



California Statewide Automated Welfare System

Design Document

CA-56518

Add the M16-705 - EBT Adjustment Denial
(08/08)

CalSAWS	DOCUMENT APPROVAL HISTORY	
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4/26/2023	1.3	Update Section 2.3 #1-3 to include the form generations mentioned in Section 2.1.4 #1 and Section 2.2.4 #1.	Jimmy Tu
08/09/2023	1.4	Updates to include recommendation for M16-701 and removing stored procedure.	Phong Xiong
08/29/2023	1.5	Updated as per build comments on section 2.3.3	Phong Xiong

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1 OVERVIEW

This SCR will add batch generation to the M16-705 - EBT Adjustment Denial (08/08) State form in the CalSAWS system and update the Batch trigger when reading the Correction Request Activity file. State form TEMP NA 1238 (7/04) will also be updated to include the CF Account Adjustment Advice.

1.1 Current Design

Currently, when a participant wants to dispute an EBT cash transaction, such as not receiving the correct amount of cash from an ATM or POS machine, being charged too much when accessing cash benefits, or claims that he/she did not perform a transaction with their EBT card (electronic theft), they may file a claim. When the EBT vendor denies the claim, the EBT vendor sends the county the denial information, and the county sends out the denial form, which is the M16-701. This form's generation is currently suppressed by CA-248929 'CalSAWS generates M16-701 NOA in error' (release 22.07).

For CalFresh, currently the system only generates a denial for the Adjustment Request.

SCR CA-246323 added M16-705 form to the Template Repository in English, Spanish, Chinese, Russian, and Vietnamese.

1.2 Requests

1. The M16-705 form needs to generate when the EBT vendor denies an EBT cash adjustment claim for receiving the incorrect amount of cash from an ATM or POS machine, and/or being charged too much when accessing cash benefits (Adjustment Status = 09).
2. The TEMP NA 1238 form needs to be updated to also contain the CF Account Adjustment Advice.

1.3 Overview of Recommendations

1. Generate M16-705 when the Cash claim is denied for receiving the incorrect amount of cash from an ATM or POS machine, and/or being charged too much when accessing cash benefits. Trigger form M16-705 through Fiscal Batch when Correction Request Activity file has Adjustment Status = 09, position 226-227, Account Type = 02 (for Cash) position 224-225, and Correction Request Reason Code = MISDIS at position 320-325.
Note: Currently form M16-701 - EBT Adjustment Advice has been erroneously generated for Adjustment Status = 09. Form M16-701 should only trigger when Adjustment Status = 01.
2. Update the TEMP NA 1238 (7/04) State form to include the CF Account Adjustment Advice in the CalSAWS system. Trigger and generate form TEMP NA 1238 for CalFresh Account Adjustment Advice when Account Type = 01 (for CalFresh), position 224-225 and Adjustment Status = 01 (for Adjustment), position 226-227.

Note: There are 2 parts in the form TEMP NA 1238: CF Account Adjustment Advice (Adjustment = 01) and CF Request Denial (Adjustment Status = 09) but currently it only generates the Request Denial.

1.4 Assumptions

1. When generated in the context of a case, all fields will be editable for all counties, as per CalSAWS standards.
2. The rest of the threshold languages for M16-705 will be added by CA-247547 when the State makes them available:
Armenian, Arabic, Cambodian, Farsi, Hmong, Korean, Lao, and Tagalog.
3. Per existing functionality, a GEN 1365 is included in the same envelope with the English version of the M16-705 form when Printing Centrally and the participant's primary language is a language other than the currently supported languages for this form.
4. Form TEMP NA 1232 will not be updated with this effort.
5. Per current functionality implemented in CA-207246, an Automated Journal entry is created in the CalSAWS system for all forms.
6. SCR CA-259733 will update the M16-705 and TEMP NA 1238 to the latest State Version.

2 RECOMMENDATIONS

2.1 Update Form M16-705 - EBT Adjustment Denial

2.1.1 Overview

This SCR will add Batch generation to the State form M16-705 - EBT Adjustment Denial (revision 08/08) in the CalSAWS system.

State Form: M16-705 (08/08)

Current Programs: CalWORKs

Note: More programs will be added per 2.1.4.2.

Current Attached Form(s): NA Back 9

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish, Chinese, Russian, Vietnamese

2.1.2 Form/NOA Verbiage

There will be no updates to the verbiage on the current xdp file. See Supporting Documents #1 for current version.

2.1.3 Form/NOA Variable Population

The dollar amount variable will be prepopulated as the form is generated via Batch. The input field under 'Here's why' will be populated for all generation conditions with a default value. See Supporting Documents #2 for translations for this sentence.

The county has denied your request to have \$
credited to your EBT Cash Aid.

HERE'S WHY:

The amount of cash given to you by an ATM or POS was correct.

If you disagree with this action, you can request a hearing. The

State

Figure 2.1.3.1

Form Body Variables:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population	Batch Population
<ADJUSTMENT_ AMOUNT>	Adjustment Amount from the Correction Request Activity file at position 230-236 EBT_CORRECT_ACTIV.ADJ UST_AMT	Arial Font Size 10 Format: XX,XXX.XX	Y, Text Field	N	Y
<REASON_CODE>	"The amount of cash given to you by an ATM or POS was correct."	Arial Font Size 10 Format: Static text	Y, Text Field	Y	Y

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

Variables Requiring Translations: N/A

The population of the variables will be taken from the required form input **EBT Correct Active ID** when it is triggered through the fiscal batch.

2.1.4 Form/NOA Generation Conditions

1. Add Batch Form Generation

Generate and save form M16-705 through fiscal Batch when Correction Request Activity file has Adjustment Status = 09 at position 226-227, Account Type = 02 (for Cash) at position 224-225, and Correction Request Reason Code = MISDIS at position 320-325.

Per current functionality, the Correction Request Reader batch job does not look at program and will generate form M16-705 whenever there is a claim denial for cash.

Note: MISDIS = ATM/POS Misdispense.

Tech Note: since form is available in threshold languages, CT942_XXX will need to reflect that.

New Counties Batch Generation: See Supporting Documents #4, 'Yes' column

2. Update Form in Template Repository

New Program Generation: Cal-Learn, CalWORKs, CAPI, General Assistance/General Relief, General Assistance (Managed), GA/GR Automated Solution, Refugee Cash Assistance, REP, Welfare to Work

2.2 Update Form M16-701 - EBT Adjustment Advice

2.2.1 Overview

This form is used to notify the participant that their EBT account will be adjusted to account for a system error. It was suppressed as part of a stored procedure with SCR CA-248929.

State Form: M16-701 (08/08)

Current Programs: CalWORKs (CW), Refugee Cash Assistance (RCA), Cash Assistance Program for Immigrants (CAPI), General Assistance (GA)

Current Attached Form(s): NA Back 9

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish, Chinese, Russian, Vietnamese

2.2.2 Form/NOA Verbiage

There are no changes to the NOA verbiage.

2.2.3 Form/NOA Variable Population

There are no changes to the NOA variable population.

2.2.4 Form/NOA Generation Conditions

1. Add Batch Form Generation

Update existing trigger for M16-701 to generate and save form M16-701 when Adjustment Status = 01 at position 226-227. The rest of the triggers will remain the same: Account Type = 02 (for Cash) position 224-225, and Correction Request Reason Code = MISDIS at position 320-325.

Technical Note: PI19F413

Remove stored procedure suppressing the M16-701 that was added with SCR CA-248929.

2.3 Update Form TEMP NA 1238 - EBT CalFresh Account Adjustment – Denial

2.3.1 Overview

This SCR will update the TEMP NA 1238 (7/04) State form to include the CF Account Adjustment Advice in the CalSAWS system.

State Form: TEMP NA 1238 (7/04)

Current Programs: CalFresh

Current Attached Forms: NA Back 9

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.3.2 Form/NOA Verbiage

Update Form XDP

This SCR will bring significant updates to the verbiage by adding the CF Account Adjustment Advice verbiage on the right-hand side, under State Hearing and Questions sections (see Supporting Documents #3). The left-hand side will also have a subtitle added to differentiate between the 2 parts. This effort will also update the TEMP NA 1238 form to use standard Arial font size 10 for both English and Spanish versions.

Note: this update to include right-hand side verbiage will be reflected both in Template Repository and via Batch.

Updated Languages: English, Spanish

Form Title (Document List Page Displayed Name): CalFresh Notice of Action EBT AccountAdjustment

Form Mockups/Examples: See Supporting Documents #3 for PDF Mockups.

This effort does not bring any updates to the form header or NA Back 9.

2.3.3 Form/NOA Variable Population

The following variables will be prepopulated when the form is generated in the context of a case:

ACCOUNT ADJUSTED (By Retailer)

<ADJ_CHECKBOX>

☐

On <ADJ_DATE_RMV> , your electronic CalFresh benefit account will have \$ <ADJ_RMV_AMT> removed from your balance.

HERE'S WHY:

A system error happened when using your electronic CalFresh benefit account:

Date: <ADJ_DATE>

Time: <ADJ_TIME>

Location: <ADJ_LOC>

<ADJ_ADDR>

<ADJ_CITY> <ADJ_STATE> <ADJ_ZIP>

Amount: \$ <ADJ_RMV_AMT>

Other:

IMPORTANT

Figure 2.2.3.1

Form Body Variables:

Variable Name	Population	Formatting	Editable*/Field Type	Template Repository Population	Batch Population
<ADJ_CHECKBOX>	Checkbox that will indicate the selection of 'ACCOUNT ADJUSTED' side. Implement logic to differentiate between adjustment and denial.	Arial Font Size 10	Y	N	Y

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population	Batch Population
	Checked only if EBT_CORRECT_ACTIV.ADJU ST_STAT_CODE=01				
<ADJ_DATE_ RMV>	The date the EBT account will have a specific amount removed from balance. EBT_CORRECT_ACTIV.REQ_ DATE	Arial Font Size 10	Y	N	Y
<ADJ_RMV_ AMT>	Amount that will be removed from EBT account. EBT_CORRECT_ACTIV.ADJU ST_AMT	Arial Font Size 10 Format: XX,XXX.XX	Y	N	Y
<ADJ_DATE>	Date that error occurred when using the EBT card. EBT_CORRECT_ACTIV.TRAN SACT_DATE	Arial Font Size 10 Format: MM/DD/YYYY	Y	N	Y
<ADJ_TIME>	Time that error occurred when using the EBT card. EBT_CORRECT_ACTIV.TRAN SACT_DATE	Arial Font Size 10 Format: HH24:MI AM	Y	N	Y
<ADJ_LOC>	The retailer's name where the error occurred using the EBT card. EBT_CORRECT_ACTIV.PRO C_NAME	Arial Font Size 10	Y	N	Y
<ADJ_ADDR >	The retailer's street address (Address Line 1) where the error occurred using the EBT card. EBT_CORRECT_ACTIV.PRO C_LINE_1_ADDR	Arial Font Size 10	Y	N	Y
<ADJ_CITY>	City of retailer's address. EBT_CORRECT_ACTIV.PRO C_CITY	Arial Font Size 10	Y	N	Y

Variable Name	Population	Formatting	Editable*/Field Type	Template Repository Population	Batch Population
<ADJ_STATE>	State of retailer's address. EBT_CORRECT_ACTIV.PROC_STATE	Arial Font Size 10 Format: XX	Y	N	Y
<ADJ_ZIP>	Zip code of retailer's address. EBT_CORRECT_ACTIV.PROC_ZIP_CODE_NUM	Arial Font Size 10 Format: XXXXXXXX	Y	N	Y

* Note: The Editable column of the table above refers to if the variable will be editable when populated. When generating a Blank Form from Template Repository the field will be editable unless otherwise indicated.

The population of the variables will be taken from the required form input **EBT Correct Active ID** when it is triggered through the fiscal batch.

2.3.4 Form/NOA Generation Conditions

Updates to Batch Form Generation

Currently the TEMP NA 1238 form generates only for the CF Request Denial (Adjustment Status = 09). Update Batch trigger to also generate the TEMP NA 1238 form for the CF Account Adjustment Advice (Adjustment Status = 01) and populate the right-hand side of the form when doing so.

The Required Form Input when generated by Batch will remain 'EBT Correct Active ID'. This is required only when generated from system. It will not be available in the Template Repository.

There will be no updates to the Form Control, nor Print/Mailing Options. The form will continue to have all print options available.

2.4 Fiscal: Interface Partner Testing

2.4.1 Overview

Interface Partner Testing with FIS for inbound EBT Correction Activity File.

2.4.2 Description of Changes

1. Perform Interface Partner Testing with FIS for Los Angeles, Kern, Merced and Placer for EBT Correction Activity File.

2.4.3 Counties Impacted

Los Angeles, Del Norte, Humboldt, Kern, Kings, Lake, Lassen, Madera, Marin, Mendocino, Merced, Modoc, Monterey, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne

2.5 Fiscal: Update Correction Request Reader Batch Job (PIXXF413)

2.5.1 Overview

This request is to create new batch jobs and properties for all opt'd in counties to the EBT Correction Request Reader Batch Job. This request will also update EBT Correction Request Reader Batch Job for LA County.

2.5.2 Description of Change

1. Update the Correction Request Reader batch (PlxxF413) to generate and save form M16-705 when the Correction Request Activity file is for Cash Denials.
 - a. Triggers:
 - i. Adjustment Status = 09 at position 226-227.
 - ii. Account Type = 02 (for Cash) at position 224-225.
 - iii. Correction Request Reason Code = MISDIS at position 320-325.
 - b. Note: Per current functionality, the Correction Request Reader batch job does not look at program and will generate form M16-705 whenever there is a claim denial for cash.
2. Update the Correction Request Reader Batch (PlxxF413)'s existing trigger for M16-701 to generate and save form M16-701 when Correction Request Activity file is for Cash Adjustments.
 - a. Adjustment Status = 01 at position 226-227.
 - b. The rest of the triggers will remain the same:
 - i. Account Type = 02 (for Cash) position 224-225,
 - ii. Correction Request Reason Code = MISDIS at position 320-325.
3. Update the Correction Request Reader batch (PlxxF413) to also generate the TEMP NA 1238 form for CalFresh Adjustments.
 - a. Note: Currently the TEMP NA 1238 form generates only for CalFresh Denials (Adjustment Status = 09).
4. Create new Batch Job numbers for counties opted into the EBT Correction Request Reader Batch Job.
 - a. Opted In: Del Norte, Humboldt, Kern, Kings, Lake, Lassen, Madera, Marin, Mendocino, Merced, Modoc, Monterey, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San

Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne

5. Create new Batch properties for counties Opted into the EBT Correction Request Reader Batch Job based off LA County's (PI19F413).
 - a. Opted In: Del Norte, Humboldt, Kern, Kings, Lake, Lassen, Madera, Marin, Mendocino, Merced, Modoc, Monterey, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne

2.5.3 Execution Frequency

Daily.

2.5.4 Key Scheduling Dependencies

N/A.

2.5.5 Counties Impacted

Opted In: Del Norte, Humboldt, Kern, Kings, Lake, Lassen, Madera, Marin, Mendocino, Merced, Modoc, Monterey, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne

2.5.6 Data Volume/Performance

N/A.

2.5.7 Failure Procedure/Operational Instructions

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Correspondence	M16-705 mockup (English)	M16-705_EN.pdf
2.	Correspondence	M16-705 'Here's Why' default value translations	M16-705 sentence translations.xlsx
3.	Correspondence	TEMP NA 1238 (English, Spanish)	TEMP_NA1238_EN.pdf TEMP_NA1238_SP.pdf
4.	Correspondence	List of Counties opted in for M16-705 Batch generation	CRFI 23-025 Option for M16-705 EBT Adjustment Denial_MASTER.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3	<p>The 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 CalSAWS-generated access information; andv. CSC PIN notices.	<p>With SCR CA-56518, form M16-705 will have batch generation added to the CalSAWS system. The existing form TEMP NA 1238 will be updated.</p>

5 APPENDIX

Forms to generate for correction requests:

Account Type Adjustment Status	01 (CalFresh)	02 (Cash)
	01 (New debit correction request)	TEMP NA 1238 (Advice version) M16-701
09 (Denied credit correction request)	TEMP NA 1238 (Denial version)	M16-705

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-205612

ACL 18-133; AB 959; SB 179 Add form and generate CW
2223

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	Prepared By	Nithin B Halesh
	Reviewed By	

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07/03/2023	1.0	Initial Draft	Nithin B Halesh

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1 OVERVIEW

The purpose of this SCR is to add CW 2223 (8/19) form to CalSAWS.

1.1 Current Design

The CW 2223 Demographic Questionnaire For CalWORKs, Refugee Cash Assistance (RCA), Entrance Cash Assistance (ECA), Trafficking And Crime Victims Assistance Program (TCVAP) And CalFresh Programs form is not available in the CalSAWS template repository.

1.2 Requests

1. Add CW 2223 to CW, CWCF, CF, and ESAP CF RE/RD packets.
2. Add CW 2223 to the Template Repository.

1.3 Overview of Recommendations

1. Add CW 2223 Demographic Questionnaire For CalWORKs, Refugee Cash Assistance (RCA), Entrance Cash Assistance (ECA), Trafficking And Crime Victims Assistance Program (TCVAP) And CalFresh Programs form to CalSAWS template repository.
2. Implement this form in all the available state threshold languages.
3. Add CW 2223 form to CW, CW/CF, CF and ESAP CF RE Packets the 57 Migration counties.
4. The CW, CW/CF, CF and ESAP CF RE Packets that are being updated as part of this SCR are only for the 57 Migrating Counties. Los Angeles County RE Packets are processed through Central Print facility and would follow their business process to include the Form CW 2223 in there RE Packets.
5. CW 2223 is available in English, Chinese, Russian, and Spanish languages. Add these to the RE packets in respective threshold language and add the English version of the CW 2223 to the other threshold language RE Packets.

1.4 Assumptions

1. No variables will be populated on the CW 2223 Form.
2. Los Angeles will follow their existing business process to include the CW 2223 form in their CF, CW, CW/CF and ESAP CF RE Packets, due to LA County packets being pre-stuffed at Central Print.

2 RECOMMENDATIONS

2.1 Add the CW 2223 Form to Template Repository.

2.1.1 Overview

The CW 2223 (9/18) - Demographic Questionnaire For CalWORKs, Refugee Cash Assistance (RCA), Entrance Cash Assistance (ECA), Trafficking And Crime Victims Assistance Program (TCVAP) And CalFresh Programs will be added to the Template Repository for LRS/CalSAWS.

State Form: CW 2223 (9/18) - Demographic Questionnaire For CalWORKs, Refugee Cash Assistance (RCA), Entrance Cash Assistance (ECA), Trafficking And Crime Victims Assistance Program (TCVAP) And CalFresh Programs

Programs: CW, RCA and CF.

Attached Forms: N/A

Forms Category - CalSAWS: Form

Template Repository Visibility: All Counties

Languages: English, Chinese, Russian, and Spanish

2.1.2 Description of Change

Create and add CW 2223 (9/18) - Demographic Questionnaire For CalWORKs, Refugee Cash Assistance (RCA), Entrance Cash Assistance (ECA), Trafficking And Crime Victims Assistance Program (TCVAP) And CalFresh Programs form in LRS/CalSAWS to template repository.

2.1.2.1 Create CW 2223 Form XDP

Create XDP for CW 2223 Form in English, Chinese, Russian, and Spanish.

Form Header: Mailing Cover Sheet (Refer the mockups).

Form Title: Demographic Questionnaire For CW, RCA, ECA, TCVAP And CF Programs

Form Number: CW 2223 (9/18)

Include NA Back 9: No.

Imaging Form Name: Demographic Questionnaire For CW, RCA, ECA, TCVAP And CF Programs.

Imaging Form Document Type: Notification/NOA

Imaging Case/Person: Case

Form Mockups/Examples: See Supporting Documents #1

2.1.2.2 Add Form Variable Population for CW 2223

Only the Case Number and the Standard Header Section will be populated on the form when generated through template repository. All the text fields and checkbox fields should be editable.

Form Body Variables:

Variable Name	Population	Formatting	Editable* / Field Type	Template Repository Population
Case Number	Case number of the application	Arial Font Size 10	Y	Y

2.1.2.3 Add Form Control

Add an imaging barcode for CW 2223. The form is triggered in Template Repository.

Due Date: None

Tracking Barcode	BRM Barcode	Imaging Barcode
N	Y	Y

2.1.2.4 Add CW 2223 Form to Template Repository

Add the CW 2223 Form to Template Repository with the following Document Parameters:

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

2.1.2.5 Add CW 2223 Form Print Options and Mailing Requirements

The following Print options will be included for the CW 2223 Form.

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

Mailing Requirements:

Mailing Options	Option for CW 2223 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	Worker's Office Address
Outgoing Envelope Type	Standard
Return Envelope Type	BRM
Special Paper Stock	N/A

Additional Requirements:

Requirement	Option for CW 2223 Form
Post to Self-Service Portal	Y

2.2 Add the CW 2223 Form to CW, CWCF, CF and ESAP CF RE Packets.

2.2.1 Overview

Add CW 2223 form to the CalSAWS CW RE packet, CW/CF RE Packet, CF RE Packet and ESAP CF RE Packet.

2.2.2 Description of Change

The CW, CW/CF, CF and ESAP CF RE Packets that are being updated as part of this SCR are for the 57 Migration Counties.

Populate the Case number on CW 2223 form when adding this form to the CalSAWS CW RE packet, CW/CF RE Packet, CF RE Packet and ESAP CF RE Packet.

Exclude the Cover sheet and add only the form (3rd page) to the RE Packets. See Supporting Documents #5, #6, #7.

* CW 2223 is available in English, Chinese, Russian and Spanish languages. Add these to the RE packets in respective threshold language and add the English version of the CW 2223 to the other threshold language RE Packets.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	CW 2223 Mockup English	CW_2223_EN.pdf
2	Forms	CW 2223 Mockup Chines	CW_2223_CH.pdf
3	Forms	CW 2223 Mockup Russian	CW_2223_RU.pdf
4	Forms	CW 2223 Mockup Spanish	CW_2223_SP.pdf
5	Packet	CF RE Packet English	CF RE Packet_EN.pdf
6	Packet	CW RE Packet English	CW RE Packet_EN.pdf
7	Packet	CW/CF RE Packet English	CW/CF RE Packet_EN.pdf
8	Packet	ESAP CF RE Packet English	ESAP CF RE Packet_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-207655

Home and Community-Based Services and
Spousal Impoverishment Provisions

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
4/29/2022	.01	Draft	Carmen Kolaskey
6/9/2022	.02	Added Recommendation 2.4 Long Term Care (LTC)/Board and Care (B&C) Allocation Detail Page	Carmen Kolaskey
6/9/2022	.03	Updated Recommendation 2.5 Eligibility Rules Updates	Carmen Kolaskey
6/9/2022	.04	Added Recommendation 5 Outreach	Carmen Kolaskey
6/9/2022	.05	Added 3. Supporting Documents	Carmen Kolaskey
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8/2/2022	.08	Update Eligibility Rules	Carmen Kolaskey
8/10/2022	.09	Updated Recommendations: <ul style="list-style-type: none"> 2.4 Updated EDBC Line Person Item Detail – Allocation and Other Deduction Page 2.5 Update Header for Long Term Care (LTC)/Board & Care (B&B) Allocation Detail Page. 2.6 Update Header for EDBC Person Line Item Detail – Total Countable Income of LTC/B&C Person Page 2.7 Update Header for EDBC Person Line Item Detail – Health Insurance for Person in LTC/B&C Page 	Carmen Kolaskey
8/17/2022	1.0	Added Recommendation: <ul style="list-style-type: none"> 2.8 Eligibility Rules Update 2.8.1.8 	Carmen Kolaskey

		<ul style="list-style-type: none"> 2.9 Batch EDBC 	
8/19/2022	1.1	Added Recommendation <ul style="list-style-type: none"> 2.10 Data Change for Individuals Associated to Removed Waiver 	Carmen Kolaskey
9/8/2022	1.2	2.8.2 Description of Change <ul style="list-style-type: none"> Updated recommendation 9 Added Recommendation 8 and 10 	Carmen Kolaskey
9/14/2022	1.3	2.8.2 Description of Change <ul style="list-style-type: none"> Updated recommendation 6 	Carmen Kolaskey
9/16/2022	1.4	Updated 2.3 Customer Options	Carmen Kolaskey
9/21/2022	1.5	Added 1.2 Request and 1.3 Overview of Recommendations	Carmen Kolaskey
9/22/2022	1.6	Updated 2.3 Customer Options Page	Carmen Kolaskey
9/26/2022	1.7	Added Recommendation 2.4 Run EDBC Page	Carmen Kolaskey
9/27/2022	1.8	Added Recommendation to 2.11 Data Change	Carmen Kolaskey
10/3/2022	1.9	Updated 2.3.2 Eligibility Rules Updates <ul style="list-style-type: none"> Added Example Mockup 	Carmen Kolaskey
10/5/2022	2.0	Updated 2.3.2 Eligibility Rules Updates <ul style="list-style-type: none"> Recommendation 3 Recommendation 4 	Carmen Kolaskey
10/10/2022	2.1	Updated 2.3.2 Eligibility Rules Updates <ul style="list-style-type: none"> Recommendation 3 Recommendation 4 	Carmen Kolaskey
10/14/2022	2.2	Updated Current Design	Carmen Kolaskey
10/14/2022	2.3	Updated 2.3.2 Eligibility Rules Updates <ul style="list-style-type: none"> Recommendation 3 Recommendation 4 	Carmen Kolaskey
10/18/2022	2.4	Updated 2.3.2.2 Eligibility Rules Updates <ul style="list-style-type: none"> Added Example Mockup 	Carmen Kolaskey
10/20/2023	2.5	Analyst Design Review	Carmen Kolaskey
10/20/2022	2.6	Updated 2.3.2. Eligibility Rules Updates	Carmen Kolaskey

		<ul style="list-style-type: none"> Added Recommendation 13 	
11/1/2022	2.7	Updated the following: <ul style="list-style-type: none"> 2.3.2. Eligibility Rules Updates Run EDBC Page 2.5 Long Term Care (LTC)/HCBS-Waiver/Board and Care(B&C) Allocation Mockup 	Carmen Kolaskey
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11/8/2022	2.9	Updated the following: <ul style="list-style-type: none"> 2.3.2. Eligibility Rules Updates 	Carmen Kolaskey
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11/16/2022	3.1	Build and Test Design Review	Carmen Kolaskey
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11/30/2022	3.4	Build and Test Design Review	Carmen Kolaskey
11/30/2022	3.5	Analyst Design Review	Carmen Kolaskey
12/1/2022	3.6	Added 2.10 Automated Regression Test	Carmen Kolaskey
12/5/2022	3.7	Updated 2.2 Customer Option Mockups	Carmen Kolaskey
12/6/2022	3.7	Added Outreach – List	Carmen Kolaskey
7/14/2023	3.8	<ul style="list-style-type: none"> Added Assumption #15, 16,17 Added Recommendation # 2.3.2.12 Added Recommendation # 2.5.3.5 Updated entire design document to update effective dating as 12/2023 benefit month instead of 04/2023 	Tisha Mutreja
7/31/2023	3.9	<ul style="list-style-type: none"> Removed Assumption #1 and #2 as it is mentioned in #15 	Tisha Mutreja

		with updates <ul style="list-style-type: none"> Updated Assumption #11 by removing old assumption and adding new information we received from DHCS 	
8/2/2023	4.0	<ul style="list-style-type: none"> Added Assumption #18 Auto numbered Assumptions 	Tisha Mutreja

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1 OVERVIEW

The purpose of this SCR is to update CalSAWS to start applying a Spousal Impoverishment Provision at the time of a Medi-Cal application for individuals who are requesting Home and Community-Based Services (HCBS) and/or Waiver programs. The definition of “Institutionalized Spouse”, as referenced by the Social Security Act (SSA), was expanded to allow for a broader application of the Spousal Impoverishment Provisions for individuals receiving HCBS and/or Waiver programs. As a result, DHCS provided updated guidance in ACWDL 17-25, ACWDL 18-19, MEDIL I 21-07, ACWDL 19-15, and MEDIL I 22-08. This policy will allow the Community Spouse to retain more income and resources from the Institutionalized Spouse/Register Domestic Partner (RDP) or a Spouse/RDP who is requesting a HCBS or Waiver program at the time of the Medi-Cal application.

