuals with data collection updates since the last successful batch run, not yet communicated to CalHEERS with an EDR, that meet the following criteria:

- a. There is a case link to CalHEERS
- b. Medi-Cal program is Active
- c. At least one case individual (not hidden or duplicate) had data changed in one of the following:
 - Is this person Hispanic or Latino?
 - Race/Ethnic Origin
 - Spoken Language
 - Written Language
 - Mailing Address
 - Email Address
 - Phone Number
 - Gender Identity
 - Birth Certificate Gender
 - Sexual Orientation
- d. An EDR was not sent since the last successful batch date and the scheduled batch date

The last step in the batch job is to populate the identified records into the CalHEERS Update Transaction Tables and mark them as 'Not Sent'.

The second batch job is the "CalHEERS Update Transaction Sweep" job. The first step in the batch job is to check the CalHEERS Update Transaction Tables for all records 'Not Sent' and then stage the Information Update transaction data to send to CalHEERS. The eHIT queue recognizes the staged Information Update transaction data and creates and sends the actual transaction to CalHEERS. The last step in the batch job is to update the records in the CalHEERS Update Transaction Tables from 'Not Sent' to 'Sent' so they are removed the following day.

CA-248950 turned off the Outbound Information update batch jobs on 8/12/2022.

1.2 Requests

Due to the CalWIN Migration to CalSAWS activities, there is a freeze on eHIT Schema changes until CalHEERS Release 24.2. However, it is critical to not display the contact information on the CalHEERS public portal for individuals who move from a Medi-Cal case into a CWS case. Since there is no element in the current eHIT Schema to communicate an individual should be hidden in the CalHEERS public portal, CalHEERS will leverage the existing elements as an interim solution.

With CalHEERS Change Request 218151, CalHEERS will add a new Administrative Verification Type "Sensitive" (SEN) to be used by CalSAWS to indicate when an individual's contact information should be hidden on the CalHEERS public portal.

1. Update the MAGI Request Detail, MAGI Referral Detail and MAGI Person Detail pages to display when an individual is indicated to 'Hide Contact Info' in CalHEERS.
2. Update the Outbound Information Update logic to:
 - a. Only send Information Updates for Active Medi-Cal Members, and
 - b. No longer include an individual when they are in AAP/FC/KG
3. Update eHIT EDR logic to send an individual with the 'Hide' indicator when an individual is also on an AAP/FC/KG case.
4. Turn on Outbound Information Update Batch jobs.
5. Provide a list of individuals whose contact information should be hidden on the CalHEERS Web Portal to CalHEERS.

1.3 Overview of Recommendations

1. Update the Request MAGI Detail page to display when an individual's contact information (CI) is sent as hidden in the EDR for an individual whose contact information should not be displayed in CalHEERS.
2. Update the MAGI Person Detail page to display a message when the individual's contact information is not displayed in the CalHEERS web portal.
3. Update the MAGI Referral Detail page to display when an individual's contact information (CI) is hidden for an individual whose contact information should not be displayed in CalHEERS.
4. Update the "CalHEERS Update Transaction Tables Sweep" job (PB00CH201) to only include Active Medi-Cal Members and exclude individuals who are on the Medi-Cal program and an AAP/FC/KG case.
5. Update eHIT logic to send an Administrative Verification Type of 'Sensitive' in the EDR when an individual included in the EDR is 'Pending', 'Ineligible' or 'Active' on AAP/FC/KG program in any case, or the individual has a current Other Program Assistance (OPA) record for AAP/FC/KG for the benefit month of the EDR.
6. Turn on PB00CH200 and PB00CH201 as of the go-live date of this SCR.
7. Provide a one-time list to CalHEERS of Individuals that should be hidden on Active Medi-Cal cases in CalHEERS.

1.4 Assumptions

1. Future SCR CA-253675 will include eHIT schema changes and will move the "SEN" admin verification to a new eHIT element with CalHEERS Change Request 223928.
2. Future SCRs will be created per CalWIN Migration Wave to populate the Hide Sensitive Person Indicator for the remaining CalWIN migrating counties.

2 RECOMMENDATIONS

2.1 MAGI Request Detail Page

2.1.1 Overview

Update the Request MAGI Detail page to display when an individual's contact information (CI) is sent as hidden in the EDR for an individual whose contact information should not be displayed in CalHEERS.

2.1.2 MAGI Request Detail Page MockUp

MAGI Request Detail

[View Next](#)[Send All](#)[Cancel](#)

MAGI Case Number: 5000022159	MAGI Case Name: Jackson	Request ID: 10019952820
Case Number: L226805	Case Name: Jeff Jackson	
Type:	Status: Pending	
Run Reason: Intake	Benefit Month: 08/01/2022	Program: * Medi-Cal

▼ Application

Application Date: 08/01/2022	Primary Applicant/Recipient: Jeff Jackson	Application Source: SAWS
Life Change Event:	Life Change Event Date:	Requested Retro: No
Maintain Verifications: 5	Consent for Verifications: Yes	R&R Agreed: Yes
Signed Status/Date: Signed on 08/01/2022		

▼ Case Members

Name	MEDS PN	DOB	SSN	CIN	Non-Compliance
Jeff Jackson 23M	01	01/02/2000	555-41-5500	917766833	
Timothy Jackson 0M (CI)	02	05/01/2020	554-11-6600	917793788	

[View Associations](#)

Figure 2.1.1 – MAGI Request Detail page

2.1.3 Description of Changes

1. Update the Name hyperlink in the Case Members section on the MAGI Request Detail page as shown in Figure 2.1.1:
 - a. Add the age indicator to the right of the <first Name>
 - b. Add the gender indicator to the right of the <age>
2. Update the Name hyperlink in the Case Members section on the MAGI Request Detail page to display when the individual's contact information is sent as hidden in the EDR to CalHEERS as shown in Figure 2.1.1.
 - a. Append the letters "CI" in parenthesis to the end of the individual's gender hyperlink.

2.1.4 Page Location

- **Global:** Eligibility
- **Local:** Customer Information
- **Task:** MAGI Eligibility -> MAGI Request Detail

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 MAGI Person Detail Page

2.2.1 Overview

Update the MAGI Person Detail page to display a message when the individual's contact information is not displayed in the CalHEERS public portal.

2.2.2 MAGI Determination List Page MockUp

MAGI Person Detail

This individual's contact information has been blocked from consumer's view on Covered California

Close

Name

Last Name:

First Name:

Middle Name:

Jackson

Timothy

Maiden Name:

Suffix:

Primary Contact:

No

CalHEERS Admin Information

Individual Demographics

SSN:

Reason for No SSN:

ATIN:

ITIN:

554-11-6600

Date of Birth:

CIN:

Gender:

Date of Death:

05/01/2020

917793788

Male

Marital Status:

Was in Foster Care:

Foster Care State:

Single

No

Hispanic:

Received Indian Health Services:

Indian Health Services Eligible:

No

No

No

Tribe State:

Tribe Name:

Figure 2.2.1 – MAGI Person Detail page displaying message

2.2.3 Description of Changes

1. Update the MAGI Person Detail page to display a message when the individual's contact information is hidden in the CalHEERS Public Portal.
 - a. **Criteria:** The EDR or DER has Administrative Verification Type 'SEN' = Yes for the individual.
 - b. **Message:** This individual's contact information has been blocked from consumer's view on Covered California.
 - i. Display the message in Red Font.
 - ii. Display the message under the MAGI Person Detail title

2.2.4 Page Location

- **Global:** Eligibility
- **Local:** Customer Information
- **Task:** MAGI Eligibility -> Request MAGI Detail->MAGI Person Detail

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 MAGI Referral Detail Page

2.3.1 Overview

Update the MAGI Referral Detail page to display when an individual's contact information (CI) is hidden for an individual whose contact information should not be displayed in CalHEERS.

2.3.2 MAGI Referral Detail Page MockUp

MAGI Referral Detail

Edit
Close

MAGI Case Number: 5000022159	MAGI Case Name: Jackson	Initiated Date: 04/01/2023 4:34 PM
Origination:	Determination ID: 206923	
Case Number: L226805	Case Name: Jeff Jackson	Request ID: 10019952807
Type: Determination Response	Status: * Reviewed	Covered CA Change:
Run Reason: Continuing	Benefit Month: 01/01/2023	Program: * Medi-Cal

Application

Application Date: 08/01/2022	Primary Applicant/Recipient: Jackson, Jeff 23M	Application Source: SAWS
Life Change Event:	Life Change Event Date:	Requested Retro: No
Maintain Verifications: 5	Consent for Verifications: Yes	R&R Agreed: Yes
Signed Status/Date: Signed on 08/01/2022		

Case Members

Name	DOB	SSN	CIN	Non-Compliance	CalSAWS Person
Jackson, Jeff 23M	01/02/2000	555-41-5500	917766833		Yes
Jackson, Timothy 2M (CI)	05/01/2020	554-11-6600	917793788		Yes

Figure 2.3.1 – MAGI Referral Detail page

2.3.3 Description of Changes

3. Update the Name hyperlink in the Case Members section on the MAGI Referral Detail page to display when the individual's contact information is sent hidden in CalHEERS as shown in Figure 2.3.1.
 - a. Append the letters "CI" in parenthesis to the end of the individual's name hyperlink.

2.3.4 Page Location

- **Global:** Eligibility
- **Local:** Customer Information

- **Task:** MAGI Eligibility -> MAGI Request Detail

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Page Usage/Data Volume Impacts

N/A

2.4 CalHEERS Update Transaction Tables Sweep Job (PB00CH201)

2.4.1 Overview

Update the "CalHEERS Update Transaction Tables Sweep" job (PB00CH201) to only include Active Medi-Cal Members and exclude individuals who are on an AAP/FC/KG program.

Turn on "CalHEERS Update Transaction Tables Sweep" job (PB00CH201) and "CalHEERS Update Transaction Sweep" job (PB00CH200)

2.4.2 Description of Change

1. Update the "CalHEERS Transaction Tables Sweep" job (PB00CH201) to identify individuals to create an Information Update record using the criteria below:
 - a. There is a case link to CalHEERS
 - b. Medi-Cal program is Active
 - c. The individual is an Active Medi-Cal MEM.
 - d. The individual is not hidden or duplicate.
 - e. The individual had data changed in one of the following since the last success date and the scheduled batch date:
 - Is this person Hispanic or Latino?
 - Race/Ethnic Origin
 - Spoken Language
 - Written Language
 - Mailing Address
 - Email Address
 - Phone Number
 - Gender Identity

- Birth Certificate Gender
 - Sexual Orientation
- f. The individual is not also 'Pending', 'Ineligible', or 'Active' on AAP/FC/KG program in any case.
 - g. The individual does not have an OPA Record for AAP/FC/KG program effective for the scheduled batch date.
 - h. An EDR was not sent from the Medi-Cal case since the data changed in Recommendation 2.4.2.1.e above.
2. Turn on PB00CH201 and PB00CH200 as the date of the go-live of this SCR.
 - a. Set the Last Success Date to the day prior to the go-live of this SCR.

2.4.3 Execution Frequency

Daily

2.4.4 Key Scheduling Dependencies

Run after Batch MAGI (PB00CH103)

2.4.5 Counties Impacted

All Counties

2.4.6 Category

Core

2.4.7 Data Volume/Performance

No Change

2.4.8 Failure Procedure/Operational Instructions

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

2.5 eHIT

2.5.1 Overview

Update eHIT logic to send an Administrative Verification Type of 'Sensitive' in the EDR when an individual included in the EDR is 'Pending', 'Ineligible' or 'Active' on AAP/FC/KG program in any case, or the individual has a current Other Program Assistance (OPA) record for AAP/FC/KG for the benefit month of the EDR.

2.5.2 Description of Change

1. Add new CalHEERS Verification Code to (CT_10590) of 'SEN'.

Short Decode	Long Decode	ORDER_BY_NUM	BEG_DATE	END_DATE	CalHEERS REFER_TABLE_1_DESCR
Hide Contact Information	Hide Contact Information	24	03/27/2023	12/31/9999	SEN

2. Update eHIT logic to send the AdministrativeVerificationType of 'SEN'=Y for an individual included in the EDR when:
 - a. Individual is not the Primary Contact on the Medi-Cal program, and,
Either
 - b. Individual is 'Pending', 'Active' MEM, or 'Ineligible' MEM on an AAP/FC/KG program in any case.
Or
 - c. Individual has a current Other Program Assistance record for an AAP/FC/KG.
 - d. Continue to send the Administrative Verification Type of 'SEN' in any subsequent EDRs once it has been sent on the EDR or received in a DER for the case person.

Note: The EDR will include the 'SEN' = Y for the AAP/FC/KG individual even if the AAP/FC/KG individual has the same address as the Primary Applicant in the MC program.

Technical Note: The logic to determine if an individual is included in an EDR is not changing.

3. Update inbound eHIT logic to save to the CH_Verif Table, the 'SEN' AdministrativeVerificationInd from the SAWSAdministrativeVerification Node in the DER.

2.5.3 Interface Partner

CalHEERS

2.6 Automated Regression Test

2.6.1 Overview

Update existing automated regression test scripts to use the new Case Members name format on the MAGI Request Detail and MAGI Referral Detail pages. Create new regression scripts to verify the "CI" indicator on the MAGI Request Detail page for individuals with AAP/FC/KG aid or Other Program Assistance.

2.6.2 Description of Change

1. Update existing scripts that use or verify information in the Case Members section of the MAGI Request Detail page to use the new name format (including age and gender indicators).
 - a. Expected script count: 11
2. Update existing scripts that use or verify information in the Case Members section of the MAGI Referral Detail page to use the new name format (including age and gender indicators).
 - a. Expected script count: 2
3. Create new regression scripts to send a MAGI Request for a Medi-Cal case where at least one applicant is in 'Pending', 'Ineligible', or 'Active' status on an AAP, Foster Care (FC), or Kin-GAP (KG) program. Verify the "CI" indicator displays on the MAGI Request Detail page.
4. Create new regression scripts to send a MAGI Request for a Medi-Cal case where at least one applicant has a current Other Program Assistance record of type 'AAP', 'Foster Care', or 'Kin-GAP'. Verify the "CI" indicator displays on the MAGI Request Detail page.

3 OUTREACH

3.1 List

Provide a one-time list to CalHEERS of Individuals that should be hidden on Active Medi-Cal cases in CalHEERS that meet the following criteria

List Name: Individuals whose contact information should not be displayed on the CalHEERS Web Portal.

List Criteria:

- At least one individual in the case where there is an Active Medi-Cal program, where the individual is also 'Pending', 'Active', or 'Ineligible' on a FC/KG/AAP case or has a current OPA record for FC/KG/AAP.

Columns:

- CalHEERS Case Number
- SAWS Case Number
- CalHEERS Person Number
- SAWS Person Number
- SAWS Case County Code (Case.County_Code)
- FIPS County Code (County.Refer_Table_Descr_6 for the Case.County_Code)

Frequency: One Time

This list will be sent to CalHEERS on the Monday following the Release of this SCR.



California Statewide Automated Welfare System

Design Document

CA-238291

Add Print Centrally and Print Locally buttons to
MC 219

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nagesha S
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/02/2023	1.0	Initial Draft	Nagesha S

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1 OVERVIEW

This effort is to add Print Centrally and Print Locally buttons to the MC 219 form.

1.1 Current Design

Currently the MC 219 Important Information for Persons Requesting Medi-Cal is available in the Template Repository in English, Spanish and system supported threshold languages. The MC 219 does not have the option to save and print centrally or locally.

1.2 Requests

Add the Print Centrally and Print Locally buttons to the MC 219 (11/15). Since MC 219 is a required form and must be sent to all MC applicants, CalSAWS must use the save and print centrally option often to mail the form

Languages include:

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

1.3 Overview of Recommendations

Allow the MC 219 to be printed centrally, and to be printed locally and saved to the case.

Languages include:

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

1.4 Assumptions

1. No variables will be populated on the MC 219 (aside from the standard header and footer information).
2. MC 219 will allow to re-print Centrally or Locally.
3. All fields (blank or prepopulated) will be editable.
4. No change in the form trigger.
5. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add the Print Centrally and Print Locally buttons to the MC 219 (11/15) in CalSAWS

2.1.1 Overview

This section will cover the requirements for adding the Print Centrally and Print Locally buttons to the MC 219 (11/15) in English, Spanish and project supported threshold languages.

State Form: MC 219 (11/15)

Current Programs: Medi-Cal

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

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

Imaging Form Name: Important Info for Persons Requesting MC

Imaging Document Type: Medi-Cal (MC)

2.1.2 Form Verbiage

Create MC219 XDP

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

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

Form Mockups/Examples: See Supporting Documents #1

Form Header: CalSAWS Standard Header #1

Include NA BACK 9: No

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

Form Print/Mailing Options

The following are the print and mailing requirements for the MC 219.

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
Mail Priority	Same Day Priority

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	Important Information for Persons Requesting Medi-Cal Approval Mockup	MC219_EN.pdf MC219_SP.pdf MC219_AE.pdf MC219_CA.pdf MC219_CH.pdf MC219_FA.pdf MC219_KO.pdf MC219_RU.pdf MC219_VI.pdf MC219_AR.pdf MC219_HM.pdf MC219_TG.pdf

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).	Print Centrally and Print Locally buttons are being added to the MC 219 in all available languages.



California Statewide Automated Welfare System

Design Document

CA-239412

Add Current version of Forms to Template
Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Ramya HS
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/13/2023	1.0	Initial Draft	Ramya HS

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1 OVERVIEW

The purpose of this SCR is to update CMSP 1178, CW 51, MC 194 to match the state version.

1.1 Current Design

Currently CalSAWS template repository has the following form versions:

- CMSP 1178 - Profit and Loss Statement (4/2015).
- CW 51 - Child Support Good Cause Claim for Non-Cooperation (11/2004)
- MC 194 - SSA Referral Notice. (7/2012, pg2 5/2007).

1.2 Requests

1. Update the CMSP 1178 (10/21) - Profit and Loss Statement in English and Spanish languages in CalSAWS Template Repository.
2. Update and add CW 51 (10/11) - Child Support Good Cause Claim for Non-Cooperation in English and available system supported threshold languages. Updated languages: English, Spanish
Add languages: Chinese, Russian
3. Update MC 194 (7/12) - SSA Referral Notice in English language. This form will be mailed to Social Security Administration office, doesn't require translations. Only English version will be used to send it to SSA.

1.3 Overview of Recommendations

1. Update CMSP 1178 - Profit and Loss Statement (10/2021) in English and Spanish.
2. Update and add CW 51 - Child Support Good Cause Claim for Non-Cooperation (10/2011) in English, Spanish, Chinese and Russian.
3. Update MC 194 (7/12) - SSA Referral Notice in English language. This form will be mailed to Social Security Administration office, doesn't require translations. Only English version will be used to send it to SSA.

1.4 Assumptions

1. All fields (blank or prepopulated) will be editable.
2. Supporting Documents section references attachments found on JIRA.

2 RECOMMENDATIONS

2.1 Update CMSP 1178 in English and Spanish in CalSAWS to match the latest state version

2.1.1 Overview

Update CMSP 1178 in English and Spanish in CalSAWS to match the latest state version.

State Form: CMSP 1178 (10/2021)

Programs: Medi-Cal

Forms Category: Forms

Template Repository Visibility: All counties

Form Title (Document List Page Displayed Name):

Profit and Loss Statement

Imaging Form Name: CMSP Profit and Loss Statement

Imaging Document Type: County Medical Services Program (CMSP)

Imaging Case/Person: Case

Existing Languages: English, Spanish

2.1.2 Form Verbiage

Update CMSP 1178 XDP to match state version

Update XDP to match the latest state version (10/21) in English and Spanish languages.

Include NA Back 9: No

Form Number: CMSP 1178

Form Mockups/Examples: See supporting documents #1

2.1.3 Form Generation Conditions

Update CMSP 1178 XDP in English and Spanish to match state version in Template Repository

The CPMSP 1178 (10/2021) Profit and Loss Statement – update only to Template Repository

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for CMSP 1178(10/21)

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 CMSP 1178
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
Mail Priority	N/A

Add Form Control

Add an imaging barcode for CMSP 1178.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CMSP 1178 Form
Post to Self-Service Portal	Y

2.2 Update CW 51 in English and available system supported threshold languages in CalSAWS

2.2.1 Overview

Update CW 51 in English and available system supported threshold languages in CalSAWS.

State Form: CW 51 (10/11)

Programs: RCA, Medi-Cal, CalWORKs

Forms Category: Forms

Template Repository Visibility: All counties

Form Title (Document List Page Displayed Name):

Child Support Good Cause Claim for Non-Cooperation

Imaging Form Name: Child Support Good Cause Claim Non-Coop

Imaging Document Type: Child Support

Existing Languages: English, Spanish

2.2.2 Form Verbiage

Update and add CW 51 XDP

Updated XDP will have 3 impressions. 1st impression is the cover page, 2nd impression is blank page and 3rd impression is CW 51 form matching the latest state version.

Updated languages: English, Spanish

Languages: Russian and Chinese*.

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Include NA Back 9: No

Form Number: CW 51

Form Mockups/Examples: See supporting documents #2

2.2.3 Form Generation Conditions

Update CW 51 XDP in English, Spanish, Chinese and Russian to match state version in Template Repository

The CW 51 (10/2011) Child Support Good Cause Claim for Non-Cooperation – update only to Template Repository

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for CW 51(10/11).

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 CW 51
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	Same Day Priority

Add Form Control

Add an imaging barcode for CW 51.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CW 51 Form
Post to Self-Service Portal	Y

2.3 Update MC 194 in English in CalSAWS to match the latest state version

2.3.1 Overview

Update MC 194 (07/12) in English language.

State Form: MC 194 (07/2012)

Programs: CalFresh, Medi-Cal, General Assistance/General Relief, CAPI, RCA, CalWORKs

Forms Category: Referrals

Template Repository Visibility: All counties

Form Title (Document List Page Displayed Name):

Social Security Administration Referral Notice

Imaging Form Name: SSA Referral Notice

Imaging Document Type: Medi-Cal (MC)

Imaging Case/Person: Case

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

2.3.2 Form Verbiage

Update MC 194 XDP to match state version

Updated XDP to latest state version (07/12) in English language.

Form Header: CalSAWS Standard Header (HEADER_3 -1)

Include NA Back 9: No

Form Number: MC 194

Form Mockups/Examples: See supporting documents #3

2.3.3 Form Generation Conditions

Update MC 194 XDP in English to match state version in Template Repository

The MC 194 (07/2012) Social Security Administration Referral Notice – update only to Template Repository

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for MC 194.

