CalSAWS

California Statewide Automated Welfare System

Design Document

CA-208406

Identify SSA Assisted Applications Identification
from Self-Service Portal

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Gillian Noelle Bendicio
	Reviewed By	Melissa Mendoza, William Baretsky, Tyler Mogk, Esequiel Herrera-Ortiz, Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
9/11/2023	.1	Initial Revision	Gillian Noelle Bendicio
10/04/2023	.2	Incorporating Committee Feedback: 1. Add Government Agency as Search By Origin 2. Replace State Agency to Government Agency Add Report impact on CalFresh CBO Application Report	Gillian Noelle Bendicio
10/04/2023	.3	Incorporate R6 feedback	Gillian Noelle Bendicio

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1 OVERVIEW

This System Change Request (SCR) documents the changes required to store and display information on e-Applications that have been submitted by a Social Security Administration (SSA) worker.

1.1 Current Design

Before the CalSAWS migration, C-IV counties were able to view when the application was "SSA-assisted". After C-IV migrated to CalSAWS, the information is no longer accessible to the counties.

Currently, applicants can submit applications with the help of an SSA worker at the SSA office. The SSA office workers utilize the Get CalFresh (GCF) website which calls the Application Transfer service in CalSAWS. The SSA-assisted indicator is not sent and stored in CalSAWS.

SSA-assisted applications are included in the CalFresh CBO Application Report as they are submitted with the origin 'Community Based Organization'.

1.2 Requests

Allow the Self-Service Portal (SSP) to indicate that an e-Application is "SSA-assisted" and display this information in CalSAWS.

1.3 Overview of Recommendations

1. Add 'Government Agency' as a Search by Origin option.
2. Update the e-Application Summary page to display the "SSA-assisted" indicator and display a new origin type.
3. Update the Case Summary page to display the "SSA-assisted" indicator under the e-Applications subsection of the Self-Service Portal section.
4. Update the Application Transfer API to accept and store the SSA-assisted indicator for an e-Application.
5. Add the 'Social Security Administration' organization in ForgeRock.
6. Update the CalFresh CBO Application Report to include the e-Applications submitted with the origin 'Government Agency'.

1.4 Assumptions

1. Existing functionality not documented in this SCR will be unchanged.
2. CA-260798 Update e-Application Search Page will introduce the Search By Origin functionality.
3. e-Applications created prior to the release of this SCR will not display a value under the new SSA-assisted field on the e-Application Summary page and Case Summary page under the Self-Service Portal e-Applications section. These fields will display a blank value.
4. There is no change to how the SSA workers submit applications.

2 RECOMMENDATIONS

2.1 e-Application Search Page

2.1.1 Overview

The e-Application Search page has an option to search by the e-Application origin. This SCR adds a new value to the origin dropdown.

2.1.2 E-Application Search Mockup

e-Application Search

✱- Indicates required fields   Search

e-App Status: ✱	e-App Number:
Pending Clearance	
ES/IN:	e-App Language:
Search By: ✱	Origin: ✱
Origin	Government Agency
Application Date Range	
Begin Date: ✱	End Date: ✱
08/02/2023	08/07/2023

▶ Advanced Search

Results per Page: 25 ✓ Search

Figure 2.1.1 – e-Application Search with Government Agency

2.1.3 Description of Changes

1. Add 'Government Agency' to the 'Origin' dropdown that displays when the 'Search By' dropdown is populated with 'Origin' value.

2.1.4 Page Location

- **Global: Case Info**
- **Local: e-Tools**
- **Task: e-Application Search**

2.1.5 Security Updates

No impact to this section.

2.1.6 Page Mapping

No impact to this section.

2.1.7 Accessibility

The page has been assessed and there are no impacts to this section.

2.1.8 Page Usage/Data Volume Impacts

No impact to this section.

2.2 e-Application Summary

2.2.1 Overview

The e-Application Summary page is the landing page of all e-Applications submitted from the SSP and allows the worker to review and link an approved e-Application to a case.

2.2.2 E-Application Mockup

e-Application Summary

	Images	Link e-App to Case	Edit	Close

e-App Number: 7001005	**e-App Status:** Pending Clearance	**Case Number:**
Application Date: 08/10/2023	**Signed Date:** 08/10/2023	**Transferred Date:**
Expedited Services/Immediate Need/Immediate MediCal: No	**Authorized Representative:**	**Programs:** CF
Office: 038 Metro North Office 37 RIVERVIEW DR Kansas City, CA 70814	**CMSP:** No	**SSA-Assisted:** Yes
Child Abuse:	**Domestic Abuse:**	**Elder Abuse:**
Other Emergency: No	**Does anyone in your household have a personal emergency?**	**Indian Reservation:**
Consent for Verifications:	**Origin:** Government Agency	**User Agency:** Social Security Administration
Years Verification Maintained:		

Figure 2.2.1 – e-Application Summary with SSA-Assisted information

2.2.3 Description of Changes

1. Update the e-Application Summary page to add the "SSA-Assisted" field (as shown in Figure 2.1.1).
   a. The field is uneditable and displays one of the following:
      1. Yes
      2. No
      3. <Blank>
2. Display a new value of 'Government Agency' under the 'Origin' field when an e-Application is marked 'Yes' under the 'SSA-Assisted' field.
   a. Technical Note: The 'User Agency' field is populated with 'Social Security Administration' as set by the SSP.

2.2.4 Page Location

- **Global: Case Info**
- **Local: e-Tools**
- **Task: e-Application Search**

2.2.5 Security Updates

No impact to this section.

2.2.6 Page Mapping

Update the page mapping to include the new 'SSA-assisted' field.

2.2.7 Accessibility

The page has been assessed and there are no impacts to this section.

2.2.8 Page Usage/Data Volume Impacts

No impact to this section.

2.3 Case Summary

2.3.1 Overview

The Case Summary page displays the case information and associated programs information. It has a section that displays the SSP information associated with the case and case person.

2.3.2 Case Summary Mockup

Figure 2.3.1 – Case Summary Mockup

2.3.3 Description of Changes

1. Add a new column 'SSA-Assisted' under the 'e-Applications' subsection in the 'Self-Service Portal' section.
    a. The field is uneditable and displays one of the following based on the corresponding e-Application record:
        1. Yes
        2. No
        3. <Blank>

2.3.4 Page Location

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

2.3.5 Security Updates

No impact to this section.

2.3.6 Page Mapping

Update the Page Mapping to include the SSA-Assisted field.

2.3.7 Accessibility

The page has been assessed and the following issues are found:

1. ARIA commands must have an accessible name
2. IDs of active elements must be unique
3. IDs use in ARIA and labels must be unique
4. Id attribute value must be unique

2.3.8 Page Usage/Data Volume Impacts

No impact to this section.

2.4 Application Transfer API

2.4.1 Overview

The Application Transfer API is a RESTful service that accepts and stores the e-Application submitted by applicant from the SSP to CalSAWS.

2.4.2 Description of Change

1. Add a new field titled 'ssaInd' in the request which accepts a value of true or false. The default value is false.
2. Add a new business validation returned under the 422 response code when the user agency in the request is not 'Social Security Administration' and the ssaInd is set to true:
   a. benefitscal-00005: The user agency passed is invalid for an SSA application.

2.4.3 Partner Integration Testing

Yes – BenefitsCal with masked data

2.4.4 Execution Frequency

Real-Time service

2.4.5 Key Scheduling Dependencies

No impact to this section.

2.4.6 Counties Impacted

CalSAWS counties

2.4.7 Category

No impact to this section.

2.4.8 Data Volume/Performance

No impact to this section.

2.4.9 Interface Partner

BenefitsCal

2.4.10 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.)

2.5 ForgeRock

2.5.1 Overview

The ForgeRock system manages the user log-in information for the SSP and CalSAWS. The information relating to different organizations that use the SSP is also stored in ForgeRock.

2.5.2 Description of Change

1. Add a new organization with the organization name as 'Social Security Administration'.

2.5.3 Partner Integration Testing

Yes – BenefitsCal with masked data

2.5.4 Execution Frequency

Real-Time service

2.5.5 Key Scheduling Dependencies

No impact to this section.

2.5.6 Counties Impacted

CalSAWS counties

2.5.7 Category

No impact to this section.

2.5.8 Data Volume/Performance

No impact to this section.

2.5.9 Interface Partner

BenefitsCal

2.5.10 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.)

2.6 CalFresh CBO Application Report

2.6.1 Overview

The CalFresh CBO Application Report is a scheduled report that provides statistics for CalFresh applications submitted by the Community Based Organizations (CBOs) during the report month. This SCR updates the report to include e-Applications submitted with 'Government Agency' as the origin.

2.6.2 Description of Change

1. Update the CalFresh CBO Application Report to include e-Applications that are submitted with the 'Government Agency' as the origin.

   Technical Note: These e-Applications are identified in the system by using the newly added column C4Y_APP.SSA_IND = "Y" which is added by Section 2.2.

2.6.3 Report Location

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

2.6.4 Counties Impacted

CalSAWS counties

2.6.5 Security Updates

No impact to this section.

2.6.6 Report Usage/Performance

No impact to this section.

2.7   Automated Regression Test

2.7.1   Overview

Create new regression test scripts based on the system test scenarios for the permanent functional changes outlined above.

2.7.2   Description of Change

1. Evaluate each system test scenario for the potential of automation. Known exclusionary criteria:
   a. Temporary or one-time changes (ex., Data Change Requests, operational batch job execution)
   b. Technical limitations (ex., visual comparison of a static document against a template)
   c. Security restrictions (ex., access to an external service requiring Multi-Factor Authentication)
   d. Required manual intervention (ex., physical printing, document scanning, forced service outage)
2. For each scenario determined to be an automation candidate, modify the system test scenario to be executable as part of the Regression Test Suite. This may include the following:
   a. Repeatability: The script must be able to execute multiple times between data refreshes
   b. Targetability: The script must fully and accurately verify the actual result against the expected result of the scenario

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Interfaces	Application Transfer – YAML file	ApplicationTransfer.yaml
2	Interfaces	Application Transfer – HTML file	ApplicationTransfer.html

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.27.1.5	LRS shall expose an interface for the transfer of Data from the Los Angeles Self Service Portal, eliminating the necessity for the applicant to re-enter information.	The Application Transfer API sends and stores the application submitted by the applicant from the SSP.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 APPENDIX

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-211986

Update the 'Disqualification Consent Agreement' ABCD 478A English version and add available Threshold languages

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/25/2023	1.0	Initial Draft	Ramya YK

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1 OVERVIEW

This effort will update ABCD 478A in English to latest version (5/20) and add available threshold languages in CalSAWS.

1.1 Current Design

Currently ABCD 478A (05/02) is available in English language in CalSAWS.

1.2 Requests

Updated ABCD 478A "Disqualification Consent Agreement California Work Opportunity And Responsibility To Kids (CalWORKs) Program" to latest version (5/20) and add available threshold languages to CalSAWS Template Repository.

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

1.3 Overview of Recommendations

Add the updated ABCD 478A (5/20) to the Template Repository in English and available threshold Languages.

1.4 Assumptions

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

2 RECOMMENDATIONS

2.1 Update and add ABCD 478A to the CalSAWS Template Repository

2.1.1 Overview

This section will cover the requirements for updating the ABCD 478A forms in English and add available threshold languages.

State Form: ABCD 478A (5/20)

Current Programs: CalWORKs

Current Forms Category: Forms

Current Template Repository Visibility: All counties

Template Description: This form is sent to a customer when they have been accused of an IPV. It is sent so the customer can voluntarily

temporarily disqualify themselves from the CW program as described by the agreement.