1.1 Current Design

The System's 'Requested Medi-Cal Type' has a selection of 'Long-Term Care (LTC)' for individuals that are Institutionalized or receiving Nursing Level of Care. When Requested Medi-Cal Type 'LTC' is selected, the system determines LTC Medi-Cal eligibility using special budgeting rules. When the LTC Individual has a Community Spouse or RDP, the system will separate the Medi-Cal Family Budget Unit (MFBU) for the LTC Spouse from the Community Spouse and their child(ren). The System will use 'Spousal Impoverishment Provision' budgeting to determine Medi-Cal Eligibility for the LTC Spouse. The System calculates the LTC Spouse's income and determines the maximum allocation amount that can be transferred to the Community Spouse. If there is any income allocation remaining from the LTC Spouse, then the remaining income will be allocated equally to the child(ren) that live with the Community Spouse. When the System makes an eligibility determination for the LTC Spouse, the income that is allocated to the Community Spouse/RDP and child(ren), if any is not used in the LTC Spouse's budget.

In addition to the income allocation, 'Spousal Impoverishment Provisions' consider a higher resource limit for an LTC Spouse with Community Spouse/RDP. The property limit for a couple allows for the Community Spouse Resource Amount (CSRA, for the community Spouse), plus the Medi-Cal property limit for one person (LTC Spouse).

Example:

	Effective Date 07/01/2022
Property Limits under SI	CSRA + \$130,000
Actual Amounts	\$137,400 + \$130,000
TOTAL	\$267,400

By allocating the maximum income allocation to the Community Spouse/RDP and/or dependent family member(s), coupled with the higher resource limit, this allows the LTC Spouse to retain Medi-Cal services without the Community Spouse incurring financial hardship.

These Spousal Impoverishment Provisions are referred to in the system as, 'LTC Allocation'.

The System does not consider 'Spousal Impoverishment Provisions' for individuals that request Home and Community-Based Services (HCBS) and Waiver Programs when there is a Community Spouse or RDP Spouse.

The System has two Waiver-related Requested Medi-Cal Types: 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' (IHO). When a County Eligibility Worker determines an individual has either DDS-HCBS or IHO waiver and qualifies for Institutional Deeming, the User specifies the Waiver-related Requested Medi-Cal Type for the individual. The System's Medi-Cal EDBC rules create a 'Waiver' income budget and determines either aid code 6V (no Share of Cost (SOC)) or 6W (SOC) for DDS-HCBS, or aid code 6X (no SOC) or 6Y (SOC) for IHO.

The Systems' Medi-Cal Hierarchy for Requested Medi-Cal Type 'Medi-Cal' tests eligibility in the following order:

- a. Mega Mandatory
 - I. Disabled Adult Child (DAC)
 - II. Pickle
 - III. Disabled Widow/Widower
 - IV. Medicare Saving Programs (MSP)
- b. MAGI Medi-Cal
- c. Optional Categories
 - I. Aged and Disabled (A&D FPL)
 - II. Blind FPL
 - III. Working Disabled
- d. Medically Needy (MN) and Medically Indigent (MI) Medi-Cal Programs
 - I. Aged, Blind, and Disabled Medically Needy (ABD MN)
 - II. Aid to Families with Dependent Children Medically Needy (AFDC MN)
 - III. Medically Indigent Child
 - IV. Medically Needy Pregnant

The System allows a selection for Multipurpose Senior Services Program (MSSP) Waiver on the 'Select Programs' page, but the Systems does not have logic to determine MSSP waiver eligibility (1X no SOC/1Y SOC). This requires the Worker to manually override eligibility for the MSSP Waiver program.

The Systems' Medi-Cal EDBC Rules identifies if an individual will be tested for the Working Disabled program if they request Full Medi-Cal Hierarchy = Yes, are a California Resident, are a US Citizen or have Satisfactory Immigration Status, is 'SSA Disabled', 'SP-DDSD Disabled', Declared or Presumptive Disabled and have earned income.

1.2 Requests

Update the System to track Medi-Cal Waivers in data collection and no longer in a Requested Medi-Cal Type.

Update the System, to align with DHCS policy (ACWDL 17-25, ACWDL 18-19, MEDIL I 21-07, ACWDL 19-15, and MEDIL I 22-08), and apply the 'Spousal Impoverishment Provisions' to Non-MAGI Medi-Cal Programs. Update the System to first evaluate Medi-Cal through the Full Medi-Cal Hierarchy and then apply the 'Spousal Impoverishment Provisions' to Non-MAGI Medi-Cal programs Aged and Disabled, Working Disabled and Medically Needy, if applicable, for individuals with a HCBS Medi-Cal Waiver.

Update the System to evaluate 'Waiver' aid codes 6V, 6W, 6X and 6Y in the 'Medi-Cal' Requested Medi-Cal Type by running through the Full Medi-Cal Hierarchy first and then apply 'Institutional Deeming' rules, if applicable, for individuals with a DDS-HCBS or IHO Medi-Cal Waiver; no longer require the user to specify the Waivers by using Requested Medi-Cal Types for DDS-HCBS or IHO.

Update the name of the IHO waiver to 'Home and Community-Based Alternatives (HCBA)'.

1.3 Overview of Recommendations

1. Remove 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' Waivers from the 'Requested Medi-Cal Type Detail' Page.
2. Update the name of IHO Waiver to 'Home and Community-Based Alternatives (HCBA)'.
3. Update 'Customer Options Detail' page and add Medi-Cal Waiver Types as a selectable option.
4. Update the 'Customer Option Detail' page to display a validation message when the 'Waiver Approval Date' is not in a valid calendar format.
5. Update the 'EDBC Person Line Item Detail – Allocation and Other Deductions' page', Type field to display 'LTC/HCBS-Waiver/B&C Allocation Detail', when Home and Community-Based Services Waivers determination is requested and Medi-Cal EDBC has created a budget using Spousal Impoverishment provisions.
6. Update the header of the 'Long Term Care (LTC)/Board and Care (B&C) Allocation Detail' page to include HBCS-Waiver.

7. Update field labels on the 'Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail' to include HCBS-Waiver.
8. Update the header of the 'EDBC Person Line Item Detail – Total Countable Income of Person in LTC/B&C' page to start including HCBS-Waiver.
9. Update the 'EDBC Person Line Item Detail – Health Insurance for Person In LTC/B&C' page to include HCBS-Waiver.
10. Include Medicare and OHC Premium Deductions when calculating maximum allocation to Community Spouse.
11. Update the Medi-Cal EDBC rules to stop using the Waiver rules from 'Requested Medi-Cal Type Detail' page and start using the Waiver rules when Waiver record is selected in the 'Customer Options Detail' page.
12. Create a new Waiver Medi-Cal Test Category (318_XX) and update Medi-Cal EDBC to test the new Waiver program after the MC Income Program in the Full Medi-Cal Hierarchy.
13. Update the Medi-Cal EDBC rules to first evaluate for Full Medi-Cal Hierarchy (MAGI Medi-Cal/Non-MAGI Medi-Cal) before Institutional Deeming.
14. Create new Medi-Cal categories Aged and Disabled-SI, Working Disabled-SI MC Income-SI and MC Property-SI, that will use the LTC Allocation rules when a Medi-Cal program person meets Spousal Impoverishment.
15. Update the Medi-Cal EDBC Rules to first evaluate for Full Medi-Cal Hierarchy (Mega Mandatory and MAGI Medi-Cal), then evaluate Spousal Impoverishment with the new Medi-Cal test Programs Aged and Disabled-SI, Working Disabled-SI and MC Income-SI.
16. Update Run EDBC Page to add a warning message when a Waiver individual will not be tested in Full Medi-Cal Hierarchy
17. Update the Negative Action page to add a warning message when a Waiver individual will not be tested in Full Medi-Cal Hierarchy, and they are not requesting Negative Action.
18. Update the Medi-Cal EDBC rules to not apply the Personal Allowance Maintenance Need Amount (\$35) in the new Medi-Cal budgets Aged and Disabled-SI, Working Disabled-SI, and MC Income-SI when Medi-Cal EDBC rules identify a Medi-Cal Program Person meets Spousal Impoverishment Provisions
19. Add a Batch EDBC Skip Reason 'Full Medi-Cal Hierarchy Marked No or Missing' to skip a case from Batch EDBC processing when at least one individual on the Medi-Cal program is requesting a Waiver or 'Home and Community-Based Services Waivers' but either no record exist for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to No.
20. Create a DCR to update individuals associated to a removed Waiver from 'Requested Medi-Cal Type Detail' page and associate to Medi-Cal Waiver in the 'Customer Options Detail' page.
21. Create a Journal Entry for cases where Individual's Waiver was updated.

1.4 Assumptions

1. If the Medi-Cal Program consists of LTC Spouse, and HCBS-Waiver Spouse, the LTC Spouse will continue to be in their own Medi-Cal Program block.
2. The User will continue County Business processes when a beneficiary ages out of Institution Deeming Waiver programs 'Developmentally Disabled Services (DDS-HCBS)' or 'HCBA' programs.
3. Future SCR CA-246602 will update the System to handle Institutional Deeming when the Medi-Cal Program includes both Spouses/RDP's requesting HCBS, or when the Medi-Cal Program includes an LTC-Spouse and a HCBS-Spouse.
4. User will continue to confirm enrollment to Developmental Disabilities (HCBS DD), HCBA and MSSP Waiver programs for Institutional Deeming rules.
5. Home and Community-Based Waiver Spousal Impoverishment can be applied when the Medi-Cal Program person requests IHSS Care or waiver participation.
6. The User will continue to get confirmation that the requesting Waiver or Home and Community-Based Waiver person meets nursing facility level of care.
7. Multipurpose Senior Services Programs (MSSP) will remain on the 'Selected Program' page.
8. There will no impacts to Client Correspondence with this SCR.
9. A regular Pickle computation can take place as part of Mega Mandatory. However, a Pickle budget under SI provisions will need to be computed outside of the system and results overridden, as necessary. Per DHCS, a Pickle SI budget computation is not currently available. If user needs to complete a Pickle budget with SI provisions, DHCS should be contacted for guidance.
10. Updates to Assisted Living Waivers will be a future effort.
11. If there is a Spouse/RDP record for at least one day in the benefit month, the System will consider them a spouse even if there is more than one person specified as a spouse/RDP for the same month.
12. Existing Mandatory Verification logic that will fail a Property Test if a Property verification is overdue remains unchanged; it will also apply to the new 'MC Property – SI' and 'Working Disabled – SI' property tests.
13. CalSAWS users will need to complete an override if LTC/HCBS SI Provision allows for a different amount other than the standard allocation if there is a hearing, court order, or customer request. CA-265571 has been created to update the system to allow for a different amount other than the standard allocation without the need for an override.
14. HCBS Notice changes will be incorporated with CA-241932 that adds Waiver Verbiage to MC NOAs.
15. Multipurpose Senior Services Program (MSSP) functionality will be added into CalSAWS with a future SCR CA-265116.
16. The Long-Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail page displays Board and Care (B&C) throughout the page based on the MC 176W Allocation/Special Deduction Work Sheet verbiage. The system currently does not compute a B&C Allocation. The B&C deduction is calculated in the system.

2 RECOMMENDATIONS

2.1 Requested Medi-Cal Type Detail Page

2.1.1 Overview

The 'Requested Medi-Cal Type Detail' page allows a user to select Requested Medi-Cal Types of 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' for an Individual and Medi-Cal EDBC rules will grant waiver eligibility accordingly. Users will now track Medi-Cal Waivers in Customer Options and both 'DDS HCBS Waiver' and 'Medi-Cal In Home Operations Waiver' options will no longer be available as a Requested Medi-Cal Type selection when creating new records. The 'Waiver' EDBC logic will move to Requested Medi-Cal Type 'Medi-Cal'.

2.1.2 Requested Medi-Cal Type Detail Mockup

Requested Medi-Cal Type Detail

*- Indicates required fields

Requested Medi-Cal Type Information

Requested Medi-Cal Type: * Begin Month: * End Month:

- Select - 04/2022

Save and Return Cancel

Save and Return Cancel

Figure 2.1.1 – Requested Medi-Cal Type Detail Page

2.1.3 Description of Changes

1. Remove the following Requested Medi-Cal Types (CT319), with end date of 11/30/2023, from the Requested Medi-Cal Type drop-down list:
 - a. DDS HCBS Waiver
 - b. Medi-Cal In Home Operations Waiver

Removed Requested Medi-Cal Type Waivers will transition to a 'Medi-Cal Waivers' type on the Customer Option Detail Page. If a historical record exists with one of the removed Requested Medi-Cal Types, the user will be able to edit the existing record; however, a record cannot be updated to use a removed Requested Medi-Cal Type.

2.1.4 Page Location

- **Global: Case Info**
- **Local: Case Summary**
- **Task: Medi-Cal Detail > Medi-Cal Person Detail > Requested Medi-Cal Type 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 Customer Options Page

2.2.1 Overview

The 'Customer Options Detail' page allows a user to select a Customer Option Type for an individual. Medi-Cal Waivers 'Developmental Disabilities (HCBS DD)', 'Home and Community-Based Services and Waivers', and 'Home and Community-Based Alternative (HCBA)' will be added to the 'Customer Options Detail' page to be used in Medi-Cal EDBC.

2.2.2 Customer Options Detail Mockup

The mockup shows a web form titled "Customer Options Detail". At the top right are "Save and Return" and "Cancel" buttons. Below the title, a red asterisk indicates required fields. The "Name:" field is a dropdown menu showing "Duck, Betty 65F". The "Type:" field is a dropdown menu with a list of options: "Maintain Verifications", "Admin Verify MEC - MEDS", "Cash Aid Available to Applicant", "County Application Assistance Program Participant", "Diaper Allowance Opt-Out", "Full Medi-Cal Hierarchy", "Health Coverage in Covered California", "Healthy Families Consent", "MC Declined Eligible", "MC Declining A&D FPL", "MC Declining Working Disabled", "MPPP Declined Eligible", "Maintain Verifications", "Medi-Cal Waivers" (highlighted with a red box), "Minor Parent Already 1931 Recipient", "Optional Child - Receives Child Support", "SBR Director's Exception", and "Verification Consent". To the right of the "Type:" field is a "Long years:" field with an asterisk. Below the "Type:" field is an "End Date:" field with a calendar icon. At the bottom right are "Save and Return" and "Cancel" buttons. The "By:" field shows "1002139".

**Figure 2.2.1 (A) – Customer Options Detail Page
Medi-Cal Waivers Type Mockup**

Customer Options Detail

*- Indicates required fields

Save and Add Another

Save and Return

Cancel

Name: *

Summer, Breeze

Type: *

Medi-Cal Waivers

Waiver Program Type: *

-Select-

-Select-

Developmental Disabilities (HCBS DD)

Home and Community-Based Services Waiver

Home and Community-Based Alternatives (HCBA)

End Date:

Save and Add Another

Save and Return

Cancel

**Figure 2.2.1 (B) – Customer Options Detail Page
Waivers Programs Type Mockup**

Customer Options Detail

*- Indicates required fields

Save and Add Another

Save and Return

Cancel

Name: *

Summer, Breeze

Type: *

Medi-Cal Waivers

Waiver Program Type: *

Developmental Disabilities (HCBS DD)

Waiver Approval:

Yes

Waiver Approval Date: *

11/01/2022

Begin Date: *

11/01/2022

End Date:

Save and Add Another

Save and Return

Cancel

**Figure 2.2.1 (C) – Customer Options Detail Page
Waiver Approval and Approval Date Mockup**

Customer Options Detail

* - Indicates required fields

Save and Return Cancel

Name: *
 Duck, Betty 65F

Type: *
 Medi-Cal Waivers

Waiver Program Type: *
 Home and Community-Based Services Waiver

Waiver Approval: *
 Yes

HCBS Waiver Program: *
 Developmental Disabilities State Plan Services (DDS)
 - Select -
 CA Community Transitions HCBS Person Grant(CCT)
 Cal Medi-Connect Duals Demonstration Project
 Community-Based Adult Services MC 2020 (CBAS)
 Developmental Disabilities State Plan Services (DDS)
 In Home Supportive Services (CFCO)
 Medicaid 1915(c) Home and Community-Based Services (HCBS)
 Other Waiver Program
 Program of All-Inclusive Care for the Elderly (PACE)
 Senior Care Action Network (SCAN)

Waiver Approval Date: *
 11/01/2022

End Date:

Save and Return Cancel

Figure 2.2.1 (D) – Customer Options Detail Page
 HCBS Waiver Programs Mockup

Customer Options Detail

* - Indicates required fields

Save and Return Cancel

Name: *
 Duck, Betty 65F

Type: *
 Medi-Cal Waivers

Waiver Program Type: *
 Home and Community-Based Services Waiver

Waiver Approval: *
 Yes

HCBS Waiver Program: *
 Developmental Disabilities State Plan Services (DDS)

Should the individual be tested for Spousal Impoverishment provisions? *
 Yes

Begin Date: *
 11/01/2022

End Date:

Save and Return Cancel

Figure 2.2.1 (E) – Customer Options Detail Page
 Spousal Impoverishment Question Mockup

Customer Options Detail

*- Indicates required fields

Name: *
Duck, Betty 65F

Type: *
Medi-Cal Waivers

Waiver Program Type: *
Home and Community-Based Services Waiver

Waiver Approval:
Yes

Waiver Approval Date: *
11/01/2022

HCBS Waiver Program: *
Other Waiver Program

Other Waiver Name:
New Waiver Text Field 75 Characters

Should the individual be tested for Spousal Impoverishment provisions? *
Yes

Begin Date: *
11/01/2022

End Date:

Save and Return Cancel

**Figure 2.2.1 (F) – Customer Options Detail page
Other Waiver Name Description Mockup**

2.2.3 Description of Changes

1. Add a new Customer Option Type (CT1707) named, “Medi-Cal Waiver” **[Figure 2.2.1(A)]**.
 - a. Display in the Type list alphabetically
2. Add the following new fields to the page to display only when the Customer Option Type ‘Medi-Cal Waiver’ is selected:
 - a. Add a new required field named “Waiver Program Type” as shown in **[Figure 2.2.1 (B)]** with the following selections in alphabetically order:
 - i. Developmental Disabilities (HCBS DD)
 - ii. Home and Community-Based Services Waivers
 - iii. Home and Community-Based Alternatives (HCBA)
 - b. Add a new field named ‘Waiver Approval’, to display with the following selections:
 - i. Set Blank, as the default
 - ii. Yes
 - iii. No
 - c. Add a new required field named ‘Waiver Approval Date’. The new field displays under the ‘Waiver Approval’ field, only when the Waiver Approval = Yes as shown in **[Figure 2.2.1 (C)]**.
 - d. Date format should be MM/DD/YYYY
 - e. Add the Date Picker, when ‘Waiver Approval Date’ is enabled,
3. Add a new required drop-down list named, ‘HCBS Waiver Program’ to the ‘Customer Options Detail’ page. The new field displays under

'Waiver Approval' only when Waiver Program Type 'Home and Community-Based Services Waivers' is selected **[Figure 2.2.1 (D)]**.

- a. Add the following options in the drop-down list, in alphabetically order:
 - i. CA Community Transitions HCBS Person Grant (CCT)
 - ii. Cal Medi-Connect Dual Demonstration Project
 - iii. Community-Based Adult Services MC 2020 (CBAS)
 - iv. Developmental Disabilities State Plan Services (DDS)
 - v. In Home and Supportive Services (CFCO)
 - vi. Medicaid 1915(c) Home and Community-Based Services (HCBS)
 - vii. Other Waiver Program
 - viii. Program of All-Inclusive Care for the Elderly (PACE)
 - ix. Senior Care Action Network (SCAN)
 - b. Add a new optional text field named 'Other Waiver Name' that displays under 'HCBS Waiver Program' only when HCBS Waiver Programs 'Other Waiver Program' is selected **[Figure 2.2.1 (F)]**.
 - i. Text field will allow 75-character limit.
 - c. Add a question labeled, "Should the Individual be Tested for Spousal Impoverishment Provision?" as a required field with "-Select- ", "Yes" or "No" as selectable options **[Figure 2.2.1 (E)]**. Display the question under 'Other Waiver Name' if 'Other Waiver Name' is visible' otherwise, display under 'HCBS Waiver Programs'.
4. Update the Customer Option Transaction History Detail page to display the new and old value for the below fields when the Type "Medi-Cal Waivers", records exist on the Customer Options List page:
- a. Name
 - b. Type
 - c. Waiver Program type
 - d. Waiver Approval
 - e. Waiver Approval Date
 - f. HCBS Waiver Programs
 - g. Should the Individual be tested for Spousal Impoverishment Provisions
 - h. Begin Month

2.2.4 Page Location

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

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

Update Page Mapping for the new fields

2.2.7 Page Usage/Data Volume Impacts

N/A

2.3 Medi-Cal Eligibility Rules Updates

2.3.1 Overview

Update Medi-Cal EDBC rules to determine Institutional Deeming when 'Developmental Disabilities' (HCBS DD) and 'Home and Community-Based Alternatives (HCBA) Waiver' is selected on the 'Customer Options Detail' page.

Create new Medi-Cal budgets and apply Spousal Impoverishment Provisions when a Medi-Cal program person is requesting 'Home and Community-Based Services Waivers'. When 'Medi-Cal-Waivers' is selected, update Medi-Cal EDBC rules to first evaluate for Full Medi-Cal Hierarchy then evaluate for Institutional Deeming or apply Spousal Impoverishment Provisions to Non-MAGI Medi-Cal budgets.

2.3.2 Description of Changes

1. Update Medi-Cal EDBC rules for Requested Medi-Cal Type 'Medi-Cal', effective EDBC benefit month Dec 01, 2023 or later, to create a 'Waiver' budget for the HCBS DD or HCBA Waiver individual.
Exception: The new 'Waiver' budget for the HCBS DD or HCBA Waiver Individual will also be called for Retro EDBC benefit months September 2023, October 2023, and November 2023 only.
2. Create a new Waiver Medi-Cal Test Category (318_XX) when the individual meets the following criteria:
 - a. Has Customer Options record for Waiver Program Type 'Developmental Disabilities (HCBS DD)' or 'Home and Community-Based Alternatives (HCBA)', respectively, effective for at least one day in the benefit month, and
 - b. Has 'Waiver Approval' = Yes, and the 'Waiver Approval Date' is effective for at least one day in the benefit month, and
 - c. Has Full Medi-Cal Hierarchy = Yes, effective for at least one day in the benefit month, and
 - d. Is 20 years or younger as of the first day of the benefit month, and
 - e. Has a relationship of 'Child' or 'Stepchild' to another case person at least one day in the benefit month (this can also be specified in the opposite direction: another case person has a

- relationship of 'Parent (Biological/Adoptive)' or 'Parent (Step)' to the Waiver individual), and
- f. The individual ran through the full Medi-Cal hierarchy and was found:

- i. Not Eligible to MAGI Medi-Cal,
 1. Denied, Discontinued or Active FRI/UP in the MAGI budget
- ii. Not Eligible to Non-MAGI Medi-Cal programs due to failed MC Property and Working Disabled Property Test, or
- iii. Eligible to a Non-MAGI SOC Medi-Cal program.

Note: If a Waiver person fails the MC Property Test listed above (section 2.3.2.3.f.ii), the System will not evaluate for Non-MAGI SOC program.

3. Update Medi-Cal EDBC rules to test new Waiver (CT318_XX), in the Full Medi-Cal Hierarchy and evaluate the new Waiver Medi-Cal test Category, after the MC Income Test.
4. Call the existing Institutional Deeming ('DDS HCBS Waiver' or 'Medi-Cal In Home Operations Waiver' rules for the 'Waiver' budget), previously associated only to Requested Medi-Cal Type 'DDS HCBS Waiver' (CT319_DW) or 'Medi-Cal In Home Operations Waiver' (CT319_MW), respectively to the new Waiver Medi-Cal test budget.
5. Perform EDBC clean-up if the 'HCBS DD' or 'HCBA' Waiver individual is eligible to both Non-MAGI Medi-Cal with a SOC, and to the 'Waiver' budget. Keep the 'Waiver' budget as the passing budget and fail the individual on the MC Income SOC budget by changing the individual to have:
 - a. Role: FRI
 - b. Aid Code: IE
 - c. Role Reason: 'Doesn't Meet Program Req.' (CT73_E8)

Example:

Property Test					
Test	Result	Property Limit	Property Total	Person	Individual Amount
Waiver	Pass	\$130,000.00	<u>\$2,000.00</u>	Waiver, Thomas 4M	\$2,000.00

Medi-Cal Summary								
Note: Overridden rows are in bold.								
Eligible Budgets for MEDS								
Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
<u>Waiver</u>	Pass	\$0	0.00	1	6V	Waiver, Thomas 4M	MEM	
Failed and Overridden Budgets								
Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role	Role Reason	
<u>MC Income</u>	Fail	\$527	0.00		Waiver, Diana 32F	FRI	Doesn't Meet Program Req.	
					Waiver, Jack 32M	FRI	Doesn't Meet Program Req.	
				IE	Waiver, Thomas 4M	FRI	Dosen't Meet Program Req.	