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 MC 194
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
Mail Priority	N/A

Add Form Control

Add an imaging barcode for MC 194.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for MC 194 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CMSP 1178	CMSP 1178_EN.pdf CMSP 1178_SP.pdf
2	Correspondence	CW 51	CW 51_SP.pdf CW 51_EN.pdf CW 51_RU.pdf CW 51_CH.pdf
3	Correspondence	MC 194	MC 194_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	CMSP 1178 (10/21), CW 51 (10/11), MC 194 (07/12) is being updated in English and available threshold languages.



California Statewide Automated Welfare System

Design Document

CA-243143

Add DHCS 7103- "Request for Additional Income
Information for Medi-Cal" Form

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Ramya HS
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/28/2023	1.0	Initial Draft	Ramya HS

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1 OVERVIEW

The purpose of this SCR is to add DHCS 7103 form in English to CalSAWS Template Repository.

1.1 Current Design

Currently DHCS 7103 is not available in English language in CalSAWS Template Repository.

1.2 Requests

Add DHCS 7103 (09/2022) Request for Additional Income Information for Medi-Cal in English language to CalSAWS Template Repository.

1.3 Overview of Recommendations

Add DHCS 7103 (09/2022) Request for Additional Income Information for Medi-Cal in English language to CalSAWS Template Repository.

1.4 Assumptions

1. All fields (blank or prepopulated) will be editable.
2. No variables will be populated on the new DHCS 7103 Form (aside from the standard header and footer information).
3. Supporting Documents section references attachments found on JIRA.

2 RECOMMENDATIONS

2.1 Add DHCS 7103 in English to CalSAWS

2.1.1 Overview

Add DHCS 7103 in English to CalSAWS.

State Form: DHCS 7103 (09/2022)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: Forms

Template Repository Visibility: All Counties

Form Title (Document List Page Displayed Name):

Request for Additional Income Information for Medi-Cal

Imaging Form Name: Request for Additional Income Info MC

Imaging Document Type: Verification Requests

Imaging Case/Person: Case

Languages: English.

2.1.2 Form Verbiage

Add DHCS 7103 XDP in English to CalSAWS

New XDP will be added for DHCS 7103 (09/2022)

Form Header: CalSAWS Standard Header (HEADER_1_EN)

Include NA Back 9: No

Form Mockups/Examples: See supporting documents #1

2.1.3 Form Generation Conditions

Add DHCS 7103 (09/2022) to Template Repository in English language

The DHCS 7103 (09/2022) Request for More Information for Medi-Cal added only to Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for DHCS 7103

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 DHCS 7103
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

Mailing Options	Option DHCS 7103
Mail Priority	Same Day Priority

Add Form Control

Add an imaging barcode for DHCS 7103.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for DHCS 7103 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	DHCS 7103 English Language	DHCS-7103.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none"> a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; 	DHCS 7103(09/2022) is being Added in English language to CalSAWS template repository.

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

Design Document

CA-248569

Identify the Special Care Increment type in
Foster Care and Kin-GAP

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Neethu Merin Joy
	Reviewed By	Ramakrishna Kuchibhotla, Business Analysts

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/25/2022	1.0	Initial Draft	Neethu Merin Joy
10/28/2022	2.0	Clarification on correspondence portion pending	Neethu Merin Joy
11/1/2022	2.1	Received review comments from Ramakrishna	Ramakrishna Kuchibhotla
11/2/2022	2.2	Corrected as per the review comments	Neethu Merin Joy
1/19/2023	3.0	Updating document – verbiage and screenshot	Yale Yee
2/28/2023	3.1	Added references to Kin-GAP program throughout. Additional NOA Fragment updates in Recommendation 2.4	Yale Yee Connor Gorry

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1 OVERVIEW

Update the Foster Care and Kin-GAP budget to indicate the type of Special Care Increment payment as Dual Agency or Social Worker Authorized.

1.1 Current Design

Foster Care and Kin-GAP budget section shows a line item for 'Special Care Increment' but does not distinguish whether the amount is of type 'Dual Agency' or 'Social Worker Authorized' on Special Care Increment Proration Detail page.

1.2 Requests

Update the Foster Care and Kin-GAP budget to display the Special Care Increment type as 'Dual Agency', 'Social Worker Authorized' on Special Care Increment Proration Detail page.

1.3 Overview of Recommendations

Update the Foster Care and Kin-GAP budget to display the Special Care increment type as 'Dual Agency' or 'Social Worker Authorized' on Special Care Increment Proration Detail page.

Update the Foster Care Budget Fragment and SCI-related FC and KG Fragments to dynamically populate with the supplemental rate type: Dual Agency, Social Worker Authorized, or both.

1.4 Assumptions

1. CA-207140 DDID 2191 – Consolidation of Foster Care Payments implemented FC/KG EDBC to separate the SCI rate from the Placement Rate.
2. No changes will be made as to which Foster Care NOAs display the budget fragment.
3. The FC_BUDGT_Approval fragment is exclusive to the Foster Care program. Kin-GAP NOAs do not display a Budget Fragment.
4. Future SCR CA-223829 will update FC/KG NOAs to include Proration and Effective Dates.

2 RECOMMENDATIONS

2.1 Eligibility: Special Care Increment Proration Detail page changes

2.1.1 Overview

The budget Section of Foster Care and Kin-GAP EDBC shows a line item for SCI but does not distinguish whether amount is from Dual Agency or Social Worker Authorized.

2.1.2 Description of Changes

Update the Foster Care and Kin-GAP budget to display the Special Care increment type as 'Dual Agency' or 'Social Worker Authorized' on Special Care Increment Proration Detail page.

Technical Note: Store the SCI Type (category 90) in the BUDGET_PERS_MISC table in the DB.

2.1.3 Special Care Increment Proration Detail Mockup

Special Care Increment Proration Detail

Name	Type	Description	Amount
Test, Fc 5M	Social Worker Authorized	01/01/2023 - 01/14/2023	\$90.32
Test, Fc 5M	Dual Agency - RC	01/15/2023 - 01/31/2023	\$137.10
Total			\$227.42

Figure 2.1.3.1 – Special Care Increment Proration Detail

2.1.4 Security Updates

N/A

2.1.5 Page Mapping

Add the SCI Type to page mapping.

2.1.6 Programs Impacted

Foster Care, Kin-GAP

2.1.7 Performance Impacts

N/A

2.2 Special Care Increment Proration Detail page changes for D, F1-F4 Rates

2.2.1 Overview

The budget Section of Foster Care EDBC shows a line item for SCI but does not display the SCI Type.

2.2.2 Description of Changes

Update the Foster Care budget to display the Special Care increment type as 'Social Worker Authorized' on Special Care Increment Proration Detail page when a D, F1-F4 rates are selected.

Technical Note: The SCI Type will be stored in the BUDGET_PERS_MISC table in the DB.

2.2.3 Special Care Increment Proration Detail Mockup

Special Care Increment Proration Detail

Name	Type	Description	Amount
Test, Fc 5M	Social Worker Authorized	01/01/2023 - 01/31/2023	\$191.00
Total			\$191.00

Figure 2.1.3.1 – Special Care Increment Proration Detail

2.2.4 Security Updates

N/A

2.2.5 Page Mapping

Add the SCI Type to page mapping.

2.2.6 Programs Impacted

Foster Care, Kin-GAP

2.2.7 Performance Impacts

N/A

2.3 Correspondence: Update Foster Care NOA Budget

2.3.1 Overview

Update the Foster Care NOA Budget Fragment to dynamically display the current Dual Agency Supplement value from EDBC. The existing Special Care Increment line-item will be updated to omit the Dual Agency value and only include the Social Worker Authorized value from EDBC.

State Form/NOA: NA 403

Current NOA Template ID(s):

Budget Name: FC Approval/Change Budget

Current Program(s): FC

Current Action Type: Approval, Change

Current Fragment Level: Program

Currently Repeatable: N

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

2.3.2 Update FC Approval Budget Verbiage

Update Fragment XDP

Update the FC Approval NOA Budget XDP to include new line item of Dual Agency Supplement.

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

NOA Mockups/Examples: See Supporting Documents #1 - 3

Description	Existing Text	Updated Text	Formatting*
Static	... Rate Payment Unearned Income Earned Income Earned Income Disregard	... Rate Payment Unearned Income Earned Income Earned Income Disregard	Maintain existing formatting.

	Special Care Increment	Special Care Increment	
Dynamic <DUAL_AGENCY_SECTION>		Dual Agency Supplement	Maintain existing formatting.
Static	Infant Supplemental Payment	Infant Supplemental Payment	Maintain existing formatting.

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

A new Dual Agency Supplement line-item will dynamically appear following the existing Special Care Increment line-item. The Special Care Increment line-item will exclusively reflect the Social Worker Authorized amount from the EDBC. See the below screenshot, or Supporting Documents #1 for examples.

Your monthly payment was computed as follows:	
Monthly Rate:	\$XX.XX
Facility Rate Frequency	Monthly
Prorated (per day) Rate	\$XX.XX
Number of Days	X
Rate Payment	\$0.00
Unearned Income	-\$0.00
Earned Income	-\$0.00
Earned Income Disregard	+\$0.00
Special Care Increment	+\$<SCI Amt>
Dual Agency Supplement	+\$<DA Sup Amt>
Infant Supplemental Payment	+\$0.00
Eligible Amount*	=\$XX.XX
*This payment is rounded down to the nearest dollar.	

Figure 2.3.2.1

2.3.3 Update FC Budget Population

Add/Update Fragment Variable Population

Update Population for the Special Care Increment value to reflect only the 'Social Worker Authorized amount'. Add variable population for the Dual Agency Supplement value to populate with the 'Dual Agency' amount (See Recommendation 2.1.3).

Variable Name	Population	Formatting*
<SCI Amount>	<p>The Special Care Increment – Social Worker Authorized.</p> <p>SCI has a type 'Social Worker Authorized' from the Special Care Increment Proration Detail Page for the current EDBC. (Stored in the budget_pers_misc table; see Recommendation 2.2.2)</p> <p>Note: Per existing functionality, if there are more than one entry of the 'Social Worker Authorized' type for the effective month, populate with the total Social Worker Authorized value for that month.</p>	<p>Arial, size 10</p> <p>\$XXX.XX</p>
<Dual Agency Supplement>	<p>The Dual Agency Supplement Amount from EDBC.</p> <p>SCI has a type 'Dual Agency' from the Special Care Increment Proration Detail Page for the current EDBC. (Stored in the budget_pers_misc table; see Recommendation 2.2.2)</p> <p>Note: Similarly, if there are more than one entry of the 'Dual Agency' type for the effective month, populate with the total Dual Agency value for that month.</p>	<p>Arial, size 10</p> <p>\$XXX.XX</p>

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

Variables Requiring Translations (All Threshold Languages):

- 'Dual Agency Supplement'

2.3.4 Update Section Generation Conditions

Add/Update Fragment Section Generation

Add dynamic section generation for the Dual Agency Supplement budget item and its populated value.

Section	Generation Conditions
DUAL_AGENCY_SECTION (Text and populated value; See figure 2.3.2.1)	Generate the Dual Agency Supplement line item when the following conditions are met: <ul style="list-style-type: none">There exists a 'Dual Agency' amount from the Special Care Increment Proration Detail page that is not \$0.00

2.4 Client Correspondence: Update SCI Change NOA Reasons

2.4.1 Overview

Update the existing Foster Care change reasons to populate with 'Special Care Increment' or 'Dual Agency Supplement' – based on which value appears in the Foster Care Budget.

2.4.2 Form/NOA Verbiage

Update the following fragment XDPs to contain a new variable that will populate if the Special Care Increment or Dual Agency Supplement has changed.

List of Impacted Fragments:

(Note: all Fragments are currently only available in English)

Fragment Name	Current Text	Updated Text
FC_KG_CH_SCI_HAS_CHANGED FC Fragment ID: 7757 KG Fragment ID: 7759	<Person>'s Special Care Increment has changed.	<Person's>'s <Supplemental Rate> has changed.
FC_KG_CH_NO_LONGER_ELIGIBLE_SCI FC Fragment ID: 7756 KG Fragment ID: 7758	<Person> is no longer eligible to receive a Specialized Care Increment.	<Person> is no longer eligible to receive a <Supplemental Rate>.
FC_CH_SCI_T311 Fragment ID: 7486	Your case has been issued a Special Care Increment.	Your case has been issued a <Supplemental Rate>.
FC_KG_AP_ACTION4 Fragment ID: 4110	Your case has been issued a Special Care Increment.	Your case has been issued a <Supplemental Rate>.

KG_CH_SUPPLEMENTAL_CARE_INCREMENT_K020 Fragment ID: 7491	Your case has been issued a Special Care Increment.	Your case has been issued a <Supplemental Rate>.
---	---	--

2.4.3 NOA/Form Variable Population

Add/Update Fragment Variable Population

One new Variable will be added to all the impacted Fragments in Recommendation 2.4.2.

New Variable Population:

Variable	Population
<Supplemental Rate>	<p>Populate 'Special Care Increment' if the EDBC changes are the result of a change to a Social Worker Authorized amount.</p> <p>Populate 'Dual Agency Supplement' if the changes is the result of a change to a Dual Agency amount.</p> <p>Populate 'Special Care Increment and Dual Agency Supplement' if the changes result in a change to both Special Care Increment and Dual Agency.</p>

2.4.4 NOA/Form Generation Conditions

There will be no changes to generation conditions of these existing NOA fragments.

2.5 Automated Regression Test

2.5.1 Overview

Create new ART scripts to confirm the changes in this SCR.

2.5.2 Description of Changes

Create a Foster Care case and add rate payments for both Dual Agency and Social Worker Authorized types. Also add rate payments for D, F1-F4 rates. Run EDBC and confirm that the Type breakdown displays on the Special Care Increment Proration Detail page.

3 SUPPORTING DOCUMENTS

3.1 Supporting Documents

Number	Functional Area	Description	Attachment
1	Client Correspondence	FC Change NOA – Supplement Issued FC_KG_CH_SCI_HAS_CHANGED FC Fragment ID: 7757 1. Dual Agency 2. SCI 3. SCI and Dual Agency	FC Change - Issuance
2	Client Correspondence	KG Change NOA – Supplement Issued KG_CH_SUPPLEMENTAL_CARE_INCREMENT_K020 Fragment ID: 7491 1. Dual Agency 2. SCI 3. SCI and Dual Agency	KG Change - Issuance
3	Client Correspondence	FC Change NOA – No longer Eligible for Supplement FC_KG_CH_NO_LONGER_ELIGIBLE_SCI FC Fragment ID: 7756 1. Dual Agency 2. SCI 3. SCI and Dual Agency	FC Change – No Longer Eligible
4	Client Correspondence	KG Change NOA – No longer Eligible for Supplement FC_KG_CH_NO_LONGER_ELIGIBLE_SCI KG Fragment ID: 7758 1. Dual Agency 2. SCI 3. SCI and Dual Agency	KG Change – No Longer Eligible
5	Client Correspondence	FC Change NOA – Supplemental rate changed FC_KG_CH_SCI_HAS_CHANGED FC Fragment ID: 7757 KG Fragment ID: 7759 1. Dual Agency 2. SCI	FC Change – Rate Change

		3. SCI and Dual Agency	
4	Client Correspondence	KG Change NOA – Supplemental rate changed FC_KG_CH_SCI_HAS_CHANGED KG Fragment ID: 7759 1. Dual Agency 2. SCI 3. SCI and Dual Agency	KG Change – Rate Change
5	Client Correspondence	FC and KG Approval NOA with Action 4	FC and KG Approval with Action 4



California Statewide Automated Welfare System

Design Document

CA-255331

Update Worker Schedule API for outage periods

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Avi Bandaranayake
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
2/15/2023	1.0	Initial Draft	Avi Bandaranayake

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1 OVERVIEW

1.1 Current Design

The worker schedule API provides schedule data that is available in CalSAWS.

1.2 Requests

1. Update worker schedule API to return outage periods in the response.

1.3 Overview of Recommendations

1. Modify the API response to include a message field about the outage period.

1.4 Assumptions

1. The availTypeCode data will be returned as is from the DB.
2. CA-255262 will create a new table that will store the Date and Time of when CalSAWS will be unavailable, i.e the outage window.

2 RECOMMENDATIONS

2.1 Worker Schedule API

2.1.1 Overview

Update all endpoints for both version in the worker schedule API.

2.1.2 Description of Changes

If the data being returned by the API falls within the outage window as described in the new table display a field called "Message" with the following value.

"NOTE: Outage period might affect availability"

2.1.3 Request Parameter

No change

2.1.4 Response

See supporting document.

2.1.5 Headers

The following headers are required and included in all operations by the application gateway and do not need to be included in the request.

X-County-Code: This header is added to all requests by the application gateway. The county code header is used to limit returned values to be specific to the county. In the special situation where an application is given a county code of 00 during onboarding, the calling application will have to provide county code as an additional request parameter.

X-App-Id: This header is added to all requests by the application gateway. This is a unique App-id that is created for each county application during the onboarding process. This Id should be referenced against a mapping table with staff Ids (one App-Id per staff id) that will in turn be used for database audit fields (created_by, updated_by) when an application creates or updates data in the CalSAWS system.

2.1.6 Error Message

No change.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	API	Detailed Endpoint document	worker_schedule.html

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met
DDID 2357	The CONTRACTOR shall create a service for the 58 Counties that returns, updates and creates a worker schedule utilizing a CalSAWS API. When a worker number, begin date and end date is provided, the service will return the worker schedule between the specified begin and end date including the availability and scheduled appointments over fifteen-minute increments. The begin and end date filters will be limited to seven days. Worker schedules can be updated or created utilizing the API and including all required information as specified by the CalSAWS.	The API complexity accounts for including the ability to read, write, and update worker schedules. It also includes the ability to search for worker schedules utilizing a variety of parameters.	Updated worker schedule.



California Statewide Automated Welfare System

Design Document

CA-256622

Mask SSN from Forms

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Ramya HS
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/27/2023	1.0	Initial Draft	Ramya HS

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1 OVERVIEW

The purpose of this SCR is to Mask the SSN number for SSP 14 (9/10) and obsolete the CAPI 107 (1/00) forms.

1.1 Current Design

Currently below Forms in CalSAWS populate full SSN.

- CAPI 107 (1/00): CAPI NOTIFICATION OF INTER-COUNTY TRANSFER
- SSP 14 (9/10): Authorization for Reimbursement of Interim Assistance Initial Claim or Post-eligibility Case – State Form

1.2 Requests

1. Mask the full SSN for SSP 14 (9/10): Authorization for Reimbursement of Interim Assistance Initial Claim or Post-eligibility Case.
2. Remove CAPI 107 form from CalSAWS, per CDSS it's obsolete.

1.3 Overview of Recommendations

Mask the SSN number Completely for SSP 14 and remove CAPI 107 form from the system.

1.4 Assumptions

1. Print options will remain the same.
2. There are no changes to the generation logic of these forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on JIRA.

2 RECOMMENDATIONS

2.1 Mask the SSN number on SSP 14.

2.1.1 Overview

State Form: SSP 14 (09/10)

Programs: General Assistance/General Relief, CAPI

Attached Forms: N/A

Forms Category: Forms

Template Repository Visibility: All counties

Form Title (Document List Page Displayed Name):

Authorization for Reimbursement of Interim Assistance Initial Claim or Post eligibility Case

Template Description: This form is used by the participant to authorize reimbursement for an initial claim or reinstated benefits.

Imaging Form Name: Auth Reimb Interim Assist Initial Claim

Imaging Document Type: CAPI

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

2.1.2 Form Verbiage

No updates to this Section

2.1.3 Form Variable Population

Currently the SSN number is displayed fully. Update the population logic to mask the SSN number Completely.

Variable Name	Population	Formatting
< CUSTOMER_SSN >	SSN number FORMAT: ***_**_ ****	Arial Font 10

Variables Requiring Translations: N/A

2.1.4 Form Generation Conditions

There are no updates to generation conditions.

2.2 Obsolete the CAPI 107 from CalSAWS system.

2.2.1 Overview

Remove the below forms from the CalSAWS System. This form must be removed from all languages which are mentioned below.

Form Number	Form Name	Language(s)
CAPI 107	CAPI NOTIFICATION OF INTER-COUNTY TRANSFER	English

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices;	SSN number will be masked for SSP 14 and CAPI 107 will be removed from the system.

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

California Statewide Automated Welfare System

Design Document

CA-257759

CalSAWS VA Expansion – Release 4

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Alexa Kideys
	Reviewed By	Sarah Cordano, Regina Zmuidzinas Aguilar

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
03/10/23	1.0	Original Draft	Alexa Kideys

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1 OVERVIEW

1.1 Current Design

The Virtual Assistant (VA) allows CalSAWS workers to access a series of pre-defined questions (use cases) for the CalFresh, Medi-Cal, and CalWORKs programs. These use cases (UCs) are designed to provide workers information on CalSAWS functionalities and instructions on how to perform certain job functions.

1.2 Requests

Add more content to the VA and edit previously deployed content.

1.3 Overview of Recommendations

In Release 4 of the CalSAWS VA, we will release additional UCs within the VA and make enhancements to existing content. The scope of this SCR is as follows:

Summary of New Content:

Category	Current Design	Release 4	Total (All Releases)
Number of UCs	90	18	108
Number of Keywords	252	26	278
Main Menu Branch	5	1	6
Sub-Menu Branches	12	4	16

Summary of Enhancements to Existing Content:

Category	Release 4
Number of Edited UCs	2
New UX/UI Features	0

1.4 Assumptions

1. To chat with the VA, the user would click the orange chat icon in the bottom right corner of the website (shown below).

CalSAWS

San Bernardino AT1

Case Info | Eligibility | Empl. Services | Child Care | Resource Databank | Fiscal | Special Units | Reports | Client Corresp. | Admin Tools

e-Tools

- ▼ Application
 - e-Application
 - Search
 - Case Link
 - Request
 - Self-Service Portal
 - Customer Privacy
 - E-Messages
 - Application Registration Search
- ▼ Inter-County Transfer
 - Incoming ICT
 - Outgoing ICT
 - ICT Additional Documents
- ▼ External Agencies
 - Subscriber County

Application Registration Summary

★ Indicates required fields

Source: ★ App Date: ★ 10/12/2022 Case Number: ★

App Site: ★

Application Number: ★

Last Name: ★ First Name: ★ MI: ★ Social Security Number: ★

Other Names: (Maiden, Nicknames, ETC.) ★ Gender: ★ Date of Birth: ★

Home Address: ★

Street Number and Name: ★ Apt#: ★ City: ★ County: ★ State: ★ ZIP Code: ★

Save and Return

Chat

Figure 1.4.1 - VA Chat Icon

2. Once clicked, the VA will open as a pop-up window with the URL: virtualassistant.calsaws.net.

2 RECOMMENDATIONS

2.1 Internal VA Items

2.1.1 Overview

In this release, we will be adding more content to the VA and making enhancements to existing content. This content will include 18 more UCs, 26 new keywords, 1 new program in the Main Menu, and 4 new sub-menu branches.