Imaging Form Name: DISQUALIFICATION CONSENT AGREEMENT CW

Imaging Document Type: CalWORKs (CW)

2.1.2 Form Verbiage

Update ABCD 478A XDP's for English and add available threshold Languages.
Create XDP for ABCD 478A with latest version (5/20)

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

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

Form Mockups/Examples: See Supporting Documents #1
Form Header: CalSAWS Standard Header #1
Form Number: ABCD 478A
Include NA BACK 9: No

2.1.3 Form Generation Conditions

ABCD 478A will be generated 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 ABCD 478A Form
Mail-To (Recipient)	Applicant selected on the document parameters page.
Mailed From (Return)	Worker's Office Address
Mail-back-to Address	N/A

Mailing Options	Option for ABCD 478A Form
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 ABCD 478A Form
Post to Self-Service Portal	Y

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	ABCD 478A form	ABCD_478A_EN.pdf ABCD_478A_SP.pdf ABCD_478A_AR.pdf ABCD_478A_AE.pdf ABCD_478A_CA.pdf ABCD_478A_CH.pdf ABCD_478A_FA.pdf ABCD_478A_HM.pdf ABCD_478A_KO.pdf ABCD_478A_LA.pdf ABCD_478A_RU.pdf ABCD_478A_TG.pdf ABCD_478A_VI.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	ABCD 478A is being updated in English and added in Spanish Languages.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-220057

Informational Materials Required at MC Auto Ex-Parte Renewal

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Lalitha Valamarthi
	Reviewed By	Priya Sridharan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/13/2023	1.0	Initial Revision	Lalitha Valamarthi
09/11/2023	1.1	Adding new coversheet	Lalitha Valamarthi
10/12/2023	1.2	Updated as per comments from Committee Review	Lalitha Valamarthi

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1   OVERVIEW

All County Welfare Director Letter (ACWDL) 20-22 provided guidelines on the required informational materials to be sent out to all Medi-Cal beneficiary households annually whether they are determined Medi-Cal eligible after an Ex-Parte review (auto renewed) or when they are sent their renewal packet.

This system change request (SCR) outlines the changes to add a new batch job to send informational materials to all Medi-Cal beneficiary households after an Ex-Parte renewal (auto renewed).

1.1   Current Design

Currently in CalSAWS, the MAGI Beneficiary Household Packet is available in the Template Repository. However, there is no automated batch process that sends out the packet when households are renewed via Ex-Parte (auto renewed).

1.2   Requests

1.   Create a new batch process to send out the MAGI Beneficiary Household Packet to Medi-Cal beneficiary households who are determined Medi-Cal eligible after an Ex-Parte review (auto renewed).
2.   Add print central option to the existing MAGI Beneficiary Household Packet.

1.3   Overview of Recommendations

1.   Create a new batch process to send out the 'MAGI Beneficiary Household Packet' in English and threshold languages' for all the counties.
2.   Add print central option to the existing MAGI Beneficiary Household Packet.

1.4   Assumptions

1.   Informational Materials Required at MC Application will be implemented by SCR CA-259279.
2.   Informational Materials Required at MC Auto Ex-Parte Renewal will be added to the Template Repository in English and threshold languages by SCR CA-259074.
3.   Per existing MC RE Packet batch process functionality, if there are multiple MC program blocks on the case, MAGI Beneficiary Household Packet will be sent for each program.
4.   A generic journal entry will be added with short description of "MAGI Beneficiary Household Packet - MAGI beneficiary household packet" (form Number–form Name) when the MAGI Beneficiary Household Packet is generated from CalSAWS.
5.   The California Voter Registration Card will be included at the Print Center.

6. If the worker manually auto-renews the MAGI cases, then the worker should generate the 'MAGI Beneficiary Household Packet' from the template repository.
7. The new sweep will run every day from the 3rd business day until the 7th business day and it will generate the 'MAGI Beneficiary Household Packet' for the programs that were auto renewed. A regular medical RE packet will be generated on the 8th business day for all programs subject to an annual renewal that did not auto renew.

2   RECOMMENDATIONS

2.1   Create the MAGI Beneficiary Household Packet Batch Job for all the Counties.

2.1.1   Overview

Create a new batch job to send out the MAGI Beneficiary Household Packet in English and threshold languages for all the Counties.

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

2.1.2   Description of Change

1. Create a new batch job that will find cases that meet all the following conditions. The effective month referenced below is 14 months following the batch date.
    1) The current program is Medi-Cal.
    2) The current program is Active.
    3) The program RE due month is the same month as the effective month (effective month is 14 months from batch date) and the completion date is not set.
       Technical Note: If the batch date is 07/06/2023, then the current RE due month should be 09/2024.
    4) The benefit month for the most current accepted and saved regular EDBC run is the batch month plus one month, it was authorized by Batch, and it has the 'RE' Run Reason.
       Technical Note: If the batch date is 07/06/2023, then the benefit month would be 08/01/2023.
    5) The EDBC Run Date is between the Last Success Date and Batch Date.
    6) *Find the DER for the above EDBC that has a run reason of 'RE '*

With (batch month plus one month) as the *effective date*.

7) *Find the EDR for the above DER with a batch reason code of '01' (Batch MAGI Redetermination EDR).*
    Technical Note: Join the ICT_EDBC table to find the corresponding EDR for the DER received and the EDBC run.

8) There does not exist a record in the system transaction table for the case with a type code of 'FR', a sub type code for the 'MAGI Beneficiary Household Packet', that is for the same effective month for the current program.

9) There does not exist a 'MAGI Beneficiary Household Packet 'generated by batch for the case and the program in the batch date month.

2. For each record returned from the driving query, insert a record into the system transaction table with the following transactional values:

Field to Populate	Population for RE Packet
Case Id	The case Id associated to the current MC program.
Program Id	The program Id of the current MC program.
Person Id	The primary applicant of the current MC program.
Type Code	FR
Sub Type Code	TDB
Effective Date	The begin date of the current RE Due Month of the MC program.

2.1.3 Execution Frequency

This batch job runs monthly.

2.1.4 Key Scheduling Dependencies

The first EDBC will run on the 3rd business day. So, the new batch job will be scheduled to run from the 3rd business day up until the 7th business day.

The new sweep should run after the EDBC completes.

The PO00EM430 streamer job will run after this batch job, and PO00EM431 consumer batch jobs will run after the streamer job and is responsible for generating the packets.

2.1.5 Counties Impacted

All Counties

2.1.6 Data Volume/Performance

The estimated number of record this batch processes is 130,000 per month.

2.1.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.2 Update to the MAGI Beneficiary Household Packet.

2.2.1 Overview

The MAGI Beneficiary Household Packet currently has only a Print locally option. This effort will be to modify the packet to add a central printing option, as well as update the minor changes.

2.2.2 Description of Change

1. Update the print option to add 'Print Centrally.'

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

2. Remove the GEN 1365 from the MAGI Beneficiary Household Packet.

Form
Coversheet
MC 019
MC 219
MC 372
PUB 13
PUB 183/PUB 184
MC 003
NVRA VPF

Note: Packets printed centrally will have GEN 1365 added during the bundling process.

3. Update the priority of the MAGI Beneficiary Household Packet to '06' and the outgoing envelope type from Standard Mail (SM) to Flat Mail (FM).

4. Modify the bundler job to add GEN 1365 to the 'the MAGI Beneficiary Household Packet' during the bundling process for all counties.
5. Add the following batch job for all the Counties.
   a. PBXXP406 – Priority 6 Bundling Job
   b. PBXXP506 – Priority 6 Bundle Transfer Job
   c. PBXXP426 – Priority 6 Bundle FTP Job
   Note: *The 'XX' denotes the county code. For example, PB36P400 is the priority 0 bundling job for San Bernardino. The batch properties for LA county already exist.*
6. Update the coversheet of the 'MAGI Beneficiary Household Packet' to include the verbiage in English and threshold languages stating that this packet is for information purposes and requires no action.
   Languages Include: English and system supported threshold languages (Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese).
7. Bundle MAGI Beneficiary Household Packet in English and threshold languages with the following new bundle names:

   a. Bundle name for LA County:

   MMDDYYYY_HHMMSS_19_DP_6_FM_NO_MAGI_BEN_HH_LAN_BBB.pdf
   Note: *'LAN' denotes the Language code. For example, 'ENG' is the language code for English.*
   'BBB' denotes the bundle number. For example, 001.

   b. Bundle names for all Migration Counties:

   MMDDYYYY_HHMMSS_XX_6_FM_NO_MAGI_BEN_HH_LAN_BBB.pdf
   Note: *'LAN' denotes the Language code. For example, 'ENG' is the language code for English.*
   'BBB' denotes the bundle number. For example, 001.
   'XX' denotes the Migration County codes. For example, 33.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
	There are no packets or informational materials sent to the Medi-Cal beneficiary households at Ex-Parte review(auto renewed).	New batch process was implemented to send out the informational packets for all the counties at Ex-Parte review(auto renewed).

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-230740

Update NA Back 9 version 05/2022 and Update
NA Back 9 Address Population

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Phong Xiong
	Reviewed By	Priya Sridharan, Akira Moriguchi

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/11/2022	1.0	Initial Draft	Phong Xiong
11/17/2022	2.0	Draft Re-start After SCR was pushed out to 23.05	Phong Xiong
10/17/2023	3.0	Updates as per committee review	Phong Xiong
10/18/2023	4.0	Updates as per LA Comments from committee review	Phong Xiong

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1 OVERVIEW

A new version of the NA Back 9 (05/22) has been released by CDSS to be used on all correspondence requiring a NA Back 9. This SCR will update the existing NA Back 9 to match the latest state version and make updates to the population logic of the form.

1.1 Current Design

The system has 04/2013 NA Back 9 for all notices. Not all NA Back 9 versions in the system have a Hearing Address that supports 7 address lines.

NA 1261 was initially implemented with its own NA Back 9 fragment which is NA1261_BACK. With SCR CA-207395 in 20.11, we have updated the form NA 1261 to use updated NA Back 9 (NA_BACK9_FRAG) template to populate the Hearing address and Legal Aid address based on what county the case is managed in.

Currently in the system, we have these different versions of the NA Back 9:
1. CMSP Form NA BACK 9
2. DCFS NA BACK 9
3. GA/GR NA BACK 9
4. MAGI NA BACK 9 for Forms
5. MAGI NA BACK 9 for NOAs
6. NA BACK 9 for NOAs
7. NA BACK 9 for CSF 165
8. Template Repository NA BACK 9

1.2 Requests

1. Update the NA Back 9 with the latest state release NA Back 9 (05/2022).
2. Update the NA Back 9 versions in the system to support the use of a 7-line Hearing address.
3. For LA county, DCFS appeals information has been removed and is now showing DPSS information for NA 1261. Update variable population to pull the correct appeals information.
4. Update the NA Back 9 to populate Hearing Address and Legal Aid Address information.

1.3 Overview of Recommendations

1. Add the latest NA Back 9 (05/22) into CalSAWS to do the following:
   a. Update the Hearing Address space to support 7 lines of information,
   b. Update the variable population logic for the Legal Aid Address and Hearing Address variables
2. Turn off the following NA Back 9s:
   a. NA Back 9 for NOAs
   b. NA Back 9 for CSF 165
   c. Template Repository NA Back 9

3. Update the NA 1261 to populate the correct LA County DCFS appeals address in the NA Back 9.

1.4 Assumptions

1. The generation logic of the NA Back 9 will not be changed with this effort.
2. All the different versions of the NA Back 9 are updated to match the new 05/22 version; except for the GA/GR NA Back 9 and the CMSP Form NA Back 9.
    a. Any form or NOA using the GA/GR NA Back 9 or the CMSP Form NA Back 9 will not be updated with this effort.
3. This effort's implementation will leave a total of 5 different NA Back 9s in the system:
    a. CMSP Form NA Back 9,
    b. DCFS NA Back 9,
    c. GA/GR NA Back 9,
    d. MAGI NA Back 9, and
    e. NA Back 9 (05/22)
4. Any changes to the GA/GR NA Back 9 and CMSP Form NA Back 9 will be done in a separate effort if needed.
5. The Hearing address and Legal Aid address listed on the Correspondence List page will be used for the 57 Migration Counties.
6. The NA Back 9 will be printed directly on the back of the first page of the notice.
7. The NA Back 9 will be populated based on the existing logic for LA County DPSS.
8. SCR CA-269577 will update the NA Back 9 to populate the statewide Welfare Rights offices.