6. Perform EDBC clean-up if the 'HCBS DD' or 'HCBA' Waiver individual is eligible to both Non-MAGI Medi-Cal without a SOC, and to the 'Waiver' budget. Keep the Non-MAGI without a SOC budget as the passing budget and fail the individual on 'Waiver' budget by changing the individual to have:
 - a. Role: FRI
 - b. Aid Code: IE
 - c. Role Reason: 'Doesn't Meet Program Req.' (CT73_E8)
7. Add the following Medi-Cal Test Category Codes (CT318) effective 12/01/2023, for the new Spousal Impoverishment test budgets:

Note: The columns 'Income Link' and 'Property Link' hyperlink will display the Medi-Cal Test categories budget details.

SHORT DECODE NAME	LONG DECODE NAME	BEG DATE	END DATE	Income	Property	Income Link	Property Link	Display Name	MN	SO
Aged and Disabled -SI	Aged and Disabled -SI	11/30/ 2023	12/31/ 1999	Y	N	M	N	N	Y	N
MC Income- SI	MC Income- SI	11/30/ 2023	12/31/ 1999	Y	N	M	N	N	Y	Y
MC Property- SI	MC Property -SI	11/30/ 2023	12/31/ 1999	N	Y	N	P	N	N	N
Working Disabled -SI	Working Disabled -SI	11/30/ 2023	12/31/ 1999	Y	Y	M	P	N	Y	Y

8. **Defining the HBCS Spousal Impoverishment Criteria:** Update Medi-Cal EDBC rules to identify the HCBS-Individual to apply Spousal Impoverishment provisions for 'Aged and Disabled-SI', 'Working Disabled-SI', and 'MC Income-SI' budgets when an individual has a Customer Option effective at least one day in the benefit month for 'Home and Community-Based Services and Waivers' with 'Should the individual be tested for Spousal Impoverishment Provisions?' = Yes, and 'Full Medi-Cal Hierarchy' = Yes, and the following are true:

Note: When an individual is requesting a Medi-Cal Waiver, meets the Spousal Impoverishment (SI) criteria and they have either a Spouse or RDP, with or without our Child(ren), that individual is referred to as 'HCBS-Individual'. The non-Waiver Spouse or RDP, with or without child(ren) at home, is referred to as 'Community Spouse'.

Note: The Systems LTC Allocation budget rules are used when the Institutionalized Medi-Cal Program person, is requesting Medi-Cal and has a Community Spouse/RDP, with or without child(ren) or stepchild(ren) or, minor child(ren) in the home with no Community Spouse/RDP.

- a. HCBS-Individual is Pending, Ineligible or Active MEM in the Medi-Cal Program in the benefit month
- b. The HCBS-individual has a Community Spouse and/or child(ren) living in the home.

HCBS-Individual with Community Spouse: Has a relationship of 'Spouse' or 'Registered Domestic Partner' to another case individual at least one day in the benefit month, and

- i. Community Spouse resides at home, defined as:
 - 1. A 'Permanently Out of the Home' record for the Community Spouse does not exist, or does not cover every day in benefit month

Note: If there is a 'Permanently Out of the Home' record with a MC Exception, the System will consider the Community Spouse as living in the home.

HCBS-Individual with Child(ren) and no Community Spouse:

Does not have a Community Spouse as defined above, but does have a relationship of 'Parent (Biological/Adoptive)' or 'Parent (Step)' to another case individual at least one day in the benefit month and,

- ii. Child(ren) or Stepchild(ren) resides at home, defined as:
 - 1. A 'Permanently Out of the Home' record for the Child(ren) or Stepchild(ren) does not exist, or does not cover every day in benefit month

Note: If there is a 'Permanently Out of the Home' record with a MC Exception, the System will consider the Child(ren) or Stepchild(ren) as living in the home.

- c. Community Spouse does not have a Requested Medi-Cal Type 'LTC' or Customer Options record for 'Home and Community-Based Services and Waivers' with 'Should the individual be tested for Spousal Impoverishment Provisions?' = Yes, any day in the benefit month
- d. HCBS-Individual is not in Long Term Care in the benefit month
- e. HCBS-individual is evaluated through the Full MC Hierarchy and is found ineligible to the below Medi-Cal Programs.
 - i. Ineligible to the Mega Mandatory Programs
 - 1. Disabled Adult Child (DAC)
 - 2. Pickle
 - 3. Disabled Widow/Widower

9. Then, evaluate the HCBS-Individual with Spousal Impoverishment using the new SI Medi-Cal Test Categories, after MSP test.

10. **Creating the new Medi-Cal SI Budgets:** Update Medi-Cal EDBC rules effective benefit month 12/2023 or later, to create separate MFBUs

when the Medi-Cal Program includes family members, and the following is true:

- a. HCBS-Individual meets the Spousal Impoverishment criteria (listed in above section 2.3.2.8), and
 - b. The new Medi-Cal Tests Aged and Disabled-SI, Working Disabled-SI, or MC Income-SI are used for Medi-Cal determination.
 - i. The first MFBU includes only the HCBS-Individual (CT322_16 LTC/B&C Allocation Detail), using both Unit Size and Maintenance Need Income Limit (MNIL) (CT351), of one
 - ii. The second MFBU includes the remaining Medi-Cal Program Person(s) (Community Spouse with or without child(ren), or Child(ren) without Community Spouse), using both the Unit Size and MNIL(CT351) for the Medi-Cal Program Person(s), excluding one for the HCBS-Individual.
 - c. Use the MFBU for the HCBS-Individual (section 2.3.2.10.i) and evaluate the HCBS-Individual for the new Medi-Cal Test Categories Aged and Disabled-SI, Working Disabled-SI, or MC Income-SI when HCBS-Individual meets Spousal Impoverishment criteria (section 2.3.2.8).
 - d. Use the MFBU with the remaining family members (section 2.3.2.10.ii), to evaluate for Medi-Cal programs if, any program person has a selection of 'Medi-Cal' on the Requested Medi-Cal Detail page.
11. Effective Benefit Month 12/2023 or later, use the existing **LTC Allocation budget rules** (CT318_48_LTC_CHILD_ALLOCATION, CT318_52_BOARD_CARE_OR_LTC_WITH_NO_SPOUSE, CT318_47_LTC_SPOUSE_ALLOCATION), for the new Medi-Cal Test categories 'Aged and Disabled-SI', 'Working Disabled-SI' and 'MC Income-SI' budget.
12. Effective Benefit Month 12/2023 or later, update the existing **LTC Allocation budget rules** (CT318_47_LTC_SPOUSE_ALLOCATION) to add Medicare Deductions and OHC Premium Deductions to be calculated as part of Maximum Allocation to Community Spouse. Please refer to the recommendation 2.5.3.5
Please Note: This rule update will be include update both for LTC individual with Community Spouse and/or HCBS Individual with Community Spouse.
13. When HCBS-Individual meets Spousal Impoverishment criteria (section 2.3.2.8), **only** test the new Medi-Cal Test Categories 'Aged and Disabled-SI', 'Working Disabled-SI' and 'MC Income-SI' in place of the existing Medi-Cal Test categories Aged and Disabled (CT318_27), Working Disabled (CT318_28) and MC Income (CT318_18), in the Full Medi-Cal Hierarchy, effective benefit month 12/2023, or later.
14. Test the new Spousal Impoverishment Medi-Cal Test Categories when a Medi-Cal program person meets the HCBS-Waiver Spousal Impoverishment criteria (outlined above in section 2.3.2.8), effective benefit month 12/2023, or later.

- a. For the new Medi-Cal Test Category 'MC Property-SI' (CT318_xx), call the existing 'MC Property' rules to determine which property is counted, and then call 'LTC' property rules to determine the 'MC Property-SI' property limits for the below MC programs for the HCBS-Individual.
 - i. Aged and Disabled-SI
 - ii. MC Income-SI

Technical Note: The existing 'LTC' Property rules use CT351_03 and Community Spouse Resource Allowance (CSRA) limits CT335_A3.

Example:

Property Test						
Test	Result	Property Limit	Property Total	Person	Individual Amount	
MC Property-SI	Pass	\$267,400.00	<u>\$231,500.00</u>	Jackson, Joe 66M	\$190,750.00	
MPPP - MC	Fail	\$130,000.00	<u>\$190,750.00</u>	Jackson, Joe 66M	\$190,750.00	

Medi-Cal Summary						
Note: Overridden rows are in bold.						
Eligible Budgets for MEDS						
Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested
<u>Aged and Disabled-SI</u>	Pass	\$0	0.00	1H		Jackson, Joe 66M
						Jackson, Sally 55M
						FRI Optional Spouse
Failed and Overridden Budgets						
Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role
<u>MPPP - MC</u>	Fail	\$0	0.00		Jackson, Joe 66M	FRI
						Failed Property

Override Medi-Cal Summary

- b. If the HCBS-Individual meets the criteria to be tested for 'Working Disabled', then test the 'Working Disabled-SI' property and income tests.
- c. For the new Medi-Cal Test Category 'Working Disabled-SI' as a property test, call the existing 'Working Disabled' property rules to determine which property is counted, and then call 'LTC' property rules to determine the 'Working Disabled-SI' property limits for HCBS-Individual.
- d. For the new Medi-Cal Test Category 'Aged and Disabled-SI', use the existing 'Aged and Disabled' (CT318_27) income test rules to determine which income and expenses counts. Then, call the **LTC Allocation budget rules**, to perform the Spousal Impoverishment allocation for the HCBS-Individual.
- e. For the new Medi-Cal Test Category 'Working Disabled-SI', use the existing 'Working Disabled' (CT318_28) income test rules to determine which income and expenses count. Then, call the **LTC Allocation budget rules** to perform the Spousal Impoverishment allocation for the HCBS-Individual.

- f. For the new Medi-Cal Test Category 'MC Income-SI', use the existing 'MC Income' (CT318_18) income test rules to determine which income and expenses count. Then, call the **LTC Allocation budget rules** to perform the Spousal Impoverishment allocation for the HCBS-Individual.
15. Use the **LTC Allocation budget rules** effective benefit month 12/2023 or later, when evaluating the Community Spouse (with or without Child(ren)), for the below Medi-Cal Programs if the Community Spouse (with or without Child(ren)), has a selection of 'Medi-Cal' on the Requested Medi-Cal Detail page.
 - a. Aged and Disabled (CT318_27) and MC Income Programs (CT318_18)
 - b. MC Property Test (CT351_03)
 - c. Use the MFBU as defined in 2.3.2.10.ii
16. Use the **LTC Allocation budget rules** effective benefit month 12/2023 or later, when evaluating Child(ren) for the below Medi-Cal programs, if the Medi-Cal Program has HCBS-Individual with Child(ren), but no Community Spouse and the Child(ren) has a selection of 'Medi-Cal' on the Requested Medi-Cal Detail page.
 - a. Aged and Disabled (CT318_27) and MC Income Programs (CT318_18)
 - b. MC Property Test (CT351_03)
 - c. Use the MFBU as defined in section 2.3.2.10.ii
17. Update the Medi-Cal EDBC rules effective benefit month 12/2023 or later, to apply the 'Board and Care Deduction' (425LtcBoardCareAllocatedIncome) to the new Medi-Cal Test Categories 'Aged and Disabled-SI', 'Working Disabled-SI' and 'MC Income-SI' income budgets when the HCBS-Individual meets Spousal Impoverishment criteria (section 2.3.2.8) and either of the following 'Home and Community-Based Services Waivers' are selected:
 - Development Disabilities State Plan Services (DDS), or
 - Program of All-Inclusive Care for the Elderly (PACE)
18. Update Medi-Cal EDBC rules effective benefit month 12/2023 or later, to not apply the MC LTC Personal Needs Allowance (CT335_70), in the new 'Aged and Disabled-SI', 'Working Disabled-SI', and 'MC Income-SI' Medi-Cal Test Categories for the HCBS-Individual.
19. Update Medi-Cal EDBC rules effective benefit month 12/2023 or later, to "Fail" the 'Aged and Disabled-SI', 'Working Disabled-SI', and 'MC Income-SI' income budgets with Program Status Reason 'Did not Request Full MC Hierarchy' (CT73_ZX), when at least one individual meets the criteria for HCBS-Individual (Recommendation 2.3.2.8) except:
 - a. No record exists for 'Full Medi-Cal Hierarchy' in the EDBC benefit month, or
 - b. 'Full Medi-Cal Hierarchy' is set to 'No' on the 'Customer Option Detail' page for all days in the benefit month.

Example:

Medi-Cal Summary

Note: Overridden rows are in bold.

Eligible Budgets for MEDS

Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
No Data Found								

Failed and Overridden Budgets

Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role	Role Reason
<u>Aged and Disabled-SI</u>	Fail	\$0	0.00		AD, Lulu 66F	FRI	Did Not Request Full Medi-Cal Hierarchy
					AD, Tom 66F	FRE	Doesn't Meet Program Req.
<u>MC Income-SI</u>	Fail	\$646	0.00		AD, Lulu 66M	FRI	Did Not Request Full Medi-Cal Hierarchy
					AD, Tom 66M	FRE	Doesn't Meet Program Req.

AcceptCancel

20. Perform a EDBC clean-up if the HCBS-Individual is eligible to both MAGI and the new SI Medi-Cal budget(s). Keep the MAGI budget as the passing budget and fail the HCBS-Individual on the new SI Medi-Cal budget(s) by changing the HCBS-Individual to have:
- Role: FRI
 - Aid Code: IE
 - Role Reason: 'Doesn't Meet Program Req.' (CT73_E8)

2.3.3 Programs Impacted

Medi-Cal

2.3.4 Performance Impacts

N/A

2.4 EDBC Person Line Item Detail – Allocation and Other Deduction Page

2.4.1 Overview

Update the 'EDBC Person Line Item Detail – Allocation and Other Deductions' page 'Type' field to display "LTC/HCBS-Waiver/B&C Allocation Detail" when Medi-Cal EDBC creates a budget for LTC/B&C using Spousal Impoverishment provisions.

2.4.2 EDBC Person Line Item Detail – Allocation and Other Deduction Mockup

Name	Type	Description	Amount
Smith, Luke 66M	LTC/HCBS-Waiver/B&C Allocation Detail		\$ 1,365.00
Total			\$ 1,365.00

Figure 2.4.1 – EDBC Person Line Item Detail – Allocation and Other Deductions page

2.4.3 Description of Changes

1. Rename the EDBC Line Item Type Code Short and Long Decode Name "LTC/B&C Allocation Detail" (CT322_16) to "LTC/HCBS-Waiver/B&C Allocation Detail"

Note: This EDBC Line Item Type Code displays when Medi-Cal EDBC creates a budget with 'Allocations and Other Deductions' for LTC, Board and Care, or Spousal Impoverishment Provisions for HCBS Waivers. **[Figure 2.4.1]**. See Recommendation 2.3.2 for rules update that includes Spousal Impoverishment Provisions for HCBS Waivers in the LTC/B&C Allocation budget.

2.4.4 Page Location

Global: Eligibility

Local: Customer Information

Task: Run EDBC or EDBC Results → MC EDBC Summary → Medi-Cal Budget → Allocation and Other Deductions "Amount" hyperlink

2.4.5 Security Updates

N/A

2.4.6 Page Mapping

N/A

2.4.7 Page Usage/Data Volume Impacts

N/A

2.5 Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail page

2.5.1 Overview

Update the 'Long Term Care (LTC)/Board and Care (B&C) Allocation Detail' page to include HCBS-Waiver.

2.5.2 Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail Mockup

Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail

Close

Allocation from B&C Person to Spouse/Children at Home, or from LTC/HCBS-Waiver Person with No Community Spouse to Children at Home

Unit Size	1
MNIL for Spouse/Children at Home (other than Excluded Children)	\$ 3,435.00
Total Net Nonexempt Income of Spouse/Non-Excluded Children	- 0.00
Unmet Needs of Spouse/Non-Excluded Children	= 0.00
Total Countable Income of LTC/HCBS-Waiver/B&C Person	\$ 0.00
Health Insurance for LTC/HCBS-Waiver/B&C Person	- 0.00
Total Net Nonexempt Income of LTC/HCBS-Waiver/B&C Person	= 0.00
MNIL for LTC/HCBS-Waiver/B&C Person	- 0.00
Amount Available for Allocation to Spouse/Children	= 0.00
Allocation to Spouse/Children	\$ 0.00

Spousal Allocation to Community Spouse

Community Spouse MNIL	\$ 3,435.00
Community Spouse Gross Income (Include Public Assistance)	- 1,000.00
Maximum Allocation to Community Spouse	= 2,435.00
Amount Actually Paid by the LTC/HCBS-Waiver Spouse to the Community Spouse	\$ 1,900.00
Actual Allocation to Community Spouse	\$ 1,900.00

Income of LTC/HCBS-Waiver Spouse Available for Allocation

Total Gross Income	\$ 1,900.00
Personal Needs Allowance	- 0.00
Subtotal	= 1,900.00
Actual Allocation to Community Spouse	- 1,900.00
Remaining Income Availability for Allocation to Other Family Member	= 0.00

Allocation to Family Member(s) Residing with Community Spouse

Maximum Allocation Base	\$ 0.00
Actual Income of Family Member(s)	- 0.00
Net Allocation Base	= 0.00
Allocation after Net Allocation Deduction	\$ 0.00

Total Allocation from LTC/HCBS-Waiver Person to Community Spouse and Family Members

Actual Allocation to Community Spouse	\$ 1,900.00
Allocation after Net Allocation Deduction	+ 0.00
Total Allocation from LTC/HCBS-Waiver Spouse	= 1,900.00

Close

Figure 2.5.1 – Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C)
Allocation Detail page Mockup

2.5.3 Description of Changes

1. Update the page Header for 'Long Term Care (LTC)/Board and Care (B&C) Allocation Detail' page to display "Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail"
2. Update Section Headers to include reference to HCBS-Waiver as indicated below:

Section Header	Section Header Update
Allocation from B&C Person to Spouse/Child at Home, or from LTC Person with no Community Spouse to Children at Home	Allocation from B&C Person to Spouse/Child at Home, or from LTC/HCBS-Waiver Person with no Community Spouse to Children at Home
Income of LTC Spouse Available for Allocation	Income of LTC/HCBS-Waiver Spouse Available for Allocation
Total Allocation from LTC Person to Community Spouse and Family Member	Total Allocation from LTC/HCBS-Waiver Person to Community Spouse and Family Members

3. Update the EDBC Person Classification Codes (CT321) Short and Long Decodes to include reference to HCBS-Waiver as indicated below:

Code Num Identif	Short and Long Decode	Short and Long Decode Update
53	Total Countable Income of Person in LTC/B&C	Total Countable Income of LTC/HCBS-Waiver/B&C Person
54	Health Insurance for Person in LTC/B&C	Health Insurance for LTC/HCBS-Waiver/B&C Person

Note: The EDBC Person Classification Code Short Decode displays as dynamic Field Labels in the budget on 'Long Term Care (LTC)/HCBS-Waiver/Board and Care (B&C) Allocation Detail' page. When the user clicks the corresponding 'Amount' hyperlink, the Short Decode also displays as the EDBC Person Line Item Detail page name.

For Example

EDBC Person Line Item Detail - Total Countable Income of LTC/HCBS-Waiver/B&C Person					Close
Name	Type	Description		Amount	
	Railroad - Retirement	(12/01/2022)	\$3,500.00	\$	3,500.00
Total				\$	3,500.00
					Close

EDBC Person Line Item Detail – Total Countable Income of LTC/HCBS-Waiver/B&C Person Mockup

4. Update the static Field Labels to include reference to HCBS-Waiver as indicated below:

Field Label	Field Label Update
Total Net Nonexempt Income of Person in LTC/B&C	Total Net Nonexempt Income of LTC/HCBS-Waiver/B&C Person
MNIL for Person in LTC/B&C	MNIL for LTC/HCBS-Waiver/B&C Person
Amount Actually Paid by the LTC Spouse to the Community Spouse	Amount Actually Paid by the LTC/HCBS-Waiver Spouse to the Community Spouse
Total Allocation from LTC Spouse	Total Allocation from LTC/HCBS-Waiver Spouse

5. Add new line item under the header – “Spousal Allocation to Community Spouse” and update the calculation for Maximum Allocation to Community Spouse
 - a. New Line Items under Community Spouse Gross Income to be added as below –
 - i. Medicare Premiums paid by the Community Spouse
 - ii. OHC Costs paid by the Community Spouse
 - b. Maximum Allocation to Community Spouse will be updated and calculated as –
 Line Item #1 - Line Item #2 - Line Item #3 - Line Item #4
 i.e.
 Community Spouse MNIL
 - Community Spouse Gross Income
 - Medicare Premiums paid by the Community Spouse
 - OHC Costs paid by the Community Spouse

Spousal Allocation to Community Spouse	
Community Spouse MNIL	\$ 3,716.00
Community Spouse Gross Income (Include Public Assistance)	- <u>2,400.00</u>
Medicare Premiums paid by the Community Spouse	- 316.00
OHC Costs paid by the Community Spouse	- 200.00
Maximum Allocation to Community Spouse	= 800.00

Spousal Allocation to Community Spouse Mockup

2.5.4 Page Location

- Global: Eligibility
- Local: Customer Information
- Task: Run EDBC or EDBC Results→EDBC List→MC EDBC Summary→MC Budget→Allocation and Other Deductions “Amount” hyperlink→EDBC Person Line Item Detail – Allocation and Other Deductions “Amount” hyperlink

2.5.5 Security Updates

N/A

2.5.6 Page Mapping

N/A

2.5.7 Page Usage/Data Volume Impacts

No projected impacts

2.6 Run EDBC page

2.6.1 Overview

The Run EDBC page allows a user to select a program to run through the System EDBC rules. When an individual has Customer Option for 'Medi-Cal Waivers', the System will display a warning message on the Run EDBC Page if the individual will not be tested through the Full Medi-Cal Hierarchy

2.6.2 Run EDBC Mockup

Run EDBC

*- Indicates required fields

Change ReasonRun EDBC w/o VerificationsCancel

Benefit Processing Range:

Begin Month: *End Month: *

11/2022 ▼12/2022 ▼

	Program	Status	Timely Notice Exception	Reason	Run Reason
<input checked="" type="checkbox"/>	Medi-Cal	Pending			

The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"

- Thomas Waiver

Change ReasonRun EDBC w/o VerificationsCancel

Figure 2.6.1 – Run EDBC Mockup

2.6.3 Description of Changes

1. Add a warning message to the Run EDBC page when a Waiver individual will not be tested in Full Medi-Cal Hierarchy for benefit month 12/2023, or later. This warning message will not prevent running EDBC.
 - a. Criteria:
 - i. At least one individual on the selected Medi-Cal program has Customer Option for 'Medi-Cal Waivers' and that individual does not have a Customer Options record for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to "No" effective every day in the benefit month, and
 - ii. There are no other individuals on the selected Medi-Cal program, or at least one other Individual on the selected Medi-Cal program has Customer Options record for 'Full Medi-Cal Hierarchy' set to "Yes" effective at least one day in the benefit month
 - iii. The benefit month is 12/2023, or later.
 - b. Message Trigger: When Medi-Cal Program box is selected and 'Run EDBC' button is clicked
 - c. Message: "The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"
 - "First Name Last Name"
 - d. Navigate the user to the Customer Options List page when the user clicks the Customer Options hyperlink in the warning message.

2.6.4 Page Location

- **Global: Eligibility**
- **Local: Customer Information**
- **Task: Run EDBC**

2.6.5 Security Updates

N/A

2.6.6 Page Mapping

N/A

2.6.7 Page Usage/Data Volume Impacts

N/A

2.7 Negative Action page

2.7.1 Overview

The Negative Action page allows a user to select a program to run through the System EDBC rules. When an individual has Customer Option for 'Medi-Cal Waivers', the System will display a warning message on the Negative Action Page if the individual will not be tested through the Full Medi-Cal Hierarchy and they are not indicated for a Negative Action.

2.7.2 Negative Action Mockup

Negative Action Detail

* Indicates required fields

Run EDBC

- The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"
- Thomas Waiver

Benefit Month: *

07/2022

Medi-Cal	Run EDBC for this program
<input type="checkbox"/> Person	SSN
<input checked="" type="checkbox"/> Waiver, Jack 32M	453-45-5677
<input type="checkbox"/> Waiver, Thomas 4M	453-45-5675
<input type="checkbox"/> Waiver, Diana 32F	453-45-5676

Date of Birth

11/15/1990

06/15/2018

07/15/1990

Negative Action Reason:

Failed to Complete Determination

Timely Notice Exception: *

No

Run Reason:

Run EDBC

Figure 2.7.1 – Negative Action Mockup

2.7.3 Description of Changes

1. Add a warning message to the Negative Action page when a Waiver individual will not be tested in Full Medi-Cal Hierarchy, and they are not requesting Negative Action for benefit month 12/2023, or later. This warning message will not prevent running EDBC.
 - a. Criteria:
 - i. At least one individual on the selected Medi-Cal program has Customer Option for 'Medi-Cal Waivers',

and that individual does not have a Customer Options record for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to 'No' effective every day in the benefit month, and

- ii. There are no other individuals on the selected Medi-Cal program, or at least one other Individual on the selected Medi-Cal program has Customer Options record for 'Full Medi-Cal Hierarchy' set to 'Yes' at least one day in the benefit month
- iii. The Waiver individual is not being Negative Actioned.
- iv. For benefit month 12/2023, or later.
- b. Message Trigger: When Medi-Cal Program box is selected and 'Run EDBC' button is clicked
- c. Message: "The following individual has a Medi-Cal Waiver, but does not have a Customer Options 'Full Medi-Cal Hierarchy' record set to "Yes:"
 - "First Name Last Name"
- d. Navigate the user to the Customer Options List page when the user clicks the Customer Options hyperlink in the warning message.

2.7.4 Page Location

- **Global: Case Info**
- **Local: Case Summary**
- **Task: Negative Action**

2.7.5 Security Updates

N/A

2.7.6 Page Mapping

N/A

2.7.7 Page Usage/Data Volume Impacts

N/A

2.8 Batch EDBC

2.8.1 Overview

Create a new Batch EDBC Skip when at least one person on the Medi-Cal program is requesting a 'Medi-Cal Waiver' but either no record exist for 'Full Medi-Cal Hierarchy', or 'Full Medi-Cal Hierarchy' is set to No.