2.1.2 CalSAWS VA Mockups

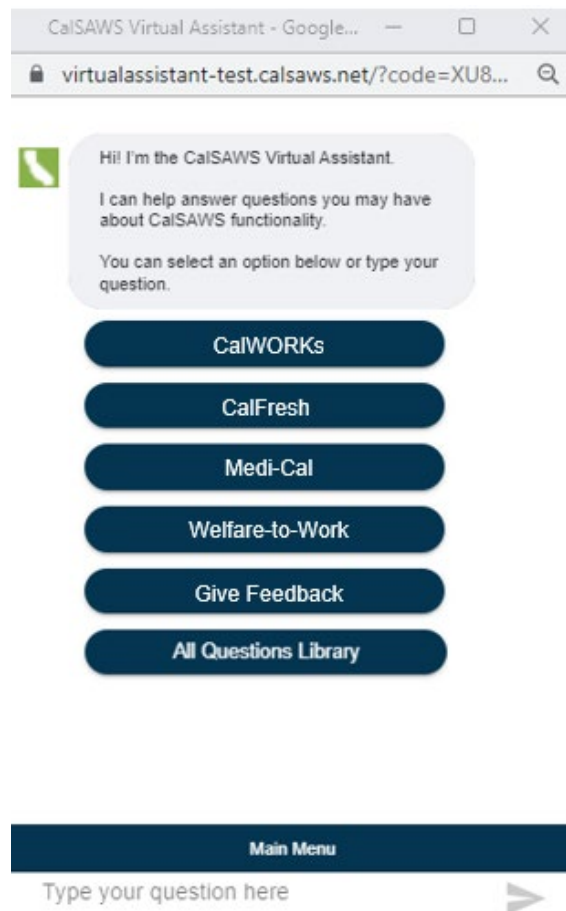


Figure 2.1.2.1 - VA Window

2.1.3 Description of Changes

1. New UCs

Below is a table containing all new UCs in Release 4:

Program	Question	Answer	Buttons
Client Correspondence Sub-Menu	What are the different types of forms?	<p>The Forms Overview in Online Help (OLH) describes all the forms in the Template Repository. This is updated with every Major release and includes access rights, print options, county visibility, languages, the programs each form is available to, IVR/telephonic signature, if it is a State form, time sensitivity, outbound/inbound envelope, etc.</p> <p>Click the button below for the Forms Overview. There are multiple pages that can be accessed from the sidebar of OLH.</p>	<p>Button: Forms Overview (OLH)</p> <p>Button: More Client Correspondence-related Topics</p>
Client Correspondence Sub-Menu	How to create a manual NOA?	<p>From the Template Repository, you can generate an NOA/Form and edit the field in the NOA/Form. You can insert information in any of the blue fields in the PDF. The Free Format NOA allows you to create an NOA, add the text and add the regulations in the Rules section.</p> <p>Note: There are multiple free-format NOA templates, ensure you are using the correct one for the relevant program.</p>	<p>Button: Forms and NOAs (JA)</p> <p>Button: More Client Correspondence-related Topics</p>
Client Correspondence Sub-Menu	How to generate EDBC NOAs?	<p>In CalSAWS you have the ability to preview a NOA before saving EDBC</p> <p>1. Accepting EDBC triggers the processing of the NOA for preview. The message <Program> NOA run is processing is displayed and the</p>	<p>Button: NOA Detail (OLH)</p> <p>Button: More Client Correspondence-related Topics</p>

		<p>Preview NOA and Save and Continue buttons are grayed out.</p> <ul style="list-style-type: none"> a. When the Preview NOAs button displays blue, click it. You will be taken to the Distributed Documents Search page allowing you to review the NOA before sending it out to the customer b. Click on the Document Name link. The NOA opens in PDF form. Review the NOA c. Clicking Cancel will return you to the Distributed Document Search page where you can click the Back to EDBC List page button d. Clicking Reject allows you to troubleshoot EDBC results and re-run EDBC to attain new results and generate a new NOA in preview mode <p>2. Review the NOA after saving EDBC:</p> <ul style="list-style-type: none"> a. Click the Save and Continue button on the EDBC List page to save EDBC results b. Click the Document Name hyperlink (with the status of Pending Review) and a PDF document will generate with print options c. The PDF shows that you can Append, Save and Print Locally, Save and Print Centrally or Reject <p>For more information about how to generate EDBC NOAs, click the button below.</p> <p>Note: NOAs are not generated for manual or overwritten EDBCs by the System.</p>	
Penalties Sub-Menu	Which CalWORKs penalties are automated by the system?	Click the button below and scroll to the bottom of the page for a list of automated penalties for CalWORKs. The automated penalties are marked with an X	<p>Button: Cash Aid Time Limits (JA)</p> <p>Button: More Penalty-related Topics</p>

		<p>in the Automated Exemption row.</p> <p>Note: Refer to the list located within the Time Limit Exemption Chart.</p>	<p>Button: More CalWORKs-related Topics</p>
MEDS Sub-Menu	How to search for MEDS Alerts?	<p>When workers add or update information in the System, a batch transaction may be triggered and sent to MEDS. If there are discrepancies in the file layout and/or the client/case information, MEDS sends an alert back to the system.</p> <p>Note: only users with appropriate security rights will be able to see MEDS alerts</p> <p>To search for an alert:</p> <ol style="list-style-type: none"> 1. Place cursor over Admin Tools on the Global navigation bar 2. Select Alerts from the Local navigator 3. Verify that MEDS Alerts is selected in the Task navigation bar 4. On the MEDS Alert Search page: <ol style="list-style-type: none"> a. Select <Search By> from the Search By drop list. (Drop list dynamically displays depending on the option selected) b. Enter <Date> in the From field and any addition search criteria, if applicable c. Click the Search button d. Click the desired hyperlink in the Alert Date column to view the MEDS Alert Detail page <p>Note: To search for alerts that have already been cleared, click the Include Completed Records check box.</p>	<p>Button: MEDS Alerts (JA)</p> <p>Button: More MEDS-related Topics</p>
MEDS Sub-Menu	How to clear MEDS Alerts?	<p>Depending on the alert received, there may be one or many actions to be taken on a case.</p>	<p>Button: MEDS Alerts (JA)</p> <p>Button: More MEDS-related Topics</p>

		<p>Note: only users with appropriate security rights will be able to see MEDS alerts</p> <p>Follow your county policy for resolving MEDS alerts. Once the alert has been corrected:</p> <ol style="list-style-type: none"> 1. Place cursor over Admin Tools on the Global navigation bar 2. Select Alerts from the Local navigator 3. Verify that MEDS Alerts is selected in the Task navigation bar 4. On the MEDS Alert Search page: <ol style="list-style-type: none"> a. Select <Search By> from the Search By drop list. (Drop list dynamically displays depending on the option selected) b. Enter <Date> in the From field and any addition search criteria, if applicable c. Click the Search button d. Click the desired hyperlink in the Alert Date column to view the MEDS Alert Detail page 5. On the MEDS Alert Search Results Summary page: <ol style="list-style-type: none"> a. Click the check box next to the desired MEDS Alert(s) to clear b. Click the Complete button 	
Task Management Sub-Menu	How to search for task banks?	<p>This page allows you to see Banked Tasks in your Task List.</p> <ol style="list-style-type: none"> 1. Click Task on the Utilities navigation bar. 2. Click the My Banks tab to access the My Banks page. <p>For more information on banks or bank details, click one of the buttons below.</p> <p>Note: Bank Tasks can be used for "Get Next" functionality.</p>	<p>Button: My Banks (OLH)</p> <p>Button: Bank Detail (OLH)</p> <p>Button: More Task Management-related Topics</p>
Sanctions Sub-Menu	How to cure a sanction?	<p>When a participant shows that they intend to cure the sanction, the user must:</p>	<p>Button: Update WTW Program Status</p>

		<p>1. Update the WTW program status to "Non-Comp – In process of curing sanction"</p> <p>2. Assign a Worker to the participant's WTW program</p> <p>3. Schedule a curing sanction appointment</p> <p>Click on the buttons below for more information on the steps listed.</p>	<p>Button: Add Worker to WTW Program</p> <p>Button: Schedule Customer Appointment</p> <p>Button: Cash Aid Time Limits (JA)</p> <p>Button: More Sanctions-related Topics</p>
Welfare-to-Work	How to send an OCAT referral?	<p>The Online CalWORKs Appraisal Tool (OCAT) Referral Detail page can be used to send an OCAT. To navigate to OCAT Referral Detail page from within the context of a case:</p> <ol style="list-style-type: none"> 1. Place the cursor over Empl. Services on the Global navigation bar 2. Select Case Summary from the Local navigator or select Appraisal from the Local navigator 3. Select OCAT from the Task navigation bar 4. Go to the OCAT Referral List page 5. Select a person in the New OCAT Referral field 6. Click the Add button or the OCAT Referral Date hyperlink <p>Once in the OCAT Referral Detail page, workers may send an OCAT Referral by clicking the Send OCAT button.</p>	<p>Button: OCAT Referral Detail (OLH)</p> <p>Button: More Welfare-to-Work-related Topics</p>
Welfare-to-Work	How to view an existing OCAT referral?	<p>The Online CalWORKs Appraisal Tool (OCAT) Referral Detail page can be used to view the details of an existing OCAT referral. It displays the person-specific data that CalSAWS transmits to the OCAT system via a real-time interface and the referral status.</p>	<p>Button: OCAT Referral Detail (OLH)</p> <p>Button: More Welfare-to-Work-related Topics</p>

		<p>To view the details of an existing OCAT referral within the context of a case:</p> <ol style="list-style-type: none"> 1. Place the cursor over Empl. Services on the Global navigation bar 2. Select Case Summary from the Local navigator or select Appraisal from the Local navigator 3. Select OCAT from the Task navigation bar 4. Go to the OCAT Referral List page 5. Click the hyperlink to view the details of an existing OCAT referral 	
Welfare-to-Work	How to enter a Cause Determination appointment through Customer Schedule?	<p>When a participant becomes non-compliant in Welfare-to-Work, you must schedule a cause determination appointment and update the Welfare-To-Work program status to reflect non-compliance.</p> <p>To begin the process of scheduling a customer appointment:</p> <ol style="list-style-type: none"> 1. Place the cursor over Empl. Services on the Global navigation bar 2. Select Activities from the Local navigator 3. Click Customer Schedule on the Task navigation bar 4. Select the Non-Compliance Cause Determination appointment hyperlink on the Customer Schedule Search page <p>There are different outcomes to the Non-Compliance Cause Determination Appointment. For more information on the different outcomes and entering a cause determination appointment through Customer Schedule, click the link below.</p>	<p>Button: Welfare to Work Non-Compliance / Conciliation / Sanction (JA)</p> <p>Button: More Welfare-to-Work-related Topics</p>

Welfare-to-Work	How to update WTW Program status?	<p>To update the WTW Program Status:</p> <ol style="list-style-type: none"> 1. Place the cursor over Empl. Services on the Global navigation bar 2. Select Case Summary from the Local navigator 3. Click WTW on the Task navigation bar on the Case Summary page 4. Click the Add Status button on the WTW Status List page 5. After filling out the fields on the WTW Status Detail page: <ol style="list-style-type: none"> a. Click the Save and Return button <p>Note: To update the WTW Program Status to Non-Comp – In process of curing sanction:</p> <ol style="list-style-type: none"> a. Select Non-Comp from the Status drop list b. Select In process of curing sanction from the Status Reason drop list <ol style="list-style-type: none"> 6. Click the Save button on the Effective Dating Confirmation List page 	<p>Button: Welfare to Work Non-Compliance / Conciliation / Sanction (JA)</p> <p>Button: More Welfare-to-Work-related Topics</p>
Welfare-to-Work	How to add worker to WTW Program?	<p>To add a worker to WTW Program:</p> <ol style="list-style-type: none"> 1. Place the cursor over Admin Tools on the Global navigation bar 2. Select Workload Assignment from the Local navigator <p>Note: The Workload Assignment page is only accessible if you have the appropriate security clearance</p> <ol style="list-style-type: none"> 3. On the Workload Reassignment Detail page: <ol style="list-style-type: none"> a. In the From section, select the radio button next to Case Number and enter the Case Number in the field b. In the Reassign Quantity section, select the radio button next to Number of Cases (enter 1) c. Select Welfare-to-Work program in the Program list d. Select the language from the Language drop list 	<p>Button: Welfare to Work Non-Compliance / Conciliation / Sanction (JA)</p> <p>Button: More Welfare-to-Work-related Topics</p>

		<p>e. In the To section, click the Select button under Worker ID</p> <p>4. On the Select Worker page:</p> <ol style="list-style-type: none"> Enter search criteria Click the Search button Confirm or click the radio button for the desired worker Click the Select button <p>5. On the Workload Reassignment Detail page:</p> <ol style="list-style-type: none"> In the Effective Date section, select the radio button next to Immediate Assignment In the Reassignment Option section, select No in the Automatically Reassign When Activated field and Yes in the Send Worker Alert field Click the Reassign button <p>Note: To confirm the worker reassignment review WTW Case Summary</p>	
SAR 7 Sub-Menu	How to process a timely and completed SAR 7?	<p>When a timely SAR 7 has already been barcode scanned and marked Received:</p> <ol style="list-style-type: none"> Access the case and page set through the task on the PR/RE Worklist page Edit or add data collection information if necessary Update the Customer Reporting Detail page to Reviewed – Ready to Run Run EDBC Review EDBC results and NOAs generated Accept and save EDBC results Enter a journal entry to document your actions <p>When the EDBC results are accepted and saved, the System updates the status of the SAR 7 to Complete – EDBC Accepted. If the SAR 7 is not updated to completed, it appears as a non-processed SAR 7 on the supervisor reports.</p> <p>Click the button below for more information on how to process a timely SAR 7.</p>	<p>Button: Semi-Annual Report (SAR 7) - Process (JA)</p> <p>Button: More SAR 7-related Topics</p>

SAR 7 Sub-Menu	How to send SAR 7 reports?	<p>A SAR 7 (Semi-Annual Report) can be sent automatically or manually.</p> <p>Automated An overnight batch job automatically generates a SAR 7 for programs with a reporting type of Semi-Annual Reporting or Semi-Annual Reporting Annually.</p> <p>Manual To manually send a SAR 7: 1. Place the cursor over Client Corresp. on the Global navigation bar 2. Select Templates from the Local navigator 3. Enter <SAR 7> in the Form Number field on the Template Repository Search page and click the Search button 4. Click the Eligibility Status Report hyperlink on the Search Results Summary page section 5. Enter Document parameters 6. Click the Generate Form button 7. Click the appropriate print button</p> <p>Note: Please make sure you are generating the correct SAR Due Month (Submit Month).</p> <p>Click the button below for more information on how to send a SAR 7 report.</p>	<p>Button: Semi-Annual Report (SAR 7) - Process (JA)</p> <p>Button: More SAR 7-related Topics</p>
Task Management sub-menu	How to export a task search report to an Excel spreadsheet?	<p>To export a task search report to an Excel spreadsheet: 1. Go to the My Tasks page. 2. Click the Export icon to export a Task Search Report.</p> <p>Note: The Export icon will only appear when there are 1 or more Tasks displaying in the Search Results.</p> <p>For more details on exporting tasks, click the button below.</p>	<p>Button: Task Search (OLH)</p> <p>Button: More Task Management-related Topics</p>

Welfare-to-Work	How to schedule a WTW Customer Appointment?	<p>To schedule a WTW Customer Appointment, begin by accessing the Customer Schedule Search Page.</p> <p>To access the Customer Schedule Search Page from within the context of a case:</p> <ol style="list-style-type: none"> 1. Place the cursor over Empl. Services on the Global navigation bar 2. Select Activities from the Local navigator 3. Click the Customer Schedule link on the Task navigation bar 4. On the Customer Schedule Search page, click the Search button 5. Click the Add Appointment button <p>For more information on customer appointments or the different outcomes to the Cure Sanction Appointment, click the buttons below.</p>	<p>Button: Welfare to Work Non-Compliance / Conciliation / Sanction (JA)</p> <p>Button: More Welfare-to-Work-related Topics</p>
SAR 7 Sub-Menu	How to update SAR 7 reports to Received?	<p>There are multiple ways to indicate that the SAR 7 has been received in the System:</p> <ol style="list-style-type: none"> 1. Users may use the handheld barcode scanner to barcode the SAR 7 or manually enter the barcode number on the Barcoded Document Routing Detail page <ol style="list-style-type: none"> a. Enter the barcode number(s) in the Barcode Number(s) field separated by a semi-colon (;) and enter the date received in the Received Date field <p>Note: For instructions on accessing the Barcoded Document Routing Detail page, click the Barcoded Document Routing Detail (OLH) button</p> 2. If the Customer submits a SAR 7 that was not generated by the System, the User can find the barcode for the System-generated SAR 7 in the Distributed Documents Search 	<p>Button: Semi-Annual Report (SAR 7) - Process (JA)</p> <p>Button: Barcoded Document Routing Detail (OLH)</p> <p>Button: Distributed Documents Search (OLH)</p> <p>Button: Customer Reporting List (OLH)</p> <p>Button: More SAR 7-related Topics</p>

		<p>page. Manually enter the barcode number on the Barcoded Document Routing Detail page</p> <p>Note: For instructions on accessing the Distributed Documents Search page, click the Distributed Documents Search (OLH) button</p> <p>3. The SAR 7 status may also update automatically to "Received" after a Customer completes the SAR 7 through the BenefitsCal portal and the SAR 7 is uploaded to Hyland Perceptive Experience Documents page</p> <p>4. Access the Customer Reporting List page and select Edit on the report you want to update to change status to "Received"</p> <p>Note: For instructions on accessing the Customer Reporting List page, click the Customer Reporting List (OLH) button</p> <p>Follow your county's policy regarding updating the SAR 7 status to "Received".</p>	
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2. Edited UCs

Below is a table containing all edited UCs in Release 4. Text highlighted signals edits:

Program	Question/Title	Answer	Buttons
Medi-Cal	<p>How to process a Recertification/Redetermination?</p> <p>Recertification Process Redetermination Process</p>	<p>In order to process any re-evaluation, you must have first received the Re-Evaluation (RE) Packet. Review county policy to determine packet generation dates.</p> <p>To access the completed RE Packet:</p> <ol style="list-style-type: none"> 1. Place cursor over Eligibility on Global navigation bar 2. Select Reporting from the Local navigator 	<p>Button: CalWORKS CalFresh Re-Evaluation and Periodic Reporting (JA)</p> <p>Button: Medi-Cal Renewal Packets (JA)</p>

		<p>3. Click the Edit button on the Customer Reporting List page</p> <p>4. On the Customer Reporting List page:</p> <p>a. Select <Reviewed - Ready to Run EDBC> from the Status drop list</p> <p>b. Enter <Date> in the Date field</p> <p>c. Click the Save and Return button</p> <p>For instructions on how to process a CalFresh Recertification, a Transitional CalFresh Recertification, or a CalWORKs redetermination, click the relevant button below. For information on the automated Medi-Cal Redetermination process, click the relevant button below.</p>	<p>Button: Change Reason (JA)</p> <p>Button: More CalWORKs-related Topics</p> <p>Button: More CalFresh-related Topics</p> <p>Button: More Medi-Cal-related Topics</p>
MEDS Sub-Menu Free Type only	How to reset MEDS password?	To reset your MEDS password, follow your county's specific guidelines and processes.	N/A

3. New Keywords

Below is a table containing all new Keywords in Release 4:

UC #	Title	Keywords
UC FR.20	MEDS Sub-Menu	MEDS, BIC Card, suspension status
UC FR.19	Client Correspondence Sub-Menu	NOAs, NOA, forms, edbc noas, manual noa, client correspondence
UC FR.18	Sanctions Sub-Menu	sanctions, sanction
UC FR.21	SAR 7 Sub-Menu	SAR 7, SAR7, Semi-Annual Report, SAR90
UC WW.01	Send OCAT Referrals	send OCAT
UC WW.02	View OCAT Referrals	view OCAT
UC WW.03	Cause Determination Appointment Through Customer Schedule	cause determination appointment

UC WW.04	Update WTW Program Status	update WTW program status, wtw status, welfare-to-work status
UC WW.05	Add Worker to WTW Program	add worker wtw, add welfare to work worker
UC WW.06	Schedule WTW Customer Appointment	schedule wtw appointment, wtw appt, wtw customer appointment

4. New Main Menu/Sub-Menu Branches

Release 4 we will include one new Menu program and several new sub-menu branches that will bucket keywords into a sub-menu.

The new main menu program is:

1. Welfare-to-Work

The new sub-menu branches are:

1. Sanctions
2. Client Correspondence
3. MEDS
4. SAR 7

2.1.4 Page Location

N/A

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Design	Release Tracker	VirtualAssistant_Release4Tracker.xlsx
2	Design	Miro Board – VA flow and UCs are documents	R4 - CalSAWS Worker-Facing VA.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
3.4.2.1	5. The LRS shall include Show me how to features, coaches, and expert systems along with What's this? activation to facilitate User access to more detailed online Help functions.	The VA is an included coach and expert system.