2   RECOMMENDATIONS

2.1   Add the New NA Back 9 (05/22) Recommendation

2.1.1   Overview

The NA Back 9 is used to notify a customer of their hearing rights and the ability to send the form back to request a hearing. This is the latest version to be used.

State Form: NA Back 9 (05/22)

Programs: All Programs, except for CMSP, GA/GR, and MC

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese

Note: The Hindi, Japanese, Mien, Punjabi, Thai, and Ukrainian versions will only be available in the Template Repository.

2.1.2   Form Verbiage

Create Form XDP

A new XDP is needed for the new NA Back 9. The NA Back 9 does not have the standard form components, such as: Form Header, Imaging Form Name, Imaging Document Type, Imaging Case/Person, etc.

Form Mockups/Examples: See supporting documents #1

2.1.3   Form Variable Population

The body of the NA Back 9 will have the following variable population logic as shown in the table below:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population**	Populates with Form Generation***
1. CDSS URL	Populates with the following URL: www.cdss.ca.gov/	Arial Font Size 10	Yes / Text field	Yes	Yes

	inforesources/state-hearings				
2. ACMS Link	Populates with the following URL: acms.dss.ca.gov	Arial Font Size 10	Yes / Text field	Yes	Yes
3. TOLL FREE NUMBER	Populates with the following phone number: (800) 743-8525	Arial Font Size 10	Yes / Text field	Yes	Yes
4. TDD PHONE NUMBER	Populates with the following phone number: (800) 952-8349	Arial Font Size 10	Yes / Text field	Yes	Yes
5. FAX NUMBER	Populates with the following fax number: (833) 281-0905	Arial Font Size 10	Yes / Text field	Yes	Yes
6. In Person	Populates with the hearing address associated to the county. Note: Should support 7 lines. **This is existing functionality pulled from the current NA Back 9.**	Arial Font Size 10	Yes / Text field	Yes	Yes
7. MAIL TO	Populates with the following address: CDSS State Hearings Division, PO Box 944243, MS 21-37 Sacramento CA 94244-2430	Arial Font Size 10	Yes / Text field	Yes	Yes
8. EMAIL TO	Populates with the following email	Arial Font Size 10	Yes / Text field	Yes	Yes

	address: SHDCSU@DSS. ca.gov				
9. COUNTY	Populates with the name of the county that generated the notice.	Arial Font Size 10	Yes / Text field	Yes	Yes
10. LEGAL AID	Populates with the legal aid information of the county. **This is existing functionality pulled from the current NA Back 9.**	Arial Font Size 10	Yes / Text Field	Yes	Yes

* 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.

**Note: This represents when the form is generated from the Template Repository in the context of a case.

***Note: This represents when the form is generated through both batch and/or online automation.

Variables 1-5, and 7-8 are added to the DOC_DATA table as a single record used for all counties.

Variables 1-5, and 7-8 are text verbiage as provided by CDSS and are implemented as variables.

YOUR HEARING RIGHTS

YOUR HEARING RIGHTS (See also PUB 412 at 1 **)**
You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at 2 Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account OR
- **Call** toll free 3 (or TDD 4) OR
- **Fax** fill out this page/fax to 5 OR

- Fill out this page, and deliver it by one of the following:
  - **In-person:** 6
  - **Mail to:** 7
  - **Email to:** 8

HEARING REQUEST

1. My hearing issue involves _____ (benefit program) and 9 _____ County/Agency.
2. I want a hearing because: _____
   _____
3. Print name of person who needs a hearing: _____ Birthdate: _____
4. Mailing Address: _____ Phone number: _____
   ☐ I want to get hearing notices from the State Hearing Division by email. **Email Address:** _____
5. **Name/Signature:** _____ _____ Date Signed _____
6. Interpreter: ☐ I want a **free** interpreter for the _____ language or dialect.
7. Disability Accommodation for hearing? ☐ No ☐ Yes (explain): _____
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:
   ☐ By Telephone ☐ By Video *(you see judge on your phone/computer)* ☐ In person at the county hearing site
   ☐ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ☐ Denial of CalWORKs or CalFresh emergency benefits
   ☐ Medical Emergency ☐ Eviction/homelessness ☐ Other (explain): _____
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKS (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.
    ☐ Check to have your aid lowered or stopped pending the hearing for: ☐ CalWORKs ☐ Childcare ☐ CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed:**
    NAME: _____ Email: _____
    Address: _____ Phone: _____
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

    10

NA Back 9 (5/22) Required Form - No Substitute Permitted

2.1.4 Form Generation Conditions

1. Forms using the following two NA Back 9s will now be using the new NA Back 9 (05/2022):

- NA Back 9 for NOAs (NA_BACK9_FRAGMENT)
- Template Repository NA Back 9 (NA_BACK9_FRAG)

2. **<u>Add Form to the Template Repository</u>**

The new NA Back 9 (05/22) version will be added to the template repository.

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

2.2   DCR to Turn Off NA Back 9s

2.2.1   Overview

The existing NA Back 9s will be turned off and the new NA Back 9 in section 2.1 will be used as a replacement.

2.2.2   Description of Change

DCR to turn off the following NA Back 9s:

- NA Back 9 for NOAs (NA_BACK9_FRAGMENT)
- NA Back 9 for CSF 165 (NA_BACK9_NOAFF)
- Template Repository NA Back 9 (NA_BACK9_FRAG)

2.3 Update the MAGI NA Back 9 Recommendation

2.3.1 Overview

The MAGI NA Back 9 is used to notify a customer of their hearing rights and the ability to send the form back to request a hearing for Medi-Cal cases. This is the latest version to be used.

State Form: NA Back 9 (05/22)

Programs: Medi-Cal

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese

Note: The Hindi, Japanese, Mien, Punjabi, Thai, and Ukrainian versions will only be available in the Template Repository.

2.3.2 Form Verbiage

Update Form XDP

The XDP (NA_BACK9_MAGI_FRAG) will be updated to match the latest State version.

Form Mockups/Examples: See supporting documents #3

2.3.3 Form Variable Population

The body of the MAGI NA Back 9 will have the following variable population logic as shown in the table below:

Variable Name	Population	Formatting	Editable*/ Field Type	Template Repository Population**	Populates with Form Generation***
1. CDSS URL	Populates with the following URL: www.cdss.ca.gov/ inforesources/state -hearings	Arial Font Size 10	Yes / Text field	Yes	Yes

2. ACMS Link	Populates with the following URL: acms.dss.ca.gov	Arial Font Size 10	Yes / Text field	Yes	Yes
3. TOLL FREE NUMBER	Populates with the following phone number: 1-855-795-0634 **This is the existing toll free number on the MAGI NA Back 9 and is hard-coded into the form.**	Arial Font Size 10	Yes / Text field	Yes	Yes
4. TDD PHONE NUMBER	Populates with the following phone number: 1-800-952-8349 **This is the existing TDD number on the MAGI NA Back 9 and is hard-coded into the form.**	Arial Font Size 10	Yes / Text field	Yes	Yes
5. FAX NUMBER	Populates with the following fax number: 1-916-651-2789 **This is the existing fax number on the MAGI NA Back 9 and is hard-coded into the form.**	Arial Font Size 10	Yes / Text field	Yes	Yes
6. IN PERSON	Populates with the following hearing address: California Department of Social Services	Arial Font Size 10	Yes / Text field	Yes	Yes

	State Hearings Division, ACAB 744 P Street, MS 9-17-97 Sacramento, CA 95814 Note: Should Support 7 lines. **This is existing functionality pulled from the current MAGI NA Back 9 and is hard-coded into the form.**				
7. MAIL TO	Populates with the following address: CDSS State Hearings Division, PO Box 944243, MS 21-37 Sacramento CA 94244-2430	Arial Font Size 10	Yes / Text field	Yes	Yes
8. EMAIL TO	Populates with the following email address: SHDCSU@DSS. ca.gov	Arial Font Size 10	Yes / Text field	Yes	Yes
9. COUNTY	Populates with the name of the county that generated the notice.	Arial Font Size 10	Yes / Text field	Yes	Yes
10. LEGAL AID	Populates with the legal aid information of the county.	Arial Font Size 10	Yes / Text Field	Yes	Yes

	Note: Should Support 7 lines. **This is existing functionality pulled from the current NA Back 9.**				

* 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.

**Note: This represents when the form is generated from the Template Repository in the context of a case.

***Note: This represents when the form is generated through both batch and/or online automation.

YOUR HEARING RIGHTS

YOUR HEARING RIGHTS (See also PUB 412 at 1 **)**
You can ask for a hearing if you disagree with a county/agency action or failure to act. You have **90 days** to do so, starting the day after the date of the notice. After 90 days, you must prove you had a good reason for asking late. You can also ask for a hearing to review your benefits for the past 90 days. If you ask for a hearing before the date of the change, your benefits will continue unchanged. CalFresh will end if you don't recertify when due.

- **Online** at 2 Click "Create an account" to have an ACMS account and get documents online; or click "Submit Appeal without Account" to file without an account *OR* 3

- **Call** toll free 1-855-795-0634   (or TDD 1-800-952-8349) *OR* 4
- **Fax** fill out this page/fax to 1-916-651-2789   *OR* 5

- Fill out this page, and deliver it by one of the following:
  - o **In-person:** California Department of Social Services State Hearings Division, ACAB 744 P Street, MS 9-17-97 Sacramento, CA 95814 6

  - o **Mail to:** 7

  - o **Email to:** 8

HEARING REQUEST

1. My hearing issue involves _____ (benefit program) and _____9_____ County/Agency.
2. I want a hearing because: _____
   _____
3. Print name of person who needs a hearing: _____ Birthdate: _____
4. Mailing Address:_____ Phone number: _____
   ▢ I want to get hearing notices from the State Hearing Division by email. **Email Address:** _____
5. **Name/Signature:** _____ Date Signed _____
6. Interpreter: ▢ I want a **free** interpreter for the _____ language or dialect.
7. Disability Accommodation for hearing? ▢ No ▢ Yes (explain): _____
8. Your Hearing will be scheduled by phone. If you want your hearing conducted by a different method, tell us how:
   ▢ By Telephone ▢ By Video *(you see judge on your phone/computer)* ▢ In person at the county hearing site
   ▢ I have no phone or internet access. I want to go and use the phone or video at hearing site for my hearing.
9. I need a faster scheduled hearing due to ▢ Denial of CalWORKs or CalFresh emergency benefits
   ▢ Medical Emergency ▢ Eviction/homelessness ▢ Other (explain):_____
10. If you timely appeal before the action listed in the notice takes place, your aid may stay the same. For CalWORKS (including Child Care) and CalFresh, if the county action was correct, you have to pay back any extra aid.
    ▢ Check to have your aid lowered or stopped pending the hearing for: ▢CalWORKS ▢Childcare ▢CalFresh
11. You can have a friend, relative, legal counsel or other person help with your hearing. **If they have agreed**:
    NAME:_____ Email:_____
    Address:_____ Phone:_____
12. **To Get Help:** These groups below may be able to give you legal advice or represent you at the hearing:

10

NA Back 9 (5/22) Required Form - No Substitute Permitted

2.3.4 Form Generation Conditions

There are no changes to this section.

2.4 Update the CSF 165 Form Recommendation

2.4.1 Overview

The CSF 165 is the free format Medi-Cal NOA. It was updated with SCR CA-215037 to have its own NA Back 9. That NA Back 9 created for the CSF 165 is an exact replica of the MAGI NA Back 9.

State Form: NA Back 9 (05/22)

Programs: Medi-Cal

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

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

2.4.2 Form Verbiage

The CSF 165 will be updated to use the MAGI NA Back 9 (see section 2.3).