2.8.2 Description of Change

1. Add a new Batch EDBC "Not Processed Reason Code" (CT707), effective 12/01/2023, with Short Decode Name, 'Waiver Person Missing Full MC Hierarchy' and Long Decode Name, 'Waiver Person option for Full Medi-Cal Hierarchy is marked 'No' or 'Missing.'
2. Update Batch EDBC Skip logic to skip a case with the new "Not Processed Reason Code" in 2.8.2.1 when the following are true:
 - a. The program is Medi-Cal, and
 - b. At least one individual on the Medi-Cal program has Customer Option for 'Medi-Cal Waivers' effective at least one day in the benefit month, and
 - c. No record exists for 'Full Medi-Cal Hierarchy' in the benefit month, or 'Full Medi-Cal Hierarchy' is set to 'No' for all days in the benefit month for the Waiver individual, and
 - d. Waiver individual is not being Negative Actioned.
 - e. For benefit month 12/2023, or later.

2.8.3 Execution Frequency

No Change

2.8.4 Key Scheduling Dependencies

No Change

2.8.5 Counties Impacted

All Counties

2.8.6 Category

Core

2.8.7 Data Volume/Performance

No anticipated change in volume or performance

2.8.8 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....)

2.9 Data Change for Individual associated to a Removed Waiver.

2.9.1 Overview

Update individuals associated to a removed Waiver from 'Requested Medi-Cal Type Detail' page and associate to a Waiver in the 'Customer Options Detail' page.

2.9.2 Description of Change

1. Identify Active or Ineligible Medi-Cal Members with a high-dated Requested Medi-Cal Type 'DDS HCBS Waiver' (CT319_DW)
 - a. End Date the high-dated Requested Medi-Cal Type record for the individual with 11/30/2023.
 - b. Insert a new record for the individual with Requested Medi-Cal Type 'Medi-Cal' (CT319_MC) effective date 12/01/2023.
 - c. Create a new Customer Options record for the individual with 'Type' = 'Medi-Cal Waivers', 'Waiver Program Type' = 'Developmental Disabilities (HCBS DD)' with begin date 12/01/2023, and the Waiver Approval = Yes, and Approval Date is 12/01/2023.
2. Identify Active or Ineligible Medi-Cal Members with a high-dated Requested Medi-Cal Type 'Medi-Cal In Home Operations Waiver' (CT319_MW)
 - a. End Date the high-date Requested Medi-Cal Type record for the individual with 11/30/2023.
 - b. Insert a new record for the individual with Requested Medi-Cal Type 'Medi-Cal' (CT319_MC) effective date 12/01/2023.
 - c. Create a new Customer Options record for the individual with 'Type' = 'Medi-Cal Waivers', 'Waiver Program Type' = 'Home and Community-Based Alternatives (HCBA)' with begin date 12/01/2023, and the Waiver Approval = Yes, and Waiver Approval Date is 12/01/2023
3. Create a Journal Entry for cases where an Individual's Waiver was updated in Recommendation 2.9.2.1 or 2.9.2.2 above with the following:

Journal Category: All

Journal Type: Basic Information

Short Description: Waiver Record Update

Long Description: DDS HCBS or IHO Waiver Requested Medi-Cal Type was ended and a Customer Options record for Medi-Cal Waiver HCBS DD or HCBA was added.

Note: The Journal entry will be displayed on the Journal Detail Page.

2.9.3 Estimated Number of Records Impacted/Performance

Approximately 9700 Waiver individuals.

2.10 Automated Regression Test

2.10.1 Overview

Create new automated regression test scripts to verify the new values and fields on the Customer Options Detail page.









Create new automated regression test scripts to verify the new soft validations on the Run EDBC and Negative Action Detail pages.


Note: The updated EDBC rules, budgets, and sub-page details will not be covered at this time.

2.10.2 Description of Change

1. Create new regression scripts to verify the new values and fields on the Customer Option Detail page, including:
 - a. Type value: Medi-Cal Waivers
 - b. Display of, and available values in, the following fields when the Type 'Medi-Cal Waiver' is selected:
 - i. Waiver Program Type
 - ii. Waiver Approval
 - iii. Waiver Approval Date
 - c. Display of, and available values in, the following fields when the Waiver Program Type 'Home and Community-Based Services Waiver' is selected:
 - i. HCBS Waiver Programs
 - ii. Other Waiver Name (only when 'Other Waiver Program' is selected)
 - iii. Should the Individual be Tested for Spousal Impoverishment Provision?
 - d. Page validation when the Type 'Medi-Cal Waiver' is selected and:
 - i. Waiver Approval is 'Yes' and the 'Waiver Approval Date' is after the 'Begin Date'
2. Create new regression test scripts to verify the soft validations on the Run EDBC and Negative Action Detail pages:
 - a. Display when appropriate (see criteria in sections 2.6.3 1.a, 2.7.3 1.a); and:
 - b. Do not prevent EDBC from being run

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Policy	ACWDL 17-25 Home and Community-Based Services and Spousal Impoverishment Provisions	 ACWDL 17-25.pdf
2	Policy	ACWDL 18-19 Supplement to Home and Community-Based Services and Spousal Impoverishment	 ACWDL 18-19.pdf
3	Policy	ACWDL 19-15 Registered Domestic Partner Eligibility	 ACWDL 19-15.pdf
4	Policy	ACWDL 21-18 Screening Tool for Applying Spousal Impoverishment Provisions to the Home and Community-Based Services Population	 ACWDL 21-18.pdf
5	Policy	MEDIL I 21-07 Updated Budget Steps Worksheets for HCBS Spousal Impoverishment Evaluations	 MEDIL I 21-07.pdf
6	Policy	MEDIL I 22-08 Frequently Asked Questions Related to HCSB Spousal Impoverishment	 MEDIL I 22-08.pdf
7	Policy	Implementation of the Spousal Impoverishment Provisions of the Medicare Catastrophic Coverage Act of 1988 Relating to Property	 ACWDL 90-01.pdf
8	Policy	Implementation of the Income Provision of the Medicare Catastrophic Coverage Act for Persons in Long Term Care (LTC), with a Community Spouse	 ACWDL 90-03.pdf

10	Policy	Clarification of Miscellaneous Medicare Catastrophic Coverage Act of 1988 (MCCA) Issues	 ACWDL 91-84.pdf
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4 OUTREACH

4.1 Lists

A list will be generated after the data change is completed in Recommendation 2.9.

List will be generated with the standard lists and columns and additional Individual level columns.

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

Additional Column(s):

- First Name, Last Name
- CIN
- DOB

Frequency: One-time

List Name: Individuals with Removed Requested Medi-Cal Type

List Criteria: List Include any individuals that meets the below criteria, and exception out of the data change (Recommendation 2.9), for any reason.

1. Individuals have Requested Medi-Cal Type DDS-HCBS or Medi-Cal in Home Operation (IHO), and
2. Individual is Active or Ineligible any day, on or after 12/2023 benefit month.

The list will be posted to the following locations:

CalSAWS Web Portal>System Changes>SCR and SIR Lists>2023>CA-207655



California Statewide Automated Welfare System

Design Document

CA-209136

Update Eligibility for LPR SSI/SSP Recipient and
Deny Eligibility for Parolee type Less than One
Year

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Farhat Ulain, Sridhar Mullapudi
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
06/20/2023	1.0	Draft design	Farhat Ulain, Sridhar Mullapudi
7/25/2023	1.1	Added new recommendation 2.1.3.2 to display the parolee type dropdown. Updated recommendation 2.2.2.1 to include section code 'PH6'	Farhat Ulain, Sridhar Mullapudi
08/04/2023	1.2	Updated eligibility determination in section 2.2.2.2 to follow current functionality for CF and CFAP eligibility.	Sridhar Mullapudi

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1 OVERVIEW

1.1 Current Design

All Non-Citizens with parolee type dropdown is displayed based on the document type and section code. Current non-citizenship eligibility determination functionality does not differentiate between the parolee types (except Ukrainian codes added through SCR CA-232960).

Non-citizen eligibility for CalFresh and CFAP eligibility follows the following functionality.

Household can become eligible for federal CalFresh if they qualify for any for the following conditions:

- a. If the member is unconditionally CalFresh federally eligible based on their INS Citizenship Category. These qualified aliens are eligible to receive federal CalFresh indefinitely they are admitted or granted one of the following statuses. These are:
 1. Refugees
 2. Asylee
 3. LPR Asylee
 4. LPR Cuban Refugee
 5. LPR Indochinese Refugee
 6. LPR Amerasian
 7. LPR Refugee
 8. Deportation withheld
- b. If the members Entry date or INS Document Issue Date is at least 5 years prior to the begin date of the 'Benefit Month.' Exception: this does not apply for members on U-Visa document
- c. If the 'Member' is one of the following: These are:
 1. Born in the USA
 2. Has a citizenship type of 'Naturalized US Citizen'
 3. Has a citizenship type of 'US Born Abroad'
- d. Determine if the 'Member' is a 'Hmong' ¹ or a 'Highland Lao Tribal Member' ¹ as indicated by the INS document type and section code and is qualified because of Hmong information (Hmong indicator on Citizenship set to 'Yes')
- e. If the 'Member' is a 'Cross Border American Indian' ¹ as indicated by the INS document type and section code
- f. Determine if the 'Member' is under 18 and the 'Benefit Month' is 10/1/2003 or later
- g. If the 'Member' is under 18 and the 'Member's' entry date or INS document issue date is before 8/22/1996
- h. If the 'Member' is 'Disabled' or 'Blind' or has 'Other FS Disability'
- i. If the person qualifies because of military information (Meets Veteran Status Active Duty indicator on Citizenship set to 'Yes' or person is a lawful permanent resident veteran as indicated by his document code and section code)
- j. Determine if the 'Member' is a 'Lawful Permanent Resident,' as indicated by his document code and section code, and qualifies for 40 quarters (40 qualifying work quarters indicator on Citizenship set to 'Yes').

If the household is not eligibility for federal CalFresh then the household is eligible for CFAP.

Non-Citizens with document type 'SSI/SSP Recipient' is not eligible for CalFresh or CFAP benefits.

1.2 Requests

1. Relabel the 'Parolee - 1 year or less' to 'Parolee-Less than 1 year'.
2. Deny CF eligibility for non-citizens with a parolee type lasting less than 1 year.
3. Update CalFresh eligibility for a non-citizen with 'SSI/SSP Recipient' to be eligible for federal CalFresh.
4. Update GA/GR eligibility for non-citizens with a parolee type.
5. Generate a list of individuals with Parolee 1 year of less.

1.3 Overview of Recommendations

1. Update the dropdown value in the Parolee Type field.
2. Update CalFresh eligibility determination for non-citizens with a parolee type of 'Parolee-Less than 1 year'.
3. Update CalFresh eligibility for a non-citizen with 'SSI/SSP Recipient' to be eligible for federal CalFresh.
4. Update GA/GR eligibility determination for non-citizens with a parolee type.
5. Generate a list of all active individuals with Parolee type 'Parolee-Less than 1 year'.

1.4 Assumptions

1. Fields not modified within the description of changes will retain their current functionality.
2. General Assistance (Managed), General Assistance (Non-Managed) do not have any automation in the system and shall not be impacted with the implementation on this SCR.
3. Counties (SBR, TUL, VEN) that have not responded to CRFI 23-074, GA/GR functionality for these counties shall remain unchanged.
4. Per current functionality Ineligible non-citizens are not closed from the program, the applicant is set to 'FRE' with a role reason of 'Ineligible Non-Citizen' role reason. This functionality shall remain unchanged with this SCR.
5. ACIN I-14-23E impacting the eligibility of parolees of Cuban and Haitian Nationals shall be implemented through SCR CA-253843.

2 RECOMMENDATIONS

2.1 Citizenship Status Detail

2.1.1 Overview

This page allows the user to add, edit and view the citizenship record of the participant(s) in a case. This page saves the passport's and visa's information, along with other details related to the citizenship status. This SCR will update the dropdown value in the 'Parolee Type' field.

2.1.2 Citizenship Status Detail Mockup

Citizenship Status Detail

Indicates required fields
Images
Save and Return
Cancel

Change Reason

New Change Reason: *
Participant Provided - Verbal

New Reported Date: *
06/22/2023

Change Reason:
Participant Provided - Verbal

Reported Date:
06/22/2023
View

Name: *
GAMA, ANGEL 11M

Name upon US Entry:

Citizenship Type:
Parolee

Document: *
I-94

Document Number:

Document First Name:

Document Middle Name:

Document Last Name:

Document Date of Birth:

I-94 Number:

Visa Number:

SEVIS ID:

Country of Passport Issuance:

Section Code: *
Humanitarian Parolee

Parolee Type: *
Parolee-Less than one year

PRUCOL Reason:

Country of Citizenship: *
Afghanistan

A Number:

Issue Date:

Expiration Date:

Date of Entry: *
06/01/2023

Adjustment Date:

Five Year Bar Admin Verification:

Verified: *
Verified
View

Sponsored? *
No

Verified: *
Verified
View

Battered? *
No

Verified: *
Verified
View

Is this an individual who worked 40 quarters or more, or the spouse, dependent child or unremarried surviving spouse of someone who worked 40 quarters or more? *
Yes

Verified: *
Verified
View

Is this individual a Hmong/Lao tribal member or the spouse, dependent child, or unremarried surviving spouse of a Hmong/Lao tribal member? *
No

Verified: *
Verified
View

Is this individual presently on active duty in the US military or a honorably discharged veteran, or the spouse, dependent child, or unremarried surviving spouse of an active duty member or veteran? *
No

Verified: *
Verified
View

Relationship to Active Duty Veteran:

Does this individual have, has applied for, or plans to apply for a T-Visa, U-Visa, or VAWA Petition? *
Yes

Verified: *
Verified
View

Has this person lived in the U.S. continuously since 1996?

Is the participant a Trujillo case?

Secondary Save Status:

Begin Date: *
06/22/2023

End Date:

Images
Save and Return
Cancel

Figure 2.1.2-1 – Citizenship Status Detail Page

2.1.3 Description of Changes

1. Update the dropdown value 'Parolee – One year or less' to be 'Parolee – Less than one year' in the Parolee Type field.

Note: Parolee Type dropdown is available on the page when the following values are selected in the Document and Section Code fields.

Document	Section Code
I-151, I-551, Passport or I-94 Annotated with I-551 & Section Code	M93
I-151, I-551, Passport or I-94 Annotated with I-551 & Section Code	U4U
I-151, I-551, Passport or I-94 Annotated with I-551 & Section Code	UHP
I-512	212(d)(5)
I-688B or I-765 or I-766	274a.12(a)(4) or A4
I-688B or I-765 or I-766	274a.12(c)(11) or C11
I-688B or I-765 or I-766	C11
I-94	212(d)(5)
I-94	212(d)(5) or 8 U.S.C. § 1182(d)(5)
I-94	212(d)(5)(A) DT
I-94	212(d)(5)(A) OAR
I-94	212(d)(5)(A) OAW
I-94	212.5(b)
I-94	G-639
I-94	Humanitarian Parolee
I-94	Paroled Pursuant to 212(d)(5)
I-94	Public Interest Parolee

2. Update the page to display the 'Parolee Type' field when the following Document and Section Code are selected.
 - Document: I-151, I-551, Passport or I-94 Annotated with I-551
 - Section Code: PH6

2.1.4 Page Location

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

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Accessibility

The following accessibility enhancements have been identified:

- Elements must meet minimum color contrast ratio thresholds.
- IDs of active elements must be unique.
- Id attribute value must be unique.

2.1.8 Page Usage/Data Volume Impacts

N/A

2.2 CalFresh Eligibility Determination

2.2.1 Overview

Update CalFresh and CFAP eligibility determination for non-citizens 'Parolee-Less than 1 year'

Update CalFresh eligibility for a non-citizen with 'SSI/SSP Recipient' to be eligible for federal CalFresh.

2.2.2 Description of Changes

1. Update eligibility determination for the following document and section codes to **NOT** be eligible for CF and CFAP program when parolee type is 'Parolee-Less than 1 year'.

INS Document Code	INS Section Code
I-151, I-551, Passport or I-94 Annotated with I-551 & Section Code	M93
I-151, I-551, Passport or I-94 Annotated with I-551	PH6
I-512	212(d)(5)
I-688B or I-765 or I-766	274a.12(a)(4) or A4
I-688B or I-765 or I-766	274a.12(c)(11) or C11

I-94	212(d)(5)
I-94	212.5(b)
I-94	G-639
I-94	Humanitarian Parolee
I-94	Paroled Pursuant to 212(d)(5)
I-94	Public Interest Parolee

2. Update CF eligibility for non-citizens with 'SSI/SSP Recipient' document code to be eligible for CalFresh or CFAP effective 06/01/2019 benefit month. Eligibility determination shall follow the current functionality outlined in 'Current Design' section of this design document.

2.2.3 Programs Impacted

CalFresh, CFAP

2.2.4 Performance Impacts

None

2.3 GA/GR Eligibility Determination

2.3.1 Overview

Update GA/GR eligibility determination for Paroled non-citizens

2.3.2 Description of Changes

1. Update eligibility determination for Paroled non-citizens with the following document and section codes for GA/GR program as mentioned in 'Parolee Citizenship Eligibility GA_GR Updates.xlsx' document attached in section 3 (supporting documents).

2.3.3 Programs Impacted

GA/GR -LA, GA/GR Automated Solution

2.3.4 Performance Impacts

None

2.4 Automated Regression Test

2.4.1 Overview

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

2.4.2 Description of Changes

- 1 For each combination of Document Codes and Section Codes listed in section 2.2.2, create a CalFresh case. Give the person a Parole Type of 'Parolee-Less than 1 year'. Run EDBC and confirm that benefits are denied.
Create a CalFresh case. Make the person a non-citizen and give them a Document Code of 'SSI/SSP Recipient'. Run EDBC and confirm that federal benefits are approved.

4 OUTREACH

4.1 Lists

Generate a list of all active individuals with Parolee type 'Parolee-Less than 1 year'.

List Name: list of individuals with Parolee type 'Parolee-Less than 1 year'

List Criteria: Generate list that meets all the following criteria:

1. Program person is an active MEM/FRE as of implementation of this SCR on CalFresh or GA/GR program.
2. Program person has a valid non-citizenship record with a Parolee type 'Parolee-Less than 1 year'.

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

Additional Column(s): Program (include multiple programs if applicable separated by a comma after each program)

Frequency: <One-time, monthly, quarterly, etc.>

The list will be posted to the following locations:

System	Path
CalSAWS	CalSAWS Web Portal>System Changes>SCR and SIR Lists>2023>CA-209136

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-226318

ACWDL 19-03 Update the No Change NOA for
MC when there exists secondary MSP

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Chereddy
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/21/2023	1.0	Initial Draft	Nithya Chereddy

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1 OVERVIEW

1.1 Current Design

Currently, individuals receiving Medi-Cal benefits under Non-MAGI with MSP as a secondary aid code do not receive a No Change NOA. The implementation of SCR CA-202724 in 19.09 release created the Medi-Cal No Change Annual Renewal NOAs for customers who had no changes in eligibility or level of benefits during their annual renewal process. However, the current logic with SCR does not trigger the generation of the No Change Annual Renewal NOA for individuals receiving MSP as a secondary aid code under Non-MAGI.

1.2 Requests

The No Change Annual Renewal NOA is not supposed to generate for MSP Only cases, but it is supposed to generate for the Non-MAGI individuals receiving MSP as their secondary aid code. As the No change NOA is not generating for individuals receiving MC benefits under Non-MAGI with MSP as their secondary aid code, this logic should be updated to start generating the MC No Change Annual Renewal NOA to generate for the MC individuals with MSP as their secondary aid code.

1.3 Overview of Recommendations

1. Update the Medi-Cal No Change Annual Renewal NOA generation logic to trigger this NOA for Non-MAGI individual receiving MSP as their secondary aid code in addition to all the existing scenarios.
2. Update the MAGI and on-MAGI No Change Annual Renewal NOA XDPs for better performance.

1.4 Assumptions

1. All other trigger conditions for the generation of Medi-Cal No Change Annual Renewal NOA will remain the same unless the change is explicitly called out in this document. For all the existing trigger conditions refer to the SCR CA-202724.
2. The recommendation in SCR CA-202724 stated that the MAGI No Change Annual Renewal NOA would display 'Unknown' for the tax filing information when a person has neither a tax filing status nor Tax Filing Record. However, based on the current system logic, the MAGI Determination requires Tax Filing information to be present in the CalSAWS. This ensures that the variable population will never be 'Unknown' because the system always retrieves the last known tax filing status/record for the determination.
3. The recommendation in SCR CA-202724 mentioned that the MAGI No Change Annual Renewal NOA would indicate 'Unknown' for the 'Citizenship/Immigration Status' if a person lacks a birth country of US or US

territory, and there is no existing Citizenship record for that person. However, according to the current system logic, the EDBC in CalSAWS mandates citizenship information to be present. As a result, the variable population for 'Citizenship/Immigration Status' will never display 'Unknown' because the EDBC will not execute if the person is not a US citizen, and no Citizenship record exists for them.

2 RECOMMENDATIONS

2.1 Update the MC No Change Annual Renewal NOA triggers

2.1.1 Overview

The Non-MAGI No Change Annual Renewal NOA is not generating when the Non-MAGI Medi-Cal individual has the secondary aid code of MSP.

Reason Fragment Name and ID: MC_H_NO_CHANGE_RENEWAL_M903
(Fragment ID: 7614)

Known County NOA: ACWDL 19-03

Current NOA Template: MC_NOA_TEMPLATE (Fragment ID:3028)

Current Program(s): Medi-Cal

Current Action Type: No Change

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

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

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

2.1.2 Description of Changes

1. Update the Non-MAGI Medi-Cal No Change Annual Renewal reason to trigger this even when the Medi-Cal individual has the MSP as their secondary aid code.

Note:

- a. All the criteria for Medi-Cal No Change Annual Renewal determination mentioned in the SCR CA-202724 will remain unchanged unless explicitly mentioned in this SCR.
- b. There is no fragment or variable or regulations updates to this reason fragment.

2.2 Update/Turn off the MAGI, Non-MAGI No Change Annual Renewal NOA XDP

2.2.1 Overview

The Current MAGI, Non-MAGI No Change Annual Renewal reason fragment could list 19 persons associated to this action. The way the XDP was implemented is by adding 19 repeating sections which increased the size of the XDP which is causing issues when this NOA is getting generated in Production.

2.2.2 Description of Changes

1. Update the English and Spanish XDP for the fragment MC_H_NO_CHANGE_RENEWAL (Snippet IDs: 7614, 7005) to remove the repeating sections by adding logic to populate the subsections dynamically for the number of persons (max of 19 persons.) Both the MAGI and Non-MAGI No Change Annual Renewal reason fragments point to the same XDP but with different snippet_ids. As updating the XDP MC_H_NO_CHANGE_RENEWAL impact both MAGI and Non-MAGI programs, both programs should be tested.

Fragment Name	SNIPPET_ID	MAGI/Non-MAGI
MC_H_NO_CHANGE_RENEWAL_M903	7614	Non-MAGI
MC_H_NO_CHANGE_RENEWAL_H903	7005	MAGI

Note:

- a. This is a technical change only, there is no update to the fragment verbiage or variable population.
2. Turn off the following Threshold languages for the MAGI (SNIPPET_ID: 7005) and Non-MAGI (SNIPPET_ID: 7614) No Change Annual Renewal NOA until the XDPs are updated with the SCR CA-265905.
 - Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Vietnamese

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	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	<p>The ACL 19-03 added the Annual Renewal NOA. This effort is to update the trigger conditions for Medi-Cal No Change Annual Renewal NOA.</p>

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?

6 OUTREACH

None

7 APPENDIX

N/A



California Statewide Automated Welfare System

Design Document

CA-241306

Add Missing Translations for CF 377.7D

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Deepika Gajendra Babu
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/07/2023	1.0	Initial Draft	Deepika G

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1 OVERVIEW

This effort will add available threshold languages to CF 377.7D in CalSAWS.

1.1 Current Design

Currently, CF 377.7D (1/14) is only available in English and Spanish Languages in CalSAWS.

1.2 Requests

Add CF 377.7D (1/14) – “CalFresh Overissuance Notice for Administrative Errors (AE) Only” in available threshold languages to CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add CF 377.7D (1/14) - CalFresh Overissuance Notice for Administrative Errors (AE) Only to CalSAWS in following threshold 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 English and Spanish forms.
2. There are no changes to the generation logic of these forms. All triggers for the new threshold forms will be the same as the existing English and Spanish forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add Available Threshold Languages of CF 377.7D to CalSAWS.

2.1.1 Overview

This section will cover the requirements for adding the CF 377.7D forms in available threshold languages.

State Form: CF 377.7D (1/14)

Current Programs: CalFresh

Current Forms Category: NOA

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Template Description: This form is sent to the participant to notify them that there were too many CalFresh benefits issued due to an error. It provides the participant with the error reason and the calculations of the error.

Imaging Form Name: CF OI Notice for AE Only

Imaging Document Type: Overpayment/Overissuance (OP/OI)

2.1.2 Form Verbiage

Create CF 377.7D XDP's for 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

Form Number: CF 377.7D

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 population logic.

2.1.4 Form Generation Conditions

CF 377.7D is available from Template Repository.

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	Option for CF 377.7D Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for CF 377.7D Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CF 377.7D Threshold Languages	CF3777D _AR.pdf CF3777D _AE.pdf CF3777D _CA.pdf CF3777D _CH.pdf CF3777D _FA.pdf CF3777D _HM.pdf CF3777D _KO.pdf CF3777D _LA.pdf CF3777D _RU.pdf CF3777D _IG.pdf CF3777D _VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	CF 377.7D is being added in available threshold Languages.



California Statewide Automated Welfare System

Design Document

CA-241336

Update CW 25A to Current Version

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Navyasri Yalamanchili
	Reviewed By	Mamata Sasumana

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/04/2023	1.0	Initial Draft	Navyasri Yalamanchili

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OVERVIEW

This effort will update the current English CW 25A-Payee Agreement for Minor Parent version and add any available translations from the CDSS website.

Current Design

The English and Spanish CW 25A form in CalSAWS are not the same versions.

The English CW 25A has the older (7/2001) version while the Spanish has the latest CDSS 2/2013 version.

Requests

Replace the English CW 25A-Payee Agreement for Minor Parent (7/2001) version form with CW 25A-Payee Agreement for Minor Parent (2/2013) CDSS version.

Add CW 25A in all available CDSS translations.

Languages include: Cambodian, Chinese, and Russian.

Overview of Recommendations

Replace the EN CW 25A-Payee Agreement for Minor Parent (7/2001) form with CW 25A-Payee Agreement for Minor Parent (2/2013) form.

Add all available CW 25A CDSS translations.

Languages include: Cambodian, Chinese, Russian.