5 OUTREACH

N/A

6 APPENDIX

N/A

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-200863

ACL 19-10 CalFresh Recertification Delayed
Processing

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Connor O'Donnell, Thomas Lazio, Jasmine Chen
	Reviewed By	Matt Lower

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/12/2021	1.0	Initial Draft	
04/13/2022	1.1	Added Section 2.5 for updated SUAS message; added assumption	Jasmine Chen
08/31/2022	1.2	Content Revision-2: Removed budget-recs of Section 2.6 to be its own SCR, CA-249759 (in assumptions)	Jasmine Chen
12/19/2022	1.3	<p>Content Revision 3:</p> <p>Online:</p> <ul style="list-style-type: none"> - Update Section 2.1 with mockup, - Updated wording for validation, - Add a table to show referential table details - Added new Rescind Reason 'Delayed RE Processing - Client/County Caused' in 2.1.3.1.d - Update the event types these Rescind Reasons are mapped to in 2.1.3.2 - Update the Rescind Reason mapping in the Technical Note of 2.1.3.2 <p>Eligibility:</p> <ul style="list-style-type: none"> - Removed assumption 10. - Added assumptions 11,12 and 13. - Added "Delayed RE Processing - Client/County Caused" EDBC logic in 2.2.2.3. - 'EDBC Logic' and 2.2.2.4 'ABAWD Rules' - Removed 2.2.2.1.b and 2.2.2.2.b. - Updated 'TCF' in Section 2.2. - Removed Recommendation 2.2.2.4 CT157 event type 	<p>Connor O'Donnell, Thomas Lazio, Nithya Chereddy</p>

		additions. Updated Recommendations 2.2.2.1.c.i, 2.2.2.1.c.ii, 2.2.2.2.c.i and 2.2.2.2.c.ii to use existing CT157 event types.	

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1 OVERVIEW

Currently when a case has been discontinued for failure to complete recertification, workers will use the 'Restoration of Aid Waiver' restoration reason. For more effective reporting and tracking new rescind reasons will be added to the Rescind Detail page.

1.1 Current Design

To restore a case which has been discontinued for failure to complete recertification workers can use the "Restoration of Aid Waiver" rescind reason.

1.2 Requests

Add ~~two~~ **three** additional rescind reasons of **"Delayed RE Processing - Client/County Caused"**, "Delayed RE Processing – Client Caused" and "Delayed RE Processing – County Caused" which would function identically to the rescind reason of "Restoration of Aid Waiver"

1.3 Overview of Recommendations

1. Add ~~two~~ **three** new rescind reasons to the Rescind Detail page to account for Client-Caused, ~~and~~ County-Caused **Delayed RE Processing, and Client/County-Caused Delayed RE Processing.**
2. Update CF EDBC Logic for New Rescind Reasons.
3. Generate an updated CF Recertification Approval NOA (CF 377.1) if either of ~~two~~ **three** new rescind reasons were used and program status resulted in 'Active'
4. Generate the CF Recertification Denial NOA (CF 377.1A) if either of ~~two~~ **three** new rescind reasons were used and program status resulted in 'Discontinued'

1.4 Assumptions

1. Existing NOA generation logic for Restoration of Aid Waiver NOAs are not being updated with this effort.
2. CA-249759 will add the CF Approval budget to CF Recertification Approval NOA and will update its regulations.
3. There will be no verbiage nor variable population changes to the CF Recertification Denial NOAs as implemented by 22.05 CA-226508. CA-226508 used the CF 377.1A (08/21) for the CF Recertification Denial NOAs.
4. There are limited TCF Recertification Denial NOAs. Until SCR CA-204369 is implemented to include all applicable actions in EDBC, TCF will only be able to generate the default RE Denial Reason and Verification Denial Reason.
5. CA-241120 'ACL 21-110 Update CF 377.1 Notice of Approval of CalFresh Benefits in Threshold Languages' will add the relevant NOA fragments in other threshold languages.
6. No change to existing TCF functionality if the HH does the RE before the TCF RE Due Month.
7. The changes to Reporting will be addressed in a future SCR (CA-242701)

8. Per ACL 19-10, if a complete application for recertification, such as the CF 37, is submitted more than 30 days following the end of the certification period, the user shall process the CF 37 as a new application for CalFresh benefits, not as an application for recertification.
9. There is no time limitation for the user to select the new delayed RE processing rescind reasons.
10. For 'County and Client Caused delay' where the benefits must be pro-rated, the user must choose the 'Delayed RE Processing-Client Caused' reason and enter the 'Comply Date'.
11. Changes added with this SCR do not apply to TNB program.
12. If the case had SNB, the rescind logic added with this SCR will also apply to SNB in that SNB should automatically be rescinded when CF is rescinded.
13. County worker will follow the normal 'RE' process in that the RE Packet status will be set to 'Reviewed- Ready to Run EDBC' prior to running EDBC when processing delayed CF recertifications.

2 RECOMMENDATIONS

2.1 Rescind Detail

2.1.1 Overview

The Rescind Detail page will be updated to have ~~two~~ **three** new Rescind Reasons, 'Delayed RE Processing – County Caused', **and** 'Delayed RE Processing – Client Caused', **and** **Delayed RE Processing – Client/County Caused**.

2.1.2 Rescind Detail Mockup

Rescind Detail

* - Indicates required fields

View Date: 01/01/2023

Program Type: CalFresh

Program Application Date: 11/26/2019

Rescind Reason: *
Delayed RE Processing - Client Caused ▼

Comply Date: *
11/24/2022

Save and Return Cancel

Select Effective Date to Rescind *

Effective Date: 11/01/2022

Name	DOB	Role	Role Reason	Application Date	Status	End Date
John Smith	12/12/1969	MEM		11/26/2019		

Save and Return Cancel

Figure 2.1.1 – Rescind Detail Mockup

2.1.3 Description of Changes

1. Add the following Rescind Reasons to the dropdown list on the Rescind Detail page.
 - a. Delayed RE Processing- County Caused: When this reason is selected the county continues to process the case and provides a full month's benefit allotment for the first month of the new certification period.
 - b. Delayed RE Processing – Client Caused: When this reason is selected pro-rated benefits are provided based on the selected Comply Date. The Comply Date field will appear dynamically when this reason is selected from the Rescind Reason dropdown list.
 - c. Delayed RE Processing – Client/County Caused: When this reason is selected pro-rated benefits are provided based on the selected Comply Date. The Comply Date field will appear dynamically when this reason is selected from the Rescind Reason dropdown list.
 - d. Add the following validation and validation message to the Rescind Detail page when the 'Delayed RE Processing – Client Caused' or 'Delayed RE Processing – Client/County Caused' Rescind Reason is selected:
 - i. Validation: The selected Comply Date cannot be more than 30 days after the Effective Date of the Rescind. (i.e. the end of the Recertification period)
 - ii. Validation message: "Comply Date - Comply Date cannot be more than 30 days after the end of the Recertification period."
2. Add the following codes and values to CT157 (Event Type) and CT176 (Rescind Reason) for program and application event status updates related to rescind and discontinued events for the new rescind reasons "Delayed RE Processing Client Caused" and "Delayed RE Processing County Caused". Use the event type shown below when any of the three new rescind reasons are selected.

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Discontinuance Rescinded	Logged when a worker takes an action to rescind a previous Discontinuance.	PE	(null)	AS	DE	DS	AS	(null)	DS

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Delayed RE Processing-Client-Caused-Rescinded	Logged when a worker takes an action to rescind a previous Discontinuance using Delayed RE Processing-Client-Caused Rescind reason.	PE	(null)	1	DE	2	1	(null)	2
Delayed RE Processing-County-Caused-Rescinded	Logged when a worker takes an action to rescind a previous Discontinuance using Delayed RE Processing-County-Caused Rescind reason.	PE	(null)	3	DE	4	3	(null)	4

1 The code will be determined during development. This will be the CT157 code number identifier created for 'Delayed RE Processing-Client-Caused' Approved. See Section 2.2.2-item 4.

2 The code will be determined during development. This will be the CT157 code number identifier created for 'Delayed RE Processing-Client-Caused' Denied. See Section 2.2.2-item 4.

3 The code will be determined during development. This will be the CT157 code number identifier created for 'Delayed RE Processing-County-Caused' Approved. See Section 2.2.2-item 4.

4 The code will be determined during development. This will be the CT157 code number identifier created for 'Delayed RE Processing-County-Caused' Denied. See Section 2.2.2-item 4.

Technical Note: This table will be used by the Build team to populate the referential tables.

Code Name	Delayed RE Processing- Client Caused	Delayed RE Processing- County Caused	Delayed RE Processing – Client/County Caused
Code Description	Logged when a worker selects 'Delayed RE Processing – Client Caused' as a Rescind Reason	Logged when a worker selects 'Delayed RE Processing – County Caused' as a Rescind Reason	Logged when a worker selects 'Delayed RE Processing – Client/County Caused' as a Rescind Reason
DE	N	N	N
DS	Y	Y	Y
All Other Programs	N	N	N
CW	N	N	N
MC	N	N	N
IN	N	N	N
FS	N	N	N
CC	N	N	N
GA	N	N	N
All Other Programs – Discontinued	N	N	N
CWD	N	N	N
MCD	N	N	N
IND	N	N	N
FSD	Y	Y	Y
GAD	N	N	N
NB	N	N	N
NBD	N	N	N
DC	N	N	N
GR	N	N	N
GRD	N	N	N
GM DE	N	N	N
GM DS	N	N	N
GI	N	N	N
GID	N	N	N

2.1.4 Page Location

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

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Update CF EDBC Logic for New Rescind Reasons

2.2.1 Overview

Update the CF/**TCF** EDBC logic to process the new rescind reasons of "Delayed RE Processing-Client Caused", "Delayed RE Processing-County Caused" and **"Delayed RE Processing - Client/County Caused"**.

2.2.2 Description of Changes

1. Update CF/**TCF** EDBC logic to function as follows for the new rescind reason of "Delayed RE Processing-Client Caused":
 - a. Prorate CF allotment for the rescind event benefit month based on the rescind comply date.
 - ~~b. Set EDBC Run Reason to 'RE' for the rescind event benefit month.~~
 - c. Insert event record and update program status per CT157 **(see recommendation 4 below)** when any of the following actions occur:
 - i. When the EDBC **is approved results in approval** for the 'Delayed RE Processing-Client Caused' rescind of a

previous discontinuance, use the following event type (CT157):

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Rescind Approved (Discontinued)	Logged when the last event on the application was Discontinuance Rescinded, and the worker takes an action to approve the rescind.	AC	(null)	(null)	DE	DS	(null)	(null)	DS

- ii. When the EDBC is denied results in discontinuance for the 'Delayed RE Processing-Client Caused' rescind of a previous discontinuance, use the following event type (CT157):

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Discontinued	Logged when a worker takes an action to discontinue the application. This event can only occur when a program was previously approved. This type will list the associated discontinuance reason as determined by EDBC, for EDBC programs. For non-EDBC programs, use the discontinuance reason the worker provides.	DS	(null)	AA	(null)	(null)	AA	(null)	(null)

2. Update CF/TCF EDBC logic to function as follows for the new rescind reason of "Delayed RE Processing-County Caused":
 - a. There will be no proration of CF allotment.

b. Set EDBC Run Reason to 'RE' for the rescind event benefit month.

c. Insert event record and update program status per CT157 (see recommendation 4 below) when any of the following actions occur:

i. When the EDBC is approved results in approval for the 'Delayed RE Processing-County Caused' rescind of a previous discontinuance, use the following event type (CT157):

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Rescind Approved (Discontinued)	Logged when the last event on the application was Discontinuance Rescinded, and the worker takes an action to approve the rescind.	AC	(null)	(null)	DE	DS	(null)	(null)	DS

ii. When the EDBC is denied results in discontinuance for the 'Delayed RE Processing-County Caused' rescind of a previous discontinuance, use the following event type (CT157):

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Discontinued	Logged when a worker takes an action to discontinue the application. This event can only occur when a program was previously approved. This type will list the associated discontinuance reason as determined by	DS	(null)	AA	(null)	(null)	AA	(null)	(null)

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
	EDBC, for EDBC programs. For non-EDBC programs, use the discontinuance reason the worker provides.								

3. Update CF/TCF EDBC logic to function as follows for the new rescind reason of "Delayed RE Processing - Client/County Caused":
 - a. Prorate CF allotment for the rescind event benefit month based on the rescind comply date.
 - b. Insert event record and update program status per CT157 when any of the following actions occur:
 - i. When the EDBC results in approval for the 'Delayed RE Processing - Client/County Caused' rescind of a previous discontinuance, use the following event type (CT157):

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Rescind Approved (Discontinued)	Logged when the last event on the application was Discontinuance Rescinded, and the worker takes an action to approve the rescind.	AC	(null)	(null)	DE	DS	(null)	(null)	DS

- ii. When the EDBC results in discontinuance for the 'Delayed RE Processing - Client/County Caused' rescind of a previous discontinuance, use the following event type (CT157):

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Discontinued	Logged when a worker takes an action to	DS	(null)	AA	(null)	(null)	AA	(null)	(null)

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
	discontinue the application. This event can only occur when a program was previously approved. This type will list the associated discontinuance reason as determined by EDBC, for EDBC programs. For non-EDBC programs, use the discontinuance reason the worker provides.								

4. Update ABAWD Status Determination rules for partial month status to set the CF person as an ABAWD with a status reason of 'Partial Benefit Month' (and not 'tick' the ABAWD clock) when the new rescind reason of "Delayed RE Processing-Client Caused" or "Delayed RE Processing - Client/County Caused" is used and the following are true:

- a. The rescind event effective date is in the benefit-month.
- b. The rescind event comply date is after the 1st of the benefit-month.

5. Add the following codes and values to CT157 (Event Type) for program and application event status updates related to rescind and discontinued events for the new rescind reasons "Delayed RE Processing-Client Caused" and "Delayed RE Processing County Caused".

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
Delayed RE Processing-Client Caused Approved	Logged when the last event on the application was Delayed RE Processing-Client Caused Rescind, and an action is	AC	(null)	(null)	DE	DS	(null)	(null)	DS

Code Name	Code Description	Status	Disposition	Active	Denied	Discontinued	Ineligible	Pending	Non-Applicant
	taken to approve the rescind.								
Delayed RE Processing-Client Caused Denied	Logged when the last event on the application was Delayed RE Processing-Client Caused Rescind, and an action is taken to discontinue the application.	DS	(null)	AA	(null)	(null)	AA	(null)	(null)
Delayed RE Processing-County Caused Approved	Logged when the last event on the application was Delayed RE Processing-County Caused Rescind, and an action is taken to approve the rescind.	AC	(null)	(null)	DE	DS	(null)	(null)	DS
Delayed RE Processing-County Caused Denied	Logged when the last event on the application was Delayed RE Processing-County Caused Rescind, and an action is taken to discontinue the application.	DS	(null)	AA	(null)	(null)	AA	(null)	(null)

2.2.3 Programs Impacted

CF

TCF

SNB

2.2.4 Performance Impacts

N/A

2.3 Correspondence – Update Action verbiage, CF_AP_ACTION8

2.3.1 Overview

Update the verbiage of the existing Action fragment.

Action Fragment Name and ID: CF_AP_ACTION8 (ID = 4077)

Known State NOA: Taken from State NOA CF 377.1 (05/20)

Current Programs: CalFresh

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: No

Existing Languages: English, Spanish

2.3.2 NOA Verbiage

1. Update the verbiage of the existing action fragment in English.

NOA Mockup: See Supporting Document #1

Description	Existing Action verbiage	Updated Action verbiage	Formatting*
Static	<p>YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.</p> <p>Your initial amount of benefits is: <BenefitAmount> for <Month1>. Your benefit amount for the rest of your certification period will be <NextBenefitAmount> from <CertifBeginDate> through <CertifEndDate>.</p>	<p>YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED.</p> <p>Your initial amount of benefits is: <BenefitAmount> for <Month1>. Your benefit amount per month for the rest of your certification period will be <NextBenefitAmount> from <CertifBeginDate> through <CertifEndDate>.</p>	<p>Arial Size 10</p> <p>"Your application for CalFresh benefits has been approved." will be capitalized and bolded, Arial Size 10</p>

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

2. Update the verbiage of the existing action fragment in Spanish.

Description	Existing Action verbiage	Updated Action verbiage	Add'l Formatting
Static	<p>SU SOLICITUD PARA RECIBIR BENEFICIOS DE CALFRESH HA SIDO APROBADA.</p> <p>La cantidad inicial de sus beneficios es: <BenefitAmount> para <Month1>. La Cantidad de sus beneficios para el resto del period de certificación sera <NextBenefitAmount> de <CertifBeginDate> a <CertifEndDate>.</p>	<p>SU SOLICITUD PARA RECIBIR BENEFICIOS DE CALFRESH HA SIDO APROBADA.</p> <p>La cantidad inicial de sus beneficios es: <BenefitAmount> para <Month1>. La cantidad mensual de beneficios para el resto del período de certificación será <NextBenefitAmount> de <CertifBeginDate> a <CertifEndDate>.</p>	<p>"Su solicitud para recibir beneficios de CalFresh ha sido aprobada." will be capitalized and bolded</p>

2.3.3 NOA Variable Population

N/A, there are no new variables being added with the verbiage update.

2.3.4 NOA Generation Condition

This action fragment will now also generate on the 'CalFresh Recert Approval NOA' (as mentioned in Section 2.6.2 #1).

Ordering on NOA: Continues to be prior to the associated reason fragment.

2.4 Correspondence – Add New Message verbiage

2.4.1 Overview

Add a new CF Message fragment.

Known State NOA: Taken from State NOA CF 377.1 and from existing message fragment, CF_AP_MESSAGE1 (Fragment ID = 5000)

Programs: CalFresh

Action Type: Approval

Fragment Level: Program

Repeatable: No

Languages: English, Spanish

2.4.2 NOA Verbiage

1. Add a new CF NOA message for Approvals in English.

NOA Mockup: See Supporting Document #1

Description	Text	Formatting*
Static	<p>For CalFresh, your family size is <AssistanceUnitSize>. Your IRT is \$<CurrentIrtLimit>.</p> <p>IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.</p> <p>The amounts used to figure your CalFresh are shown on this notice. If your case contains a disqualified person(s) and that/those person(s) has/have income, all of their income is used to compute your CalFresh allotment.</p>	<p>Arial, Size 10</p> <p>"If you also applied for cash aid" will be capitalized and bolded, Arial Size 10</p>

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

2. Add a new CF NOA message for Approvals in Spanish.

Description	Text	Add'l Formatting
Static	<p>Para CalFresh, el tamaño de su familia es <AssistanceUnitSize>. Su IRT es <CurrentIrtLimit>.</p> <p>SI TAMBIÉN PRESENTÓ UNA SOLICITUD PARA RECIBIR ASISTENCIA MONETARIA, y esta todavía no ha sido aprobada, es posible que sus beneficios de CalFresh sean reducidos o descontinuados sin ningún otro aviso si se aprueba su solicitud para asistencia monetaria.</p> <p>Las cantidades utilizadas para calcular su CalFresh están indicadas en esta notificación. Si su caso incluye alguna persona que no es elegible y esta persona tiene ingresos, todos sus ingresos se tienen en cuenta para calcular su asignación de CalFresh.</p>	<p>"Si también presentó una solicitud para recibir asistencia monetaria" will be capitalized and bolded</p>

2.4.3 NOA Variable Population

The following variables will populate in the new NOA message.

Note: Its variable population is identical to the variable population of existing message fragment, CF_AP_MESSAGE1.

Description	Text	Formatting*
AssistanceUnitSize	The assistance unit size of the case. For example: 1	Arial Font Size 10
CurrentIrtLimit	The current IRT limit for the case's assistance unit family size. For example: \$996.00	Arial Font Size 10

2.4.4 NOA Generation Conditions

This new message fragment will generate on the 'CalFresh Recert Approval NOA' (as mentioned in Section 2.6.2 #2).

Ordering on NOA: This will be the first message fragment generated on this CF Recert Approval NOA.

Note: For the 'CalFresh Recert Approval NOA', there will be an additional message fragment (detailed in Section 2.5 and 2.6.2 #3) following this new message fragment.

2.5 Correspondence – Update Message verbiage, CF_AP_MESSAGE5

2.5.1 Overview

Update the verbiage of the existing Message fragment.

Action Fragment Name and ID: CF_AP_MESSAGE5 (ID = 5030)

Known State NOA: Taken from State NOA CF 377.1 (05/20)

Current Programs: CalFresh

Current Action Type: Approval

Current Fragment Level: Program

Currently Repeatable: No

Existing Languages: English, Spanish

2.5.2 NOA Verbiage

1. Update the verbiage of the existing message fragment in English.

NOA Mockup: See Supporting Document #1

Description	Existing Message verbiage	Updated Message verbiage	Formatting*
Static	Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash EBT account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.	Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash Electronic Benefit Transfer (EBT) account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.	Arial Size 10

*English only

2. Update the verbiage of the existing action fragment in Spanish.

Description	Existing Action verbiage	Updated Action verbiage	Add'l Formatting
Static	<p>Su hogar de CalFresh puede ser elegible para un pago proveniente del Subsidio del Estado para Asistencia con los Servicios Públicos y Municipales (State Utility Assistance Subsidy - SUAS). Si es elegible, el Condado le otorgará un pago de \$20.01 por el SUAS. Éste es un sólo pago por año y si es elegible, se depositará en su cuenta de EBT (transferencia electrónica de beneficios). Si no tiene una cuenta EBT monetaria, se establecerá una en su tarjeta EBT de CalFresh. No tendrá que hacer nada para recibir una tarjeta nueva, pero puede usarla para cubrir gastos que no cubre CalFresh. Este pago le permite al Condado usar la deducción más alta (cantidad estándar permitida para servicios públicos y municipales, conocida en inglés como Standard Utility Allowance - SUA), para beneficios de alimentos. Usted puede usar los \$20.01 cuando use su tarjeta de EBT. Si quiere saber más acerca de esto, por favor llame a la oficina local en su condado.</p>	<p>Es posible que su hogar de CalFresh sea elegible para un pago proveniente del Subsidio del Estado para Asistencia con los Servicios Públicos y Municipales (State Utility Assistance Subsidy, o SUAS). Si es elegible, el Condado le otorgará un pago de \$20.01 por el SUAS. Este es un pago anual y, si es elegible, se depositará en su cuenta de EBT (transferencia electrónica de beneficios). Si no tiene una cuenta EBT monetaria, se establecerá una en su tarjeta EBT de CalFresh. No tendrá que hacer nada para recibir una tarjeta nueva, pero puede usarla para cubrir gastos que no cubre CalFresh. Este pago le permite al Condado usar la deducción más alta (cantidad estándar permitida para servicios públicos y municipales [Standard Utility Allowance, o SUA]) para beneficios de alimentos. Usted puede usar los \$20.01 cuando use su tarjeta de EBT. Si desea saber más acerca de esto, por favor, llame a la oficina local de su condado.</p>	<p>Spanish and threshold will generate based on project standards for that language.</p>

2.5.3 NOA Variable Population

N/A, there are no variables in this fragment.

2.5.4 NOA Generation Condition

There are no changes to the existing generation conditions.

Ordering on NOA: This existing message fragment will be the last message fragment of the NOA.