2.5 Update the DCFS NA Back 9 Recommendation

2.5.1 Overview

The DCFS NA Back 9 is used to notify a customer of their hearing rights and the ability to send the form back to request a hearing for Foster Care, Kin-GAP, or AAP cases. This is the latest version to be used.

State Form: NA Back 9 (05/22)

Programs: Medi-Cal

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese

Note: The Hindi, Japanese, Mien, Punjabi, Thai, and Ukrainian versions will only be available in the Template Repository.

2.5.2 Form Verbiage

Update Form XDP

The XDP (NA_BACK9_DCFS_FRAGMENT) will be updated to match the latest State version.

Form Mockups/Examples: See supporting documents #1

2.5.3 Form Variable Population

The body of the DCFS NA Back 9 will follow the variable population logic shown in section 2.1.3.

The Hearing and Legal Aid addresses will continue to follow the existing population logic for the DCFS NA Back 9.

2.5.4 Form Generation Conditions

There are no changes to this section.

2.6 Update the NA 1261 Form Recommendation

2.6.1 Overview

The NA 1261 is used when overpayment is determined valid; regardless of if there is an associated existing recovery account if overpayment is for a different accrual month. As part of SCR CA-207395, the logic for the NA Back 9 populated on the NA 1261 was updated. This recommendation will update the Hearing Address of the NA Back 9 when populated for the NA 1261 to LA County's DCFS appeals address.

State Form: NA 1261 (01/16)

Programs: AAP, Foster Care, and Kin-GAP

Attached Forms: None

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English and Spanish

2.6.2 Form Verbiage

There are no updates to this section.

2.6.3 Form Variable Population

The NA Back 9 that populates for the NA 1261 will populate its Hearing Address as follows:

Children's Services Appeals And State Hearing Section

9320 Telstar Ave., STE 216

El Monte, CA 91731

Technical Note: OFFICE_TYPE_CODE = CHR, COUNTY_CODE = 19

2.6.4 Form Generation Conditions

There are no updates to this section.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	NA Back 9 Mockup	NA_Back_9_EN.pdf
2	Spreadsheet	List of forms and NOAs that use the existing standard NA Back 9	CA-230740 NA Back 9 Form and NOA Listing.xlsx
3	Forms	MAGI NA Back 9 Mockup	MAGI_NA_Back_9_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions;	Updating the NA Back 9 that is sent with correspondence sent from CalSAWS.

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245961

Update and align wording on Blue Voucher to match paper perforation lines

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Mohammad Dabbagh
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/14/2023	1.0	Initial Design Setup	Mohammad Dabbagh

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1   OVERVIEW

This SCR is to update the wording and relocate verbiage to match the paper perforation lines.

1.1   Current Design

The current form has two sentences that are in two separate locations that ask the caregiver that is filling out the form to complete the form and to return it by mail or by email.

1.2   Requests

1. Move sentence, "Please return completed voucher… to FCHL@DCFS.lacounty.gov" from the bottom and place it after sentence "Caregiver is required to complete and return… during the month of <Month>."
2. Add "within three (3) business days" in the middle of the following sentence (see bold): "Caregiver is required to complete and return… during the month of <Month>."
3. Changes should reflect as follows: "Caregiver is required to complete and return this voucher within three (3) business days ONLY if minor left home during the month of <Month>. Please return completed voucher using envelope provided or by e-mailing it to FCHL@DCFS.lacounty.gov."
4. Remove the space above "Child removed from my Home/Institution…" to make space for the sentence that is being moved above it.

1.3   Overview of Recommendations

1. Update the Form verbiage to reflect the changes requested.

1.4   Assumptions

1. The change in verbiage will not affect the variable population and generation conditions.

2 RECOMMENDATIONS

2.1 Foster Care Payment Voucher

2.1.1 Overview

The effort is updating the DCFS 1800 Form. The form currently has two sentences that are separated by other texts and fields. This form needs to be updated to relocate the bottom sentence to be directly below the sentence in the top section. As well as modifying the verbiage of these sentences.

State Form: DCFS 1800
Current Programs: Foster Care
Current Attached Form(s): NA Back 9
Current Forms Category: Form
Current Template Repository Visibility: LA County
Existing Languages: English

2.1.2 Form Verbiage

Update Form XDP

Updated Languages: English
Form Mockups/Examples: See Supporting Documents #1

1. The following is the change in verbiage:

Existing Text	Updated Text	Location in Document
Caregiver is required to complete and return this voucher ONLY if minor left home during the month of <Month>.	Caregiver is required to complete and return this voucher within three (3) business days ONLY if minor left home during the month of <Month>. Please return the completed voucher using the envelope provided or by e-mailing FCHL@DCFS.lacounty.gov.	Second page first paragraph
Please return completed voucher using envelope	<This line has been removed>	

provided or by e-mailing it to FCHL@DCFS.lacounty.gov.		

NOTE: The placement of the "TEAR HERE" line should not be moved.

2.1.3 Form Variable Population

The effort does not include changing of any Variable Population in the existing Form.

2.1.4 Form Generation Conditions

The effort does not include changing of any Generation Conditions of the Form.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Forms	DCFS 1800 Mockup PDF	DCFS1800_EN_Mockup.pdf

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
CAR-1213	The LRS shall use standard text for all notices, NOAs, forms, letters, stuffers, and flyers.	The form is using text that has been approved by the County.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-245963

San Bernardino Voice Bots Enhancements

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Olivia Arnold, Nicole Kenny
	Reviewed By	Jared Kuester

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
1/10/2023	0.01	Initial Version	Olivia Arnold
3/17/2023	0.02	Added reporting updates	Jared Kuester
4/7/2023	0.03	Updated Welcome Bot report	Hazim Qudah

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1 OVERVIEW

This request will add support for the Spanish language to the San Bernardino Voice Bots and update LEX from version 1 to version 2.

1.1 Current Design

The Authentication and Welcome Voice bots currently are built in LEX v1, they only support the English language, and the Authentication bot currently queries the AGGR tables.

1.2 Requests

Update the Voice bots to LEX v2, add support for the Spanish language, and update the queries to hit the live tables.

1.3 Overview of Recommendations

1. Update the Voice Bots
    a. Update LEX from v1 to v2
    b. Enhance the Bots by adding Spanish
        i. Translate the existing English into Spanish using our vendor
    c. Query the Live Tables instead of AGGR Tables
2. Update the daily automated reports
    a. Add counts for Spanish callers to the reports

1.4 Assumptions

1. Spanish responses will not replace the English responses.
2. The bot will have Spanish responses mapped to their corresponding English responses in the respective verbiage sheets.
3. LEX version update will not impact functionality of the bot with the current call flow.
4. Case numbers containing only numbers will continue to function as they do today.
5. Automated reports will continue to be sent daily.

2 RECOMMENDATIONS

2.1 Update the Voice Bots

2.1.1 Overview

The Voice Bots need to be updated to LEX v2 to be able to support the Spanish language, and to support future enhancements the Bots need to query the live tables as opposed to the AGGR tables.

2.1.2 Description of Changes

1. Update LEX from v1 to v2
   a. LEX v2 is required for adding Spanish language
2. Enhance the Bots by adding Spanish
   a. Translate the existing English verbiage into Spanish
      i. See the attached verbiage sheets for details (CA-245963 - Auth Bot Verbiage Sheet.xlsx, and CA-245963 - WelcomeBot Verbiage Sheet.xlsx)
3. Query the Live Tables instead of AGGR Tables
   a. For details on the queries the bots should use, review SCR CA-247275

2.2 Update the Daily Automated Reports

2.2.1 Overview

Daily reports are currently sent to the county that include stats on the Authentication Bot and Welcome Bot. The reports need to be updated to include stats on what the language the caller was speaking to the bot. This will provide the county information the success rate of each language.

2.2.2 Description of Changes

1. Update daily the Auth Bot report
   a. Add the following reporting points:
      i. Total English calls handled by Bot
      ii. Total calls handled by Bot
      iii. Successful Spanish
      iv. Unsuccessful Spanish
   b. Update the following reporting points:
      i. Update "Successful" to "Successful English"
      ii. Update "Unsuccessful" to "Unsuccessful English"

    c. For more details, see the attached report sample (CA-245963 - Auth Bot Report Sample.xlsx)

2. Update daily Welcome Bot Report
    a. Add the following reporting points:
        i. Successful Spanish Processing
        ii. Unsuccessful Spanish Processing
    b. Update the following reporting points:
        i. "Successful Processing" to "Successful English Processing"
        ii. "Unsuccessful Processing" to "Unsuccessful English Processing"
    c. For more details, see the attached report sample (CA-245963 - Welcome Bot Report Sample.xlsx)

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	IVR	San Bernadino Auth Bot Verbiage Sheet	CA-245963 - Auth Bot Verbiage Sheet.:
2	IVR	San Bernadino Welcome Bot Verbiage Sheet	CA-245963 - WelcomeBot Verbia
3	IVR	Authentication Bot report	CA-245963 - Auth Bot Report Sample.x
4	IVR	Welcome Bot Report	CA-245963 - Welcome Bot Repor

4   APPENDIX

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-250270

Add Available Translations for M16-325A to CalSAWS.

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/12/2023	1.0	Initial Draft	Ramya HS

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1   OVERVIEW

The purpose of this SCR is to update M16-325A to state version (7/02) and add available threshold languages to CalSAWS.

1.1   Current Design

Currently M16-325A is only available in English language in the CalSAWS.

1.2   Requests

Update M16-325A EBT Exemption Request to state version (07/02) in English and add available threshold languages to the CalSAWS Template Repository.

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

1.3   Overview of Recommendations

Update M16-325A EBT Exemption Request to state version (07/02) in English and add available threshold languages to the CalSAWS Template Repository.

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

1.4   Assumptions

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

2   RECOMMENDATIONS

2.1   Updated and add M16-325A to the CalSAWS in available Threshold languages.

2.1.1   Overview

The form M16-325A will be updated and added in available threshold languages.

State Form: M16-325A (7/02)
Programs: CalWORKs, RCA, CAPI, General Assistance/General Relief
Attached Forms: N/A

Forms Category: Forms

Template Repository Visibility: All counties

Form Title (Document List Page Displayed Name): EBT Exemption Request

Imaging Form Name: EBT Exemption

Imaging Document Type: Notification/NOA

Existing Languages: English.

2.1.2 Form Verbiage

Create XDP's for M16-325A.

Create new XDP' for English and threshold languages with version (07/02).

Threshold Languages: Chinese*, Russian, Spanish, Vietnamese

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

Form Header: CalSAWS Standard Header (HEADER_1_EN)
Include NA Back 9: Yes
Form Mockups/Examples: See supporting document #1

2.1.3 Form Variable Population

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

2.1.4 Form Generation Conditions

The M16-325A form will be generated through only Template Repository.

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

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

Print Options:

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

Mailing Options:

Mailing Options	Option for M16-325A 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 M16-325A Form
Post to Self-Service Portal	Y

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	M16-325A	M16_325A_English.pdf M16_325A_Chinese.pdf M16_325A _Russian.pdf M16_325A _Spanish.pdf M16_325A _Vietnamese.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	M16-325A is updated to state version(07/02) and being added in available threshold Languages to CalSAWS.

CalSAWS

Design Document

CA-251163

Add NOA Fragments in Threshold Languages for CalWORKs NOA Generation (M40-107G)

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Singaram Manickam
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/21/2023	1.0	Initial Document	Singaram Manickam

Table of Contents

1   OVERVIEW

The purpose of this change is to add NOA Fragments in Threshold Languages for CalWORKs NOA Generation (M40-107G).

1.1   Current Design

M40-107G (1/22) - 60th Month On Aid NOA fragment available in English and Spanish.

1.2   Requests

Add Threshold languages to M40-107G with NOA code A414C (Snippet ID - 9580).