1.4 Assumptions

1. Trigger conditions and Print options will not be updated with this effort.
2. All fields (blank or prepopulated) will be editable.
3. Supporting Documents section references attachments found on Jira.

RECOMMENDATIONS

2.1 Update the English version CW 25A (7/2013)

2.1.1 Overview

This section will cover the requirements for updating the EN CW 25A (2/13) forms in available threshold languages.

State Form: CW 25A (2/13)

Current Programs: CalWORKs

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: Spanish and English

Template Description CW 25A: This form is used as payee agreement for a minor parent who is eligible for cash aid. The User can select Case, Person, Program, and Language to prepopulate the form. This form can only be printed locally and will have an imaging barcode on it.

Imaging Form Name: Payee Agreement for Minor Parent

Imaging Document Type: CalWORKs (CW)

2.1.2 Form Verbiage

Update CW 25A XDP's for English

Existing Languages: English

Form Mockups/Examples: See Supporting Documents #1

Form Header: N/A

Include NA BACK 9: No

2.2 Add Threshold languages with version CW 25A (7/2013)

2.2.1 Overview

This section will cover the requirements for adding CW 25A (2/13) forms in available threshold languages.

State Form: CW 25A (2/13)

Current Programs: CalWORKs

Current Attached Forms: N/A

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Existing Languages: English and Spanish

Template Description CW 25A: This form is used as payee agreement for a minor parent who is eligible for cash aid. The User can select Case, Person, Program, and Language to prepopulate the form. This form can only be printed locally and will have an imaging barcode on it.

Imaging Form Name: Payee Agreement for Minor Parent

Imaging Document Type: CalWORKs (CW)

2.2.2 Form Verbiage

Create CW 25A XDP's for Threshold Languages

Threshold Languages: Cambodian, Chinese*, Russian.

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

Form Mockups/Examples: See Supporting Documents #2

Form Header: N/A

Include NA BACK 9: No

2.2.3 Form Variable Population

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

2.2.4 Form Generation Conditions

The CalSAWS will generate the CW 25A Form from Template Repository.

Form Print/Mailing Options

Threshold forms will have the same Form Print/Mailing Options as their corresponding English and 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	Option for CW 25A 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 Outgoing Mail
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
Y	N	Y

Additional Options:

Requirement	Option for CW 25A Form
Post to Self-Service Portal	Y

SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	CW 25A English	CW25A_English.pdf
2	Correspondence	CW 25A Threshold Languages	CW25A_Cambodian.pdf CW25A_Chinese.pdf CW25A_Russian.pdf

REQUIREMENTS

1.5 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none"> a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices. 	CW 25A is being added in available threshold languages.



California Statewide Automated Welfare System

Design Document

CA-241910

Add Threshold Languages to Template Repository for
SAR 73

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	M Devi Priya
	Reviewed By	Meghana R Chander

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/07/2023	1.0	Initial Draft	M Devi Priya

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1 OVERVIEW

The purpose of this change is to add the SAR 73 (03/13) in all available threshold languages.

1.1 Current Design

Currently, SAR 73 (03/13) is available in English, Spanish, Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese languages in CalSAWS.

1.2 Requests

Add SAR 73 (03/13) – “Senior Parent Semi-Annual Income Report” in available threshold languages to CalSAWS.

Languages Include: Arabic, Hmong, Lao, Farsi.

1.3 Overview of Recommendations

Add SAR 73 (03/13) – “Senior Parent Semi-Annual Income Report” in available threshold languages to CalSAWS.

Languages Include: Arabic, Hmong, Lao, Farsi.

1.4 Assumptions

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

2 RECOMMENDATIONS

2.1 Add Threshold Languages to CalSAWS for SAR 73

2.1.1 Overview

This section will cover the requirements for adding the SAR 73 forms in available system supported threshold languages.

State Form: SAR 73 (03/13)

Current Programs: CalWORKs, Refugee Cash Assistance

Current Forms Category: Forms

Current Template Repository Visibility: All counties

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

Template Description: This form is used to inform the minor parent that they have to report the income of the senior parents living in the same home. It gives instructions and information explaining what could happen if the client does not report the truth or reports incorrect data.

Imaging Form Name: Senior Parent Semi-Annual Income Report

Imaging Document Type: Customer Reporting

2.1.2 Form Verbiage

Create SAR 73 XDP's for Threshold Languages

Threshold Languages: Arabic, Hmong, Lao, Farsi

Form Mockups/Examples: See Supporting Documents #1

Form Header: CalSAWS Standard Header #1

Form Number: SAR 73

Include NA BACK 9: No

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

This form can be generated through batch and Template Repository.

Dynamic Form generation batch jobs

PB00R412 batch job must include SAR 73 in newly added threshold languages.

Technical Note: Update CT942_S73

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	Option for SAR 73
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
Y	N	Y

Additional Options:

Requirement	Option for SAR 73
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	SAR 73 Threshold Languages	SAR73_Arabic.pdf SAR73_Lao.pdf SAR73_Hmong.pdf SAR73_Farsi.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	<p>SAR 73 are being added in all available threshold languages to CalSAWS.</p>



California Statewide Automated Welfare System

Design Document

CA-241920

Add Missing Threshold Languages to Template
Repository - SNB 8

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Deepika Gajendra Babu
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/27/2023	1.0	Initial Draft	Deepika G

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1 OVERVIEW

This effort will add available Threshold Languages to SNB 8 (6/19) in CalSAWS.

1.1 Current Design

Currently, SNB 8 (6/19) is only available in English and Spanish Languages in CalSAWS.

1.2 Requests

Add SNB 8 (6/19) - CalFresh and Supplemental Nutrition Benefit (SNB) Informing Notice of Sending Intercounty Transfer in available threshold languages to CalSAWS.

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

1.3 Overview of Recommendations

Add SNB 8 (6/19) to CalSAWS in following threshold 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 English and Spanish forms.
2. There are no changes to the generation logic of these forms. All triggers for the new threshold forms will be the same as the existing English and Spanish forms.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add Available Threshold Languages to SNB 8 to CalSAWS

2.1.1 Overview

This section will cover the requirements for adding the SNB 8 forms in available threshold languages.

State Form: SNB 8 (6/19)

Current Programs: Nutrition Benefit

Current Forms Category: NOA

Current Template Repository Visibility: All counties

Existing Languages: English, Spanish

Template Description Informing notice sent by the sending county to notify Customers that their case is being transferred to a new county.

Imaging Form Name: CF AND SNB NOTICE OF SENDING ICT

Imaging Document Type: Inter-County Transfer (ICT)

2.1.2 Form Verbiage

Create SNB 8 XDP's for 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

Form Number: SNB 8

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 population logic.

2.1.4 Form Generation Conditions

This form can be generated through batch and Template repository.

Form generation batch jobs

PB00R1998 batch job must include SNB 8 in newly added threshold languages.

Technical Note: Update CT942_ S8

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	Option for SNB 8 Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard
Return Envelope Type	N/A
Special Paper Stock	N/A

Form Control:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for SNB 8 Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	SNB 8 Threshold Languages	SNB8_AR.pdf SNB8_AE.pdf SNB8_CA.pdf SNB8_CH.pdf SNB8_FA.pdf SNB8_HM.pdf SNB8_KO.pdf SNB8_LA.pdf SNB8_RU.pdf SNB8_TG.pdf SNB8_VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-243001

ACIN I-XX-23- FFY 2023-2024 CalFresh COLA; ACL
23-XX CW MAP; ACL 23-XX CW IRT - Run Batch
EDBC

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
03/02/2023	1.0	Initial Draft	T. Lazio

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1 OVERVIEW

This SCR will provide details for the one-time batch run that will apply the new CalFresh (CF) COLA, CalWORKS (CW) MAP and CW IRT amounts for FFY 2024 to the CW, Refugee Care Assistance (RCA) and CF (including Nutritional Benefit) programs for the benefit month of October 2023.

1.1 Current Design

1. CalWORKs uses the MAP values implemented by SCR CA-239411 effective 10/1/2022.
2. CalWORKs uses the CW Income Reporting Threshold (IRT) Tier 1 and Tier 2 level amounts for 2022/2023 that was updated by CA-239411.
3. CalFresh uses values from FFY 2023 that were implemented by SCR CA-239411.

1.2 Requests

Per All County Information Notice (ACIN) I-XX-23 & USDA Food and Nutrition Service SNAP COLA Memo FY 2023, the CF Cost-of-Living Adjustments (COLAs) take effect October 1, 2023 for FFY 2024. The updated values must be implemented in CalSAWS and batch EDBC must run to calculate new benefit amounts for FFY 2024.

Per All County Letter (ACL) 23-XX, the CW Income Reporting Threshold (IRT) Tier 1 level was increased effective 10/1/2023. The updated values must be implemented in CalSAWS and batch EDBC must run to calculate the new IRT.

Per All County Letter (ACL) 23-XX, the CW Maximum Aid Payment (MAP) and Income Reporting Threshold (IRT) Tier 2 level was increased effective 10/1/2023. The updated values must be implemented in CalSAWS and batch EDBC must run to calculate the new values.

1.3 Overview of Recommendations

1. Run Batch EDBC to apply the new CF COLA, CW MAP and CW IRT amounts effective October 1, 2023. Batch EDBC will run for CW, RCA CF/NB and FC programs to apply the new CF COLA, CW MAP and CW IRT amounts and to apply benefit updates.
2. Generate exception listings for Counties to review.

1.4 Assumptions

1. SCR CA-219921 updated the SAR 2 to generate via EDBC so no DCR is needed to trigger or update the SAR 2. The SAR 2 regression testing will be included in this SCR.
2. A regular change NOA will be generated for all impacted cases for which the CF benefits change.

3. Existing batch logic in CalSAWS skips programs with an overridden EDBC, Manual EDBC, a pending program, or a pending person.
4. Per existing exception logic, batch EDBC run on programs where the existing EDBC for the month is Read-Only will not be authorized.
5. Any Change NOA that currently generates when the respective trigger conditions are met will continue to generate along with the CalFresh Benefit Change COLA NOA. Note: Refer to SCR CA-206711 which updated the triggers for Shelter/Utility Change NOA and the Income Increase NOA. Regression testing of the Shelter/Utility Change NOA will be included with this SCR.
6. No further action is required for no-touch SAR 7 scenarios, as a batch job will run EDBC for the October benefit month.
7. Since the CalFresh population is going to be run through batch EDBC first followed by the SNB population, the following can be expected:
 - If the CF program discontinues then the corresponding SNB will also discontinue.
 - If the CF is excluded through COLA batch for RE/SAR 7 being past due, the system will generate and send the SNB household a SNB Benefit Change NOA.
 - If the RE/SAR 7 is never turned in or is incomplete, the RE/SAR 7 discontinue batch sweep job will discontinue both SNB and CF programs, and the system will generate and send the SNB Discontinue NOA.
 - There are no changes to the logic of the CF notices.
8. An increase in the CalWORKs MAP could potentially change the portion of the ARC amount coming from CalWORKs funds. ARC portion of the FC program EDBC with 2T, 2S, 2U aid codes shall be processed when there is a change in MAP amounts. There is no CW portion for ARC payments out of 2P or 2R ARC aid codes.
9. CalWIN will be running the CW and CF COLAs for WAVE 5 counties (Alameda, Fresno and Sonoma). WAVE 5 migration will occur after the CalSAWS COLA batch run.
10. Counties can check 'yellow banner' programs daily with the latest Qlik report.

2 RECOMMENDATIONS

Batch EDBC will run for CW, RCA CF/NB and FC programs to apply the new CF COLA, CW MAP and CW IRT amounts and to apply benefit updates.

2.1 Run Batch EDBC for CW, RCA, CF/NB and FC

2.1.1 Overview

CW, RCA, CF/NB, and FC Batch EDBC will run for the benefit month of 10/2023.

2.1.2 Description of Changes

1. Run batch EDBC for the benefit month of 10/2023 including past RE due date cases for:
 - a. All cases with an active or ineligible Foster Care program with ARC aid codes 2T, 2S, 2U effective for 10/2023 in single program mode. Exclude the following cases:
 - i. EDBC will not be triggered on programs with a Non-standard rate in effect in the benefit month.
 - ii. EDBC will not run if a regular EDBC has already been processed for the benefit month since SCR CA-243002 went into production.
 - iii. EDBC will not run if there is an EDBC already processed for the benefit month for WAVE 5 counties (Alameda, Fresno and Sonoma). See Assumption # 9.
 - iv. Batch EDBC will not run EDBC for 'Yellow Banner' programs where the high-dated EDBC has a source of 'Conversion'.
 - b. Run the above population with Run Reason 'CW/CF COLA' (CT744_CF).
 - c. Run the above population with Sub Type code 'CW/CF COLA' (CT942_C1).
 - d. Batch EDBC will insert the following Journal entry:
Short Description: Batch EDBC ran for <month, year>
Long Description: Batch EDBC Ran for <Effective Month>.
Batch EDBC processed for the program for following reasons:
CW/CF COLA
2. Run batch EDBC for the benefit month of 10/2023 for:
 - a. All cases with an active or ineligible CalWORKs or RCA program in targeted program mode. Targeted program mode will include CF and NB programs on the targeted cases. Exclude the following cases:

- i. The benefit month is past the latest RE due date for the program.
 - ii. The program has a SAR7 Due Month of 09/2023, and the report status is Sent, Received, or Incomplete.
 - iii. A regular EDBC has already been processed for the benefit month since SCR CA-243002 went to production.
 - iv. ~~EDBC will not run if there is an EDBC already processed for the benefit month for WAVE 5 counties (Alameda, Fresno and Sonoma). See Assumption # 9.~~
 - v. Batch EDBC will not run EDBC for 'Yellow Banner' programs where the high-dated EDBC has a source of 'Conversion'.
 - b. Run the above population with Run Reason 'CW/CF COLA' (CT744_CF).
 - c. Run the above population with Sub Type code 'CW/CF COLA' (CT942_C1).
 - d. Batch EDBC will insert the following Journal entry:
 Short Description: Batch EDBC ran for <month, year>
 Long Description: Batch EDBC Ran for <Effective Month>. Batch EDBC processed for the program for following reasons: CW/CF COLA.
3. Run batch EDBC for the benefit month of 10/2023 for:
- a. All active or ineligible CF (including TCF) programs in targeted program mode and include NB program. Exclude the following cases:
 - i. The benefit month is past the latest RE due date for the program.
 - ii. The program has a SAR7 Due Month of 09/2023, and the report status is Sent, Received, or Incomplete.
 - iii. EDBC has already been processed for the benefit month since SCR CA-243002 went to production.
 - iv. ~~EDBC will not run if there is an EDBC already processed for the benefit month for WAVE 5 counties (Alameda, Fresno and Sonoma). See Assumption # 9.~~
 - v. Batch EDBC will not run EDBC for 'Yellow Banner' programs where the high-dated EDBC has a source of 'Conversion'.
 - b. Run the above population with run reason 'CF COLA' (CT744_FS).
 - c. Run the above population with Sub Type code 'CF COLA' (CT942_C3)
 - d. Batch EDBC will insert the following Journal entry:

Short Description: Batch EDBC ran for <month, year>
Long Description: Batch EDBC Ran for <Effective Month>. Batch EDBC processed for the program for following reasons: CF COLA.

2.1.3 Programs Impacted

CW
RCA
CF
TCF
NB
FC

3 OUTREACH

3.1 Lists

Generate lists to aid the counties after batch EDBC completes. The listings below will be generated by the following Regions:

Region	Counties
1	Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma
2	Alpine, Amador, Calaveras, El Dorado, Mono, Nevada, Placer, Sacramento, Sierra, Sutter, Tuolumne, Yolo, Yuba
3	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity
4	Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, San Luis Obispo, Stanislaus, Tulare
5	Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Ventura
6	Los Angeles

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

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

1. **List Name:** List of cases discontinued by the batch EDBC process. The case listing will be named "List of Cases Discontinued by Batch EDBC Process".
Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'
Additional Column(s): Program Type and Program Closure Reason
NOTE: Include a separate list for FC programs run as part of recommendation 2.1.2.1a.
2. **List Name:** List of cases where the batch EDBC process closed a person. The case listing will be named "List of Cases Where Batch EDBC Process Closed a Person"
Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'
Additional Column(s): Program Type
3. **List Name:** List of cases where the CW EDBC resulted in a benefit reduction. The case listing will be named "List of CW Cases that Resulted in Benefit Reduction".
Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'
Additional Column(s): Include columns to indicate each benefit reduction type in a separate column (Household/AU Size Change, Income Change, Proration Change, Over Payment Adjustment Change)
4. **List Name:** List of cases which resulted in a read-only EDBC. The case listing will be named "List of Cases That Resulted in Read-Only EDBC".
Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'
Additional Column(s): Program Type, Read-Only Reason
NOTE: Include a separate list for FC programs run as part of recommendation 2.1.2.1a.
5. **List Name:** List of cases skipped in the batch run. The case listing will be named "List of Cases Skipped in Batch Run".
Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'
Additional Column(s): Skip Reason, Program Type
NOTE: Include a separate list for FC programs run as part of recommendation 2.1.2.1a.
6. **List Name:** Generate a list of cases that meet all the following criteria. The case listing will be named 'List of Cases where an Optional Child was Added Back into the Household by Batch EDBC':
 - i. Has an active CW program person for benefit month of 09/2023 with an MMO and role reason 'Optional Child - Receives Child Support'
 - ii. That same program person has an active status and role of MEM for the benefit month of 10/2023.

- iii. Latest accepted and saved CW EDBC for the 10/2023 benefit month has a source of 'Batch EDBC Rules'
- iv. None of the following conditions exist:
 - 1) RE or SAR period ended in 09/2023
 - 2) Program person has a Customer Option of type 'Optional Child - Receives Child Support' with an end-date in 09/2023

Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'

Additional Column(s): N/A

NOTE: SCR CA-205112 will update the functionality to only allow Optional Child back into the household mid-period if user makes the request. This listing will no longer be needed once CA-205112 is implemented in CalSAWS.

- 7. **List Name:** Generate a list of CW and/or CF cases that meet the following criteria. The case listing will be named 'List of Cases Discontinued Or Denied for Over Income Prior to COLA Increase':
 - i. EDBC run between 7/31/2023 and prior to deployment of CTCR SCR CA-243002 for the benefit month of 10/2023 has a denial or discontinuance reason of "Over Income" or "Over Income- \$0 Allotment"

Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'

Additional Column(s): Program Type, Program Status Reason

- 8. **List Name:** Generate a list of CW and/or CF cases that meet the following criteria. The case listing will be named 'List of Cases with at least one overridden EDBC for COLA Months':
 - i. There is at least one overridden EDBC effective for the current or the Prior Benefit month
 - ii. Batch EDBC is run for the COLA Month (10/2023)
 - iii. Program is CalFresh, CalWORKs, RCA or Nutritional Benefit

Note: Each region listed above will have its own list. The list name will include the region, for example, 'Region 1' will be '**List Name -R1**'

Additional Column(s): Program Type

NOTE: The case information will display only once on the list even if more than one month may be impacted.

The **non-Foster Care program** lists will be posted to the following location:
CalSAWS Web Portal>System Changes>SCR and SIR Lists>2023>CA-243001

The **Foster Care program** lists will be posted to the following location: CalSAWS Web Portal>System Changes>SCR and SIR Lists>2023>CA-243001 > Foster Care Lists

4 APPENDIX

4.1 Batch Operations:

- a) Run the driving query for FC program (population from recommendation 2.1.2.1a in SCR CA-243001) to insert into SYS_TRANSACT_COLA in 'Single Program' mode to run for the month of 10/2023.
- b) Run Batch EDBC for cases with FC program (population from recommendation 2.1.2.1a in SCR CA-243001) identified in (a) above.
- c) Run the driving query for CW/RCA programs with associated CF and NB programs (population from recommendation 2.1.2.2a in SCR CA-243001) to insert into SYS_TRANSACT_COLA in 'Targeted Program' mode to run for the month of 10/2023.
- d) Run Batch EDBC for cases with CW/RCA programs with associated CF and NB programs (population from recommendation 2.1.2.2a in SCR CA-243001) identified in (c) above.
- e) Run the driving query for CF program with associated NB program (no CW/RCA - population from recommendation 2.1.2.3a in SCR CA-243001) to insert into SYS_TRANSACT_COLA in 'Targeted Program' mode to run for the month of 10/2023.
- f) Run Batch EDBC for cases with CF program with associated NB program (no CW/RCA - population from recommendation 2.1.2.3a in SCR CA-243001) identified in (e) above.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-243002

2023-2024 CalFresh COLA; ACL 23-XX Update
CalWORKs (CW) MAP for 2023-2024; ACL 23-XX
Update CalWORKs (CW) IRT Levels for 2023-2024

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tom Lazio
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
02/28/2023	1.0	Initial Draft	T. Lazio
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1 OVERVIEW

This document identifies required changes to CalSAWS related to the following:

1. CalFresh (CF) Cost of Living Adjustments (COLA) for Federal Fiscal Year (FFY) 2024 for the period of October 1, 2023 through September 30, 2024 as informed by the All County Information Notice I-XX-23, and United States Department of Agriculture, Food and Nutrition Service SNAP COLA Memo FY 2024.
2. CalWORKs Maximum Aid Payment (MAP) Increase for 2023-2024 as informed in ACL 23-XX
3. CalWORKs Income Reporting Threshold (IRT) change for FFY 2024 as informed in ACL 23-XX

1.1 Current Design

1. The maximum CF allotments and other program limits were last adjusted for FFY 2023 in CalSAWS under CA-239411. CalSAWS uses the FFY 2022-2023 CF amounts for the following values:
 - a. CalFresh Standard Utility Allowance
 - b. CalFresh Limited Utility Allowance
 - c. CalFresh Telephone Utility Allowance
 - d. CalFresh Maximum Allotment
 - e. CalFresh Minimum Allotment
 - f. CalFresh Standard Deduction
 - g. CalFresh Maximum Shelter Deduction
 - h. CalFresh Net Monthly Income Level
 - i. CalFresh Gross Monthly Income Level
 - j. CalFresh Aged Property Limit
 - k. CalFresh Non-Aged Property Limit
 - l. CalFresh Homeless Shelter Deduction
 - m. 165% FPL
 - n. 200% FPL
2. The CW Income Reporting Threshold (IRT) Tier 1 and Tier 2 levels are at the 2022/2023 amounts updated by SCR CA-239411.
3. The CW MAP amounts are at the FFY2023 amounts updated by SCR CA-239411.

1.2 Requests

1. Effective October 1, 2023, benefits for all active CalFresh and TCF programs must be calculated and issued based on the COLA for FFY 2024 as set forth in the following sections.
2. Update the CW Income Reporting Threshold (IRT) levels to the FFY 2024 amounts.
3. Update the CW Maximum Aid Payment (MAP) amounts to the FFY 2024 amounts.
4. Update the CW COLA NOA verbiage to the most recent version.

1.3 Overview of Recommendations

1. Update CalSAWS code tables with the new CF COLA values for FFY 2024 and end date records from the previous year as of September 30, 2023.
2. Update CalSAWS code tables with the new CW IRT value FFY2024 effective October 1st, 2023, and end date record from the previous year as of September 30, 2023.
3. Update CalSAWS code tables with the new Maximum Aid Payment (MAP) values effective October 1st, 2023 and end date record from the previous year as of September 30th, 2023. Also, remove high dated records effective as of 10/01/2024.
4. Update the NOA logic to generate the CF COLA NOA and CW COLA NOA for 10/2023 COLA.

1.4 Assumptions

1. Batch EDBC will be run on CF (including TCF) programs, and any active Nutrition Benefit (NB) programs on the same case as the active CF program to issue benefits for the new CF COLA values under separate SCR CA-243001.
2. Tables in this document give values for Household Sizes up to 10 persons to align with the lookup column layout in CT351. The Household Size of "2" in this document applies to both the CT351 column for "2 Persons" and for "2 Adults."
3. SB 380 Child Maximum Aid Payment is automatically calculated based on the updated CW MAP values.
4. This SCR will update the existing CF COLA NOA fragment logic (see Section 2.2). Per existing CalSAWS logic, other program changes unrelated to the COLA may generate a related NOA instead of the CF COLA NOA.
5. Counties are responsible for providing access to the information in the CF 11 (ENG/SP) CalFresh Mass Change Notice.
6. TEMP 2250 will be mass mailed with the SCR CA-265790.

2 RECOMMENDATIONS

2.1 Eligibility Updates

Insert new values into the code tables as specified below using an effective date from 10/01/2023 to high date. The existing high-dated values will be end-dated effective September 30, 2023.

2.1.1 CalFresh Maximum Allotments

The following table lists the new CF Maximum Allotments for all households for FFY 2024. These values are stored in CT351, Code 45.

Household Size	Maximum Aid Payment
1	\$291
2	\$535
3	\$766
4	\$973
5	\$1,155
6	\$1,386
7	\$1,532
8	\$1,751
9	\$1,970
10	\$2,189
Each additional person	\$219

2.1.2 CalFresh Minimum Allotments

No change to the CF Minimum Allotment stored in CT 335, Code MA. The Allotment will remain at \$23.

2.1.3 CalFresh Standard Deduction

The following table lists the new CF Standard Deductions for FFY 2024. These values are stored in CT351, Code 48.

Household Size	Standard Deductions
1	\$198
2	\$198
3	\$198
4	\$208
5	\$244
6	\$279
7	\$279
8	\$279
9	\$279
10	\$279
Each additional person	\$0*

** all households of six or more get a \$279 deduction with no additional amount added as the household size increases.*

2.1.4 CalFresh Maximum Shelter Deduction

The CF Maximum Shelter Deduction for households without elderly or disabled members increased from \$624 to \$672. This value is stored in CT335, Code 50.

Note: The CF Maximum Shelter Deduction does not apply to elderly or disabled households; the full amount of any excess shelter will be deducted. However, this value will still appear in the EDBC Summary.

2.1.5 CalFresh Maximum Asset Limits

No change to the CF Maximum Asset Limits. Households with at least one member who is age 60 or older or is disabled will remain \$4,250. Regular households will remain at \$2,750.

2.1.6 CalFresh Utility Allowances

The following table lists the new Utility Allowances for CF for FFY 2024. These values are stored in CT335. The code for each item is identified in the table.

Utility Allowance Type	Code	Old Value	New Value
Standard Utility Allowance (SUA)	49	\$ 560	\$596
Limited Utility Allowance (LUA)	34	\$ 150	\$158
Telephone Utility Allowance (TUA)	33	\$18	\$19

2.1.7 CalFresh Homeless Household Shelter Deduction

The CF Homeless Household Shelter Deduction will increase in FFY 2024 from \$166.81 to \$179.66. This value is stored in CT335, Code 48.