2.6 Correspondence – Update CF Recertif. Approval NOA

2.6.1 Overview

Update the existing CalFresh Recertification Approval NOA to be generated with updated action, message, and budget fragments.

Existing Reason Fragment ID: 7239 (CF_AP_CF_APPROVED_F281)

Known State NOA: Taken from State NOA CF 377.1 (05/20)

Current NOA Template: CF_NOA_TEMPLATE (ID = 3027)

Current Programs: CalFresh

Current Action Type: Approval

Current Fragment Level: Person

Currently Repeatable: Yes

Include NA Back 9: Yes

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

Existing Languages: English, Spanish

2.6.2 NOA Verbiage

The CF Recertification Approval NOA will have the following updates:

1. Update the Recertification Approval NOA with a different action fragment verbiage.

Technical Note: As CF_AP_ACTION2 (Fragment ID = 4001) was only used in the CF Recertification Approval NOA and per this Section is now being replaced with CF_AP_ACTION8, obsolete and remove the CF_AP_ACTION2 action fragment from the database and from any related code (if there is no other impacts to correspondence).

Existing Action Fragment ID, Name	Existing Action verbiage	Updated Action Fragment ID, Name	Updated Action Verbiage
4001, CF_AP_ACTION 2	Effective <CFRecertDate>, the County has approved your application for re- certification for CalFresh benefits. Your re- certification period covers from <DayAfterRDMonth> through <RDDueDate>. Beginning <MonthAfterRDDueDate> you will get \$<RDBenefitAmount> for the following individual(s): <ApprovedEligPeople>	4077, CF_AP_ACTION 8	YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED. Your initial amount of benefits is: \$<BenefitAmount> for <BenefitMonth>. Your benefit amount per month for the rest of your certification period will be \$<RestBenefitAmount> from <CertifBeginDate> through <CertifEndDate>.

2. Update the Recertification Approval NOA to replace the current message fragment with the new message fragment created in the previous Section.

Existing Message Fragment ID, Name	Existing Message verbiage	Updated Message Fragment ID, Name	Updated Message Verbiage
5000, CF_AP_MESS AGE1	<p>For CalFresh, your family size is <AssistanceUnitSize>. Your IRT is \$<CurrentIrtLimit>.</p> <p>IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.</p> <p>Your CalFresh benefits will be available through Electronic Benefit Transfer- EBT on the <EBTAvailableDay> of each month.</p> <p>The amounts used to figure your CalFresh are shown on this notice. If your case contains a disqualified person(s) and that/those person(s) has/have income, all of their income is used to compute your CalFresh allotment.</p> <p>EBT: Keep your plastic Golden State Advantage card, even if your aid is terminated.</p> <p>Please do not throw it away.</p> <p>Medi-Cal: This Notice of Action does not change or stop Medi-Cal benefits. If there is any change in your Medi-Cal benefits, you will receive another Notice of Action. Keep your plastic Benefits Identification Card(s).</p>	New message fragment from previous Section 2.4.	<p>For CalFresh, your family size is <AssistanceUnitSize>. Your IRT is \$<CurrentIrtLimit>.</p> <p>IF YOU ALSO APPLIED FOR CASH AID, and it has not yet been approved, your CalFresh benefits may be lowered or stopped without another notice if your cash aid is approved.</p> <p>The amounts used to figure your CalFresh are shown on this notice. If your case contains a disqualified person(s) and that/those person(s) has/have income, all of their income is used to compute your CalFresh allotment.</p>

3. Add an additional message fragment to the CF Recertification Approval NOA (which was updated per previous Section 2.5).

Additional Message Fragment ID, Name	Message Verbiage
5030, CF_AP_MESSAGES5	Your CalFresh household may be eligible to a State Utility Assistance Subsidy (SUAS) payment. If eligible, the county will award you a \$20.01 SUAS cash payment. This is a one-time per year payment and if eligible it will be put into your cash Electronic Benefit Transfer (EBT) account. If you do not have a cash EBT account, one will be set up for you on your CalFresh EBT card. You will not have to do anything to get a new card, but you can use it to cover expenses not otherwise covered by CalFresh. This payment allows the county to use the highest utility deduction (Standard Utility Allowance - SUA) for food benefits. You may use this \$20.01 when you use your EBT card. If you want to know more, please contact your local county office.

4. ~~Update the Recertification Approval NOA to add a CF Approval budget, BUDGT_CF_APPROVAL_SAR (Fragment ID = 1285).~~

~~Note: This CF Approval budget is currently also on the Expedited CalFresh Approval NOA.~~

2.6.3 NOA Variable Population

A. Variable Population

1. Action fragment, CF_AP_ACTION8
There are no changes to this variable population logic.
2. New Message fragment
Variable population of the new message fragment is identical to the variable population of existing CF NOA message, CF_AP_MESSAGE1 (Fragment ID = 5000).

There are no changes to this variable population logic.

3. Additional Message fragment, CF_AP_MESSAGE5
This message fragment has no variables to populate.
4. ~~Budget fragment, BUDGT_CF_APPROVAL_SAR~~
~~There are no changes to this variable population logic.~~

B. Fragment Regulations

There are no changes to the regulations. The existing regulations will remain:

MPP 63-300.4, 63-504.1, 63-504.22, 63-504.6

Note: The regulations for the CF Recertification Approval NOA ~~will be~~ has been updated to the following per CA-249759.

C. NOA Title and Footer References

The existing NOA Reason for CF Recertification Approval will have the following references:

NOA reference on Document List page continues to be: CalFresh Recert Approval NOA

NOA Title continues to be: CALFRESH NOTICE OF APPROVAL

The NOA Footer will be updated to the latest version:

NOA Footer: CF 377.1 (05/20)

2.6.4 NOA Generation Conditions

A. Update Reason Fragment Generation

- a) Along with the existing generation logic, add an additional scenario to the logic to also generate the existing CalFresh Recertification Approval NOA when all of the following are satisfied:

- The rescind reason selected is either 'Delayed RE Processing – Client Caused', 'Delayed RE Processing – County Caused' or 'Delayed RE Processing – Client/County Caused'
- The EDBC run reason is 'RE - Re-Evaluation - no QR7'
- The CalFresh program status is Active in the newly run EDBC.

- b) Update the reason fragment's configuration with other fragments:

Update Fragment Level to: Program

Repeatable: No

1. **Action Fragment:** 4077, CF_AP_ACTION8

Ordering on NOA: This CF_AP_ACTION8 action fragment will remain as the first fragment to generate on the NOA.

2. **New Message Fragment**

Ordering on NOA: This new message fragment will be the first message fragment to generate on the NOA.

3. **New Add'l Message Fragment:** 5030, CF_AP_MESSAGE5
Ordering on NOA: This CF_AP_MESSAGE5 message fragment will be the last message fragment to generate on the NOA.
4. ~~**Budget Fragment:** 1285, BUDGT_CF_APPROVAL_SAR~~
~~Location on NOA: This budget fragment will be located on the right hand column of the first page of the NOA.~~

2.7 Correspondence – Update CF Recertif. Denial NOA logic

2.7.1 Overview

Update the logic for existing CalFresh Recertification Denial NOAs.

Known State NOA: Taken from State NOA, CF 377.1A

Programs: CalFresh

Action Type: Denial

Fragment Level: Program

Repeatable: No

Languages: English, Spanish

2.7.2 Description of Change

In addition to the existing logic of CF Recertification Denial reasons (reason fragments listed below), also generate the applicable reasons on the CF Recertification Denial NOA for the following scenario, if:

- Rescind reasons of 'Delayed RE Processing – Client Caused', 'Delayed RE Processing – County Caused' or 'Delayed RE Processing – Client/County Caused' were selected and
- The CalFresh program status is Discontinued in the newly run EDBC.

Note: In this scenario, the rescinded program status is Discontinued, but the correspondence sent is a Denial NOA.

ID	(Reason) Fragment Name
6003	Ineligible Institution CF_DN_INELIG_INST_F004
6019	Ineligible Student

	CF_DN_INELIG_STUD_F017
6028	Ineligible Boarder CF_DN_INELIG_BOARDER_F031
6036	Withdrawal – Clients Request CF_DN_WDRWL_CLNT_REQ_F051
6038	Ineligible Non-Citizen CF_DN_INELIG_ALIEN_F052
6039	Non-cooperation QA CF_DN_NCOOP_QC_F056
6048	Fleeing Felon CF_DN_FLEE_FELON_F074
6076	Fail for PVS CF_DN_FAIL_PVS_F145
6453	Not CA Resident CF_DN_NOT_CNTY_RESIDENT_F061
7206	T Visa denied CF_DN_TVISA_TERMINATION_F152
7209	U Visa/UVIR denied CF_DN_UVISA_DENIED_F153
7227	IPV Sanction CF_DN_IPV_SANCTION_PERIOD_F055
7232	Fail to Comply with IFDS CF_DN_FAIL_COMPLY_IFDS_F133
7257	Recertification Interview Not Complete CF_DN_NO_RECERT_INTERVIEW_F922
NEW	Failure to Provide Verifications New reason fragment per 22.05 CA-226508
NEW	Failed to Complete Recert Process New reason fragment per 22.05 CA-226508
6022	Voluntary Job Quit CF_DN_VLNTRY_JOB_QUIT_F021
6026	Exceeds Gross Income CF_DN_EXCD_PGRS_INC_LMT_F026

7223	Exceeds Net Income CF_DN_EXCD_PRO_NET_INC_LMT_F027
7438	Resources Exceed Limit CF_DN_RSRCS_EXCED_LMT_F267

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOA	Updated CF Recertification Approval NOA mockup	CA 200863 – CF Recertification Approval.pdf

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-227569

DHCS CMS PI Updates

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/10/2022	1.0	Initial version	Esequiel Herrera-Ortiz
01/23/2023	2.1	Fixed the technical notes under the Determination Reason and Determination Status column definition. Fixed technical note for the FRI code. Added a missing condition that the FRI population must have applied for benefits. The update for Indicator 11b to display 'A' needs to be applied to the State version of the report as well. Updated Indicator 5 to report a single application per person by selecting the latest received. Updated Indicators 9 and 10 to select a single application per person based on the latest approved or denied rather than the earliest received.	Esequiel Herrera-Ortiz
01/31/2023	2.2	DHCS has made corrections to their DHCS CMS Master Aid Code list document. The updated version has been attached. This does not impact this SCR as we do not display their aid code description.	Esequiel Herrera-Ortiz
02/03/2023	3.1	Updated Indicator 12 Days to process calculation. The calculation no longer uses application date as this date can be manually changed. Removed Application Created On Date column definition. The existing Application Received Date will be updated instead. Updated examples in Appendix to reflect new calculation for Days to	Esequiel Herrera-Ortiz

		<p>Process.</p> <p>Removed assumption related to changing of application date as it is no longer relevant.</p> <p>Fixed displayed values for the Disability Indicator column.</p>	
02/23/2023	3.2	<p>Updated Application Date on indicator 12.</p> <p>Correction to section 7.3 example 3</p> <p>Added new assumption for missing aid code lists.</p> <p>Determination Status for Indicator 10 has been updated.</p> <p>Moved the note that negative values for the Days to Process column on Indicator 12 will be made to zero. The note was previously in the Assumptions and the Appendix examples. The note is now in the column definition.</p>	Esequiel Herrera-Ortiz
03/14/2023	3.3	<p>Updated the title of Indicator 11b on the county version of the report to match the title on the state version of the report.</p>	Esequiel Herrera-Ortiz

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1 OVERVIEW

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

1.1 Current Design

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

- Indicator 5 – Number of Applications Received

- Indicator 7 – Renewals

- Indicator 9 - Total Number of Individuals Determined Eligible

- Indicator 10 - Total Number of Individuals Determined Ineligible

- Indicator 11 - Number of Pending Applications or Redeterminations

- Indicator 12 - Processing Time for Determinations

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

There are three versions of this report:

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

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

- Global: Reports

- Local: Scheduled

- Task: State

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

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

1.2 Requests

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

1.3 Overview of Recommendations

1. Indicator 5 - Number of Applications Received:

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

- Case Name
- Person Name
- DOB
- CIN

2. Indicator 7 - Renewals:

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

3. Indicator 9 - Total Number of Individuals Determined Eligible:

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

- Rescind Approved (Discontinued)
- h. Update the base population logic to only report one application for a given person if multiple applications are submitted. The **latest approved application** will be reported.
- i. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.
- j. Add the following columns to the county detail sheet:
 - Application Date
 - Completed RE Due Date

4. Indicator 10 - Total Number of Individuals Determined Ineligible:

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

- h. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month.
 - Change
 - Retro Pending
 - Retro Approved
 - Retro Denied
 - Retro Denial Rescinded
 - Retro Rescind Approved (Denial)
 - Denial Rescinded
 - Discontinuance Rescinded
 - Rescind Approved (Denial)
 - Rescind Approved (Discontinued)
- i. Include the Discontinued Financially Responsible – Included (FRI) population to the indicator. This is a person who is not eligible for assistance but is financially responsible to the program and is included in the unit size. The individual must apply for benefits to be reported.
- j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.
- k. Update the logic to the following existing columns on the county detail version of the report:
 - Determination Reason
- l. Add the following columns to the county version of the report:
 - Determination Status

5. Indicator 11 - Number of Pending Applications or Redeterminations:

- a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the version of the reports. The county version of the report will become available to the county.
- b. Include aid code 'P0' to the indicator 11a.
- c. Exclude aid code '0C' to the indicator.
- d. Update Indicator 11b. Pending App to display '1' rather than 'A'. All counties are reporting at the individual level represented by '1'. The 'A' represents counties that are reporting at the case level or at the case and individual level.
- e. Select a single aid code when an individual has multiple assigned aid codes. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code.
- f. Update the base population for Indicator 11 to exclude the role of Medi-Cal Member Only when evaluating for the Pending at MC Agency base population. This is a residual condition from when the report included cash based Medi-Cal.
- g. Exclude Pending Applications that are not tied to a 'Pending' program status as of the last day of the report month. These applications are stuck in 'Pending' status and cannot be actioned by a worker in the system. Currently these applications are being reported every month as Pending even though the program has been approved or denied with a newer application.

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

6. Indicator 12 - Processing Time for Determinations:

- a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the reports. The county version of the report will become available to the county.
- b. Include aid code 'P0' from indicators 12a, 12b, 12f, 12g, 12h, 12i, 12j.
- c. Exclude aid code '0C' from the indicator.
- d. Update the indicator 12k label from '12k: Less than 30 days' to '12k: Within 30 days' on the state and county version of the report.
- e. Update the MAGI and Non-MAGI budget test mapping as presented on Appendix 7.2. The budget tests are used to determine whether a single determination should be counted under the MAGI processing time, Non-MAGI processing time or both. Some budget tests have been excluded such as County Medical Service Program (CMSP, Express Lane, FC/KG/AAP) budget tests from lists.
- f. Update the indicator 12 logic to calculate MAGI and Non-MAGI processing time as follows:
 - MAGI Only Processing Time – For determination with only MAGI budget tests associated, the processing time is calculated as follows:
Start Date: If there is an associated determination response, then the start date is the Application Date on the Program Application or the Program Person Application else the start

date is the date the program application or program person application was created in the system (CREATED_ON).

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

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

Start Date: From the date the program application or program person application record was created in the database.

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

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

MAGI Start Date: If there is an associated determination response, then the start date is the Application Date on the Program Application or Program Person Application else the start date is the date the program application or program person application was created in the system (CREATED_ON).

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

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

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

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

- g. Exclude the role reason of Medi-Cal Member Only from the indicator logic. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
- h. Update the logic which defines a disability application. The list of medical conditions has been expanded. The reported medical

condition must now be effective during the determination rather than as of the last day of the report month.

- i. Remove the condition that a Denied person must either not have an aid code or the aid code must be in the list of the Master Aid Code list. A denied person does not have an aid code but may have a residual aid code due to an overwritten EDBC record.
- j. Update the condition that restricts the EDBC record to have a begin and end date that encompass the program application or program person application event's effective date. This condition is causing valid determinations from being reported.
Technical Note: The PERS_EDBC table can be used when a person is added to an existing program application.
- k. Select a single aid code when an individual has multiple assigned aid codes. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code.
- l. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.
- m. Remove the following column from the county version detail sheet:
 - RE Due Date
- n. Add the following columns to the county version detail sheet:
 - Budget Test
 - Referral Timestamp
- o. Update the logic for the following columns:
 - Aid Code
 - Days to Process
 - Disability Indicator
 - Application Received Date
- p. Update the DHCS CMS Performance Indicator 12 Details generated file name to be in the following format:
CalSAWS_[YYYY]_[MM]_Ind12_[RunDate].xlsx

1.4 Assumptions

1. When CalWIN counties migrate to CalSAWS, the CalWIN counties' data will be compatible with the report and no update will be required to the report.
2. Indicator 9h: Medicaid Eligible via Administrative Determination is mentioned in the DHCS CMS Master Data Request report instructions as well as the state provided template, however, California does not report Indicator 9h and has been excluded from this CalSAWS report.
3. Indicator 5n. SBM is using the referral to report CalHEERS applications. There are situations where a referral is used to create a program application, but the referral is never linked to the case, and the referral status is set to Cancelled. For these scenarios we will report the program application using the program application date and exclude the cancelled referral.
4. Indicator 5n. SBM can miss valid applications when a U-DER of type Determination Change has a transaction date in the report month, but the application date was in the prior month. This is because there is no way to tell whether this is a new application or a change in circumstance.

5. Indicator 5n. SBM can include referrals that are canceled the following month. This means the referral will never become an application in the system.
6. On Indicator 5, we capture applications based on the applications initial pending event date rather than the user provided application date. This is because the application dates can be retro set which can cause the application to go unreported.
7. Indicator 5 is the only indicator on the report that reports at the household level.
8. Indicator 5 reports applications that are created in CalSAWS but have a source of CalHEERS and no linkage to the referral. If a user has selected the source of CalHEERS then it is assumed that a referral was used even though it is not linked.
9. Indicator 7 – Renewals requires that a person be Active as of the last day of the report month. If the individual has a renewal due in the report month and is discontinued effective during the RE Due Month, the renewal will not be reported.
10. Indicator 7e – Renewals of Unknown Type will always be equal to 0. This scenario is not possible in the system. Also, the Master Aid Code List does not have any aid codes listed for Indicator 7e.
11. For Indicator 12 the days to process will be rounded down. This is because one category is labeled as less than 24 hours. This also means that categories such as 31-60 days will capture determinations that took 60.5 days.
12. Indicators 9 – Individuals Determined Eligible and Indicator 10 – Individuals Determined Ineligible captures the latest determination result, while Indicator 12 captured the initial determination result in the report month. This means a person can appear as having two different determination results when comparing the two indicators.
13. A change of circumstance is identified as any renewal that is completed within 9 months of the prior renewal. This is because at the 10th month the auto authorization process begins.
14. Indicator 11 is capturing applications which have an erroneous pending status. The user is approved for benefits, but a worker later sets the application to pending status for the benefit month which has already approved. These records will continue to be captured until the implementation of **CA-200895 Update the Rescind Logic**.
15. Indicator 11 excludes pending applications when the application is not the latest application for the program. These applications cannot be actioned by a worker since they are not the latest one. They are stuck in pending status even though the program may have eligibility established with the later program application.
16. Indicator 12 – For MAGI processing time for households, the processing time for everyone will be extended to the last person evaluated. For example, if household of 3 is evaluated for MAGI and 2 are approved while 1 is set to pending status due to needing to provide verification, the processing time for all 3 individuals will be until the final person is evaluated.
17. Indicator 12 is not equal to the sum of 9e+9f+10d due to the CHIP eligible and CHIP ineligible being reported as MC Ineligible as well.

18. Indicator 10 excludes ineligible determinations with specific denial reasons such as requesting disenrollment. Indicator 12 does not have this requirement for ineligible determinations.
19. Indicator 10 includes ineligible determinations due to being discontinued. Indicator 12 only includes approvals and denials at application.
20. The report includes Former Foster Youth.
21. In the SAWS2+ application there is a disability related question. However, this root question is not used in identifying a disability related application as this indicator only signals a worker to populate the medical condition page. We use the medical condition page to identify a disability related application.
22. There are aid codes in the master aid code list that are not currently in the CalSAWS system such as 'P0'. These aid codes will be added to the report logic in the event the aid codes are later added to the system.

2 RECOMMENDATIONS

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

2.1 DHCS CMS Performance Indicators Master Data Request

2.1.1 Overview

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

2.1.2 DHCS CMS Performance Indicator Master Data Request (State) Mockup

SAWS:	CalSAWS	Report Date:	FEB-01-2020 3:02 AM
Reporting Level:	Application Level	Reporting Period (monthly reporting):	01-01-2020 to 01-31-2020

CMS Performance Indicator 5. Number of Applications Received

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

Note see the Supporting Documents section for the attached mockup.

2.1.3 Description of Change

The changes for Indicators 5, 7, 9, 10 and 11 listed below apply to the DHCS CMS Performance Indicator (State) and the DHCS CMS Performance Indicators (County) version of the report unless a specific report is mentioned. The changes for Indicator 12 listed below apply to the DHCS CMS

Performance Indicator (State), DHCS CMS Performance Indicators (County), and the DHCS CMS Performance Indicator 12 Details report unless a specific report is mentioned.