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

1.3   Overview of Recommendations

Add Threshold languages to M40-107G with NOA code A414C (Snippet ID - 9580).

Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, 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 M40-107G with reason code A414C.

2.1.1   Overview

Add Threshold languages to M40-107G with NOA code A414C.

Reason Fragment Name and ID:
CW_CH_TL_60_GRANT_REDUCED_EXEMPTS_CS_A414
(Fragment ID: 9580)
State Form/NOA: NA 530/M40-107G
Current NOA Template: CW_TL_60_NOA_TEMPLATE (ID: 3044)
Current Program(s): CalWORKs
Current Action Type: Change
Include NA Back 9: Yes
Existing Languages: English & Spanish

2.1.2   Form/NOA Verbiage

Add M40-107G 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

2.1.3   Form/NOA Variable Population

No updates to variable population.

2.1.4   Form/NOA Generation Conditions

No updates to existing trigger conditions.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Correspondence	M40-107G NOA fragments	Fragments_Verbiage.xlsx

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices;	M40-107G NOA Reason fragment is being added in available Threshold languages.

	t. Corrective NOAs on State Fair Hearing decisions;	
	u. CSC paper ID cards with LRS-generated access information; and	
	v. CSC PIN notices.	

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-251169

Add NOA Fragments in Threshold Languages for CalWORKs NOA Generation (M44-207J & M44-207M)

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nisarga N
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/23/2023	1.0	Initial Document	Nisarga N

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1 OVERVIEW

The purpose of this change is to add NOA Fragments in Threshold Languages for CalWORKs NOA Generation (M44-207J & M44-207M).

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 for the Applicant Test Fails NOA with reason code A233D (Snippet ID - 6136).
    Languages Include: Chinese, Russian and Vietnamese.
2. Add Threshold languages for the CW Rcpient Prspctive Test Fail NOA with a reason code A576D (Snippet ID – 6315).
    Languages Include: Chinese, Russian and Vietnamese.
3. Add Threshold languages for the RCPNT PRSPCTIVE TEST FAIL with a reason code A997D (Snippet ID – 9589).
    Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.
4. Add Threshold languages for the BUDGT_CW_NA213 (Snippet ID – 1298).
    Languages Include: Chinese, Russian and Vietnamese.
5. Add Threshold languages for the BUDGT_CW_NA213A (Snippet ID – 1299).
    Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.
6. Add Threshold languages for the CW_DN_MESSAGE2 (Snippet ID – 5020).
    Languages Include: Arabic, Hmong and Lao.
7. Add Threshold languages for the CW_DN_MESSAGE5 (Snippet ID – 5018).
    Languages Include: Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.

1.3 Overview of Recommendations

1. Add threshold Languages for the Applicant Test Fails with reason code A233D (Snippet ID - 6136).
2. Add threshold Languages for the CW Rcpient Prspctive Test Fail with a reason code A576D (Snippet ID - 6315).
3. Add threshold Languages for the RCPNT PRSPCTIVE TEST FAIL with a reason code A997D (Snippet ID - 9589).
4. Add threshold languages for the BUDGT_CW_NA213 (Snippet ID - 1298).
5. Add threshold languages for the BUDGT_CW_NA213A (Snippet ID - 1299).
6. Add threshold languages for the CW_DN_MESSAGE2 (Snippet ID - 5020).
7. Add threshold languages for the CW_DN_MESSAGE5 (Snippet ID - 5018).

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 for the Applicant Test Fails with reason code A233D.

2.1.1   Overview

Add threshold languages for CW_DN_CNTBL_INC_EXCEED_STND_A233 NOA reason Fragments in CalSAWS.

Reason Fragment Name and ID: CW_DN_CNTBL_INC_EXCEED_STND_A233 (Fragment ID: 6136)
State Form/NOA: NA 213 / M44-207J
Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)
Current Program(s): CalWORKs
Current Action Type: Denial
Include NA Back 9: Yes
Existing Languages: English, Spanish

2.1.2   Form/NOA Verbiage

Add Applicant Test Fails fragments in Threshold languages.
Add Threshold languages: Chinese, Russian and Vietnamese.
NOA Mockups/Examples: Supporting Documents #1

2.1.3   Form/NOA Variable Population

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

2.1.4   Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.2   Add threshold Languages for the CW Rcpient Prspctive Test Fail with a reason code A576D.

2.2.1   Overview

Add threshold languages for CW_DN_FAIL_INCOME_EXCEEDS_STANDARD_NEEDS_A576 NOA reason Fragments in CalSAWS.

Reason Fragment Name and ID:
CW_DN_FAIL_INCOME_EXCEEDS_STANDARD_NEEDS_A576 (Fragment ID:
6315)
State Form/NOA: M44-207J
Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)
Current Program(s): CalWORKs
Current Action Type: Denial
Include NA Back 9: Yes
Existing Languages: English, Spanish

2.2.2 Form/NOA Verbiage

Add CW_DN_FAIL_INCOME_EXCEEDS_STANDARD_NEEDS_A576 fragments
in Threshold languages.

Add Threshold languages: Chinese, Russian and Vietnamese.

NOA Mockups/Examples: Supporting Documents #1

2.2.3 Form/NOA Variable Population

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

2.2.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.3 Add threshold Languages for RCPNT PRSPCTIVE TEST FAIL with a reason code A997D.

2.3.1 Overview

Add threshold languages for CW_DN_MAP_TEST_FAIL_A997 NOA reason
Fragments in CalSAWS.

Reason Fragment Name and ID: CW_DN_MAP_TEST_FAIL_A997 (Fragment
ID: 9589)
State Form/NOA: NA 213A / M44-207M
Current NOA Template: CW_NOA_TEMPLATE (ID: 3026)
Current Program(s): CalWORKs
Current Action Type: Denial
Include NA Back 9: Yes

Existing Languages: English, Spanish

2.3.2 Form/NOA Verbiage

Add CW_DN_MAP_TEST_FAIL_A997 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

2.3.3 Form/NOA Variable Population

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

2.3.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.4 Add threshold languages for the BUDGT_CW_NA213.

2.4.1 Overview

Add threshold languages for BUDGT_CW_NA213 Fragments in CalSAWS.

Title Fragment Name and ID: BUDGT_CW_NA213 (Fragment ID: 1298)
Current Program(s): CalWORKs
Existing Languages: English, Spanish.

2.4.2 Form/NOA Verbiage

Add BUDGT_CW_NA213 NOA fragments in Threshold languages.

Add Threshold languages: Chinese, Russian and Vietnamese.
NOA Mockups/Examples: Supporting Documents #1

2.4.3 Form/NOA Variable Population

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

2.4.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.5 Add threshold languages for the BUDGT_CW_NA213A.

2.5.1 Overview

Add threshold languages for BUDGT_CW_NA213A Fragments in CalSAWS.

Title Fragment Name and ID: BUDGT_CW_NA213 (Fragment ID: 1299)
Current Program(s): CalWORKs
Existing Languages: English, Spanish.

2.5.2 Form/NOA Verbiage

Add BUDGT_CW_NA213A 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

2.5.3 Form/NOA Variable Population

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

2.5.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.6 Add threshold languages for the CW_DN_MESSAGE2.

2.6.1 Overview

Add threshold languages for CW_DN_MESSAGE2 Fragments in CalSAWS.

Title Fragment Name and ID: CW_DN_MESSAGE2 (Fragment ID: 5020)
Current Program(s): CalWORKs
Current Action Type: Denial
Existing Languages: English, Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog and Vietnamese.

2.6.2 Form/NOA Verbiage

Add CW_DN_MESSAGE2 fragments in Threshold languages.

Add Threshold languages: Arabic, Hmong and Lao.

NOA Mockups/Examples: Supporting Documents #1

2.6.3 Form/NOA Variable Population

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

2.6.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.7   Add threshold languages for CW_DN_MESSAGE5.

2.7.1 Overview

Add threshold languages for CW_DN_MESSAGE5 Fragments in CalSAWS.

Title Fragment Name and ID: CW_DN_MESSAGE5 (Fragment ID: 5018)
Current Program(s): CalWORKs
Current Action Type: Denial
Existing Languages: English, Spanish

2.7.2 Form/NOA Verbiage

Add CW_DN_MESSAGE5 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

2.7.3 Form/NOA Variable Population

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

2.7.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Correspondence	NOA Fragments	FragmentsVerbiage.xlsx NA213.zip NA213A.zip

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms;	A233D, A576D and A997D Reason Codes are added in threshold languages.

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-257538

Add variable population for the MC 373

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Manisha Chatterjee
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/10/2023	1.0	Initial Draft	Manisha Chatterjee

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1   OVERVIEW

This effort will be to update the variable population logic of the MC 373 form when generated from Template Repository.

1.1   Current Design

Currently, the MC 373 form is generated only from the Template Repository without any variable population in the form body in case context.

1.2   Requests

1. Update the MC 373 to pre-populate when generated in the context of a case from Template Repository.

1.3   Overview of Recommendations

1. Update the variable population logic of the MC 373 form when generated from Template Repository.

1.4   Assumptions

1. There are no other generation logic or verbiage changes to MC 373 form with this effort except the variable population logic from template repository in case context.
2. MC 373 form will be generated only from Template Repository for all counties.

2 RECOMMENDATIONS

2.1 Updates to the Existing MC 373 Form Recommendation

2.1.1 Overview

MC 373 - County Referral to the Breast and Cervical Cancer Treatment Program (revision 12/2021) to the CalSAWS system. This was provided by MEDIL I-22-03 to streamline the referral process between counties and BCCTP.

State Form: MC 373 (Revised12/2021)

Programs: Medi-Cal

Attached Forms: N/A

Forms Category: Forms

Template Repository Visibility: All Counties

Languages: English

2.1.2 Form/NOA Variable Population

The following fields will be pre-populated and editable by the worker:

Note: Applicant referred in the below table is the 'Customer Name' selected from 'Document Parameters' page (Path: Login to CalSAWS application→Go to 'Client Corresp.' tab→ Templates→Input Form Number and click on Search, 'Document Parameters' page will open). See screenshot below.

Variable Name	Population Logic	Formatting	Editable	Template Repository Population	Populates with Form Generation
Preferred Spoken Language (1)	Populates with the spoken language of the applicant from 'Individual Demographics' page.	Arial, Font size 10	Y	Y	N/A
OTHER (2)	No, pre-population. Worker entered only.	Arial, Font size 10	Y	N	N/A
Applicant/Beneficiary Name Last (3)	Populates with the last name of the applicant.	Arial, Font size 10	Y	Y	N/A
Applicant/Beneficiary Name First (4)	Populates with the first name of the applicant.	Arial, Font size 10	Y	Y	N/A
Applicant/Beneficiary Name MI (5)	Populates with the initial of the middle name of the applicant, if applicable, else it will be blank.	Arial, Font size 10	Y	Y	N/A
Phone Contact Information (6)	Populates with the 'Main' phone number of the applicant. If Main phone number is not available, this field will be blank.	Arial, Font size 10	Y	Y	N/A
Check If BCCTP can leave a message (checkbox)	No, pre-population. Worker entered only.	N/A	Y	N	N/A
MESS_PHONE (7)	No, pre-population.	Arial, Font size 10	Y	N	N/A