2.1.8 CalFresh Net Monthly Income Eligibility Standards

The following table lists the new CF Net Monthly Income Eligibility Standards (100% FPL) for FFY 2024. These values are stored in CT351, Code 46.

Household Size	Net Monthly Income Level (100% FPL)
1	\$1,215
2	\$1,644
3	\$2,072
4	\$2,500
5	\$2,929
6	\$3,357
7	\$3,785
8	\$4,214
9	\$4,643
10	\$5,072
Each additional person	\$429

2.1.9 CalFresh Gross Monthly Income Eligibility Standards

The following table lists the new CF gross Monthly Income Eligibility Standards for FFY 2024. These values are stored in CT351. The code for each item is in the table.

Household Size	IRT for SAR (130% FPL) Code 47	Elderly/Disabled (165% FPL) Code 58	MCE/BBCE (200% FPL) Code 60
1	\$1,580	\$2,005	\$2,430
2	\$2,137	\$2,712	\$3,288
3	\$2,694	\$3,419	\$4,144
4	\$3,250	\$4,125	\$5,000
5	\$3,807	\$4,832	\$5,858
6	\$4,364	\$5,539	\$6,714
7	\$4,921	\$6,246	\$7,570
8	\$5,478	\$6,952	\$8,428
9	\$6,035	\$7,659	\$9,286
10	\$6,592	\$8,366	\$10,144
Each additional member	\$ 557	\$707	\$858

2.1.10 CalWORKs Tier 1 IRT Update

Update the 100% FPL for a household of 3 as used by the system for CW and RCA Tier 1 IRT (Code Table 335, code AK) effective 10/01/2023 to high date. The existing high-dated value will be end-dated 9/30/2023.

The new amount will be \$2,072 (the system calculates 55% of this value as \$1,140 per ACL 23-XX).

2.1.11 CalWORKs Tier 2 IRT Update

The following table lists the new CW and RCA Tier2 IRT values. These values are stored in CT351. These values are effective 10/01/2023, the current high dated values will be end dated to 9/30/2023.

Household Size	CW Tier2 IRT (130% FPL) Code 49
0	\$1,580
1	\$1,580
2	\$2,137
3	\$2,694
4	\$3,250
5	\$3,807
6	\$4,364
7	\$4,921
8	\$5,478
9	\$6,035
10	\$6,592
Each additional member	\$ 557

2.1.12 CalWORKs MAP Update

The following tables list the new CW and RCA MAP values. These values are stored in CT351. Make the following updates:

Step 1: For the existing rows that are effective 10/01/2022 to 09/30/2024, set the end date to 9/30/2023.

Step 2: Delete current rows effective 10/01/2024 to high date.

Step 3: Insert new rows for the amounts below effective 10/01/2023 to high date.

Region 1

Assistance Unit Size	Maximum Aid Payment Exempt Code 12	Maximum Aid Payment Non-Exempt Code 10
1	\$807	\$732
2	\$1,036	\$927

Assistance Unit Size	Maximum Aid Payment Exempt Code 12	Maximum Aid Payment Non-Exempt Code 10
3	\$1,310	\$1,171
4	\$1,574	\$1,412
5	\$1,844	\$1,654
6	\$2,117	\$1,896
7	\$2,388	\$2,139
8	\$2,661	\$2,382
9	\$2,930	\$2,623
10 or more	\$3,205	\$2,867

Region 2

Assistance Unit Size	Maximum Aid Payment Exempt Code 13	Maximum Aid Payment Non-Exempt Code 11
1	\$768	\$693
2	\$984	\$881
3	\$1,244	\$1,112
4	\$1,494	\$1,342
5	\$1,753	\$1,573
6	\$2,012	\$1,803
7	\$2,267	\$2,033
8	\$2,529	\$2,264
9	\$2,783	\$2,494
10 or more	\$3,045	\$2,723

2.1.13 Programs Impacted

CW, RCA, CF

2.2 Update CF COLA NOA logic

2.2.1 Overview

The existing English and Spanish fragment logic will be updated in CalSAWS for the CalFresh COLA to be generated by this change.

Reason Fragment Name and ID: CF_CH_NEW_COLA_BENEFIT_AMT (CalSAWS Fragment ID: 7480)

Known County NOA: Derived from CF 377.4 SAR (6/13)

Current NOA Template: CF_NOA_TEMPLATE (CalSAWS Fragment ID: 3027)

Current Program(s): CalFresh

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

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

Existing Languages: English and Spanish

2.2.2 Description of Change

Update the existing COLA fragment logic for CF_CH_NEW_COLA_BENEFIT_AMT (Fragment ID: 7480 CalSAWS) to generate for the EDBC benefit month/year of 10/2023.

CalSAWS Existing Fragment (English):

"Your change in CalFresh benefits is due to the Calfresh Cost of Living Adjustment that is effective <BenefitMonth>. This is due to federal and State regulations."

CalSAWS Existing Fragment (Spanish):

"Su cambio en los beneficios de CalFresh se debe al ajuste del costo de vida de CalFresh que es efectivo el <BenefitMonth>. Esto se debe a las regulaciones federales y estatales."

CalSAWS Updated Fragment (English):

"Your change in CalFresh benefits is due to the CalFresh Cost of Living Adjustment that is effective <BenefitMonth>. This is due to federal and state regulations."

Note: The updated verbiage has the word 'Calfresh' capitalized and the word 'State' to lower case.

2.2.3 Form/NOA Generation Conditions

Update CF COLA reason fragment Generation:

Update the CF_CH_NEW_COLA_BENEFIT_AMT (Fragment ID: 7480 CalSAWS) to generate for the EDBC benefit month/year of 10/2023.

New NOA Template: No

New Program Generation: No

New Action Type: No

Update to Fragment Level: No

New Forms/NOAs Generated with this NOA: No

2.3 Update CW COLA NOA logic

2.3.1 Overview

The existing English and Spanish fragment verbiage and logic will be updated CalSAWS for the CalWORKS COLA to be generated by this change.

Reason Fragment Name and ID: CW_CH_COLA_A881 (CalSAWS Fragment ID: 7459)

Known County NOA: Derived from TM44-315M

Current NOA Template: CW_NOA_TEMPLATE (CalSAWS Fragment ID: 3026)

Current Program(s): CalWORKs and RCA

Current Action Type: Change

Current Fragment Level: Program

Currently Repeatable: No

Includes NA Back 9: Yes

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

Existing Languages: English and Spanish

2.3.2 Form/NOA Verbiage

Update CW COLA Reason Fragment XDP

Update the existing English and Spanish COLA fragment for CW_CH_COLA_A881 (CalSAWS) to the updated verbiage provided below.

CalSAWS:

Existing Fragment (English):

"State Law has changed. The maximum aid payment has gone up by 22.1 percent.

If you think there is a mistake in the amount of your cash aid, or if you have problems other than with the new law you can ask for a state hearing. The back of this notice tells you how."

Existing Fragment (Spanish):

"La Ley Estatal ha cambiado. El pago máximo de asistencia ha aumentado un 22.1 por ciento.

Si usted cree que hay un error en la cantidad de su asistencia monetaria, o si tiene problemas aparte de con la nueva ley, puede pedir una audiencia estatal. Al reverso de este aviso se le explica cómo hacerlo."

Updated Fragment (English):

"State Law has changed. The maximum aid payment has gone up by 3.6 percent.

If you think there is a mistake in the amount of your cash aid, or if you have problems other than with the new law you can ask for a state hearing. The back of this notice tells you how."

Updated Fragment (Spanish):

"La Ley Estatal ha cambiado. El pago máximo de asistencia ha aumentado un 3.6 por ciento.

Si usted cree que hay un error en la cantidad de su asistencia monetaria, o si tiene problemas aparte de con la nueva ley, puede pedir una audiencia estatal. Al reverso de este aviso se le explica cómo hacerlo."

2.3.3 Form/NOA Variable Population:

1. Update Regulations for CW COLA Reason

The CW COLA reason has new associated Regulations. The following Regulations will be added when the CW COLA Reason is generated on a NOA:

Existing English Regulations: MPP 44-315, SB 187 (Chapter 50, Statutes of 2022)

Existing Spanish Regulations: MPP 44-315, SB 187 (Capítulo 50, Estatutos del 2022)

Updated English Regulations: MPP 44-315, AB 120 (Chapter 43, Statutes of 2023)

Updated Spanish Regulations: MPP 44-315, AB 120 (Capítulo 43, Estatutos del 2023)

2.3.4 Form/NOA Generation Conditions

Update CW COLA reason fragment Generation:

Update the CW_CH_COLA_A881 (CalSAWS) to generate for the EDBC benefit month/year of 10/2023.

Updated County NOA: Derived from **TM44-315N**

New NOA Template: No

New Program Generation: No

New Action Type: No

Update to Fragment Level: No

New Forms/NOAs Generated with this NOA: No

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-248219

Populate Contact Information on the GAGR NA Back 9

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sumanth Vydana
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
5/01/2021	0.1	Initial Design	Sumanth Vydana

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1 OVERVIEW

This effort is Populate Contact county's Information on the GAGR NA Back 9 (Note: this is the C-IV Managed GA/GR solution and will not impact LA County or CalWIN GA/GR NOAs).

1.1 Current Design

Currently the Contact Information on the C-IV managed GAGR NA Back 9 Form versions only hold 7 lines of county information which is large enough to populate the Contact county's Information for counties.

1.2 Requests

Update the C-IV managed GAGR NA Back 9 Form versions to Populate Contact Information on the GAGR NA Back 9:

- Contact Name
- Organization
- Address Line One
- Address Line Two
- City, State, Zip
- Primary Phone Number / Fax
- Toll Free Phone Number

1.3 Overview of Recommendations

- Update the C-IV managed GAGR NA Back 9 that exist in Cal SAWS to include enough space (7 lines) to populate all currently generated NA Back 9 information. The C-IV managed GAGR NA Back 9 will be updated to populate the same information as the standard CalSAWS NA Back 9.

1.4 Assumptions

This effort is only to Populate Contact Information on the C-IV managed GAGR NA Back 9. No other Forms will be updated with this effort.

2 RECOMMENDATIONS

2.1 Update GA/GR NA Back 9

2.1.1 Overview

Currently the C-IV managed GA/GR NA BACK 9 generates with the C-IV managed GA/GR NOAs from the Template Repository (CSF106, CSF107, CSF108, CSF109, CSF110, CSF111). It currently does not have the space for seven lines of information in the Hearing and Legal Aid Address sections. There is no data populating in these lines.

State Form: No, this was a form that was originally created from existing former C-IV county GA/GR noticing.

Current Programs: Former C-IV County GA/GR

Current Attached Form(s): N/A

Current Forms Category: NOA

Current Template Repository Visibility: Migration Counties

Existing Languages: English and Spanish

2.1.2 Form/NOA Verbiage

Update Form XDP

Update the C-IV managed GA/GR NA BACK 9 (NA_BACK9_FRAGMENT_GAGR) to have enough space (seven lines of text) to populate county's contact information in two places as show in the figures below.

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Documents #1

TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- Send or take this page to:



OR

- Call toll free: [1-800-952-5253](tel:1-800-952-5253) or for hearing or speech impaired who use TDD [1-800-952-8349](tel:1-800-952-8349).

hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED _____

BIRTH DATE _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

NAME OF PERSON COMPLETING THIS FORM _____ PHONE NUMBER _____

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

• Fill out this page.
 • Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
 • Send or take this page to:

OR
 • Call toll free: **1-800-952-5253** or for hearing or speech impaired who use TDD **1-800-952-8349**.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

Contact Name
 Organization
 AddrLine1
 AddrLine2
 city, State, Zip
 primaryPhoneNumber / Fax
 tollFreePhoneNumber

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

BIRTH DATE PHONE NUMBER
 STREET ADDRESS
 CITY STATE ZIP CODE
 SIGNATURE DATE
 NAME OF PERSON COMPLETING THIS FORM PHONE NUMBER
☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)
 NAME PHONE NUMBER
 STREET ADDRESS
 CITY STATE ZIP CODE

2.1.3 Form/NOA Variable Population

Update the logic to add the following existing fields (DOC_DATA) to the C-IV managed GAGR NA BACK 9.

Variable Name	Population	Formatting	Editable/Field Type	Template Repository Population	Populates with Form Generation
<Legal Aid Address>	Populates the Legal Aid Address per existing CalSAWS NA Back 9 logic with the following lines of information: <ul style="list-style-type: none"> Contact Name Organization Address Line One Address Line Two City, State, Zip Primary Phone Number / Fax Toll Free Phone Number 	Arial Font 10	Yes, Text Field	Yes	N/A

<Hearing Aid Address>	Populates the Hearing Aid Address per existing CalSAWS NA Back 9 logic with the following lines of information: <ul style="list-style-type: none"> ▪ Contact Name ▪ Organization ▪ Address Line One ▪ Address Line Two ▪ City, State, Zip ▪ Primary Phone Number / Fax ▪ Toll Free Phone Number 	Arial Font 10	Yes, Text Field	Yes	N/A
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2.1.4 Form/NOA Generation Conditions

N/A. This effort will not add any generation conditions to the C-IV managed GAGR NA Back 9.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	C-IV managed GA/GR NA BACK 9 population example	Supporting Documents



California Statewide Automated Welfare System

Design Document

CA-251150

Add NOA Fragments in Threshold Languages for
CalWORKS NOA Generation (NA 290)

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/13/2023	1.0	Initial Document	Ramya HS

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1 OVERVIEW

The purpose of this change is to add Threshold languages for CalWORKs NOA Generation (NA 290).

1.1 Current Design

Not all NOAs generate in all Threshold Languages (Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, Vietnamese).

1.2 Requests

1. Add Threshold languages to On Aid Another Case with NOA code A091D (Snippet ID - 7643).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese
2. Add Threshold languages to On Aid Another Case with NOA code A461D (Snippet ID - 7640).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese
3. Add Threshold languages to On Aid Another Case with NOA code A609D (Snippet ID - 7644).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese
4. Add Threshold languages to On Aid Another Case with NOA code A461A (Snippet ID - 7696).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
5. Add Threshold languages to On Aid Another Case with NOA code A200D (Snippet ID - 7641).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
6. Add Threshold languages to SNTN Cal-LRN \$100 No RPT CRD with NOA code A319C (Snippet ID - 6224).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese
7. Add Threshold languages to FTP: Vendor Information with NOA code A885T (Snippet ID - 7624).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
8. Add Threshold languages to FTP: Vendor Information with NOA code A885D (Snippet ID - 7623).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
9. Add Threshold languages to Unverified: Pregnancy with NOA code A802C (Snippet ID - 6389).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

10. Add Threshold languages to SNTN Cal-LRN \$100 UN SFY RPT with NOA code A654C (Snippet ID - 6334).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
11. Add Threshold languages to FTP: Vendor Information with NOA code A884D (Snippet ID - 7621).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
12. Add Threshold languages to Parents IPV Sanction 2nd Time with NOA code A391D (Snippet ID - 6147).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

1.3 Overview of Recommendations

1. Add Threshold languages to On Aid Another Case with NOA code A091D (Snippet ID - 7643).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese
2. Add Threshold languages to On Aid Another Case with NOA code A461D (Snippet ID - 7640).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese
3. Add Threshold languages to On Aid Another Case with NOA code A609D (Snippet ID - 7644).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese
4. Add Threshold languages to On Aid Another Case with NOA code A461A (Snippet ID - 7696).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
5. Add Threshold languages to On Aid Another Case with NOA code A200D (Snippet ID - 7641).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
6. Add Threshold languages to SNTN Cal-LRN \$100 No RPT CRD with NOA code A319C (Snippet ID - 6224).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese
7. Add Threshold languages to FTP: Vendor Information with NOA code A885T (Snippet ID - 7624).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
8. Add Threshold languages to FTP: Vendor Information with NOA code A885D (Snippet ID - 7623).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.

9. Add Threshold languages to Unverified: Pregnancy with NOA code A802C (Snippet ID - 6389).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
10. Add Threshold languages to SNTN Cal-LRN \$100 UN SFY RPT with NOA code A654C (Snippet ID - 6334).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog and Vietnamese.
11. Add Threshold languages to FTP: Vendor Information with NOA code A884D (Snippet ID - 7621).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.
12. Add Threshold languages to Parents IPV Sanction 2nd Time with NOA code A391D (Snippet ID - 6147).
Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

1.4 Assumptions

1. The triggering conditions of the NOA Fragments for Threshold Generation remain the same and are not being updated.
2. The NOA template remains the same and is not being updated.
3. The existing variable population is not being updated with this effort.

2 RECOMMENDATIONS

2.1 Add Threshold languages to On Aid Another Case with NOA Code A091D.

2.1.1 Overview

Add Threshold languages to On Aid Another Case with NOA Code A091D.

Reason Fragment Name and ID:

CF_CW_IN_DN_50_50_CUSTODY_SPLIT_PROGRAM
(Fragment ID: 7643)

State Form/NOA: NA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Denied

Include NA Back 9: Yes

Existing Languages: English

2.1.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.1.3 Form/NOA Variable Population

No updates to variable population.

2.1.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.2 Add Threshold languages to On Aid Another Case with NOA Code A461D.

2.2.1 Overview

Add Threshold languages to On Aid Another Case with NOA Code A461D.

Reason Fragment Name and ID:

CF_CW_IN_AP_DN_50_50_CUSTODY_SPLIT_PERSON
(Fragment ID: 7640)

State Form/NOA: NA 290
Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)
Current Program(s): CalWORKs
Current Action Type: Denied
Include NA Back 9: Yes
Existing Languages: English, Spanish

2.2.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

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

NOA Mockups/Examples: Supporting Documents #1

2.2.3 Form/NOA Variable Population

No updates to variable population.

2.2.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.3 Add Threshold languages to SNTN Cal-LRN \$100 No RPT CRD with NOA Code A319C.

2.3.1 Overview

Add Threshold languages to SNTN Cal-LRN \$100 No RPT CRD with NOA Code A319C.

Reason Fragment Name and ID: CW_CH_CALLEARN_PNLTY_100_SANCT
(Fragment ID: 6224)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Change

Include NA Back 9: Yes

Existing Languages: English

2.3.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.3.3 Form/NOA Variable Population

No updates to variable population.

2.3.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.4 Add Threshold languages to On Aid Another Case with NOA Code A609D.

2.4.1 Overview

Add Threshold languages to On Aid Another Case with NOA Code A609D.

Reason Fragment Name and ID:

CF_CW_IN_DN_50_50_CUSTODY_SPLIT_PROGRAM
(Fragment ID: 7644)

State Form/NOA: NA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Denial

Include NA Back 9: Yes

Existing Languages: English

2.4.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.4.3 Form/NOA Variable Population

No updates to variable population.

2.4.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.5 Add Threshold languages to FTP: Vendor Information with NOA Code A885T.

2.5.1 Overview

Add Threshold languages to On Aid Another Case with NOA Code A885T.

Reason Fragment Name and ID: CW_DN_TN_ONE_VENDOR_TYPE_A885
(Fragment ID: 7624)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Termination

Include NA Back 9: Yes

Existing Languages: English

2.5.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.5.3 Form/NOA Variable Population

No updates to variable population.

2.5.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.6 Add Threshold languages to FTP: Vendor Information with NOA Code A885D.

2.6.1 Overview

Add Threshold languages to FTP: Vendor Information with NOA Code A885D.

Reason Fragment Name and ID: CW_DN_TN_ONE_VENDOR_TYPE_A885
(Fragment ID: 7623)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Denial
Include NA Back 9: Yes
Existing Languages: English

2.6.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.6.3 Form/NOA Variable Population

No updates to variable population.

2.6.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.7 Add Threshold languages to On Aid Another Case with NOA Code A461A.

2.7.1 Overview

Add Threshold languages to On Aid Another Case with NOA Code A461A.

Reason Fragment Name and ID:

CF_CW_IN_AP_DN_50_50_CUSTODY_SPLIT_PERSON
(Fragment ID: 7696)

State Form/NOA: NA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Approval

Include NA Back 9: Yes

Existing Languages: English

2.7.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.7.3 Form/NOA Variable Population

No updates to variable population.

2.7.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.8 Add Threshold languages to Unverified: Pregnancy with NOA Code A802C.

2.8.1 Overview

Add Threshold languages to Unverified: Pregnancy with NOA Code A802C.

Reason Fragment Name and ID: CW_CH_PREG_UNVERIF_A802
(Fragment ID: 6389)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Change

Include NA Back 9: Yes

Existing Languages: English

2.8.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.8.3 Form/NOA Variable Population

No updates to variable population.

2.8.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.9 Add Threshold languages to On Aid Another Case with NOA Code A200D.

2.9.1 Overview

Add Threshold languages to On Aid Another Case with NOA Code A200D.

Reason Fragment Name and ID:

CF_CW_IN_AP_DN_50_50_CUSTODY_SPLIT_PERSON
(Fragment ID: 7641)

State Form/NOA: NA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Denial

Include NA Back 9: Yes

Existing Languages: English

2.9.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.9.3 Form/NOA Variable Population

No updates to variable population.

2.9.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.10 Add Threshold languages to SNTN Cal-LRN \$100 UN SFY RPT with NOA Code A654C.

2.10.1 Overview

Add Threshold languages to SNTN Cal-LRN \$100 UN SFY RPT with NOA Code A654C.

Reason Fragment Name and ID: CW_CH_CALLEARN_PNLTY_100_SANCT
(Fragment ID: 6334)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs
Current Action Type: Change
Include NA Back 9: Yes
Existing Languages: English

2.10.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.10.3 Form/NOA Variable Population

No updates to variable population.

2.10.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.11 Add Threshold languages to FTP: Vendor Information with NOA Code A884D.

2.11.1 Overview

Add Threshold languages to FTP: Vendor Information with NOA Code A884D.

Reason Fragment Name and ID: CW_DN_TN_NO_VENDOR_TYPE_A884 (Fragment ID: 7621)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Denial

Include NA Back 9: Yes

Existing Languages: English

2.11.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.11.3 Form/NOA Variable Population

No updates to variable population.

2.11.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.12 Add Threshold languages to Parents IPV Sanction 2nd Time with NOA Code A391D.

2.12.1 Overview

Add Threshold languages to Parents IPV Sanction 2nd Time with NOA Code A391D.

Reason Fragment Name and ID: CW_DN_PAR_SCND_IPV_SANCTION_A391
(Fragment ID: 6147)

State Form/NOA: NOA 290

Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)

Current Program(s): CalWORKs

Current Action Type: Denial

Include NA Back 9: Yes

Existing Languages: English

2.12.2 Form/NOA Verbiage

Add NA 290 NOA fragments in Threshold languages.

Add Threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.12.3 Form/NOA Variable Population

No updates to variable population.

2.12.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Correspondence	NA 290 NOA fragments	Fragments_Verbiage.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices.b. RedeDenial, 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;	NA 290 NOA Reason fragments are added in available threshold languages to CalSAWS.

	<ul style="list-style-type: none"> n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices. 	
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CalSAWS

California Statewide Automated Welfare System

Design Document

CA-252364

Non-MAGI and Mixed Medi-Cal RE Packet
updates for Elimination of Assets

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Phong Xiong
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/14/2023	1.0	Initial Draft	Phong Xiong
07/25/2023	1.1	Updates as per BA Review meeting	Phong Xiong
08/07/2023	1.2	Add Self-Service Portal Changes to remove assets information and mapping logic on MC 210 RV and MC 217	Gillian Noelle Bendicio

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1 OVERVIEW

This effort is part of several SCRs making changes to Non-MAGI Medi-Cal due to the elimination of assets.

1.1 Current Design

In 2021, several health measures were consolidated in AB 133 as part of the Health Omnibus Bill of 2021-2022. This ACWDL addresses the provisions of AB 133 that added section 14005.62 to the Welfare and Institutions Code (WIC). WIC § 14005.62 established a two-phased approach to eliminating the asset limits for Non-MAGI Medi-Cal programs. The first phase, which was effective July 1, 2022, increased the asset limits to \$130,000 person and \$65,000 for each additional household member (up to a maximum of 10 people). The second phase is effective January 1, 2024, and will eliminate the asset limits for Non-MAGI programs.

1.2 Requests

Effective January 1, 2024, the asset limits for Non-MAGI programs will be eliminated. The elimination of asset limits applies to Non-MAGI programs, including LTC and the MSPs.

Due to the elimination of asset limits a list of forms and notices were identified that will require updating to reflect the elimination of the asset limits.

Update the following renewal forms:

- Medi-Cal Renewal Form (MC 210 RV)
- Pre-Populated Renewal Form (MC 217)
- Additional Income and Property Information Needed for Medi-Cal (MC 604 IPS)
- Non-MAGI Informing Letter (ED_0004037_ENG1_0514)
- Non-MAGI Medi-Cal Information Sheet (Pub 10)
- Redetermination for Medi-Cal Beneficiaries—Long-Term Care in Own MFBU (MC 262)

Remove Form MC 007 from the MC RE Packets:

- Medi-Cal General Property Limitations (MC 007)

1.3 Overview of Recommendations

1. Update the following Medi-Cal forms and notices with verbiage updates to no longer reference properties:
 - a. MC 210 RV
 - b. MC 217
 - c. MC 604 IPS
 - d. Non-MAGI Informing Notice

- e. PUB 10
- f. MC 262
- 2. Remove the MC 007 from MC RE Packets
- 3. Self-Service Portal: Update the Form Status Batch to stop sending resources and property information to the portal.
- 4. Self-Service Portal: Update the Forms API to remove the resources and property section on the request for the MC 210 RV and MC 217 endpoints.

1.4 Assumptions

- 1. There are no changes to any of the forms or notices listed in this design unless otherwise specified in the recommendation section. This includes variable population logic and generation conditions for the forms and notices.
- 2. There are no changes to generation conditions and variable population logic of the MC RE Packets listed in section 2.7 of this design.
- 3. SCR CA-265260 will implement any missing threshold languages not yet provided by DHCS or turned off with this SCR.

2 RECOMMENDATIONS

2.1 Updates to the Existing MC 210 RV Form Recommendation

2.1.1 Overview

This effort is to update the MC 210 RV form to remove all sections regarding property.

State Form: MC 210 RV (05/11)

Current Programs: Medi-Cal

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English and Spanish

2.1.2 Form Verbiage

Update Form XDP

The form will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023."

The updated verbiage has been updated in the following languages.

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #2

2.1.3 Form Variable Population

There are no changes to the form variable population logic.

2.1.4 Form Generation Conditions

There are no changes to the form generation conditions.

2.2 Updates to the Existing Non-MAGI RE Packet Recommendation

2.2.1 Overview

This effort is to update the Non-MAGI RE Packet that contains the MC 210 RV form.