1. Indicator 5 - Number of Applications Received:

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

Indicator 5 Definitions	Definition
5a. All applications (5b+5n)	<p>Indicator 5 Base Population</p> <p>The total number of Medi-Cal applications received in the report month for a given county combined with the total number of MAGI Referrals received in the report month for a given county. A person is only reported once if they submit multiple applications during the report month by reporting the latest received application. This indicator only reports the primary applicant.</p>

	<p>Applications Received</p> <ul style="list-style-type: none"> • The Program is (CT-18): <ul style="list-style-type: none"> ◦ MC – Medi-Cal • The Program Application Source is NOT equal to (CT-294): <ul style="list-style-type: none"> ◦ EI - ICT ◦ SP - SPE ◦ CH - CalHEERS • The Program Application's Initial Pending Status has an event date in the report month (CT-157): <ul style="list-style-type: none"> ◦ PE – Pending • If a user submits multiple applications, then the latest one received is reported. <p>Referrals Received from CalHEERS:</p> <ul style="list-style-type: none"> • The ICT Source Code (CT-268): <ul style="list-style-type: none"> ◦ CH - CalHEERS • The referral Initiated Date is in the report month. Technical Note: This is ICT.BATCH_DATE • The Transfer Type is (CT-270): <ul style="list-style-type: none"> ◦ RF - Referral ◦ DC - Determination Change • For referrals with a Transfer Type of 'Determination Change', the Application Date of the referral is in the month. Technical Note: This is taken from CH_APP.APP_DATE • The ICT Status as of the last day of the report month is not (CT-450): <ul style="list-style-type: none"> ◦ CL - Canceled ◦ SP - Suppressed ◦ AP - Covered CA Only • For referral that are not linked to a program application, then status of the referral as of the last day of the report month is not (CT-450): <ul style="list-style-type: none"> ◦ NN - Not Needed • If the referral is not linked to a program application as of the last day of the report month, then the referral has the person marked as Requesting Aid set to 'Y'. Technical Note: This is ICT_PGM_PERS.REQ_AID_IND • If a person submits multiple types of CalHEERS applications in the report month, the following hierarchy is used to exclude referrals to avoid duplicates: <ol style="list-style-type: none"> 1. Program Applications with a source code of CalHEERS or a Program Application linked to a referral. When multiple program applications exist, the latest received is reported.
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	<p>2. Referral with no linkage to a program application. These are referrals that have been linked to a case, but a program application has not yet been created. If there are multiple of these types of referrals for a case, then the latest received is selected.</p> <p>3. Referral with no linkage to a case. These are referrals received from CalHEERS where a worker has not yet linked the referral to a case or created a case for the referral. If multiple of these types of referrals exists, then a single is selected by the latest received date.</p> <p>Technical Note: It is possible to report duplicates if a person has a CalHEERS program application not linked to a referral and a referral that is not linked to a case. This is because there is not enough information to identify them as a duplicate.</p> <p>CalHEERS Program Applications With No Linkage to Referral</p> <ul style="list-style-type: none"> The Program Application Source is (CT-294): <ul style="list-style-type: none"> CH - CalHEERS The Program Application's Initial Pending Status is in the report month (CT-157): <ul style="list-style-type: none"> PE - Pending The program Application does not have linkage to a CalHEERS referral. If a user submits multiple applications, then the latest one received is reported. <p>If a user submits a program application through CalHEERS and SBM then the one with the earliest received date will be reported.</p> <p>This indicator is equal to the sum of 5b + 5n.</p>
<p>5b. Applications received by the Medicaid agency (5c+5d+5e+5f+5g)</p>	<p>From the base population, the total number of Medi-Cal applications received by the Medicaid agency in the report month for a given county.</p> <ul style="list-style-type: none"> Application Source is NOT Equal to (CT-294): <ul style="list-style-type: none"> EI - ICT SP - SPE CH – CalHEERS Is not an SBM Referral <p>This indicator is equal to the sum of 5c+5d+5e+5f+5g.</p>

5c. Online	<p>From the base population, the total number of Medi-Cal applications received Online in the report month for a given county.</p> <ul style="list-style-type: none"> • Application Source (CT-294): <ul style="list-style-type: none"> ○ SW - SAWS ○ YB - Self-Service Portal
5d. Mail	<p>From the base population, the total number of Medi-Cal applications received by Mail in the report month for a given county.</p> <ul style="list-style-type: none"> • Application Source (CT-294): <ul style="list-style-type: none"> ○ ML - Mail In Application
5e. In Person	<p>From the base population, the total number of Medi-Cal applications received In Person in the report month for a given county.</p> <ul style="list-style-type: none"> • Application Source (CT-294): <ul style="list-style-type: none"> ○ IP - In Person ○ OS - Outstation
5f. Phone	<p>From the base population, the total number of Medi-Cal applications received by Phone in the report month for a given county.</p> <ul style="list-style-type: none"> • Application Source (CT-294): <ul style="list-style-type: none"> ○ PH - Phone ○ RC - Regional Call Center (RCC) ○ CS - Service Center Referral (CSC)
5g. Other	<p>From the base population, the total number of Medi-Cal applications received by other means in the report month for a given county.</p> <ul style="list-style-type: none"> • Application Source NOT Equal (CT-294): <ul style="list-style-type: none"> ○ EI - ICT ○ SP - SPE ○ CH - CalHEERS ○ SW - SAWS ○ YB - Self-Service Portal ○ ML - Mail In Application ○ IP - In Person ○ OS - Outstation ○ PH - Phone ○ RC - Regional Call Center (RCC) ○ CS - Service Center Referral (CSC) • Is not an SBM Referral <p>Example of Possible Values:</p> <ul style="list-style-type: none"> • Community Based Organization (CBO) • Child Welfare Services (CWS) • Email • Fax • IHSS/CMIPS II • Other

	Note this list is not restrictive. If new application source types are introduced to the system, the report will automatically include them on this indicator.
5n. SBM	<p>From the base population, the total number of MAGI Referrals received from CalHEERS in the report month for a given county.</p> <p>Referrals Received from CalHEERS:</p> <ul style="list-style-type: none"> • The ICT Source Code (CT-268): <ul style="list-style-type: none"> ◦ CH - CalHEERS • The referral Initiated Date is in the report month. Technical Note: This is ICT.BATCH_DATE • The Transfer Type is (CT-270): <ul style="list-style-type: none"> ◦ RF - Referral ◦ DC – Determination Change • For referrals with a Transfer Type of 'Determination Change', the Application Date of the referral is in the month. Technical Note: This is taken from CH_APP.APP_DATE • The ICT Status as of the last day of the report month is not (CT-450): <ul style="list-style-type: none"> ◦ CL - Canceled ◦ SP - Suppressed ◦ AP - Covered CA Only • If the referral is not linked to a program application as of the last day of the report month, then the status of the referral as of the last day of the report month is not (CT-450): <ul style="list-style-type: none"> ◦ NN - Not Needed • For referrals that are not linked to a program application as of the last day of the report month, then the referral has the person marked as Requesting Aid set to 'Y'. Technical Note: This is ICT_PGM_PERS.REQ_AID_IND • If a person submits multiple types of CalHEERS applications in the report month, the following hierarchy is used to avoid duplicates: <ol style="list-style-type: none"> 4. Program Applications with a source code of CalHEERS or a Program Application linked to a referral. When multiple program applications exist, the latest received is reported. 5. Referral with no linkage to a program application. These are referrals that have been linked to a case, but a program application has not yet been created. If there are multiple of these types of referrals for a case, then the latest received is selected. 6. Referral with no linkage to a case. These are referrals received from CalHEERS where

	<p>a worker has not yet linked the referral to a case or created a case for the referral. If multiple of these types of referrals exists, then a single is selected by the latest received date.</p> <p>Technical Note: It is possible to report duplicates if a person has a CalHEERS program application not linked to a referral and a referral that is not linked to a case. This is because there is not enough information to identify them as a duplicate.</p> <p>CalHEERS Program Applications With No Linkage to Referral</p> <ul style="list-style-type: none"> • The Program Application Source is (CT-294): <ul style="list-style-type: none"> ◦ CH - CalHEERS • The Program Application's Initial Pending Status is in the report month (CT-157): <ul style="list-style-type: none"> ◦ PE - Pending • The program Application does not have linkage to a CalHEERS referral.
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j. Add the following columns to the 'CMS5' county detail sheet:

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

MAGI Case Number	Displays the MAGI Case Number for CalHEERS referral. This field will be blank for non CalHEERS referrals. Technical Note: This is the CH_CASE_INFO.CH_CASE_NUM_IDENTIF.
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- k. Update the logic to the existing columns on the 'CMS5' county detail sheet:

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

2. Indicator 7 - Renewals:

- Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
- Include aid code 'P0' to indicators 7a and 7b.

- c. Exclude aid code '0C' from indicator 7. The aid code was previously included on indicators 7a and 7b.
- d. Update the base population for 7a. Total REs due to exclude the role reason of Medi-Cal Member Only when evaluating for the Total REs Due. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
- e. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.
- f. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 7 Definitions	Definition
7a. Total REs due	<p>Indicator 7 Base Population</p> <p>Reports the total number for annual renewal that came up for redetermination during the report month regardless of whether they receive a final determination. The indicator excludes a change in circumstance.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC-Medi-Cal • Program Status as of the last day of the report month (CT-72): <ul style="list-style-type: none"> ◦ AC - Active • Program Person Status as of the last day of the report month (CT-72): <ul style="list-style-type: none"> ◦ AC – Active • Program Person Role as of the last day of the report month (CT-201): <ul style="list-style-type: none"> ◦ ME - Member • One of the following 2 conditions are met: <ul style="list-style-type: none"> ◦ The program person has a Redetermination due in the report month. AND The person is assigned one of the aid codes listed under Appendix 7.3 for Indicator 7. Only a single aid code per person is reported. The priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. ◦ The program person has a 4M – FC Continuing Medi-Cal aid code as of the last day of the report month

	<p>AND Their birthday is in the report month AND They are 26 years old as of the last day of the report month</p> <ul style="list-style-type: none"> Exclude renewals triggered by a change in circumstance. These are renewals where there exists another renewal for the same program that is within 9 months after the current renewal due date. For example, on the 01/2022 report, if a program has a renewal with a due date of 01/2022 and there exists another renewal with a due date of 09/2022 then the program will not be reported on Indicator 7.
7b. MAGI	From the Indicator 7a base population, the number individuals with an aid code listed on Appendix 7.3 for Indicator 9b.
7c. Non-MAGI	From the Indicator 7a base population, the number individuals with an aid code listed on Appendix 7.3 for Indicator 9c.
7d. CHIP	From the Indicator 7a base population, the number individuals with an aid code listed on Appendix 7.3 for Indicator 9d.
7e. Unknown	<p>From the Indicator 7a base population, the number individuals with an aid not listed on indicator 7e.</p> <p>Note this total will always be 0.</p>

3. Indicator 9 - Total Number of Individuals Determined Eligible:

- Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
- Include aid code 'P0' to indicators 9a, 9b, 9d, 9e, 9g and 9i.
- Exclude aid code '0C' from the indicator. The aid code was previously included on indicators 9a, 9b, 9d, 9e, 9f, 9j, 9k, 9l, 9m.
- Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.
- Update the base population for 9a. Total Eligible to exclude the role reason of Medi-Cal Member Only when evaluating for the eligible population. This role reason is only used in cash based Medi-Cal. This is

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

- f. Update the base population logic to no longer consider the program person application event of 'AT – Retro Approved' as an Eligible determination. The indicator no longer reports retro month approvals.
- g. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month:
 - Change
 - Retro Pending
 - Retro Approved
 - Retro Denied
 - Retro Denial Rescinded
 - Retro Rescind Approved (Denial)
 - Denial Rescinded
 - Discontinuance Rescinded
 - Rescind Approved (Denial)
 - Rescind Approved (Discontinued)
- h. Update the base population logic to only report one application for a given person if multiple applications are submitted. **The latest approved application will be reported.**
- i. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 9 Definitions	Definition
9a. Total Eligible	<p>Indicator 9 Base Population</p> <p>The total number of individuals determined eligible for Medicaid under MAGI or Non-MAGI rules. This count includes eligible at application, redeterminations, or change in circumstance. A person is only reported once on this indicator regardless of if they have multiple applications.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC - Medi-Cal • Program Person Role (CT-201): <ul style="list-style-type: none"> ◦ ME - Member • One of the following conditions are met: <ul style="list-style-type: none"> ◦ The latest event on the program person application that occurred in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA - Approved <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied

	<ul style="list-style-type: none"> ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) <ul style="list-style-type: none"> ○ An RE is completed in the report month and the RE Due Month has been advanced. <ul style="list-style-type: none"> • A program application takes precedence over a Redetermination if both were to occur for a given program in the report month. • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9a. <p>OR</p> <p>The person has an '4M' aid code, their birthday is in the month, and they are 26 years old.</p> <ul style="list-style-type: none"> • The EDBC run date is in the report month. • When multiple EDBC records exist in the report month then a single is selected based on the latest Begin Date followed by the latest database CREATED_ON date. • Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. • If multiple approved applications meeting the requirements above, the latest approved application is reported. This is to avoid duplicates. <p>Note: 9a = 9b + 9c.</p> <p>Note: Indicator 9a does not include 9j. CHIP Eligible.</p> <p>Note: The program person status is tied to the program application, therefore only a single application can be reported.</p> <p>Note: A person cannot be reported on Indicator 9 and Indicator 10 during the same report month because the application is associated to the latest EDBC in the report month.</p>
9b MAGI Eligible	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9b. <p>Note: 9b + 9c = 9d + 9g + 9i</p>
9c. Non-MAGI Eligible	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9c. <p>Note: 9b + 9c = 9d + 9g + 9i</p>

9d. At Application	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's assigned aid code is listed on Appendix 7.3 for Indicator 9d. • The person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ○ AA - Approved <p>Note: This indicator is equal to the sum of indicator 9e and 9f.</p>
9e. At Application - MAGI	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's aid code is listed on Appendix 7.3 for Indicator 9e. • The program person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ○ AA - Approved
9f. At Application – Non - MAGI	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's aid code is listed on Appendix 7.3 for Indicator 9f. • The program person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ○ AA - Approved
9g. At Annual Renewal	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's aid code is listed on Appendix 7.3 for Indicator 9g. • The program has a Redetermination with a Due Date less than or equal to two months after the report month. • The Redetermination Completion Date is in the report month and the RE Due Date was advanced. • The program person does not have a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ○ AA - Approved
9i. Other	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's aid code is listed on Appendix 7.3 for Indicator 9i. • The program has a Redetermination with a Due Date greater than two months after the report month. • The Redetermination Completion Date is in the report month and the RE Due Date was advanced. • The program person does not have a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ○ AA - Approved

9j. Chip Eligible	<p>Indicator 9j Base Population:</p> <p>The total number of individuals determined eligible for CHIP under the MCHIP programs. This count includes eligible at application, redeterminations, or change in circumstance.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC - Medi-Cal • Program Person Role (CT-201): <ul style="list-style-type: none"> ◦ ME - Member • One of the following conditions are met: <ul style="list-style-type: none"> ◦ The latest event on the program person application that occurred in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA - Approved <p>Disregard the following event types from when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) ◦ An RE is completed in the report month and the RE Due Month has been advanced. • The EDBC Run Date is in the report month. • When multiple EDBC records exist in the report month, then a single is selected based on the latest begin date desc followed by database created on descending. • The person's aid code is listed on Appendix 7.3 for Indicator 9j. <p>Note 9j = 9k + 9l + 9m</p>
9k. At Application	<p>From the 9j. Chip Eligible population, the number of people found CHIP Eligible at application.</p> <ul style="list-style-type: none"> • The person's aid code is listed on Appendix 7.3 for Indicator 9k. • The program person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ◦ AA - Approved
9l. At Annual Renewal	<p>From the 9j. Chip Eligible population, the number of people found Eligible at annual renewal.</p> <ul style="list-style-type: none"> • The person's aid code is listed on Appendix 7.3 for Indicator 9l.

	<ul style="list-style-type: none"> The program has a Redetermination with a Due Date less than or equal to two months after the report month. The Redetermination Completion Date is in the report month and the RE Due Date was advanced. The program person does not have a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> AA - Approved
9m. Other	<p>Of the CHIP Medicaid Eligible population, the number of determinants found Eligible at by other means.</p> <ul style="list-style-type: none"> The person's aid code is listed on Appendix 7.3 for Indicator 9m. The program has a Redetermination with a Due Date greater than two months after the report month. The Redetermination Completion Date is in the report month and the RE Due Date was advanced. The program person does not have a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> AA - Approved

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

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

4. Indicator 10 - Total Number of Individuals Determined Ineligible:

- Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
- Remove the restriction of reportable Discontinuance and Denial Reasons. The list is replaced by a list of excluded Discontinuance and Denial reasons. The list excludes individuals who request disenrollment,

individuals who were denied but did not apply and CMSPI and Express Lange, etc. The report now includes individuals who are denied but have no denial reason.

Code-73	Short Description
XV	Requested Disc. (CMSP) - Add Person
XW	Requested Disc. (CMSP) - Reapply with Budget Change
XX	Requested Disc. (CMSP) - Verbal
06	Requested Disc. - Verbal
K4	Requested Disc. - Written
K5	Requested Disc. - Written inc. MC
XS	Withdrawal - Written
18	Written Withdrawal
K3	Written Withdrawal inc. MC
09	Application Opened in Error
JK	Declined Elig
JZ	MPPP Declined Eligible
E4	Requested Exclusion
10	Duplicate Application
CN	On Aid Another Case
E5	Verbal Withdrawal
GB	No Open Application

- c. Update the logic for Indicator 10 in the way it counts a determination as Medicate or CHIP. See Appendix 7.4 for examples.
- If the individual is determined **eligible** for CHIP (having a CHIP aid code) the determination will also be considered an MC Ineligible determination. This is because MC eligibility should be evaluated first and then CHIP eligibility. This means the single CHIP Eligible determination will be reported under Indicator 9 and Indicator 10.
 - If the individual is determined ineligible for MC and the individual is 19 years old or older as of the last day of the report month, the ineligibility will be counted as an MC Ineligible determination only. The individual should not be evaluated for CHIP eligibility due to being over age.
 - If the individual is determined ineligible for MC and the individual is 18 years or younger as of the last day of the report

month, count the ineligibility as both MC ineligible and CHIP ineligible. The individual should first be evaluated for MC eligibility followed by CHIP eligibility.

- d. Update the report logic to report a program person once if they are denied multiple times on different applications in the report month. **The latest denied or discontinued application will be reported.**
- e. Update the report logic to select a single EDBC record based on the latest Begin Date followed by the latest database created on date. Currently the report logic is capturing the latest EDBC record based on the EDBC Run Date followed by the EDBC End Date. This is because if a retro month is evaluated in the same month, then the ongoing eligibility should be selected by having the latest Begin Date.
- f. Update the base population for 10a. Total Medicaid Ineligible and 10g. CHIP Ineligible to exclude the role reason of Medi-Cal Member Only when evaluating for the ineligible population. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
- g. Update the base population logic to no longer consider the program person application event of Retro Denied as an ineligible determination. The indicator no longer reports retro month denials.
- h. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month:
 - Change
 - Retro Pending
 - Retro Approved
 - Retro Denied
 - Retro Denial Rescinded
 - Retro Rescind Approved (Denial)
 - Denial Rescinded
 - Discontinuance Rescinded
 - Rescind Approved (Denial)
 - Rescind Approved (Discontinued)
- i. Include the Discontinued Financially Responsible – Included (FRI) program person role to the indicator. This is a person who is not eligible for assistance but is financially responsible to the program and is included in the unit size. The individual must have applied for benefits to be reported. This means the person has a Pending application status.
- j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 10 Definitions

Definition

10a. Total Medicaid Ineligible	<p>Indicator 10 Base Population:</p> <p>The total number of individuals determined ineligible for Medicaid under MAGI or Non-MAGI rules. This count includes eligible at application, redeterminations, or change in circumstance. The indicator also includes individuals determined eligible for CHIP. The indicator excludes individuals who request disenrollment.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC - Medi-Cal • The latest event on the program person application that occurred in the report month and the program person role: <ul style="list-style-type: none"> ◦ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) <p>OR</p> ◦ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DS – Discontinued <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) ◦ Program Person Role that is effective during the Discontinued event (CT-201): <ul style="list-style-type: none"> ▪ ME - Member ▪ UP - Unaided Person ▪ FI - FRI
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	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ For FRI, the individual must have applied for benefits to be reported. This means the person has a Pending application status. • The program application status reason is not one of the following: <ul style="list-style-type: none"> ○ XV - Requested Disc. (CMSP) - Add Person ○ XW - Requested Disc. (CMSP) - Reapply with Budget Change ○ XX - Requested Disc. (CMSP) - Verbal ○ 06 - Requested Disc. - Verbal ○ K4 - Requested Disc. - Written ○ K5 - Requested Disc. - Written inc. MC ○ XS - Withdrawal - Written ○ 18 - Written Withdrawal ○ K3 - Written Withdrawal inc. MC ○ 09 - Application Opened in Error ○ JK - Declined Elig ○ JZ - MPPP Declined Eligible ○ E4 - Requested Exclusion ○ 10 - Duplicate Application ○ CN - On Aid Another Case ○ E5 - Verbal Withdrawal ○ GB - No Open Application • The program person has the following status, role, and resulting event during the report month: <ul style="list-style-type: none"> ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ ME – Member Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ AC – Active ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied OR Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ UN – Unaided Person ▪ FR - FRI Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied Person was a Member the month prior to the report month (CT-201): <ul style="list-style-type: none"> ▪ ME - Member OR Event Type Code is equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied • The EDBC Run Date is in in the report month. • When multiple EDBC records exist in the report month, a single will be selected by selecting the latest based on begin date descending followed by database created on date desc.
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	<ul style="list-style-type: none"> If an individual was found ineligible multiple times through separate applications, then the latest denied application will be reported. This is to avoid duplicates. The person is 19 years or older as of the last day of the report month. <p>UNION</p> <ul style="list-style-type: none"> The Population of Indicator 9j. CHIP Eligible
10b. MC Ineligibility Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> Does have a Status Reason listed in Appendix 7.6. <p>Union</p> <p>The number of individuals in the 9j. CHIP Eligible population</p>
10c. MC Ineligibility Cannot be Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> Does not have a Status Reason listed in Appendix 7.6.
10d. Ineligibility at Application	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> The person has a program person application with the latest event that occurred in the report month being (CT-157): <ul style="list-style-type: none"> DE - Denied <p>Union</p> <p>The number of individuals in the 9k. CHIP Eligible At Application population</p>
10e. Ineligibility At Annual Renewal	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> The person does not have a program person application with latest event that occurred in the report month being (CT-157): <ul style="list-style-type: none"> DE - Denied The latest EDBC record by Begin Date with a run date in the report month resulted in a program status of (CT-72): <ul style="list-style-type: none"> DS – Discontinued <p>The EDBC Status Reason is (CT-73):</p> <ul style="list-style-type: none"> 16 - Failed to Complete Eligibility Determination RD - Failed to Complete Redetermination <p>OR</p> <p>The person has a program person application with latest event that occurred in the report month being (CT-157):</p> <ul style="list-style-type: none"> DS – Discontinued <p>The program application Status Reason is (CT-73):</p>