	Worker entered only.				
Authorized Representative Yes (checkbox)	This checkbox will be checked if the last name/first name of the Authorized representative field is populated.	N/A	Y	Y	N/A
Authorized Representative No (checkbox)	This checkbox will be checked if the last name/first name of the Authorized representative field is blank.	N/A	Y	Y	N/A
Authorized Representative Last (8)	Populates with the last name of the Authorized Representative having 'Full' Authority and 'Additional Recipient' flag as 'Yes' in Authorized Representative Detail page. Note: Authorized representative(s) shall be considered from the Medi-Cal program in which the applicant is active. If there are more than one Authorized representative associated with the Medi-Cal program, select the latest Authorized representative added for the program. Applicable for	Arial, Font size 10	Y	Y	N/A

	population of fields (9) and (10) population also. (See Fig 1 below for population of fields (8),(9) and (10))				
Authorized Representative First (9)	Populates with the last name of the Authorized Representative having 'Full' Authority and 'Additional Recipient' flag as 'Yes' in Authorized Representative Detail page.	Arial, Font size 10	Y	Y	N/A
Authorized Representative Phone (10)	Populates with the 'Main' phone number of the Authorized Representative associated to the Medi-Cal program in which the applicant is active. If Main phone number is not available, this field will be blank.	Arial, Font size 10	Y	Y	N/A
Case Number (11)	Populates with the case number in which the MC 373 is getting generated. Note: Since it's a dropdown field, the worker can edit it also.	Arial, Font size 10	Y	Y	N/A
CIN (12)	Populates with the CIN of the applicant.	Arial, Font size 10	Y	Y	N/A

Monthly Gross Household Income (13)	Populates this field only if the applicant is active in any of the Medi-Cal blocks. For Non-MAGI, take the latest EDBC pass budget, take the cumulative addition of 'Earned Income' and 'Unearned Income' from EDBC Summary page. (In case, if applicant has more than one 'Pass' budgets, take income from any of the 'Pass' budgets since household income will be same in all the budgets.) (See Fig 2 below) For MAGI, take the latest EDBC pass budget, take the 'Total Other Monthly Income' from 'MAGI Budget Detail' page. (See Fig 3 below) Note: If the applicant is active in more than one Med-Cal block in the case, this field will be blank.	Arial, Font size 10	Y	Y	N/A
Spouse (14)	Populates '1' if there is a 'Spouse' in	Arial, Font size 10	Y	Y	N/A

	relation to the applicant in the 'Relationship Detail' page, else this field will be populated with '0'.				
Children (15)	Populates the total number of children (under age 21) with relation as 'Child/Stepchild' to the applicant in 'Relationship Detail' page, if applicable, else this field will be populated with '0'.	Arial, Font size 10	Y	Y	N/A
Total Household Composition (16)	Populates this field with the cumulative addition of the field values of (14) and (15) and 1 count for the applicant. E.g.: If Spouse (14) is 1 and Children (15) is 2, then including applicant, this field will be populated with '4' value.	Arial, Font size 10	Y	Y	N/A
New Applicant (checkbox)	This checkbox will be checked if the 'Existing Beneficiary' checkbox is not checked.	N/A	Y	Y	N/A
Existing Beneficiary (checkbox)	This checkbox will be checked if applicant is 'Active' with 'MEM' role in any of the Medi-Cal	N/A	Y	Y	N/A

	blocks in 'Case Summary' page.				
County Name (17)	Populates the county of the case context, in which the worker is currently logged in to generate MC 373 form. Note: Since it's a dropdown field, the worker can edit it also.	Arial, Font size 10	Y	Y	N/A
EW Name (18)	Populates the worker's first and last name from 'Case Summary' page.	Arial, Font size 10	Y	Y	N/A
EW Desk Phone (19)	Populates the worker's 'Main' phone number. If Main phone number is not available, this field will be blank.	Arial, Font size 10	Y	Y	N/A
EW Ext (20)	Populates the worker's 'Main' phone extension if available, else this field will be blank.	Arial, Font size 10	Y	Y	N/A
EW Fax (21)	Populates the worker's 'Fax' number if available, else this field will be blank.	Arial, Font size 10	Y	Y	N/A
DATE that Applicant requested BCCTP Referral (22)	No, pre-population. Worker entered only.	Arial, Font size 10	Y	N	N/A

Fig 1 for population of fields (8,9 and 10):

Authorized Representative Detail

✱- Indicates required fields   Close

Type:
Case Person

First Name: ✱   Last Name: ✱   Middle Name/Initial:
▮▮▮▮▮▮   ▮▮▮▮▮▮

Suffix: Gender: Date of Birth:
                         Female   11/17/1956

Use Person Address:
Yes

Address Information ✱

Type	Address	Begin Date	End Date
Mailing	60 COLBURN RD Kansas City, CA 70320	06/17/2014	
Physical	60 COLBURN RD Kansas City, CA 70320	06/17/2014	

Contact Information

E-mail Address:
▮▮▮▮▮▮

Phone Number		Phone Type
▮▮▮▮▮▮	ext.	Home
▮▮▮▮▮▮	ext.	Cell

Authorized Representative Program Detail

✱- Indicates required fields   Close

Name: Program:
▮▮▮▮▮▮   Medi-Cal

Additional Correspondence Recipient: ✱   MC RE Packet Recipient: ✱
Yes   Yes

Authority: ✱
Full

Begin Date: ✱   End Date:
08/01/2023

Additional Information:

13

EDBC Summary page for population of Total Monthly Gross Household Income (field 13):

Eligible Budgets for MEDS

Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
MAGI	Pass	$0	0.00	3	M1	▇▇▇▇▇ 66F	MEM	
						▇▇▇▇▇ 77M	FRI	Doesn't Meet Program Req.
MSP - MC	Pass	$0	0.00	1		▇▇▇▇▇ 66F	FRI	Doesn't Meet Program Req.
					80	▇▇▇▇▇ 77M	MEM	
Aged and Disabled	Pass	$0	0.00	2		▇▇▇▇▇ 66F	FRE	Spouse
					1H	▇▇▇▇▇ 77M	MEM	

Fig 2: Population of Total Monthly Gross Household Income (field 13) for MAGI Budget. The income should be populated from the below highlighted field:

MAGI Budget Detail

Close

Name:
▇▇▇▇▇▇

MAGI Medi-Cal Monthly Income Budget

Current Monthly Income:	$683.00
Total Employment Monthly Income:	$0.00
Total Self Employment Monthly Income:	$0.00
Total Other Monthly Income:	$683.00

Name	Category	Business	Type	Amount
▇▇▇▇▇	Other Income	SSA	Social Security Retirement	$683.00

Allowable Deductions:	$0.00

Name	Type	Amount
No Data Found		

Total Current Monthly Income After Deductions:	$683.00
Projected Annual Income (Monthly Amount):	$0.00
Total Countable Income:	$683.00

Fig 3: Population of Total Monthly Gross Household Income (field 13) for Non-MAGI budgets, the population will be cumulative addition of both highlighted fields:

Begin Month	End Month	Run Date	Run Status	Accepted By
09/2021		08/03/2021	Accepted - Saved	▉▉▉▉▉

Income Determination			
Unearned Income		$	683.00
Unearned Income Deductions		-	20.00
Net Unearned Income		=	663.00
Earned Income		$	0.00
Earned Income Deductions		-	0.00
Net Earned Income		=	0.00
Total Net Income		$	663.00
Combined Income Deductions		-	0.00
Income Adjustments		+	0.00
Allocation and Other Deductions		-	0.00
Total Net Nonexempt Income		=	663.00
Unit Size			2

2.1.3 Form Verbiage

There are no updates to this section.

2.1.4 Form Generation Conditions

There are no updates to this section. Form will only generate through template repository. There are no batch/online triggers for this form.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	MC 373 Mockup	MC373_EN_Mockup.pdf

California Statewide Automated Welfare System

Design Document

CA-262097

Add MC 372 in Lao

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nisarga N
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/22/2023	1.0	Initial Draft	Nisarga N

Table of Contents

1   OVERVIEW

The purpose of this change is to add MC 372 Lao Language to CalSAWS.

1.1   Current Design

Currently the MC 372 is available in English and all CalSAWS supported threshold language except Lao.

1.2   Requests

1. Add MC 372 in Lao language to CalSAWS Template Repository.

2. Update Non-MAGI RE Packet, Mixed HH RE Packet with MC 372 in Lao language.

1.3   Overview of Recommendations

1. Add MC 372 in Lao language to CalSAWS Template Repository.

2. Update Non-MAGI RE Packet, Mixed HH RE Packet with MC 372 in Lao language.

1.4   Assumptions

1.   No Updates to the existing trigger conditions and population logics.
2.   Supporting Documents section references attachments found on Jira.

2 RECOMMENDATIONS

2.1 Add Lao language for MC 372 form.

2.1.1 Overview

Add the Lao language to MC 372.

State Form: MC 372

Programs: Medi-Cal

Forms Category: Forms

Template Repository Visibility: All Counties

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

2.1.2 Form Verbiage

<u>Add MC 372 XDP in Lao language.</u>

Add MC 372 XDP in Lao language.

Form Header: DHCS standard header (Header_3-4)

Form Number: MC 372

Include NA Back 9: No

Form Mockups/Examples: See supporting document #1

2.1.3 Form/NOA Variable Population

This form has no variables.

2.1.4 Form/NOA Generation Conditions

There will be no updates to the Form Generation, Form Control and Print/Mailing Options.

2.2 Update Non-MAGI RE Packet for Migration Counties

2.2.1 Overview

This SCR will update the Non-MAGI RE Packet (non-LA) in CalSAWS to account for the updates to forms MC 372.

State Form: Non-MAGI RE Packet

Current Programs: Medi-Cal

Current Attached Forms: Coversheet, MC 210 RV, MC 019, MC 219, MC 372, MC 007, DHCS 7077, DHCS 7077A, PUB 13, PUB 183, MC 003, NVRA VPF

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.2.2 Form/NOA Verbiage

Update Form XDP

This SCR will update the Lao language of the packet with respective Lao language verbiage of MC 372.

Updated Languages: Lao.
Form Header: CalSAWS Standard Header (RD_MIG_Header)
Form Number: Non-MAGI RE Packet.

2.2.3 Form/NOA Variable Population

There will be no updates to the packet's variables.

2.2.4 Form/NOA Generation Conditions

Updates to Form Generation

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.

2.3 Update Mixed HH RE Packet for Migration Counties

2.3.1 Overview

This SCR will update the Mixed HH RE Packet (non-LA) in CalSAWS to account for the updates to forms MC 372.

State Form: Mixed Household RE Packet

Current Programs: Medi-Cal

Current Attached Forms: Coversheet, MC 217, MC 019, MC 219, MC 372, MC 007, DHCS 7077, DHCS 7077-A, PUB 13, PUB 183, MC 003, NVRA VPF

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.3.2 Form/NOA Verbiage

Update Form XDP

This SCR will update the Lao language of the packet with respective Lao language verbiage of MC 372.

Updated Languages: Lao.
Form Header: CalSAWS Standard Header (RD_MIG_Header)
Form Number: Mixed Household RE Packet

2.3.3 Form/NOA Variable Population

There will be no updates to the packet's variables.

2.3.4 Form/NOA Generation Conditions

Updates to Form Generation

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.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1.	Correspondence	MC 372	MC372_LA.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices.	MC 372 is added in Lao language. The Non-MAGI RE Packet, Mixed HH RE Packet will also be updated in Lao language with account to MC 372.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-264343

Create new Transaction Types for ACL 21-118

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jimmy Tu
	Reviewed By	Sidhant G.

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
7/26/2023	1.0	Initial Version	Jimmy Tu

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1 OVERVIEW

1.1 Current Design

Currently, CalSAWS does not have Transaction Types of Compromised (100%) or Compromised (50%) for Recovery Account Transactions required by ACL 21-118.

1.2 Requests

1. Modify the Recovery Account Detail page logic.
2. Update Code Detail Table Category 412 to include two new Transaction Types.
3. Turn on the CalFreshElderlyOIAdjustment Batch job.
4. Update the CalFreshElderlyOIAdjustment Batch to post transactions with the new Recovery Account Transaction Types of 'Compromised 100%' and 'Compromised 50%'.
5. Turn on the Recovery Account Activation Batch job.

1.3 Overview of Recommendations

1. Modify the Recovery Account Detail page logic.
2. Update Code Detail Table Category 412 to include two new Transaction Types.
3. Turn on the CalFreshElderlyOIAdjustment Batch job.
4. Update the CalFreshElderlyOIAdjustment Batch to post transactions with the new Recovery Account Transaction Types of 'Compromised 100%' and 'Compromised 50%'.
5. Turn on the Recovery Account Activation Batch job.