State Form: N/A - Packet

Current Programs: Medi-Cal

Current Attached Form(s): None

Current Forms Category: Application

Current Template Repository Visibility: LA County, Migration Counties

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

2.2.2 Form Verbiage

Update Form XDP

The Packets for LA County and Migration Counties will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023" for the MC 210 RV form.

The updated verbiage has been updated in the following languages.

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #2

2.2.3 Form Variable Population

There are no changes to the form variable population logic.

2.2.4 Form Generation Conditions

1. Turn off threshold languages

Turn off the following threshold languages for the Non-MAGI RE Packet for both LA County and Migration Counties: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, and Vietnamese

2.3 Updates to the Existing MC 217 Form Recommendation

2.3.1 Overview

This effort is to update the MC 217 form to remove all sections regarding property.

State Form: MC 217 (10/20)

Current Programs: Medi-Cal

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English and Spanish

2.3.2 Form Verbiage

Update Form XDP

The form will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023."

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #3

2.3.3 Form Variable Population

There are no changes to the form variable population logic.

2.3.4 Form Generation Conditions

There are no changes to the form generation conditions.

2.4 Updates to the Existing Mixed Household RE Packet Recommendation

2.4.1 Overview

This effort is to update the Mixed Household RE Packet that contains the MC 217 form.

State Form: N/A - Packet

Current Programs: Medi-Cal

Current Attached Form(s): None

Current Forms Category: Application

Current Template Repository Visibility: LA County, Migration Counties

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

2.4.2 Form Verbiage

Update Form XDP

The Packets for LA County and Migration Counties will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023" for the MC 217 form.

The updated verbiage has been updated in the following languages.

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #3

2.4.3 Form Variable Population

There are no changes to the form variable population logic.

2.4.4 Form Generation Conditions

1. Turn off threshold languages

Turn off the following threshold languages for the Non-MAGI RE Packet for both LA County and Migration Counties: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, and Vietnamese

2.5 Updates to the Existing MC 604 IPS Form Recommendation

2.5.1 Overview

This effort is to update the MC 604 IPS form to remove all sections regarding property.

State Form: MC 604 IPS (05/14)

Current Programs: Medi-Cal

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

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

2.5.2 Form Verbiage

Update Form XDP

The form will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023."

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #4

2.5.3 Form Variable Population

There are no changes to the form variable population logic.

2.5.4 Form Generation Conditions

Turn Off Threshold Languages

The following threshold languages will be turned off with this effort: Armenian, Cambodian, Chinese, Korean, Russian, Tagalog, and Vietnamese

2.6 Updates to the Existing Non-MAGI Informing Notice Recommendation

2.6.1 Overview

This effort is to update the Non-MAGI Informing Notice to remove all sections regarding property. The Non-MAGI Informing Notice is broken up into 3 fragments in the back end to be generated dynamically.

State Form: Non-MAGI Informing Notice

Current Programs: Medi-Cal

Current Forms Category: NOA

Existing Languages: English and Spanish

2.6.2 Form Verbiage

Update Fragment XDPs

The notice will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023."

The Non-MAGI Informing Notice exists as 3 fragments:

1. MC_65_INFORMING_LETTER_FRAG_P1
2. MC_65_INFORMING_LETTER_FRAG_P2
3. MC_65_INFORMING_LETTER_FRAG_P3

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #5

2.6.3 Form Variable Population

There are no changes to the form variable population logic.

2.6.4 Form Generation Conditions

There are no changes to the form generation conditions.

2.7 Updates to the Existing MC 262 Form Recommendation

2.7.1 Overview

This effort is to update the MC 262 to remove all sections regarding property.

State Form: MC 262 (06/07)

Current Programs: Medi-Cal

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository Visibility: All Counties

Existing Languages: English and Spanish

2.7.2 Form Verbiage

Update Form XDP

The form will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023."

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #6

2.7.3 Form Variable Population

There are no changes to the form variable population logic.

2.7.4 Form Generation Conditions

There are no changes to the form generation conditions.

2.8 Updates to the Existing PUB 10 Form Recommendation

2.8.1 Overview

This effort is to update the PUB 10 to remove all sections regarding property.

State Form: PUB 10 (02/17)

Current Programs: Medi-Cal
Current Attached Form(s): None
Current Forms Category: Forms
Current Template Repository Visibility: All Counties
Existing Languages: English and Spanish

2.8.2 Form Verbiage

Update Form XDP

The form will be updated as per the direction of Supporting Document #1 titled "Renewal Form Revisions 07.14.2023."

Updated Languages: English and Spanish

Form Mockups/Examples: See Supporting Document #6

Technical Note: The PUB 10 also exists as fragments and the fragments must also be updated.

PUB10_P1_EN.xdp

PUB10_P2_EN.xdp

2.8.3 Form Variable Population

There are no changes to the form variable population logic.

2.8.4 Form Generation Conditions

There are no changes to the form generation conditions.

2.9 Remove MC 007 from MC RE Packets Recommendation

2.9.1 Overview

This effort is to remove the MC 007 from the MC RE Packets. As per ACWDL 22-25, the MC 007 will be obsoleted as of January 1, 2024.

2.9.2 Description of Changes

The MC 007 will be removed from the following packets:

- ~~MC LTC Packet (LA County only)~~
- Non-MAGI Turning 65 Packet
 - English and Spanish
 - All Counties

- Non-MAGI RE Packet
 - English and Spanish
 - LA County
 - Migration Counties
- Mixed Household RE Packet
 - English and Spanish
 - LA County
 - Migration Counties
- ~~Non-MAGI Screening Packet~~

2.10 Update the Form Status batch job to stop sending resources and property information to the portal for MC 210 RV and MC 217

2.10.1 Overview

The Form Status batch (PB00C3XX) sends the Resources and Property information of a case to the portal so that the portal is able to display pre-populate the Review section of the MC 210 RV and MC 217.

2.10.2 Description of Change

1. Modify the batch job to remove the logic that retrieves and sends the case's resources and property information to the portal for the following forms:
 - MC 210 RV
 - MC 217

2.10.3 Execution Frequency

No Change. Mon-Sat.

2.10.4 Key Scheduling Dependencies

No Change.

2.10.5 Counties Impacted

CalSAWS Counties.

2.10.6 Data Volume/Performance

N/A

2.10.7 Interface Partner

BenefitsCal Portal

2.10.8 Failure Procedure/Operational Instructions

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.)

2.11 Update the Forms API to remove the Resource and Property fields for MC 210 RV and MC 217

2.11.1 Overview

The Forms API is a RESTful API that accepts the portal user's inputs and maps them to a generated form in PDF format. After the form is generated, it is then uploaded to the imaging solution. The Forms API supports the following forms:

- SAWS 2 Plus
- CF 37
- MC 210 RV
- MC 216
- MC 217
- Verification of Benefits (CSF 142)

2.11.2 Description of Change

1. Modify the Forms API to remove the resources and property section on the request and use the updated XDP files for the following forms:
 - o MC 210 RV
 - o MC 217

2.11.3 Execution Frequency

No impacts.

2.11.4 Key Scheduling Dependencies

No Change.

2.11.5 Counties Impacted

CalSAWS Counties.

2.11.6 Data Volume/Performance

N/A

2.11.7 Interface Partner

BenefitsCal Portal

2.11.8 Failure Procedure/Operational Instructions

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Word Document	Word document containing all the necessary changes to the forms listed in this document.	Renewal Form Revisions 07.14.2023.docx
2	Forms	MC 210 RV Mockup	MC210RV_EN.pdf
3	Forms	MC 217 Mockup	MC217_EN.pdf
4	Forms	MC 604 IPS Mockup	MC604IPS_EN.pdf
5	Forms	Non-MAGI Informing Notice Mockup	Non-MAGI_INFO_Notice_EN.pdf
6	Forms	PUB 10 Mockup	PUB10_EN.pdf
7	Interfaces	Forms API – YAML file	CalSAWSFormsAPI.yaml
8	Interfaces	Forms API – HTML file	CalSAWSFormsAPI.html

4 REQUIREMENTS

4.1 Project Requirements

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

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

California Statewide Automated Welfare System

Design Document

CA-253606

Task mgmt.: Update Dashboard for Task Mgmt –
Phase 2

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Esequiel Herrera-Ortiz
	Reviewed By	[individual(s) from Build and Test teams that reviewed document]

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
05/10/2023	1.0	Initial Version	Esequiel Herrera-Ortiz
06/28/2023	1.1	Added requirement to rename all the Qlik ID columns to Task ID per county request.	Esequiel Herrera-Ortiz

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1 OVERVIEW

With **CA-253667 Task Mgmt: Configurable Task Categories** the CalSAWS system will allow counties to create their own custom Task Categories. With CA-253606, the Real Time Task Management Dashboard will be updated to display the new Task Categories.

1.1 Current Design

The Task Management Dashboard is not set up to displays the new county configurable Task Categories that will be introduced to the system with **CA-253667 Task Mgmt: Configurable Task Categories**.

The existing 'Qlik ID' column, found in every case list, displays the 'Task ID' value.

1.2 Requests

Update the Task Management Dashboard to use the new county configurable Task Categories that will be introduced to the system with **CA-253667 Task Mgmt: Configurable Task Categories**.

Rename all the 'Qlik ID' columns in the dashboard to 'Task ID'.

1.3 Overview of Recommendations

1. Update the Task Management Dashboard to use the new county configurable Task Categories.
2. Rename all the 'Qlik ID' columns in the dashboard to 'Task ID'.

1.4 Assumptions

1. The new tables which store the county configurable task categories will include the task categories for historical tasks.

Note: The Screenshot above does not display the county configurable task categories since they functionality has not been introduced to the system.

2.1.3 Description of Change

1. Update all Task Category references in the Real Time Task Management Dashboard to use the new county configurable Task Category values that are being introduced as part of **CA-253667 Task Mgmt: Configurable Task Categories**.

Technical Note: The following sections within the dashboard are impacted:

The Task Category Parameter within the following sheets:

- Historical Task Management
- Real Time Task Management
- Historical Task Management Productivity
- Real Time Task Management Productivity

Historical Task Management Widgets:

- Open Tasks by Category
- Open Tasks by Category (Division Drill Down)
- # Completed Tasks by Category
- # Completed Tasks by Category (Division Drill Down)

Historical Task Management Case Lists:

- # Open Tasks vs # Workers – Task List
- # Open Tasks by Category
- Tasks by Status and Status Date
- # Completed Tasks by Category

Real Time Task Management Widgets:

- # Overdue Tasks (Division Drill Down)
- # Open Tasks by Category
- # Completed Tasks During Current Day by Category
- # Open Tasks by Category (Division Drill Down)
- # Completed Tasks During Current Day by Category (Division Drill Down)
- # Assigned Tasks by Division
- # Completed Tasks During Current Day By Division

Real Time Task Management Case Lists:

- # Overdue Tasks
- # Open Tasks by Category

- # Completed Tasks During Current Day by Category
- # Completed Tasks During Current Day by Division
- # Open Tasks by Category
- Tasks Assigned to Banks

Historical Task Management Productivity Widgets:

- # Open Tasks by Category
- # Open Tasks by Category (Division Drill Down)
- # Completed Tasks by Category
- # Overdue Tasks
- # Completed Tasks by Category (Division Drill Down)
- # Overdue Tasks (Division Drill Down)

Historical Task Management Productivity Case Lists:

- # Open Tasks by Category
- # Completed Tasks by Category
- # Overdue Tasks
- Tasks Completed Timely
- # Task Processing Time

Real Time Task Management Widgets:

- # Open Tasks by Category
- # Open Tasks by Category (Division Drill Down)
- # Completed Tasks During Current Day by Category
- # Overdue Tasks
- # Completed Tasks During Current Day by Category (Division Drill Down)
- # Overdue Tasks (Division Drill Down)

Real Time Task Management Case Lists:

- # Open Tasks by Category
- # Overdue Tasks
- # Open Tasks by Category

2. Rename all the 'Qlik ID' columns in the dashboard to 'Task ID'.
Note this does not affect the value that is displayed.

Historical Task Management Case Lists:

- # Open Tasks vs # Workers – Task List
- # Open Tasks by Category
- Tasks by Status and Status Date Month/Week/Day
- # Completed Tasks by Category

Real Time Task Management Case Lists:

- # Overdue Tasks
- # Open Tasks by Category
- # Completed Tasks During Current Day by Category
- # Completed Tasks During Current Day by Division
- # Open Tasks Coming Due
- Tasks Assigned to Banks

Historical Task Management Productivity Case Lists:

- # Open Tasks by Category
- # Completed Tasks by Category
- # Overdue Tasks
- Tasks Completed Timely
- # Task Processing Time

Real Time Task Management Case Lists:

- # Open Tasks by Category
- # Overdue Tasks
- # Open Tasks by Category

2.1.4 Report Location

- **Global: Reports**
- **Local: Business Intelligence**
- **Task: Real Time Task Management**

2.1.5 Counties Impacted

All CalSAWS counties are impacted by the change outlined in this section.

2.1.6 Security Updates

No updates are made to the dashboard's existing security.

2.1.7 Report Usage/Performance

There will be no notable impact to the report's performance.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
N/A			

4 APPENDIX

N/A



California Statewide Automated Welfare System

Design Document

CA-259074

Add Informational Materials Required at MC
Auto Ex-Parte Renewal to Template
Repository

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/13/2023	1.0	Initial document	Lianel Richwin

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1 OVERVIEW

The purpose of this change is to add the MAGI beneficiary household packet in English and available threshold languages to CalSAWS Template Repository.

1.1 Current Design

Department of Health Care Services (DHCS) requires that counties furnish applicant and beneficiary households with informational materials, brochures, notices and forms to comply with federal and state mandates.

1.2 Requests

Send required informational materials annually to all Medi-Cal beneficiary households annually or at the time of their annual renewal packet mailing.

The policy guidance included in ACWDL 20-22 (attached) addresses the informational materials counties are required to send for:

- Modified Adjusted Gross Income (MAGI) households,
- Non-MAGI Renewal households, and
- Mixed MAGI and Non-MAGI households.

Add MAGI beneficiary household packet to CalSAWS Template Repository in English and threshold languages.

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

1.3 Overview of Recommendations

Renewal materials to be put in Template Repository with the option to print locally only.

A MAGI beneficiary household shall receive the informational materials listed below annually if they are redetermined as Medi-Cal eligible after ex parte review (auto renew).

The MAGI beneficiary household packet would include the following informational materials:

- MC 019 Information Notice for Beneficiaries
- MC 219 Important Information for Persons Requesting Medi-Cal
- MC 372 Breast and Cervical Cancer Treatment Program
- GEN 1365 Language Access Services for Limited-English Proficient and Non-English Proficient Individuals
- PUB 13 Your Rights Under California Public Benefits Program

- National Voter Registration Act Voter Preference Form
- PUB 183 Child Health and Disability Prevention
- MC 003 Early and Periodic Screening

1.4 Assumptions

1. If a particular form is not available in the threshold language that the MAGI beneficiary household packet is getting generated in, then add the English version of the form.
2. California Voter Registration Card will be added as part of SCR CA-220057.
3. All fields (blank or prepopulated) will be editable.

2 RECOMMENDATIONS

2.1 Add MAGI beneficiary household packet in English and threshold Languages.

2.1.1 Overview

This effort is to add MAGI beneficiary household packet in English and threshold languages.

Form name: MAGI beneficiary household packet

Programs: Medi-Cal

Forms Category: Application

Template Repository Visibility: All counties

Template Description: The following forms are included in this packet: Coversheet, MC 019, MC 219, MC 372, PUB 13, PUB 183, MC 003, NVRA VPF and GEN 1365.

Imaging Form Name: MAGI Beneficiary Household Packet

Imaging Document Type: Customer Reporting

2.1.2 Create Form XDPs

1. Add MAGI beneficiary household packet in English and threshold languages in CalSAWS Template Repository.

Languages Include: English and system supported threshold languages (Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese)

Form Number: MAGI beneficiary household packet

Form Mockups/Examples: See supporting documents #1

2. MAGI beneficiary household packet will have the following forms:
 - Coversheet with Standard Header
 - MC 019
 - MC 219
 - MC 372
 - GEN 1365
 - PUB 13
 - NVRA VPF
 - PUB 183
 - MC 003

2.1.3 Form Generation Conditions

Add MAGI beneficiary household packet in English and threshold languages to Template Repository

The MAGI beneficiary household packet 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 MAGI beneficiary household packet.

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

Mailing Options:

Mailing Options	Option for MAGI beneficiary household packet
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 MAGI beneficiary household packet.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for MAGI beneficiary household packet Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	MAGI beneficiary household packet	MAGI beneficiary household packet.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 (CAR-1239)	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none"> a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; 	MAGI beneficiary household packet will be added in English and threshold languages to CalSAWS Template Repository.

	<ul style="list-style-type: none"> i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices. 	
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CalSAWS

California Statewide Automated Welfare System

Design Document

CA-260358

Update CF OI forms

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Maria Jensen
	Reviewed By	Tiffany Huckaby, Priya Sridharan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
04/20/2023	0.1	Initial Draft (split from CA-228466)	Maria Jensen
05/01/2023	0.2	PR comments: added Packet recommendations 2.5, 2.6; updated Overview and Current Attached Forms	Maria Jensen
05/03/2023	0.3	PR followup: Cross referencing forms and packets	Maria Jensen
06/07/2023	0.4	Build comments: threshold language updates	Maria Jensen

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1 OVERVIEW

SCR CA-228466 is implementing the new CalFresh Overissuance (OI) compromise policy (SB490 ACL 21-118). This policy includes elderly and/or disabled members⁷ and applies to both Admin Error (AE) and Inadvertent Household Error (IHE) claims.

This SCR will update the following OI notices to the most current State version (6/22): CF 377.7B, CF 377.7B1, CF 377.7D2, CF 377.7D3.

1.1 Current Design

CA-202684 updated CF 377.7B (4/18) and CF 377.7D3 (10/17) to the latest State version at the time and added CF 377.7B1 (10/17) and CF 377.7D2 (10/17). The four CF OI forms are available for all Counties via the Template Repository in CalSAWS in 13 languages. Per CA-207159, the CF 377.7B and CF 377.7D3 forms are also part of the CF IHE Packet and CF AE Packet, respectively. These packets are available in all languages via Batch, and Online via Recovery Account/Fiscal.

1.2 Requests

1. Update the CF OI forms CF 377.7B, CF 377.7B1, CF 377.7D2 and CF 377.7D3 to the latest State version (6/22) in English and Spanish to accommodate the new compromise policy.
2. Update the CF IHE Packet and CF AE Packet to use the updated versions of the forms CF 377.7B and CF 377.7D3.

1.3 Overview of Recommendations

1. Update the CF OI forms CF 377.7B, CF 377.7B1, CF 377.7D2 and CF 377.7D3 to the latest State version (6/22) in English and Spanish.
2. Update the CF IHE Packet and CF AE Packet to use the updated versions of the forms CF 377.7B and CF 377.7D3.

1.4 Assumptions

1. When generated in the context of a case, the body fields will be editable for all counties, as per CalSAWS standards.
2. Currently only the Spanish threshold language is available on the State website.
3. The State mockups contain an updated version of NA Back 9. CA-230740 will update the NA Back 9 to the latest State version, in the CalSAWS system. This effort will not be updating the NA Back 9.

2 RECOMMENDATIONS

2.1 Update Form CF 377.7B

2.1.1 Overview

This SCR will update form CF 377.7B (4/18) 'CALFRESH OVERISSUANCE NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)' in CalSAWS to match the latest version available on the State website (6/22). Recommendation 2.5 will update the Packet version of this form.

State Form: CF 377.7B (4/18)

Current Programs: CalFresh

Current Attached Forms: NA Back 9, CF 377.7C, CSF 104, NA 1263 for all counties, PA 1820 only generates for LA county per DDID 2127

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

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

2.1.2 Form/NOA Verbiage

Update Form XDP

This SCR will bring small updates to the verbiage and variable population. Since the amount to be paid is now different from the amount overissued (<OVRPMT_AMT>), a new variable will be introduced in Section 1 and the verbiage will be re-worded around it (see Supporting Documents #1 for mockup and Supporting Documents #5 for differences and highlighted updates). This effort will also change one word in the 4th bulleted Note.

Updated Languages: English, Spanish

Form Number: CF 377.7B (6/22)

Form Mockups/Examples: See Supporting Documents #1 for newest CF 377.7B Form.

This effort will not bring changes to the form header.

2.1.3 Form/NOA Variable Population

The variable below will be added to Section 1 of the form.

Form Body Variables:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population	Online Population	Batch Population
OVRPMT_ REDUCED _AMT	Recov_acct_trans act_detl.dollar_am t (will need to pass Recovery Account Transaction Number) Example: "14861.48"	Arial Font Size 10	Y / Number	Y	Y	Y

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

Variables Requiring Translations: N/A

2.1.4 Form/NOA Generation Conditions

There will be no updates to the Form Control, nor Print/Mailing Options. The form will continue to have all Print Options available.

Turn Off Threshold Language Forms

This effort is updating English and Spanish only. The existing Threshold languages will be turned off. The Threshold Languages will be updated in the system with SCR CA-262924 when they will be made available on the State website.

2.2 Update Form CF 377.7B1

2.2.1 Overview

This SCR will update form CF 377.7B1 (10/17) 'CALFRESH REPAYMENT FINAL NOTICE INADVERTENT HOUSEHOLD ERROR (IHE)' in CalSAWS to match the latest version available on the State website (6/22).

State Form: CF 377.7B1 (10/17)

Current Programs: CalFresh

Current Attached Forms: NA Back 9

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

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

2.2.2 Form/NOA Verbiage

Update Form XDP

This SCR will bring small updates to the verbiage and variable population. Since the amount to be paid is now different from the amount overissued (<OVRPMT_AMT>), a new variable will be introduced in Section 1 and the verbiage will be re-worded around it (see Supporting Documents #2 for mockup and Supporting Documents #5 for differences and highlighted updates). This effort will also change one word in the 4th bulleted Note.

Updated Languages: English, Spanish

Form Number: CF 377.7B1 (6/22)

Form Mockups/Examples: See Supporting Documents #2 for newest CF 377.7B1 Form.

This effort will not bring changes to the form header.

2.2.3 Form/NOA Variable Population

The variable below will be added to Section 1 of the form.

Form Body Variables:

Variable Name	Population	Formatting	Editable*/Field Type	Template Repository Population
OVRPMT_REDUCED_AMT	Recov_acct_transact_detl.dollar_amt (will need to pass Recovery Account Transaction Number) Example: "14861.48"	Arial Font Size 10	Y / Number	Y

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

Variables Requiring Translations: N/A

2.2.4 Form/NOA Generation Conditions

There will be no updates to the Form Control, nor Print/Mailing Options. The form will continue to have all Print Options available.

Turn Off Threshold Language Forms

This effort is updating English and Spanish only. The existing Threshold languages will be turned off. The Threshold Languages will be updated in the system with SCR CA-262924 when they will be made available on the State website.

2.3 Update Form CF 377.7D2

2.3.1 Overview

This SCR will update form CF 377.7D2 (10/17) 'CALFRESH REPAYMENT FINAL NOTICE COUNTY ADMINISTRATIVE ERROR (AE)' in CalSAWS to match the latest version available on the State website (6/22).

State Form: CF 377.7D2 (10/17)

Current Programs: CalFresh

Current Attached Forms: NA Back 9

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

Existing Languages: English, Spanish

2.3.2 Form/NOA Verbiage

Update Form XDP

This SCR will bring small updates to the verbiage and variable population. Since the amount to be paid is now different from the amount overissued (<OVRPMT_AMT>), a new variable will be introduced in Section 1 and the verbiage will be re-worded around it (see Supporting Documents #3 for mockup and Supporting Documents #5 for differences and highlighted updates). This effort will also change one word in the 4th bulleted Note.

Updated Languages: English, Spanish

Form Number: CF 377.7D2 (6/22)

Form Mockups/Examples: See Supporting Documents #3 for newest CF 377.7D2 Form.

This effort will not bring changes to the form header.

2.3.3 Form/NOA Variable Population

The variable below will be added to Section 1 of the form.

Form Body Variables:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population
OVRPMT_REDUCED_AMT	Recov_acct_transact_detl.dollar_amt (will need to pass Recovery Account Transaction Number) Example: "14861.48"	Arial Font Size 10	Y / Number	Y

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

Variables Requiring Translations: N/A

2.3.4 Form/NOA Generation Conditions

There will be no updates to the Form Generation, Form Control, nor Print/Mailing Options. The form will continue to have all Print Options available.

2.4 Update Form CF 377.7D3

2.4.1 Overview

This SCR will update form CF 377.7D3 (10/17) 'CALFRESH OVERISSUANCE NOTICE COUNTY ADMINISTRATIVE ERROR (AE)' in CalSAWS to match the latest version available on the State website (6/22). Recommendation 2.6 will update the Packet version of this form.

State Form: CF 377.7D3 (10/17)

Current Programs: CalFresh

Current Attached Forms: NA Back 9, CF 377.7E1, CSF 104, NA 1263 for all counties, PA 1820 only generates for LA county per DDID 2127

Current Forms Category: NOA

Current Template Repository Visibility: All Counties

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

2.4.2 Form/NOA Verbiage

Update Form XDP

This SCR will bring small updates to the verbiage and variable population. Since the amount to be paid is now different from the amount overissued (<OVRPMT_AMT>), a new variable will be introduced in Section 1 and the verbiage will be re-worded around it (see Supporting Documents #3 for mockup and Supporting Documents #5 for differences and highlighted updates). This effort will also remove a word from the State Hearing section, remove the 1st bulleted Note and change one word in the 4th bulleted Note.

Updated Languages: English, Spanish

Form Number: CF 377.7D3 (6/22)

Form Mockups/Examples: See Supporting Documents #4 for newest CF 377.7D3 Form.

This effort will not bring changes to the form header.

2.4.3 Form/NOA Variable Population

The variable below will be added to Section 1 of the form.

Form Body Variables:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population	Online Population	Batch Population
OVRPMT_ REDUCED _AMT	Recov_acct_trans act_detl.dollar_am t (will need to pass Recovery Account Transaction Number)	Arial Font Size 10	Y / Number	Y	Y	Y

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population	Online Population	Batch Population
	Example: "14861.48"					

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

Variables Requiring Translations: N/A

2.4.4 Form/NOA Generation Conditions

There will be no updates to the Form Control, nor Print/Mailing Options. The form will continue to have all Print Options available.

Turn Off Threshold Language Forms

This effort is updating English and Spanish only. The existing Threshold languages will be turned off. The Threshold Languages will be updated in the system with SCR CA-262924 when they will be made available on the State website.