	<ul style="list-style-type: none"> ○ 16 - Failed to Complete Eligibility Determination ○ RD - Failed to Complete Redetermination • The person has a Renewal with a due date less than or equal to 2 months after the report month. <p>Union</p> <p>The number of individuals in the 9l. CHIP Eligible At Annual Renewal population</p> <p>Note: An application that has an approval and denial event in the report month does not cause duplicates on Indicator 9 and Indicator 10 because the application is associated to the latest EDBC in the report month.</p>
10f Ineligibility Other	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> • The person is not reported on 10d or 10e. <p>Union</p> <p>The number of individuals in the 9m. CHIP Eligible At Other population</p>
10g. CHIP Ineligibility	<p>Base Population for 10g:</p> <p>Note: The 10g base population is not a subset of the 10a base population.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ○ MC - Medi-Cal • The latest event on the program person application that occurred in the report month and the program person role: <ul style="list-style-type: none"> ○ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) <p>OR</p> <ul style="list-style-type: none"> ○ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DS – Discontinued <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p>

	<ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pending ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) ○ Program Person Role that is effective during the Discontinued event (CT-201): <ul style="list-style-type: none"> ▪ ME - Member ▪ UP - Unaided Person ▪ FR - FRI ○ For FRI, the individual must have applied for benefits to be reported. This means the person has a Pending application status. <ul style="list-style-type: none"> • The program application status reason is not one of the following: <ul style="list-style-type: none"> ○ XV - Requested Disc. (CMSP) - Add Person ○ XW - Requested Disc. (CMSP) - Reapply with Budget Change ○ XX - Requested Disc. (CMSP) - Verbal ○ 06 - Requested Disc. - Verbal ○ K4 - Requested Disc. - Written ○ K5 - Requested Disc. - Written inc. MC ○ XS - Withdrawal - Written ○ 18 - Written Withdrawal ○ K3 - Written Withdrawal inc. MC ○ 09 - Application Opened in Error ○ JK - Declined Elig ○ JZ - MPPP Declined Eligible ○ E4 - Requested Exclusion ○ 10 - Duplicate Application ○ CN - On Aid Another Case ○ E5 - Verbal Withdrawal ○ GB - No Open Application • The program person has the following status, role, and resulting event during the report month: <ul style="list-style-type: none"> ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ ME – Member Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ AC – Active ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied OR Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ UN – Unaided Person ▪ FR - FRI
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	<p>Program Person Status is (CT-72):</p> <ul style="list-style-type: none"> IN – Ineligible <p>Event Type Code not equal to (CT-157):</p> <ul style="list-style-type: none"> DE - Denied <p>Person was a Member the month prior to the report month (CT-201):</p> <ul style="list-style-type: none"> ME - Member <p>OR</p> <p>Event Type Code is equal to (CT-157):</p> <ul style="list-style-type: none"> DE - Denied <ul style="list-style-type: none"> The EDBC Run Date is in in the report month. When multiple EDBC records exist in the report month, a single will be selected by selecting the latest based on begin date descending followed by database created on date desc. If an individual was found ineligible multiple times through separate applications, then the latest actioned one will be reported. This is to avoid duplicates. The person is 18 years old or younger as of the last day of the report month.
10h. CHIP Ineligibility Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> Does have a Status Reason listed in Appendix 7.6.
10.i CHIP Ineligibility Can't be Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> Does not have a Status Reason listed in Appendix 7.6.
10j. Ineligible At Application	<p>From the 10g population, the number of individuals that meet the following requirement:</p> <ul style="list-style-type: none"> The person has a program person app with the latest event in the report month being (CT-157): <ul style="list-style-type: none"> DE - Denied
10k. Ineligible At Annual Renewal	<p>From the 10g population, the number of individuals that meet the following requirement:</p> <ul style="list-style-type: none"> The person does not have a program person application with latest event that occurred in the report month being (CT-157): <ul style="list-style-type: none"> DE - Denied The latest EDBC record by Begin Date with a run date in the report month resulted in a program status of (CT-72): <ul style="list-style-type: none"> DS – Discontinued <p>The EDBC Status Reason is (CT-73):</p> <ul style="list-style-type: none"> 16 - Failed to Complete Eligibility Determination RD - Failed to Complete Redetermination <p>OR</p>

	<p>The person has a program person application with latest event that occurred in the report month being (CT-157):</p> <ul style="list-style-type: none"> ○ DS – Discontinued <p>The program application Status Reason is (CT-73):</p> <ul style="list-style-type: none"> ○ 16 - Failed to Complete Eligibility Determination ○ RD - Failed to Complete Redetermination <ul style="list-style-type: none"> • The person has a Renewal with a due date less than or equal to 2 months after the report month.
10l. Ineligible Other	<p>From the 10g base population, the number of individuals that meet the following requirement:</p> <ul style="list-style-type: none"> • The person is not reported on 10j or 10k.

- Update the logic for the following column:

Column Name	Definition
Determination Reason	<p>Displays the Determination Reason for the determination.</p> <p>Technical Note: This field is derived from EVENT.TYPE_RSN_CODE</p>

- Add the following columns to the detail sheet:

Column Name	Definition
Determination Status	<p>Displays the Status of the determination.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • Denied • Discontinued • Approved <p>Technical Note: This is taken from EVENT.TYPE_CODE.</p>

5. Indicator 11 - Number of Pending Applications or Redeterminations Updates:

- Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
- Include aid code 'P0' to indicator 11a
- Exclude aid code '0C' from indicator 11a
- Update Indicator 11b. Pending App to display '1' rather than 'A'. All counties are reporting at the individual level represented by '1'. The 'A' represents counties that reporting at the case level or at the case and individual level.

- e. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.
- f. Update the base population for Indicator 11 to exclude the role of Medi-Cal Member Only when evaluating for the Pending at MC Agency base population. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
- g. Exclude Pending Applications that are not tied to a 'Pending' program status as of the last day of the report month. These applications are stuck in 'Pending' status and cannot be actioned by a worker in the system. Currently these applications are being reported every month as Pending even though the program has been approved or denied with a newer application.
- h. Update the base population logic to no longer consider the program person application event of Retro Pending. The indicator no longer reports pending retro determinations.
- i. Update the base population logic to not take into consideration the following application events when evaluating for the latest event. The Change event is an administrative event. The Retro events relate to a single retro month:
 - Change
 - Retro Pending
 - Retro Approved
 - Retro Denied
 - Retro Denial Rescinded
 - Retro Rescind Approved (Denial)
 - Denial Rescinded
 - Discontinuance Rescinded
 - Rescind Approved (Denial)
 - Rescind Approved (Discontinued)
- j. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 11 Definitions	Definition
11a. Pending at MC Agency	<p>Indicator 11 Base Population:</p> <p>The total number of pending applications and renewal still awaiting a final determination as of the last day of the report month. If an individual has a Pending Renewal and Pending Application in the same report month, both are reported.</p> <p>Pending Applications</p> <ul style="list-style-type: none"> • Program (CT-18):

	<ul style="list-style-type: none"> ○ MC-Medi-Cal • Latest Program Person Application event as of the last day of the report month is (CT-157): <ul style="list-style-type: none"> ○ PE - Pended <p>Disregard the following event types from when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ○ CH – Change ○ AT - Retro Approved ○ RT - Retro Denial Rescinded ○ DT - Retro Denied ○ PT - Retro Pended ○ AD - Retro Rescind Approved (Denial) ○ RS - Denial Rescinded ○ DR - Discontinuance Rescinded ○ AE - Rescind Approved (Denial) ○ AS - Rescind Approved (Discontinued) <p>UNION</p> <p>Pending Renewals</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ○ MC - Medi-Cal • Program Person Status as of the last day of the report month (CT-72): <ul style="list-style-type: none"> ○ AC - Active • Program Person Role as of the last day of the report month (CT-201): <ul style="list-style-type: none"> ○ ME - Member • The RE Due Date is less than or equal to the last day of the report month. • The RE Completion Date is greater than the last day of the report month. • The person has one of the assigned aid codes listed on Appendix 7.3 for indicator 11a. • Exclude individuals who will not have a status of Active beginning on the 1st or 2nd month following the report month. • Exclude individuals whose role will not be Member beginning on the 1st or 2nd month following the report month. • When evaluating EDBC, a single EDBC is selected by obtaining the latest based on Begin Date descending followed by CREATED_ON descending. • Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. • Exclude Pending Applications that are not tied to a Pending program status. These are program applications that cannot be actioned by a worker. This happens when a program has a newer program application, and the older program application is stuck in Pending status.
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	<p>FC Continuing Medi-Cal</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC - Medi-Cal • Program Person Status as of the last day of the report month (CT-72): <ul style="list-style-type: none"> ◦ AC - Active • Program Person Role as of the last day of the report month (CT-201): <ul style="list-style-type: none"> ◦ ME - Member • Program Person Aid Code: <ul style="list-style-type: none"> ◦ 4M – FC Continuing Medi-Cal • Program Person's Age is 26 years old • Program Person's Birthday is in the report month.
11b. Pending at Medicaid Agency Type	<p>Indicates whether the county reports at the individual level, case level or mix case and individual level. This indicator will always display '1' for the CalSAWS counties as all counties are reporting at the individual level.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • 1 – Indicates the county reports at the individual level.

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

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

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

Column Name	Definition
Determination Type	<p>Update the column name from 'Type' to 'Determination Type'. The column displays whether the determination type is at Application or Redetermination.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • Application – The determination is at application.

	<ul style="list-style-type: none"> Redetermination – The determination is at redetermination.
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6. Indicator 12 - Processing Time for Determinations:

- a. Capture data for the CalWIN counties. All the 58 counties appear on the state version of the report. The county version of the report will become available to the county.
- b. Include aid code 'P0' from indicators 12a, 12b, 12f, 12g, 12h, 12i, 12j.
- c. Exclude aid code '0C' from the indicator.
- d. Update the indicator 12k label from '12k: Less than 30 days' to '12k: Within 30 days' on the state and county version of the report.
- e. Update the MAGI and Non-MAGI budget test mapping as presented in Appendix 7.2. The budget tests are used to report the determination under the MAGI, Non-MAGI or both MAGI and Non-MAGI processing time. For example, if an EDBC has a MAGI budget test and a Non-MAGI budget test associated, then the determination will be counted under the MAGI and Non-MAGI processing time.
Note the budget tests for County Medical Service Programs have been excluded such as CMSP, Express Lane, FC/KG/AAP.
- f. Update the indicator 12 logic to calculate MAGI and Non-MAGI processing time as follows:

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

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

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

MAGI Start Date: If there is an associated **ICT to the program application**, then the start date is the date the **ICT** was created in CalSAWS (ICT.CREATED_ON). When there is no associated ICT, the start date is the date the program application or program person application was created in the system (CREATED_ON).

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

Non-MAGI Start Date: **If there is an associated determination response, then the start date is the referral timestamp (REF_TIMESTAMP). If there is not determination response and if there is an associated ICT to the program application, then the start date is the date the ICT was created in CalSAWS (ICT.CREATED_ON). If there is no determination response or associated ICT, then the start date is the date the program application or program person** application was created in the system (CREATED_ON).

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

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

- g. Update the base population for Indicator 12 to exclude the role of Medi-Cal Member Only. This role reason is only used in cash based Medi-Cal. This is a residual condition from when the report included cash based Medi-Cal.
- h. Update the list of medical conditions which define a disability application. An application is considered a disability application if the person has one of the following medical conditions effective and reported as of the date of the determination **or** for applications received through CalHEERS, the disability indicator on the CalHEERS application is set to Yes. Meeting either of these conditions sets the indicator to 'Yes'.
Note: Previously the list of Medi-Cal conditions was shorter, and the

Medi-Cal condition had to have been effective as of the last day of the report month.

Code-1222	Short Decode Name
32	FC/KG - Physical or Mental Disability
27	Fry v. Saenz Disability
24	Incapacity - Verifiable and at Least 30 Days
22	Limited Services - Kidney Dialysis
23	Limited Services - TPN
21	Limited Services - Tuberculosis
25	Presumptive Allegation of ALS (Lou Gehrigs)
09	Presumptive Allegation of Bed Confinement
11	Presumptive Allegation of Cerebral Palsy
14	Presumptive Allegation of Down Syndrome
15	Presumptive Allegation of Mental Retardation
12	Presumptive Allegation of Muscular Dystrophy
10	Presumptive Allegation of Stroke
08	Presumptive Allegation of Total Blindness
07	Presumptive Allegation of Total Deafness
06	Presumptive Amputation of a Leg at the Hip
16	Presumptive Birth Weight Below 2 lbs.10 oz.
26	Presumptive End Stage Renal Disease
18	Presumptive Gestational Age/Weight at Birth
17	Presumptive Human Immunodeficiency Virus (HIV)
20	Presumptive Nonambulatory/Spinal Cord Injury
19	Presumptive Terminally Ill
04	SP-DDSD Blind
02	SP-DDSD Disabled
28	SP-DDSD Pending

31	SP-DDSD Presumptive Approval
03	SSA Blind
01	SSA Disabled
30	SSI Blind

- i. Remove the condition that a Denied person must either not have an aid code or the aid code must be in the list of the Master Aid Code list. A denied person does not have an aid code but may have a residual aid code due to an overwritten EDBC record.
- j. Update the condition that restricts the EDBC record to have a begin and end date that encompass the program application or program person application event's effective date. This condition is causing valid determinations from being reported.
Technical Note: The PERS_EDBC table can be used when a person is added to an existing program application.
- k. Update the report logic to select a single aid code for an individual when multiple aid codes are assigned. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. Currently the report is reporting duplicates due to multiple approved budget tests each having an aid code. See Appendix 7.3 Performance Indicators Aid Code Map for more information.
- l. Update the sub indicator totals on the state and county version of the report to account for the new base population logic.

Indicator 12 Definitions	Definition
	<p>Indicator 12 Base Population:</p> <p>Captures all MAGI and Non-MAGI program applications or MAGI and Non-MAGI program person applications that received a final determination during the report month. These applications are captured by the first event action of Approved or Denied.</p> <p>MAGI Determinations:</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC – Medi-Cal • A program application has a first disposition action of Approved or Denied occur in the report month (CT-157): <ul style="list-style-type: none"> ◦ AA - Approved ◦ DE – Denied <p>OR</p>

	<p>A program person application has a first disposition action of Approved or Denied occur in the report month (CT-157):</p> <ul style="list-style-type: none"> ○ AA - Approved ○ DE – Denied <ul style="list-style-type: none"> • The EDBC/PERS_EDBC run date is greater than or equal to the event date and the event effective date is between the EDBC/PERS_EDBC begin date and end date. If multiple exists, a single is selected based on run date ascending, begin date ascending, and created on ascending. • The program application or program person application does not have one of the following events occur before the first disposition action of Approved or Denied (CT-157): <ul style="list-style-type: none"> ○ DS - Discontinued ○ RS - Denial Rescinded ○ DR - Discontinuance Rescinded ○ AE - Rescind Approved (Denial) ○ AS - Rescind Approved (Discontinued) ○ AT - Retro Approved ○ DT - Retro Denied ○ PT - Retro Pended ○ RT - Retro Denial Rescinded ○ AD - Retro Rescind Approved (Denial) ○ RR - Restoration of Aid Waiver Rescinded ○ RA - Restoration of Aid Waiver Approved ○ RD - Restoration of Aid Waiver Denied • One of the following four conditions are met: <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ AA – Approved ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): <ul style="list-style-type: none"> ▪ AC - Active ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ ME - Member ○ The person's Aid Code (Budget or EDBC) is in the Indicator 12 list of aid codes. See Appendix 7.3. ○ Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157):
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	<ul style="list-style-type: none"> ▪ AA – Approved ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): <ul style="list-style-type: none"> ▪ AC - Active ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ Member ○ The Program Person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending <p>OR</p> <ul style="list-style-type: none"> ○ The first event of Approve or Denied was Denied and occurred in the report month (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending
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	<ul style="list-style-type: none"> ○ The person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. • The determination has a MAGI Budget test associated. If multiple exists, then the last one is selected by the database created_on date is taken. See Appendix 7.2 for the list of MAGI Budget Tests. <p>UNION</p> <p>Non-MAGI Determinations:</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ○ MC – Medi-Cal • A program application has a first disposition action of Approved or Denied occur in the report month (CT-157): <ul style="list-style-type: none"> ○ AA - Approved ○ DE – Denied <p>OR</p> <p>A program person application has a first disposition action of Approved or Denied occur in the report month (CT-157):</p> <ul style="list-style-type: none"> ○ AA - Approved ○ DE – Denied <ul style="list-style-type: none"> • The EDBC/PERS_EDBC run date is greater than or equal to the event date and the event effective date is between the EDBC/PERS_EDBC begin date and end date. If multiple exists, a single is selected based on run date ascending, begin date ascending, and created on ascending. • The program application or program person application does not have one of the following events occur before the first disposition action of Approved or Denied (CT-157): <ul style="list-style-type: none"> ○ DS - Discontinued ○ RS - Denial Rescinded ○ DR - Discontinuance Rescinded ○ AE - Rescind Approved (Denial) ○ AS - Rescind Approved (Discontinued) ○ AT - Retro Approved ○ DT - Retro Denied ○ PT - Retro Pended ○ RT - Retro Denial Rescinded ○ AD - Retro Rescind Approved (Denial) ○ RR - Restoration of Aid Waiver Rescinded ○ RA - Restoration of Aid Waiver Approved ○ RD - Restoration of Aid Waiver Denied • One of the following four conditions are met:
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	<ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ AA - Approved ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ ME - Member ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): <ul style="list-style-type: none"> ▪ AC - Active ○ The person's Aid Code (Budget or EDBC) is in the Indicator 12 list of aid codes. See Appendix 7.3. ○ Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ AA – Approved ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): <ul style="list-style-type: none"> ▪ AC - Active ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ Member ○ The Program Person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p>
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	<ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending <p>OR</p> <ul style="list-style-type: none"> ○ The first disposition event of Approve or Denied was Denied and occurred in the report month (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending <ul style="list-style-type: none"> ○ The person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. <ul style="list-style-type: none"> • The determination has a Non-MAGI Budget test associated. If multiple exists, then the first one by the database created_on date is taken. See Appendix 7.2 for the list of MAGI Budget Tests.
Indicator 12: Processing Time For Determinations (days)	
12a: Median Processing Time	<p>From the base population:</p> <p>Reports the medium value of all the 'Days to Process' for MAGI and Non-MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12a list. See Appendix 7.3.</p>
12b: MAGI Determinations	<p>From the base population, reports the medium value of all the 'Days to Process' for MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12b list. See Appendix 7.3.</p>
12c: Non-MAGI Determinations	<p>From the base population, reports the medium value of all the 'Days to Process' for Non-MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12c list. See Appendix 7.3.</p>
Number of Medicaid MAGI Determinations, by Processing Time	

12f: Less than 24 hours	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is less than 1. For approved determinations, the aid code must be listed on the Indicator 12f list. See Appendix 7.3.
12g: 24 Hours – 7 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 1 and less than 8. For approved determinations, the aid code must be listed on the Indicator 12g list. See Appendix 7.3.
12h: 8 – 30 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 8 and less than 30. For approved determinations, the aid code must be listed on the Indicator 12h list. See Appendix 7.3.
12i: 31 – 45 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 31 and less than 45. For approved determinations, the aid code must be listed on the Indicator 12i list. See Appendix 7.3.
12j: more than 45 days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 45. For approved determinations, the aid code must be listed on the Indicator 12j list. See Appendix 7.3.
Number of Medicaid Non-MAGI Applications, by Processing Time	
12k: Within 30 Days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is within 30. For approved determinations, the aid code must be listed on the Indicator 12k list. See Appendix 7.3.
12l: 31 – 60 Days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is greater than or equal to 31 and less than 60. For approved determinations, the aid code must be listed on the Indicator 12l list. See Appendix 7.3.
12m: 61 – 90 Days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is greater than or equal to 61 and less than 90. For approved determinations, the aid code must be listed on the Indicator 12m list. See Appendix 7.3.
12n: 90 or more days	From the base population, reports the number of the Non-MAGI determinations where the 'Days to Process' is greater than or equal to 90. For approved determinations, the aid code must be listed on the Indicator 12n list. See Appendix 7.3.

m. Remove the following column from the detail sheet:

- RE Due Date

n. Add the following columns to the detail sheet:

Column Name	Definition
Budget Test	<p>Displays the category of the Medi-Cal that the budget pertains to.</p> <p>Possible Values (CT-318):</p> <ul style="list-style-type: none"> • MAGI • Auto Test Medi-Cal • Aged and Disabled • ... <p>Note: This list is not complete.</p>
Referral Timestamp	<p>The timestamp that indicates when the information was produced by CalHEERS. This column will be blank when a determination does not have an associated EDR from CalHEERS.</p> <p>Format:</p> <p>MM/DD/YYYY HH:MM:SS AM/PM</p>

o. Update the logic for the following columns:

Column Name	Definition
Aid Code	<p>Displays the assigned aid code of the approved MAGI or Non-MAGI determination. This column will be blank for denied determinations.</p>
Days to Process	<p>Displays the number of days to process the determination. The MAGI and Non-MAGI processing time is calculated differently using different Start and End dates. If the Days to Process is a negative value, the value will be displayed as 0.</p> <p>Days to Process = End Date – Start Date</p> <p>MAGI</p> <p>Start Date: If there is an associated ICT to the program application, then the start date is the date the ICT was created in CalSAWS (ICT.CREATED_ON). When there is no associated ICT, the start date is the date the program application or program person application was created in the system (CREATED_ON).</p>

	<p>End Date: If there is an associated determination response, then the end date is the referral timestamp (REF_TIMESTAMP) else the end date is equal to the event date of the first approval/denial event of the program application or program person application.</p> <p>Non-MAGI</p> <p>Start Date: If there is an associated determination response, then the start date is the referral timestamp (REF_TIMESTAMP). If there is not determination response and if there is an associated ICT to the program application, then the start date is the date the ICT was created in CalSAWS (ICT.CREATED_ON). If there is no determination response or associated ICT, then the start date is the date the program application or program person application was created in the system (CREATED_ON).</p> <p>End Date: The event date of the first approval/denial event of the determination.</p>
Disability Indicator	<p>Indicates whether the person had a medical condition effective as of the last day of the report month.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> Y – The customer has one of the following Medi-Cal conditions effective as of the date of the determination <p>OR</p> <p>For applications received through CalHEERS, the person's application is marked as a disability application. For applications received through CalHEERS ether condition sets the indicator to 'Yes'.</p> <ul style="list-style-type: none"> 32 - FC/KG - Physical or Mental Disability 27 - Fry v. Saenz Disability 24 - Incapacity - Verifiable and at Least 30 Days 22 - Limited Services - Kidney Dialysis 23 - Limited Services - TPN 21 - Limited Services - Tuberculosis 25 - Presumptive Allegation of ALS (Lou Gehrigs) 09 - Presumptive Allegation of Bed Confinement 11 - Presumptive Allegation of Cerebral Palsy