1.4 Assumptions

1. CA-264306 is targeted for 23.11 and will update state and fiscal reports to include the two new transaction types being added with this SCR.
2. For Recovery Accounts already being collected on (Recovery Account Status is in 'Active') that meet the criteria for the Elderly/Disabled Compromise (please see CA-228466 for the criteria) workers will be required to manually post transactions to the RA to adjust the remaining balance by 50% or 100%. Users will use the transaction types of 'Compromised 50%' and 'Compromised 100%' respectively. The new 'Compromised 50%' and 'Compromised 100%' transactions will require positive amounts that will reduce the RA balance when posted. Transactions will be available for back out if added in error. The transaction method of 'Hand' will be used for transactions posted manually by the worker.
3. New Transactions with the transaction type of 'Compromised (100%)' and 'Compromised (50%)' will be sent to ITD for LA County in the ARS Transactions Writer.

2 RECOMMENDATIONS

2.1 Recovery Account Detail Page

2.1.1 Overview

This page will be modified to update the criteria that the system looks at to find Recovery Account Claims that are eligible for the Elderly/Disabled Compromise.

2.1.2 Recovery Account Detail Page Mockup

N/A.

2.1.3 Description of Changes

NOTE Below changes #1 & #2 were added with SCR CA-228466. This recommendation will be only to turn this functionality on.

1. Update the Recovery Account Detail page to post a transaction when the following criteria is true:
   a. Criteria:
      i. User edits Recovery Account Status from Pending to Active.
      ii. Recovery Account Program is 'CalFresh'.
      iii. Recovery Account Cause is 'CalFresh - IHE (Customer Caused)' OR CalFresh – Admin Caused (prior to or after 3/2000)
      iv. CalFresh Households consists of at least one member who is elderly and/or disabled.
         1. Elderly:
            a. Individual Demographics Page:
               i. Age 60 or older
         2. Disability:
            a. Other Program Assistance Detail page:
               i. Type of Assistance:
                  1. SSI/SSP
                  2. SSI Only
                  3. SSP Only
            b. Medical Condition Detail Page:
               i. Medical Condition Type
                  1. SSA Disabled
                  2. SP-DDSD Disabled
                  3. SSA Blind
                  4. SSI Blind
                  5. SP-DDSD Blind
                  6. Other CF Disability

v. Recovery Account Reason is NOT "Aid Paid Pending – State Hearing"
b. Set the Recovery Account Status Reason to 'Elderly/Disabled Compromise'.
c. Transaction Detail:
   i. Effective Month = Month of Batch Date
   ii. Transaction Amount = 50% or 100% of original balance based on the below.
      1. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of Recovery Account creation:
         a. Recovery Account Balance will be reduced by 100 percent.
         b. Flip Recovery Account Status to 'Closed' with Status Reason of "Elderly/Disabled Compromise".
      2. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one Responsible Party on the Recovery account that is Elderly and/or Disabled at the time of Recovery Account creation:
         a. Recovery Account Balance will be reduced by 50 percent.
            i. Note: If a 50% reduction results in a decimal (i.e. $55).
   iii. Transaction Type = Compromised
   iv. Transaction Method = System
   v. Responsible Party = Responsible Party of the Recovery Account
   vi. Comment = This recovery account balance has been reduced by {Transaction Amount} due to SB490/ACL 21-118 – Overissuance Compromise Policy for CalFresh Households with elderly and/or disabled members.
   vii. Note: Ensure that Back Out is enabled for this transaction.
2. For the above Recovery Account Transactions created by recommendation 2.2.3 #1, create a Journal Entry that states the following:
   a. Short Description: CalFresh Elderly and/or Disabled Compromise.
   b. Long Description: This recovery account {RA Number} balance has been reduced by {Transaction Amount} due to SB490/ACL 21-118 – Overissuance Compromise Policy for CalFresh Households with elderly and/or disabled members.

Note: The above updates were turned off with SCR CA-228466, and will be turned on with this SCR, CA-264343.

3. Update the Recovery Account Detail Page to include the following criteria when sweeping for Recovery Accounts Eligible for the Elderly/Disabled Compromise:
    a. Recovery Account Discovery Date is on or after 12/31/2023.
4. Update the Recovery Account Detail page to modify the following condition to the below:
    b. Before:
        i. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of Recovery Account creation:
            1. Recovery Account Balance will be reduced by 100 percent.
            2. Flip Recovery Account Status to 'Closed' with Status Reason of "Elderly/Disabled Compromise".
        ii. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one Responsible Party on the Recovery account that is Elderly and/or Disabled at the time of Recovery Account creation:
            1. Recovery Account Balance will be reduced by 50 percent.
                a. Note: If a 50% reduction results in a decimal (i.e. $55).
    c. After:
        i. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):
            1. Recovery Account Balance will be reduced by 100 percent.
            2. Flip Recovery Account Status to 'Closed' with Status Reason of "Elderly/Disabled Compromise".
        ii. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one **Active Household Member (program person)** that is Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):
            1. Recovery Account Balance will be reduced by 50 percent.
                a. Note: If a 50% reduction results in a decimal (i.e. $55).
5. Update the Recovery Account Detail page to post the following transaction types when posting a Recovery Account Transaction:
    d. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):
        i. Recovery Account Balance will be reduced by 100 percent with the Recovery Account transaction type of ***'Compromised (100%)'***.
    e. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one **Active**

Household Member (program person) that is Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):

  i. Recovery Account Balance will be reduced by 50 percent with the Recovery Account transaction type of ***'Compromised (50%)'***.

2.1.4 Page Location

- **Global:** Fiscal
- **Local:** Collections
- **Task:** Recovery Account Search

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 Code Table Change Request

2.2.1 Overview

The following changes will update Code Detail Category 412 to include a new Transaction Types for ACL 21-118. We will also be adding a new status reason of 'Elderly/Disabled Compromise in CT 413

2.2.2 Description of Change

1. Update Code Detail Table Category 412 to include the following two new Transaction Types.
   a. Compromised (100%)
   b. Compromised (50%)

Note: 'Compromised (100%)' and 'Compromised (50%)' transactions will require positive amounts and will reduce the recovery account balance when posted.

2. Update Code Detail Table Category 413 to include a new Recovery Account Status Reason of 'Elderly/Disabled Compromise'.

2.2.3 Estimated Number of Records Impacted/Performance

~2 Records

2.3 Fiscal: Update CalFreshElderlyOIAdjusment Batch Job

2.3.1 Overview

This CalFresh Elderly Overissuance Adjustment batch job will post Transactions to the Recovery Account for the new CalFresh OI Compromise Policy for CalFresh Households with elderly and/or disabled members.

2.3.2 Description of Change

1. Turn on the CalFreshElderlyOIAdjustment Batch job.
2. Update the CalFreshElderlyOIAdjustment Batch job to include the following criteria when sweeping for Recovery Accounts Eligible for the Elderly/Disabled Compromise:
   a. Recovery Account Discovery Date is on or after <mark>12/31/2023</mark>.
3. Update the CalFreshElderlyOIAdjustment Batch job to modify the following condition to the below:
   a. Before:
      i. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of Recovery Account creation:
         1. Recovery Account Balance will be reduced by 100 percent.
         2. Flip Recovery Account Status to 'Closed' with Status Reason of "Elderly/Disabled Compromise".
      ii. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one Responsible Party on the Recovery account that is Elderly and/or Disabled at the time of Recovery Account creation:
         1. Recovery Account Balance will be reduced by 50 percent.
            a. Note: If a 50% reduction results in a decimal (i.e. $55).
   b. After:
      i. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):
         1. Recovery Account Balance will be reduced by 100 percent.
         2. Flip Recovery Account Status to 'Closed' with Status Reason of "Elderly/Disabled Compromise".
      ii. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one

Active Household Member (program person) that is Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):

1. Recovery Account Balance will be reduced by 50 percent.
2. Note: If a 50% reduction results in a decimal (i.e. $55).

4. Update the CalFreshElderlyOIAdjustment Batch job to post the following transaction types when posting a Recovery Account Transaction:
   a. If all responsible parties on the Recovery Account are Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):
      i. Recovery Account Balance will be reduced by 100 percent with the Recovery Account transaction type of *'Compromised 100%'*.
   b. If there is at least one Responsible Party on the Recovery Account that is not Elderly and/or Disabled and at least one **Active Household Member (program person)** that is Elderly and/or Disabled at the time of discovery of the Recovery Account (Discovery Date):
      i. Recovery Account Balance will be reduced by 50 percent with the Recovery Account transaction type of *'Compromised 50%'*.

2.3.3 Execution Frequency

No Change. Daily.

2.3.4 Key Scheduling Dependencies

No Change.

2.3.5 Counties Impacted

No Change, all 58 counties.

2.3.6 Data Volume/Performance

N/A.

2.3.7 Failure Procedure/Operational Instructions

No Change.

2.4 Fiscal: Update Recovery Account Activation Batch

2.4.1 Overview

The Recovery Account Activation Batch looks for Recovery Accounts to Activate and will send out the required NOAs. This change will update the batch to look for Recovery Accounts in 'Active' status and 'Elderly/Disabled Compromise' Status reason for the Elderly/Disabled Compromise and send out the required NOAs.

2.4.2 Description of Change

1. Turn on the following for the Recovery Account Activation Batch to update Recovery Accounts that meet the following criteria to send out NOAs for Collections:
    a. Recovery Account Status: Active
    b. Status Reason = Elderly/Disabled Compromise (set by the CalFreshElderlyOIAdjustment Batch)
    c. RA Notification Date is Null Date (only stored in the back-end database tables).
    d. Program = CalFresh

    Note: This section of the above batch job was turned off with SCR CA-228466. This recommendation will be to turn this section of the batch job on.

2.4.3 Execution Frequency

No Change.

2.4.4 Key Scheduling Dependencies

No Change.

2.4.5 Counties Impacted

No Change.

2.4.6 Data Volume/Performance

N/A.

2.4.7 Failure Procedure/Operational Instructions

N/A.

2.5 Regression Test for CSF 102 – Receipt Form

2.5.1 Overview

The CSF 102 form is a receipt that can be generated via the Transaction Detail page and the Template Repository. It pulls information from CT412 to populate the Payment Type field on the form. The CSF 102 will not be automatically generated by batch and will only be available via the 'Generate Form' button on the Transaction Detail page or via the Template Repository.

2.5.2 Description of Change

The CSF 102 will require regression testing as part of this effort. The testing will be for Template Repository and the Transaction Detail page to ensure if the value for Payment Type is populated appropriately for the new Transaction Types added with section 2.1.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

4   REQUIREMENTS

4.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2   Migration Requirements

N/A.

5   MIGRATION IMPACTS

N/A.

6   OUTREACH

6.1   Lists

This list will provide a list of Recovery Accounts with a Discovery Date that is on or after 09/01/2023, and where there has been a recovery account transaction other than the type of 'Compromised (100%)' or 'Compromised (50%)'.

List Name: Recovery Accounts discovered after 09/01/2023 with transactions other than 'Compromised (100%)' and 'Compromised (50%)'.
List Criteria:
1. Recovery Account Discovery Date is on or after 09/01/2023
2. Recovery Account has Transactions on the Transaction Detail page with Transaction types OTHER than 'Compromised (100%)' or 'Compromised (50%)'.
3. Recovery Account meets the eligible criteria for the Elderly/Disabled Compromise listed below:
    a. Recovery Account Program is 'CalFresh'.
    b. Recovery Account Cause is 'CalFresh - IHE (Customer Caused)' OR CalFresh – Admin Caused (prior to or after 3/2000).
    c. CalFresh Households consists of at least one member who is elderly and/or disabled.
        i. Elderly:
            1. Individual Demographics Page:
                a. Age 60 or older
        ii. Disability:
            1. Other Program Assistance Detail page:
                a. Type of Assistance:
                    i. SSI Only
                    ii. SSI/SSP
                    iii. SSP Only
            2. Medical Condition Detail Page:
                a. Medical Condition Type
                    i. SSA Disabled
                    ii. SP-DDSD Disabled
                    iii. SSA Blind
                    iv. SSI Blind
                    v. SP-DDSD Blind
                    vi. Other CF Disability
    d. Recovery Account is Pending Status.
    e. No Overissuances (OI) have been posted to the Recovery Account in the last 7 calendar days.
    f. Recovery Account Reason is NOT "Aid Paid Pending – State Hearing"

Standard Columns:
- Case Name
- Case Number

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

Additional Column(s):
1. Recovery Account ID
2. Recovery Account 'Discovery Date'

Frequency: One time.