2.5 Update CalFresh Inadvertent Household Error packet

2.5.1 Overview

This effort is updating the Template Repository version of the CF 377.7B form in English and Spanish, in Recommendation 2.1.

This form is part of the CF IHE Packet and as such the packet needs updating to match the form update. See Recommendation 2.1 for the updates to the form.

2.5.2 Description of Changes

1. Update the CF IHE Packet in English and Spanish to match the CF 377.7B revision 6/22.
2. Update the following threshold languages of the CF IHE Packet so that they generate with the English version of the CF 377.7B form, revision 6/22: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese.
Example: CF IHE Packet in Lao will generate with English CF 377.7B.

Tech Note: Both CF_IHE_PACKET_LA (for LA County, ID 6569) and CF_IHE_PACKET_NON_LA (for non-LA Counties, ID 6570) need to be updated. Test the packets via Online and Batch triggers.

2.6 Update CalFresh Administrative Error packet

2.6.1 Overview

This effort is updating the Template Repository version of the CF 377.7D3 form in English and Spanish, in Recommendation 2.4.

This form is part of the CF AE Packet and as such the packet needs updating to match the form update. See Recommendation 2.1 for the updates to the form.

2.6.2 Description of Changes

1. Update the CF AE Packet in English and Spanish to match the CF 377.7D3 revision 6/22.
2. Update the following threshold languages of the CF AE Packet so that they generate with the English version of the CF 377.7D3 form, revision 6/22: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese.
Example: CF AE Packet in Farsi will generate with English CF 377.7D3.

Tech Note: Both CF_AE_PACKET_LA (for LA County, ID 6573) and CF_AE_PACKET_NON_LA (for non-LA Counties, ID 6574) need to be updated. Test the packets via Online and Batch triggers.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Form	CF377.7B (English)	CF377.7B_EN.pdf
2.	Form	CF377.7B1 (English)	CF377.7B1_EN.pdf
3.	Form	CF377.7D2 (English)	CF377.7D2_EN.pdf
4.	Form	CF377.7D3 (English)	CF377.7D3_EN.pdf
5.	Form	CF OI forms with highlighted updates	CF377.7B, 7B1, 7D2, 7D3 highlighted updates.xlsx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;u. CSC paper ID cards with LRS-generated access information; andv. CSC PIN notices.	<p>With SCR CA-260358, the CF OI forms will be updated in the CalSAWS system to match the latest State version.</p>

5 APPENDIX

The following 4 forms and 2 packets are marked to go to BenefitsCal:

CF 377.7B, CF 377.7B1, CF 377.7D2, CF 377.7D3, CF IHE Packet, CF AE Packet.



California Statewide Automated Welfare System

Design Document

CA-261213

Los Angeles County Contact Center
Deployment – RE Line

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nicole Kenny
	Reviewed By	Jared Kuester, Darcy Alexander, Logan Pratt, Stacey Alexander

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
5/24/2022	0.1	Initial Draft	Nicole Kenny
4/12/2023	0.2	Updated to include PCS	Nicole Kenny
4/20/2023	0.3	Updated hours of operation, staff counts	Nicole Kenny
4/21/2023	0.3	Updated SCB for clarity	Nicole Kenny
4/26/2023	0.4	Updated attached documents	Nicole Kenny
6/14/2023	0.5	Responded to Los Angeles comments	James Reed
6/20/2023	0.6	Response to additional Los Angeles comments	

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1 OVERVIEW

Los Angeles County does not currently have a CalSAWS contact center in the Amazon Connect Environment. This SCR will deploy a brand-new Contact Center to handle inbound and outbound calls to customers for the RE line.

1.1 Current Design

Los Angeles County currently maintains their own contact center solution for RE line.

1.2 Requests

Build a new contact center solution in the CalSAWS contact center environment for RE line.

1.3 Overview of Recommendations

1. Re-Evaluation (RE) Line
 - a. Claim a new phone number for inbound calls.
 - i. County owned Toll-Free Number will be pointed to this number.
 - b. Build Los Angeles County call flow.
 - i. See attached Call Flow (CA-261213 - LA County Call Flow - RE Line) for details.
 - c. Record new county specific prompts.
 - i. See attached Prompts Excel sheet (CA-261213 - LA County RE Line Verbiage) for details.
 - d. Build new RE Queues
 - i. See attached Exit Reasons Excel sheet (CA-261213 - LA County RE Line Exit Reasons) for details.
 - e. Set Los Angeles County Hours of Operations for Inbound Queues
 - f. Create Quick Connects
 - i. See attached Quick Connects Excel sheet (CA-261213 - LA County RE Line Quick Connects) for details.
 - g. Upload Agents
2. Optional Features
 - a. Web Chat
 - b. Click to Call
 - c. Post Call Survey
 - d. Courtesy Call Back
 - e. Scheduled Call Back
3. Third-Party Integrations
 - a. Calabrio One
 - i. Integrate Amazon Connect Instance with Calabrio One
 - ii. Upload Agents to Calabrio
 - b. eGain Analytics
 - i. Integrate Amazon Connect Instance with eGain Analytics.
 - ii. Set Service Level Agreement Threshold

Commented [DB1]: Andy Nguyen: Is new number necessary?

Commented [DB2R1]: Yes, we claim a new number (behind the scenes for you to forward your customer facing number at go-live (for roll-back purposes).

Commented [TN3]: LA County

Commented [TN4]: LA County's

Commented [DB5]: Andy Nguyen: Options must have turn on/off functionality

Commented [DB6R5]: More detail in about enabling/disabling in section 2.2. some options will require Project to enable as there are integrations with BenefitsCal.

Commented [DB7]: Andy Nguyen: Add Salesforce

Commented [DB8R7]: Salesforce integration with eCCP is not included as part of Go-live. This was a DPSS leadership decision.

- c. Nuance Security Suite
 - i. Nuance Voice Print Migration will be implemented via SCR CA-243416

1.4 Assumptions

1. List of Agents/Staff will be provided by County.
 - a. Agent Template will be provided to county by CalSAWS.
2. Historical Call Data will not be migrated to Amazon Connect, Calabrio, or eGain.
3. Toll Free Numbers 888-999-7671 and 424-405-5909 will be ported to Amazon Connect after Go-live.
 - a. The County is responsible for pointing the Toll-Free numbers to the Amazon Connect phone number.
4. County is licensed for 1,500 total RE Line agents/staff.
5. This does not cover the GAIN or Telephonic Signature App employees.
 - a. These will be added later through the County Purchase Order (CPO) Process if the County determines that they need access to the Contact Center environment.
6. Courtesy Call Back feature is enabled and can be disabled through the Administration Page in the Enhanced Call Control Panel.
 - a. This includes CSC, RCC, and RE Line calls.
7. County Staff are responsible for creating and maintaining Routing Profiles for their staff.
 - a. Los Angeles County is responsible for creating routing profiles for RE Line staff.
8. Nuance Voice Prints migrating as part of SCR Nuance Voice Print Migration will be implemented via SCR CA-243416 cannot be used in any other county as Los Angeles County uses a different pass phrase.
9. Post Call Survey is enabled at Go-Live.
 - a. All inbound callers will be sent to the survey after the Agent ends the calls.
10. County is responsible for providing list of Holiday Dates
11. County security admins are responsible for granting rights to their staff in CalSAWS.
 - a. Grant CCPAgent rights to Contact Center Agents
 - b. Grant CCPSupervisor rights to Contact Center Supervisors
 - c. Grant CCPAdmin rights to Contact Center Managers/WFM
 - d. Grant RCC Security Rights to RCC Staff
12. Current Calabrio retention period is under review with Calabrio vendor. Requested call recording retention period may require a County Purchase Order (CPO) to extend beyond documented timeframe.

Commented [DB9]: Andy Nguyen: If this is not migrated, where will historical data exist and how will users access?

Commented [DB10R9]: LA county can retain their existing historical data in their existing tool and access the data as needed

Commented [DB11]: Andy Nguyen: This is unclear

Commented [DB12R11]: The county will forward their existing customer facing phone number to the claimed phone number for go-live until such time as the phone number is ported to Amazon.

Commented [DB13]: Andy Nguyen: How will RE Line staff utilize telephonic signature?

Commented [DB14R13]: Using the CalSAWS Telephonic Signature service in eCCP

Commented [DB15]: Andy Nguyen: Must have ability to turn off. Not sure post call should be on at Go-Live

Commented [DB16R15]: LA county requested post call survey to be enabled at go-live.

Commented [DB17]: Andy Nguyen: Need further discussion because this takes up a line. Can the post call survey route to separate IVR?

Commented [DB18R17]: There are no lines in Amazon Connect (cloud solution). This does not impact the ability to receive more calls.

Commented [TN19]: Update font size for consistency

2 RECOMMENDATIONS

2.1 Renewal Line (RE)

2.1.1 Overview

The RE Line is built in a county specific Amazon Connect Instance. Inbound calls will be routed to the queue that corresponds with the selections the customer made.

2.1.2 Description of Changes

1. Claim a new phone number (non-toll free) for the Inbound IVR
 - a) County IT are required to point their current toll-free number to this phone number as part of Go live.
2. Build their County specific Call Flow
 - a) See the attached call flow (CA-261213 - LA County Call Flow - RE Line) for details.
 - b) Estimated wait times will play in 5 min increments from 5 mins, through 60 mins.
 - i. Message will play as "Your estimated wait time is 5 minutes, 10 minutes, 15 minutes, etc." up to and including 60 minutes.
 - ii. If the wait time exceeds 60 mins, play the message "Your wait time is greater than 60 minutes."
3. Record County Specific Prompts
 - a) See verbiage Excel sheet (CA-261213 - LA County Verbiage) for details.
 - b) Upload the prompts to an AWS S3 bucket.
4. Build new Queues for each program required.
 - a) See the attached Queues sheet (CA-261213 - LA County Queue List) for details.
5. Set the RE Line Hours
 - a) RE Line Agents: 8:00 AM – 5:00 PM Monday - Friday
 1. Customers are given a chance to access self-service if they call in outside of these hours.
6. Create a Quick Connect for all RE queues.
 - a) See the attached Quick Connects sheet (CA-261213 - LA County Quick Connects) for details.
 - b) A maximum of 700 Quick Connects can be created in Amazon Connect
7. Upload all RE Line agents to Amazon Connect
 - a) List of RE Line agents to be provided by Los Angeles County

Commented [TN20]: Is this increment configurable?

Commented [JR21R20]: Wait times are not configurable.

Commented [DB22]: Andy Nguyen: Can estimated wait times announce beyond 60 minutes?

Commented [DB23R22]: It will announce if wait time to customers if it is over 60 minutes, but will state "you wait time is greater than 60 minutes."

Commented [TN24]: AWS S3 Storage Bucket

Commented [IH25]: RE Line does not have self service. Defer to after hours message

Commented [DB26R25]: Removed reference to self-service

Commented [TN27]: Are the hours changeable if necessary? This shows 8am-5pm but the RE Line call flow document's Business Hours section shows 7:30am-6:30pm. Which one is accurate?

Commented [IH28R27]: Change was made; should be 8am-5pm

2.2 Optional Features

The Contact Center solution offers five optional features. They are Web Chat, Click to Call, Post Call Survey, Courtesy Callback, and Scheduled Callback. The county must choose if they want to enable these features or not.

Commented [TN29]: Are there 3 or 5 options features? This section seems to list 5 optional features with 2 of the 5 as opted in by the County.

Commented [IH30]: Should read as five optional features

2.2.1 Web Chat

1. Los Angeles County has opted out of the Web Chat feature.

2.2.2 Click to Call

1. Los Angeles County has opted out of the Click to Call feature.

2.2.3 Post Call Survey

1. Los Angeles County has opted in for the Post Call Survey feature as of 9/13/2022.

2.2.3.1 Description of Changes

1. Configure the Post call survey to ask 5 questions.
 - a. How would you rate the department's level of customer service?
 1. Below expectation 2. Mostly meets expectation 3. Meets expectation 4. Exceeds expectation.
 - b. How would you rate the department's ability to address your concern?
 1. Below expectation 2. Mostly meets expectation 3. Meets expectation 4. Exceeds expectation.
 - c. How would you rate your experience using the call system?
 - Below expectation 2. Mostly meets expectation 3. Meets expectation 4. Exceeds expectation.
 - d. Was your issue resolved by the end of your call?
 1. Yes 2. No
 - e. Did you find the hold messages helpful?
 1. Yes 2. No

Commented [IH31]: Can the CSC and RE Line have different survey questions? Is there a cost associated?

Commented [JR32R31]: Operational team agreed on Project's recommendation (keep Post Call Survey Questions consistent across CSC and RE) during 6/13 meeting.

Commented [JR33R31]: Los Angeles team to share updated Post Call Survey questions

2.2.4 Courtesy Call Back

1. Los Angeles County has opted in for Courtesy Call Back as of 9/13/2022 and can be enabled or disabled through the Administration Page.

2.2.5 Scheduled Call Back

1. Los Angeles has opted out of Scheduled Call Back but can enable or disable feature through the Administration Page once this feature is implemented.

2.3 Third Party Integrations

2.3.1 Overview

Calabrio One, and eGain Analytics are not native to the Amazon Connect environment. The Amazon Connect instance needs to be integrated into these solutions to provide Work Force Management (WFM), Quality Assurance, and robust reporting functionality.

2.3.2 Description of Changes

1. Add the new Amazon Connect Instance as an ACD in Calabrio One
 - a. Upload Agents into Calabrio One
 - i. Add appropriate security rights to agents, supervisors, and WFM.
 - b. Create a new WFM View for Los Angeles County
 - i. This limits the County to view only their resources.
 - c. Set Audio Recording amount to 100% of calls per agent.
 - d. Set Screen Recording amount to 100% of calls per agent.
 - i. Capture 100% of screens and up to 5 mins of After Call Work. It will be less than 5 mins if the agent puts themselves in Ready and receives a new inbound call.
 - e. Set Recording retention rates.
 - i. Standard retention rate is 90 days.
 - ii. Tagged recordings retention is 180 days.
2. Add the new Amazon Connect Instance in eGain Analytics.
 - a. Create logins for Supervisors, and Manager
3. Disable Salesforce and CalSAWS screen pops.
4. Migrate Nuance voice prints from LA Security Suite to CalSAWS
 - a. Nuance Voice Print Migration will be implemented via SCR CA-243416

Commented [TN34]: Has this been done previously and proven to work successfully or is this the first integration instance?

Commented [JR35R34]: Yes – we currently have over 20 production counties that have integrated Calabrio One and eGain Analytics into Amazon Connect.

Commented [DB36]: Andy Nguyen: Need to connect to Salesforce

Commented [DB37R36]: There is no salesforce integration at this time. This was a DPSS leadership decision.

Commented [IH38]: Can we extend the retention rate?





Commented [JR39R38]: Please see added Assumption 14 in Section 1.4. Project team to confirm ability to provide extended recording retention rate of 2 years with Calabrio vendor.

Commented [DB40]: Andy Nguyen: Why disable screen pop?

Commented [DB41R40]: This was requested by Los Angeles County and confirmed by DPSS leadership.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
--------	-----------------	-------------	------------

1	RE	Los Angeles County Call Flow	 CA-261213 - LA County Call Flow - RE
2	RE	Los Angeles County Exit Reasons	 CA-261213 - LA County RE Line Exit Re
3	RE	Los Angeles County Queues	 CA-261213 - LA County RE Line Queue
4	RE	Los Angeles County Verbiage	Attached in provided design documentation summary email.
5	RE	Los Angeles County Quick Connects	 CA-261213 - LA County RE Line Quick

Commented [IH42]: Can we get 3 letter abbreviation codes or select more common abbreviation for languages

Commented [JR43R42]: Operational team confirmed both CSC and RE Line request abbreviation codes that would be standard across both CSC and RE Line. LA team to share abbreviation codes for Project team to implement, per 6/13 meeting.

Commented [JR44R42]: UPDATE: updated abbreviation codes received and will be implemented.

4 OUTREACH

The County Contact Center go-live will include 2 weeks of enhanced support, and model office training before the go live.

4.1 Enhanced Support

Following the go live, CalSAWS staff will be onsite (or available on a virtual bridge if onsite is not possible) to provide any required support for county staff.

4.2 Model Office

Model Office will be conducted prior to go live to give contact center staff hands on experience with the software before the go live. Model office will be conducted in person or virtually if in person is not possible.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-262808

Update to closure of GA/GR Automated
solution clients who are receiving SSI/SSP
benefits

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sridhar Mullapudi
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/31/2023	1.0	Initial Draft	Sridhar Mullapudi

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5	Appendix.....	Error! Bookmark not defined.

1 OVERVIEW

1.1 Current Design

GA/GR Automated Solution client will be closed for "Gets SSI/SSP" if they have an SSIAP record, and an OPA for either SSI Only, or SSI/SSP.

1.2 Requests

Close GA/GR Automated Solution clients with an OPA of SSI Only, or SSI/SSP even where no SSIAP record exists.

1.3 Overview of Recommendations

1. Update EDBC logic to close GA/GR Automated Solution clients with an OPA record of type 'SSI Only', or 'SSI/SSP' when no SSIAP record exists.

1.4 Assumptions

1. No impact to GA/GR LA county program
2. Eligibility determination based on SSIAP application status shall remain unchanged.

2 RECOMMENDATIONS

2.1 Update EDBC Rules

2.1.1 Overview

SSI/SSP recipients shall be closed for GA/GR Automated Solution if an OPA record for 'SSI/SSP' or 'SSI Only' and SSIAP record are entered for the benefit month. Update EDBC logic to close GA/GR Automated Solution recipient when there is only an 'SSI/SSP' or 'SSI only' OPA record.

2.1.2 Description of Changes

1. Update EDBC logic to close GA/GR Automated Solution recipient with reason 'Gets SSI/SSP' when an OPA record for 'SSI/SSP' or 'SSI Only' exists for the benefit month.
Note: Current functionality checks for an SSIAP record along with the OPA record, with the implementation of this SCR, SSIAP record shall not be required to close GA/GR Automated Solution recipient with reason 'Gets SSI/SSP'.

2.1.3 Programs Impacted

GA/GR Automated Solution

2.1.4 Performance Impacts

GA/GR Automated Solution

2.2 Automated Regression Test

2.2.1 Overview

Create automated regression test scripts to verify that a pending GA/GR Automated Solution application is Denied when EDBC is run for an applicant with (1) an OPA record for either 'SSI/SSP' or 'SSI Only' and (2) no SSIAP record.

2.2.2 Description of Change

1. Create a regression script to verify that when EDBC is run for the GA/GR Automated Solution program with an applicant with the following details, the program is Denied:
 - a. Pending status
 - b. OPA of type 'SSI/SSP'
 - c. No SSIAP
2. Create a regression script to verify that when EDBC is run for the GA/GR Automated Solution program with an applicant with the following details, the program is Denied:
 - a. Pending status
 - b. OPA of type 'SSI Only'
 - c. No SSIAP

Technical Note: This scenario only applies to counties that have opted-in to the GA/GR Automated Solution program.

3 SUPPORTING DOCUMENTS

[This section should include any supporting documents for the design as imbedded documents. Some examples of supporting documents include the Security Matrix, Form Design Documents, NOA Design Documents, and ETL Source-to-Target Mappings.]

Number	Functional Area	Description	Attachment

4 OUTREACH

[Include any specific outreach that needs to occur with implementation i.e. a CIT, a special webcast or onsite demonstration, any lists, etc...]

4.1 Lists

[Include a summary of the list(s). If there is more than one list, separate them with a numbered list and include the Location and Standard Columns only once in the overall summary.]

List Name: <List Name>

List Criteria: <Describe criteria for generating list>

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

Additional Column(s): <list additional columns, if any>

Frequency: <One-time, monthly, quarterly, etc.>

The list will be posted to the following locations:

System	Path
CalSAWS	CalSAWS Web Portal>System Changes>SCR and SIR Lists>YYYY>CA-XXXXXX
C-IV	CalSAWS Web Portal>System Changes>SCR and SIR Lists>YYYY>CIV-XXXXXX



California Statewide Automated Welfare System

Design Document

CA-266170

Add a flyer and re-send EW40 NOAs

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vicente Romero
	Reviewed By	Tiffany Huckaby, Elisa Miller

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
8/11/2023	0.1	Initial Revision	Vicente Romero

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1 OVERVIEW

EW40 transaction missed some cases and due to this MEDS was not updated and households remained eligible. However, NOAs need to be resent out with clarifications around the actual Discontinuance.

1.1 Current Design

Discontinuance NOAs were already sent on these cases. These Discontinuances vary dependent on the program and case scenario.

1.2 Requests

1.) Add a new flyer to explain the new Discontinuance Date included in the same envelope (see second request)

2.) Re-send the Discontinuance NOA to central print which will be included in the same envelope as Request #1.

1.3 Overview of Recommendations

1. Add new flyer that will be sent with copy of Discontinuance NOA.
2. DCR to re-send the Discontinuance NOA.

1.4 Assumptions

1. The new Flyer will only go out with the specific NOAs that are being re-sent as part of this effort. It will not be available in Template Repository.
2. The new Flyer is only available in English. A GEN 1365 will go in the same envelope.
3. Discontinuance NOA that is being re-sent will be in the same language that was the NOA was previously provided.

2 RECOMMENDATIONS

2.1 Add new One-Time Flyer

2.1.1 Overview

Add a new Flyer that will be sent with the re-sent Discontinuance NOA.

State Form: N/A, verbiage created by Consortium and sent to DHCS for review and approval.

Programs: Medi-Cal (all)

Attached Forms: This will be sent with the NOA from Recommendation 2.2.

Forms Category: N/A

Template Repository Visibility: Not visible in Template Repository

Languages: English only, GEN 1365 will be sent in same envelope.

2.1.2 Form/NOA Verbiage

Create Form XDP

Create a XDP based on the verbiage sent and approved by DHCS for a one-time mailer.

Form Header: Header 1

Form Title (Document List Page Displayed Name): MC Extension Information Mailer

Form Number: Temp MC Mailer

Include NA Back 9: No

Imaging Form Name: CF Notice of Work Rules

Imaging Document Type: CalFresh (CF)

Imaging Case/Person: case

Form Mockups/Examples: See Supporting Documents #1

2.1.3 Form/NOA Variable Population

N/A, only the Form Header will be populated.

2.1.4 Form/NOA Generation Conditions

Add Form Generation

DCR will be created to generate a Flyer for each re-sent NOA. See Recommendation 2.2.

Add Form Print Options and Mailing Requirements

This flyer will be mailed out with the re-sent NOAs in Recommendation 2.2.

Mailing Requirements:

Mail-To (Recipient): Primary Applicant

Mailed From (Return): District Office Address

Mail-back-to Address: N/A

Outgoing Envelope Type: N/A

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: This will go with both the re-sent NOA and GEN 1365

Electronic Signature: N/A

Post to Self Service Portal (SSP): No

2.2 Re-Send Medi-Cal Discontinuance NOA

2.2.1 Overview

Create a DCR to re-send the NOAs that were on cases impacted by the EW40 issue.

2.2.2 Description of Change

Create a DCR to re-send the Medi-Cal Discontinuance NOAs based on the attached list in Supporting Documents #2.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
--------	-----------------	-------------	------------

1	FORM	One time Flyer	MC Extension Information Mailer
2	NOA	List of Medi-Cal NOAs that will be re-sent out	

Commented [TH1]: Provide list

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-266170

Add a flyer and re-send EW40 NOAs

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vicente Romero
	Reviewed By	Tiffany Huckaby, Elisa Miller

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
8/11/2023	0.1	Initial Revision	Vicente Romero

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1 OVERVIEW

EW40 transaction missed some cases and due to this MEDS was not updated and households remained eligible. However, NOAs need to be resent out with clarifications around the actual Discontinuance.

1.1 Current Design

Discontinuance NOAs were already sent on these cases. These Discontinuances vary dependent on the program and case scenario.

1.2 Requests

1.) Add a new flyer to explain the new Discontinuance Date included in the same envelope (see second request)

2.) Re-send the Discontinuance NOA to central print which will be included in the same envelope as Request #1.

1.3 Overview of Recommendations

1. Add new flyer that will be sent with copy of Discontinuance NOA.
2. DCR to re-send the Discontinuance NOA.

1.4 Assumptions

1. The new Flyer will only go out with the specific NOAs that are being re-sent as part of this effort. It will not be available in Template Repository.
2. The new Flyer is only available in English. A GEN 1365 will go in the same envelope.
3. Discontinuance NOA that is being re-sent will be in the same language that was the NOA was previously provided.

2 RECOMMENDATIONS

2.1 Add new One-Time Flyer

2.1.1 Overview

Add a new Flyer that will be sent with the re-sent Discontinuance NOA.

State Form: N/A, verbiage created by Consortium and sent to DHCS for review and approval.

Programs: Medi-Cal (all)

Attached Forms: This will be sent with the NOA from Recommendation 2.2.

Forms Category: N/A

Template Repository Visibility: Not visible in Template Repository

Languages: English only, GEN 1365 will be sent in same envelope.

2.1.2 Form/NOA Verbiage

Create Form XDP

Create a XDP based on the verbiage sent and approved by DHCS for a one-time mailer.

Form Header: Header 1

Form Title (Document List Page Displayed Name): MC Extension Information Mailer

Form Number: Temp MC Mailer

Include NA Back 9: No

Imaging Form Name: CF Notice of Work Rules

Imaging Document Type: CalFresh (CF)

Imaging Case/Person: case

Form Mockups/Examples: See Supporting Documents #1

2.1.3 Form/NOA Variable Population

N/A, only the Form Header will be populated.

2.1.4 Form/NOA Generation Conditions

Add Form Generation

DCR will be created to generate a Flyer for each re-sent NOA. See Recommendation 2.2.

Add Form Print Options and Mailing Requirements

This flyer will be mailed out with the re-sent NOAs in Recommendation 2.2.

Mailing Requirements:

Mail-To (Recipient): Primary Applicant

Mailed From (Return): District Office Address

Mail-back-to Address: N/A

Outgoing Envelope Type: N/A

Return Envelope Type: N/A

Additional Requirements:

Special Paper Stock: N/A

Enclosures: This will go with both the re-sent NOA and GEN 1365

Electronic Signature: N/A

Post to Self Service Portal (SSP): No

2.2 Re-Send Medi-Cal Discontinuance NOA

2.2.1 Overview

Create a DCR to re-send the NOAs that were on cases impacted by the EW40 issue.

2.2.2 Description of Change

Create a DCR to re-send the Medi-Cal Discontinuance NOAs based on the attached list in Supporting Documents #2.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
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1	FORM	One time Flyer	MC Extension Information Mailer
2	NOA	List of Medi-Cal NOAs that will be re-sent out	