	<ul style="list-style-type: none"> • 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 • N – The customer does not meet the criteria above.
Application Received Date	<p>The column displays the date the program application or the program person application was created in the system. For application with an associated ICT, this will be the date the ICT was created in the database.</p> <p>Format:</p> <p>MM/DD/YYYY</p>

- p. Update the DHCS CMS Performance Indicator 12 Details generated file name to be in the following format:
- DHCS CMS Performance Indicator 12 Details
CalSAWS_[REPORT_DATE]_[RUN_DATE_WITH_TIMESTAMP].csv

2.1.4 Report Location

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

2.1.5 Counties Impacted

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






2.1.6 Security Updates

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

2.1.7 Report Usage/Performance

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	CMSPI Aid Code List v1.8 Final 5.26.22.xlsx	 CMSPI Aid Code List v1.8 Final 05.26.2022.xl
2	Reports	DHCS CMS Performance Indicators Reporting Request Instructions	 DHCS CMSPI Master v.2.1 Final 04.21.2022 (
3	Reports	DHCS CMS Performance Indicator Master Data Request – State Mockup	 DHCS CMS Performance Indicat
4	Reports	DHCS CMS Performance Indicators Master Data Request – County Mockup	 DHCS CMS Performance Indicat
5	Reports	CMSPI Aid Code List v1.9 Final 5.26.22.xlsx	 CMSPI Aid Code List v1.9 Final 01.05.2023

4 REQUIREMENTS

4.1 Project Requirements

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

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 OUTREACH

N/A

7 APPENDIX

7.1 Indicator 5 Application Source Mapping

Indicator	Application Source
5c. Online	<ul style="list-style-type: none"> SAWS Self-Service Portal
5d. Mail	<ul style="list-style-type: none"> Mail In Application
5e. In Person	<ul style="list-style-type: none"> In Person Out-Station
5f. Phone	<ul style="list-style-type: none"> Phone Regional Call Center (RCC) Service Center Referral (CSC)
5g. Other	<ul style="list-style-type: none"> Community Based Organization (CBO) Child Welfare Services (CWS) Email Fax IHSS/CMIPS II Other Any new application type that is not Inter County Transfer (ICT) or Single Point Entry (SPE).
5n. SBM	<ul style="list-style-type: none"> CalHEERS

7.2 MAGI / Non-MAGI Budget Test Mapping

MAGI/Non-MAGI	Short Description (CT-318)
MAGI	<ul style="list-style-type: none"> 21 - 100% FPL 24 - 100% FPL Sneed 22 - 133% FPL 25 - 133% FPL Sneed 09 - 1931(b) Alt. "A" 11 - 1931(b) Alt. "A" Sneed 41 - 1931(b) Alt. "A" Sneed Individual Income 10 - 1931(b) Alt. "B" 12 - 1931(b) Alt. "B" Sneed 42 - 1931(b) Alt. "B" Sneed Individual Income 07 - 1931(b) Property 08 - 1931(b) Property Sneed 44 - 1931(b) Sneed MFBU Property 06 - 1931(b) U-Parent 23 - 200% FPL

	<ul style="list-style-type: none"> • 26 - 200% FPL SneeDe • 32 - 200% Pregnancy • 62 - 200% Pregnancy - Second Test • 13 - 4 Month Continuing • 60 - Auto Test Medi-Cal • 92 - Former Foster Youth • 99 - Healthy Families Percent • 69 - Healthy Families Percent Premium • ZZ - MAGI • 93 - MC TLI/FPL Child-H1 • 94 - MC TLI/FPL Child-H1 SneeDe • 95 - MC TLI/FPL Child-H2 • 96 - MC TLI/FPL Child-H2 SneeDe • 70 - MC TLI/FPL Child-H3 • 71 - MC TLI/FPL Child-H3 SneeDe • 97 - MC TLI/FPL Child-H4 • 98 - MC TLI/FPL Child-H4 SneeDe • 72 - MC TLI/FPL Child-H5 • 73 - MC TLI/FPL Child-H5 SneeDe • 56 - Transitional Medi-Cal Month 1 • 57 - Transitional Medi-Cal Month 2 • 58 - Transitional Medi-Cal Month 3
Non-MAGI	<ul style="list-style-type: none"> • 63 - A&D - Individual Spouse • 15 - AFDC-MN U-Parent • 27 - Aged and Disabled • 52 - Board & Care or LTC with no Community Spouse • DS - Deemed Protection with SOC • DP - Deemed Protection without SOC • 03 - LTC • 48 - LTC Child Allocation • 47 - LTC Spouse Allocation • 18 - MC Income • 19 - MC Income SneeDe • 16 - MC Property • 17 - MC Property SneeDe • 59 - MC SneeDe FPL Individual Income • 40 - MC SneeDe Individual Income • 43 - MC SneeDe MFBU Property • 38 - MPPP - MC • 39 - MPPP - SSI • 04 - Pickle • 05 - Pickle Spouse

	<ul style="list-style-type: none"> • 37 - QDWI • 50 - SSI Child Allocation • 51 - SSI Ineligible Parent Allocation • 49 - SSI Ineligible Spouse Allocation • 61 - SSI Property Deeming • 55 - Ten Day Added Member SOC • 53 - Ten Day w/Added Member(s) • 54 - Ten Day w/o Added Member(s) • 35 - Tuberculosis • 01 - Waiver • 28 - Working Disabled
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7.3 Performance Indicators Aid Code Map

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

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

N7	N8	P0	P5	P6	P7	P8	P9
T0	T1	T2	T3	T4	T5	T6	T7
T8	T9						
7b. MAGI Renewals							
44	47	48	69	72	74	2A	3N
3V	4M	5F	7A	7C	K6	K7	K8
K9	L6	L7	M0	M1	M2	M3	M4
M7	M8	M9	N7	N8	P0	P5	P6
P7	P8	P9					
7c. Medicaid Non-MAGI Renewals							
13	14	16	17	23	24	26	27
34	36	37	55	58	63	64	66
67	80	82	83	86	87	1H	1U
1X	1Y	2H	5J	5R	6A	6C	6G
6H	6J	6N	6R	6S	6U	6V	6W
6X	6Y	7H	8A	8C	8D	8G	C1
C2	C3	C4	C5	C6	C7	C8	C9
D1	D2	D3	D4	D5	D6	D7	D8
D9	F3	F4	G1	G3	G4	G5	G6
G7	G8	J1	J2	J3	J4	J5	J6
J7	J8						
7d. CHIP Renewals							
8N	8P	8R	8T	H1	H2	H3	H4
H5	M5	M6	T0	T1	T2	T3	T4
T5	T6	T7	T8	T9			

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

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

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

C5	C6	C7	C8	C9	D1	D2	D3
D4	D5	D6	D7	D8	D9	F3	F4
G3	G4	G5	G6	G7	G8	J1	J2
J3	J4	J5	J6	J7	J8	K6	K7
K8	K9	L6	L7	M0	M1	M2	M3
M4	M7	M8	M9	N7	N8	P0	P5
P6	P7	P8	P9				
9i. MAGI and Non-MAGI Eligible at Other Method							
13	14	16	17	23	24	26	27
34	36	37	38	39	44	47	48
54	55	58	59	63	64	66	67
69	72	74	80	82	83	86	87
1E	1H	1U	1X	1Y	2A	2E	2H
3N	3T	3V	4M	5F	5J	5R	5T
5W	6A	6C	6E	6G	6H	6J	6N
6R	6S	6U	6V	6W	6X	6Y	7A
7C	7H	7J	7K	8A	8C	8D	8G
C1	C2	C3	C4	C5	C6	C7	C8
C9	D1	D2	D3	D4	D5	D6	D7
D8	D9	F3	F4	G3	G4	G5	G6
G7	G8	J1	J2	J3	J4	J5	J6
J7	J8	K6	K7	K8	K9	L6	L7
M0	M1	M2	M3	M4	M7	M8	M9
N7	N8	P0	P5	P6	P7	P8	P9
9j. Total CHIP Eligible							
8N	8P	8R	8T	H1	H2	H3	H4
H5	M5	M6	T0	T1	T2	T3	T4

T5	T6	T7	T8	T9			
9k. Determined CHIP eligible at Application 9l. Determined CHIP Eligible at Annual Renewal 9m. All Others Determined CHIP Eligible							
8N	8P	8R	8T	H1	H2	H3	H4
H5	M5	M6	T0	T1	T2	T3	T4
T5	T6	T7	T8	T9			
11a. Number Pending at Medicaid Agency							
13	14	17	23	24	27	34	37
44	47	48	55	58	63	64	67
69	72	74	80	82	83	86	87
1H	1U	1X	1Y	2A	2H	3N	3V
4M	5F	5J	5R	6G	6H	6J	6N
6R	6S	6U	6V	6W	6X	6Y	7A
7C	7H	8A	8C	8D	8G	8N	8P
8R	8T	C1	C2	C3	C4	C5	C6
C7	C8	C9	D1	D2	D3	D4	D5
D6	D7	D8	D9	F3	F4	G3	G4
G5	G6	G7	G8	H1	H2	H3	H4
H5	J1	J2	J3	J4	J5	J6	J7
J8	K6	K7	K8	K9	L6	L7	M0
M1	M2	M3	M4	M5	M6	M7	M8
M9	N0	N7	N8	P0	P5	P6	P7
P8	P9	T0	T1	T2	T3	T4	T5
T6	T7	T8	T9				
12a. Median Processing Time - All Medicaid Determinations							

13	14	17	23	24	27	34	37
44	47	48	55	58	63	64	67
69	72	74	80	82	83	86	87
1H	1U	1X	1Y	2A	2H	3N	3V
4M	5F	6G	6H	6J	6N	6R	6S
6U	6V	6W	6X	6Y	7A	7C	7H
8A	8C	8D	8G	8N	8P	8R	8T
C1	C2	C3	C4	C5	C6	C7	C8
C9	D1	D2	D3	D4	D5	D6	D7
D8	D9	F3	F4	G3	G4	G5	G6
G7	G8	H1	H2	H3	H4	H5	J1
J2	J3	J4	J5	J6	J7	J8	K6
K7	K8	K9	L6	L7	M0	M1	M2
M3	M4	M5	M6	M7	M8	M9	N7
N8	P0	P5	P6	P7	P8	P9	T0
T1	T2	T3	T4	T5	T6	T7	T8
T9							
12b. Median Processing Time - MAGI Determinations							
44	47	48	69	72	74	2A	3N
3V	4M	5F	7A	7C	8N	8P	8R
8T	H1	H2	H3	H4	H5	K6	K7
K8	K9	L6	L7	M0	M1	M2	M3
M4	M5	M6	M7	M8	M9	N7	N8
P0	P5	P6	P7	P8	P9	T0	T1
T2	T3	T4	T5	T6	T7	T8	T9
12c. Median Processing Time - Non-MAGI Determinations							
13	14	17	23	24	27	34	37

55	58	63	64	67	80	82	83
86	87	1H	1U	1X	1Y	2H	6G
6H	6J	6N	6R	6S	6U	6V	6W
6X	6Y	7H	8A	8C	8D	8G	C1
C2	C3	C4	C5	C6	C7	C8	C9
D1	D2	D3	D4	D5	D6	D7	D8
D9	F3	F4	G3	G4	G5	G6	G7
G8	J1	J2	J3	J4	J5	J6	J7
J8							
12f. Less than 24 hours 12g. 24 Hours - 7 Days 12h. 8 - 30 Days 12i. 31 - 45 Days 12j. more than 45 Days							
44	47	48	69	72	74	2A	3N
3V	4M	5F	7A	7C	8N	8P	8R
8T	H1	H2	H3	H4	H5	K6	K7
K8	K9	L6	L7	M0	M1	M2	M3
M4	M5	M6	M7	M8	M9	N7	N8
P0	P5	P6	P7	P8	P9	T0	T1
T2	T3	T4	T5	T6	T7	T8	T9
12k. Within 30 Days 12l. 31 - 60 Days 12m. 61 - 90 Days 12n. 90 or more days							
13	14	17	23	24	27	34	37
55	58	63	64	67	80	82	83
86	87	1H	1U	1X	1Y	2H	6G
6H	6J	6N	6R	6S	6U	6V	6W

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

7.4 Examples for Reporting Ineligible Determinations

<p>Example 1: Case: 1000001 Program: Medi-Cal Program Status: Approved at Application Aid Code: T9 (CHIP Aid Code)</p> <p>Indicators Reported: 9j. CHIP Eligible 9k. CHIP At Application 10a. Total Medicaid Ineligible 10b. MC Ineligibility Established 10d. Ineligible At Application</p> <p>Since this person was found eligible for CHIP, having a CHIP aid code, the person is reported as CHIP eligible as well as MC ineligible. The person must first be evaluated for MC before being evaluated for CHIP.</p>	<p>Example 2: Case: 1000001 Program: Medi-Cal Program Status: Approved at Application Aid Code: P9 (MAGI aid code)</p> <p>Indicators Reported: 9a. Total Medicaid Eligible 9b. MAGI Eligible 9d. At Application 9e. At Application - MAGI</p> <p>Since this person was found eligible for MC, having a MAGI aid code, the person is reported only as MC Eligible.</p>
<p>Example 3:</p>	<p>Example 4:</p>

<p>Case: 1000001</p> <p>Program: Medi-Cal</p> <p>Program Status: Discontinued at Annual Renewal</p> <p>Aid Code: No assigned aid code due to discontinued.</p> <p>Person Age: 19</p> <p>Status Reason: Failed to Complete Determination</p> <p>Indicators Reported:</p> <p>10a. Total Medicaid Ineligible</p> <p>10c. MC Ineligibility Cannot be Established</p> <p>10e. Ineligible At Annual Renewal</p> <p>Since this person was found Ineligible, they will not have an assigned aid code. Using the persons age, we report the ineligible determination as MC only since individuals who are 19 years or older should not be evaluated for CHIP.</p>	<p>Case: 1000001</p> <p>Program: Medi-Cal</p> <p>Program Status: Discontinued at Annual Renewal</p> <p>Aid Code: No assigned aid code due to discontinued.</p> <p>Person Age: 17</p> <p>Status Reason: Failed to Complete Redetermination</p> <p>Indicators Reported:</p> <p>10a. Total Medicaid Ineligible</p> <p>10c. MC Ineligibility Cannot be Established</p> <p>10e. Ineligible At Annual Renewal</p> <p>10g. CHIP Ineligible</p> <p>10i. CHIP Ineligibility Can't be Established</p> <p>10k. Ineligible At Annual Renewal</p> <p>Since this person was found Ineligible, they will not have an assigned aid code. Using the persons age, we report the ineligible determination as MC and CHIP Ineligible since individuals 18 years or younger should first be evaluated for MC followed by CHIP.</p>
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7.5 Examples for Calculating Processing Time

Example 1:

A new user applies through CalHEERS on **July 08**, 2022, and is approved the same day for MAGI Medi-Cal. The CalSAWS system receives the unsolicited DIR and awaits county worker to process. On **July 08**, 2022, a county worker processes the unsolicited DIR by creating a case and program for the user and runs eligibility where the unsolicited DIR is linked to the EDBC. The user is only evaluated for MAGI Medi-Cal.

ICT

Program Person Application

Budget Tests

Referral Date = 07/08/2022	Application Date: 07/08/2022	MAGI: Pass
Eligibility Determination Response = 07/08/2022	Application Created On =Date = 07/08/2022 Application Status: Approved Application Event: 07/13/2022	

MAGI Processing Time:

Begin Date = Referral Date = 07/08/2022

End Date = Eligibility Determination Response Timestamp = 07/08/2022

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

Non-MAGI processing Time:

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

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12f: MAGI Less than 24 hours

Example 2:

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

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

Timestamp = 04/08/2022		
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MAGI Processing Time:

Begin Date = Referral Date = 04/08/2022

End Date = Eligibility Determination Response = 04/08/2022

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

Non-MAGI Processing Time:

Begin Date = Eligibility Determination Response = 04/08/2022

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

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

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12c: Non-MAGI Determinations

12f: MAGI Less than 24 hours

12k: Non-MAGI Within 30 Days

Example 3:

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

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

MAGI Processing Time:

Begin Date = Application Created On Date = 06/28/2022

End Date = Eligibility Determination Response Timestamp = 08/03/2022

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

Non-MAGI Processing Time:

Begin Date = Eligibility Determination Response Timestamp = 08/03/2022

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

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

Lines Reported:

12a: Median Processing Time

12b: MAGI Determinations

12c: Non-MAGI Determinations

12i: MAGI 31 – 45 Days

12k: Non-MAGI Within 30 Days

Example 4:

The user is only evaluated for Non-MAGI benefits.

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

MAGI Processing Time:

N/A – The individual was not evaluated for MAGI

Non-MAGI Processing Time:

Begin Date = Application Created On Date = 06/10/2022

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

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

Lines Reported:

12a: Median Processing Time

12c: Non-MAGI Determinations

12k: Non-MAGI Within 30 Days

7.6 List of Denial Reasons for Known Reasons

Code-73	Short Description
09	Application Opened in Error
W1	Application denied
E6	BDA After the Month
05	Calif. Residence
A46	Child Applicant Minor Consent
A48	Child Applicant Minor Consent Over 21
CR	Child Applied for Self
F19	Child not a California Resident
EK	Child of FRI
WG	Conversion
04	Deceased
JK	Declined Elig
JS	Declining WD
KI	Deemed Child - Fam ReApp
Y9	Did not Reapply after LTC
ZX	Did not Request Full Medi-Cal Hierarchy
CM	Didn't Apply Medicare
MF	Didn't Apply OHC
ME	Didn't Coop w. MC Linkage
E7	Didn't Request Retro
A41	Didn't Sign SOF
JO	Does Not Meet Minor Consent Requirements
E8	Doesn't Meet Program Req.
10	Duplicate Application
42	Earnings - Child
40	Earnings - Father
41	Earnings - Mother
44	Earnings - Other Person
43	Earnings - Stepparent
WL	Edwards v. Kizer (38) - Determined Ineligible for Medi-Cal Only
WK	Edwards v. Kizer (38) - Failure to Cooperate, Medi-Cal Only
L7	Elected MAGI

L6	Elected Non-MAGI
G8	End of Edwards MC
IA	Exceeded income
GF	Excess Earned Income
GG	Excess Unearned Income
MD	Excl Child - MC Linkage
ZY	Failed MAGI
G2	Failed Property
G7	Gets CalWORKs
GD	Gets Duplicate Aid
FV	Gets FC
FT	Gets Kin-GAP
FS	Gets RCA
JW	Gets SSI
25	Gets SSI/SSP
EF	Gets Waiver
G62	Incarcerated
N13	Incarcerated Juvenile (MediCal)
Z1	Incomplete MAGI Application
93	Ineligible Non Citizen
08	Institutionalized
85	Inter-County Transfer
JZ	MPPP Declined Eligible
IW	Mandatory/Optional Rules
WJ	Minor Consent
PL	Minor Parent Linkage Only
XY	Moved Out of County (CMSP)
17	No Elig. Child
11	No Eligible Mem
MP	No Linkage - MPPP
KB	No Linkage - No Property Verif
KC	No Linkage - Over Resources
KA	No Linkage - Property Waiver
L1	No Linkage SP-DDSD Denied
EN	No Linkage to MC
GB	No Open Application
DX	Non Co-Op Chld/Med Supp
63	Non-Payment of Premium
NP	Non-Payment of Premium - Low Income FPL
CN	On Aid Another Case
14	Other Property
52	Other State/Local

54	Other Unearned
19	Out of the Home
OI	Out of the Home - Incarcerated
73	Out of the Home - Primary Applicant
39	Over Income
12	Over Resources
K1	Passed Regular MPPP
K2	Passed SSI MPPP
ZZ	Potential Non-MAGI Eligibility
G93	Property/Resource Exceed the Limit
XQ	QC Did not Cooperate (MC)
13	Real Property
CD	Refused Assign Supp Rights
48	SSA
K9	SSA/SSI Denied within 12 Months
3C	SSI
C9	Stop Aid for Optional Member
FZ	TMC
A6	Transferred Property
23	Unrelated Prim Appl
50	Veteran's Benefits
07	Whereabouts Unknown



California Statewide Automated Welfare System

Design Document

CA-245691

Update CSF 124 Batch Job

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tiffany Huckaby
	Reviewed By	Priya Sridharan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/28/2022	0.1	Initial Draft	Ayman Hussein
3/9/2023	0.2	Content Revision 1: Updates to remove obsoleted Stored Procedure and add additional requirement to check for a Service Activity	Tiffany Huckaby

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1 OVERVIEW

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

1.1 Current Design

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

In addition, the batch job assumes the existence of a Service Activity. When no Service Activity exists, this causes issues with Journal Entry creation.

1.2 Requests

- 1) Update the batch to look at status reasons instead of end dates.
- 2) Update the batch to check that a Service Activity exists prior to CSF 124 Form generation.

1.3 Overview of Recommendations

- 1) Update the batch to look at status reasons instead of end dates.
- 2) Update the batch to check that a Service Activity exists prior to CSF 124 Form generation.
- 3) Remove Obsolete Stored Procedure (short term solution) created from SCR CA-246617.

1.4 Assumptions

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

2 RECOMMENDATIONS

2.1 Update Batch Job PB00R499

2.1.1 Overview

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

2.1.2 Description of change

1.) Updates to prevent CSF 124 for generating on an end dated Activity

Record:

Update the driving query of the CSF 124 (PB00R499) batch job to find cases with:

- a WTW program in Active status (irrespective of end date of the activity record)
- the primary applicant having an ongoing 'Community Service' activity for the report month (the batch month falls within the begin and end date for the activity)

2.) Updates to prevent duplication/Journal Entry Errors:

Update the driving query of the CSF 124 (PB00R499) batch job to find cases with that additional requirement:

- The Community Service Activity must have an associated Service Activity.

Note: If the WTW primary applicant has multiple Community Services activities for the report month, the CSF 124 form will generate for each one. If the activity spans multiple months, the form will generate for each report month. For example, if there is an activity spans July and August, when the batch runs in July, it will generate a CSF 124. When the batch runs again in August, it will generate another one.

2.2 Remove Obsolete Stored Procedure

2.2.1 Overview

SCR CA-246617 added in a temporary solution to prevent duplicate CSF 124 from being sent out. With this effort this temporary solution will no longer be needed, and it can be removed.

2.2.2 Description of change

Remove updates from CA-246617 that is updating the print status to prevent duplicate CSF 124 from being sent out when there does not exist a customer reporting record.

3 REQUIREMENTS

3.1 Project Requirements

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