The list will be posted to the following locations:

System	Path
CalSAWS	CalSAWS Web Portal>System Changes>SCR and SIR Lists>2023>CA-264343

7 APPENDIX

N/A.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-266909

Update the Income Table to Count Cash Gift Income for CAPI

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sridhar Mullapudi
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/09/2023	1.0	Initial Draft	Sridhar Mullapudi

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1 OVERVIEW

1.1 Current Design

Income of type 'Cash Gift/Inheritance' is considered 'Exempt' from CAPI EDBC budget determination.

1.2 Requests

CAPI Regulation: 49-035.5, 'Cash Gift/Inheritance' income type shall be counted in CAPI budget as unearned income.

1.3 Overview of Recommendations

1. Update CAPI EDBC to count 'Cash Gift/Inheritance' income type as unearned income in the CAPI budget determination.
2. Generate a list of CAPI cases with 'Cash Gift/Inheritance' income type.

1.4 Assumptions

1. None

2   RECOMMENDATIONS

2.1   Update 'Cash Gift/Inheritance' Income Classification for CAPI.

2.1.1   Overview

When running CAPI EDBC 'Cash Gift/Inheritance' Income is not counted in budget determination. Update CAPI EDBC logic to count 'Cash Gift/Inheritance' Income as unearned income.

2.1.2   Description of Changes

1. CAPI EDBC shall include 'Cash Gift/Inheritance' Income as unearned income in CAPI budget determination.
   Update 'Cash Gift/Inheritance' Income classification (CT186_06 Reference Column 18) for CAPI program from 'Exempt' to 'Unearned'.

2.1.3   Programs Impacted

CAPI

2.1.4   Performance Impacts

None

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.11	The LRS shall treat income and resources based on program-specific rules.	'Cash Gift/Inheritance' Income shall be treated as unearned income in CAPI budget determination.

4   OUTREACH

4.1   Lists

Generate a list of case that meet all the following criteria:

1. Active CAPI member as of implementation date
2. Active CAPI member has an income of type 'Cash Gift/Inheritance' with an end date on or after the implementation date.

List Name: List of CAPI cases with 'Cash Gift/Inheritance' Income type
Standard Columns:
- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

Additional Column(s): None
Frequency: One-time

The list will be posted to the following locations:

System	Path
CalSAWS	CalSAWS Web Portal>System Changes>SCR and SIR Lists>2023>CA-266909

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-267632

MEDS: Update alert # 9518 on MEDS Alert
Search page

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Howard Suksanti
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/21/2023	1.0	Initial Doc	Howard Suksanti

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1 OVERVIEW

Update the following MEDS Alert in CalSAWS.

1. 9518 THIRTEENTH CONSECUTIVE HOLD MONTH CAUSED HCP DISENROLLMENT

1.1 Current Design

MEDS Alert 9518 is added in CalSAWS as part of CA-47608. The description of the Alert has been changed as part of MEDS Installed Change Cycle Letter 496. This SCR will update the alert detail of MEDS Alert 9518.

1.2 Requests

Update MEDS alert 9518 description in CalSAWS.

1.3 Overview of Recommendations

Update MEDS alert 9518 description in CalSAWS.

1.4 Assumptions

N/A.

2 RECOMMENDATIONS

2.1 Update MEDS Alert 9518.

2.1.1 Overview

Update MEDS alert 9518 description in CalSAWS.

2.1.2 Description of Change

Update the following MEDS alert into CalSAWS.

1. Alert #9518 (Internal #0682).

Alert Description (TITLE_DESCR)	THIRTEENTH CONSECUTIVE HOLD MONTH CAUSED HCP DISENROLLMENT
Explanation (TEXT_DESCR)	The MEDS Renewal disenrolled a prepaid health plan (PHP) recipient because the PHP enrollment was in a hold status and the PHP is not a participant in the supplemental capitation process.

Automation	No.
Task Creation	No.
Alert Type	Alert
Action (ACTN_DESCR)	None.

- Set MEDS Alert 9518 to 'Active' on the MEDS_ALERT_CONFIG table.
- Set the following default values for the Task Information on the MEDS Alert Admin Detail page for the new MEDS Alert:
  a. Status: Inactive
  b. Type: Blank
  c. Long Description: MEDS Alert {Alert ID} – {Alert Description} has been received.
  d. Due Date: Default Due Date
  e. Default Due Date: 10 Days
  f. Initial Assignment: Default Assignment
  g. Default Assignment: MEDS Alert Task Distribution

2.1.3 Counties Impacted

All Counties.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-268568

Update CAPI EDBC Logic to Not Round Down
the Override Amount

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Sridhar Mullapudi
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/10/2023	1.0	Initial Draft	Sridhar Mullapudi

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1 OVERVIEW

1.1 Current Design

When overriding CAPI EDBC, 'Payment Override Detail' page allows the user to override allotment amount determined by the EDBC. Overridden amount is used by the CAPI EDBC to determine the authorized amount. If the overridden amount is not a whole number, EDBC logic rounds down the amount to the nearest whole number to be used in aid payment determination.

1.2 Requests

Update CAPI EDBC logic to use exact overridden allotment amount when calculating aid payment section for CAPI EDBC

1.3 Overview of Recommendations

1. Update CAPI EDBC to use the exact overridden allotment amount including the cents when calculating aid payment section for CAPI EDBC

1.4 Assumptions

None

2 RECOMMENDATIONS

2.1 Update CAPI Aid Payment Logic

2.1.1 Overview

Overridden amount used in the 'Aid Payment' section on the 'CAPI EDBC Summary' page is rounded down to the nearest whole number.

Update CAPI EDBC logic to use the exact amount and not round down the overridden amount during aid payment calculations.

2.1.2 Description of Changes

1. Update CAPI EDBC logic to use the exact 'Override Amount' from the 'Payment Override Detail' page and not round down the overridden amount during aid payment calculations.

2.1.3 Programs Impacted

CAPI

2.1.4 Performance Impacts

None

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.1.21	The LRS shall automate eligibility determination and benefit calculation for certain individual and case changes.	Overridden allotment amount shall not be rounded down when used to determining allotment amount for CAPI EDBC

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-269361

Update San Francisco Rush Warrant Template
to Support 2 Payee Names

	DOCUMENT APPROVAL HISTORY	
CalSAWS	Prepared By	Phong Xiong
	Reviewed By	Priya Sridharan

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/18/2023	1.0	Initial Draft	Phong Xiong
10/23/2023	1.1	Updated as per SF County Discussion to add screenshot and assumption #6.	Phong Xiong

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1   OVERVIEW

This effort will be to make code changes to the San Francisco (SF) Rush warrant to allow for multiple payees in different scenarios.

1.1   Current Design

The current template only supports vendor name and does not support 2 payee names on the rush warrants.

1.2   Requests

Update rush warrant template to support vendor and client name in addition to allowing for modifiers in between payees when not using secondary payee functionality for Money Management.

Use the beneficiary option for the client's name to appear on the rush warrant with vendor name and modifier.

**See attachment for SF warrant printing rules.

1.3   Overview of Recommendations

1. Update the variable population logic of the San Francisco Rush Warrant to populate 2 payees with Vendor and Beneficiary from CalSAWS.

1.4   Assumptions

1. There are no changes to the XDP template for the SF rush warrant.
2. The changes for this effort are all back-end changes.
3. The code changes made in this effort are based on the SF Warrant Printing Rules (please see the appendix) as provided by SF County.
4. Scenarios 1 and 2 from the appendix are existing functionality in CalSAWS and will not be updated with this effort.
5. The changes outlined in this SCR are specific to SF County.
6. The Payee and Secondary Payee fields on the Rush Warrant Template has a maximum character length of 40. Anything with more than 40 characters will be truncated when generated on the Rush Warrant.

2 RECOMMENDATIONS

2.1 Updates to SF County Rush Warrant Variable Population Logic Recommendation

2.1.1 Overview

The SF County Rush Warrant variable population logic will be updated to allow for multiple payees to be populated.

2.1.2 Description of Changes

The SF County Rush Warrant variable population logic will be updated to include the following conditions when populating the Primary and Secondary Payee fields on the SF Rush Warrant Template.

1. There is no secondary payee listed in the Issuance Detail page, but there is a Reference (please see screenshot below).
2. And, if the PGM_CODE is any of the following:
   a. GA - General Assistance/General Relief
   b. GE - GA/GR Employment Services
   c. GI - GA/GR Immediate Need
   d. GM - General Assistance (Managed)
   e. GN - General Assistance (Non-Managed)
   f. GR - GA/GR Automated Solution
3. And, the aid code displayed on the Issuance Detail page is not aid code 9I (SF CALM) *
4. Then, the following are populated:
   a. Primary Payee field = Name of Reference** listed in the Issuance Detail page
   b. "AND" is populated as the prefix ahead of the Secondary Payee field
   c. Secondary Payee field = Name of Payee listed in Issuance Detail page

Or,

1. There is no Secondary Payee listed in the Issuance Detail page but there is a Reference, for all other scenarios other than the above conditions, then the following are populated:
   a. Primary Payee field = Name of Payee listed in Issuance Detail page
   b. "FOR" is populated as the prefix ahead of the Secondary Payee
   c. Secondary Payee field = Name of Reference** listed in the Issuance Detail page.

*Aid code 9I is read as "9 – i"

**Name of Reference listed in the Issuance Detail page is the beneficiary.

Note: *Warrant alignment testing is also part of this SCR.*

Note: *The data shown in this screenshot is masked data and does not show in Personally Identifiable Information.*

3   REQUIREMENTS

3.1   Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.16 CAR-1220	The LRS shall include standard electronic templates for all notices, NOAs, forms, letters, stuffers, and flyers that can be easily maintained by non-technical COUNTY-specified Users.	Update the variable population logic to the SF County rush warrant.

4   APPENDIX

The following are the rush warrant printing rules as provided by SF County:

There are 3 Payee Name types:
- Payee
- Beneficiary – From the Issuance Detail page, this is the "Reference"
- Secondary Payee

Warrants have "Payee 1" and sometimes "Payee Prefix" and "Payee 2."

Scenario 1 – No Beneficiary or Second Payee:
- CalSAWS Payee is "Payee 1"
- No "Payee Prefix"
- No "Payee 2"

Scenario 2 – Second Payee (ignore Beneficiary if it ever were to exist):
- CalSAWS Payee is "Payee 1"
- CalSAWS Prefix is "Payee Prefix"
- CalSAWS Payee 2 is "Payee 2"

Scenario 3 – Beneficiary for CAAP (excluding CALM (Aid Code 9I)):
- CalSAWS Beneficiary is "Payee 1"
- "AND" is "Payee Prefix"
- CalSAWS Payee is "Payee 2"

Scenario 4 – Beneficiaries in CALM or Not CAAP:
- CalSAWS Payee is "Payee 1"
- "FOR" is "Payee Prefix"
- CalSAWS Beneficiary is "Payee 2"

The following programs are defined as CAAP:

GA   General Assistance/General Relief

GE   GA/GR Employment Services

GI   GA/GR Immediate Need

GM   General Assistance (Managed)

GN   General Assistance (Non-Managed)

GR   GA/GR Automated Solution