



California Statewide Automated Welfare System

Design Document

CA-236896

Add Default Regulations to CF 377.1A in Template
Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	SUMANTH VYDANA
	Reviewed By	Tiffany Huckaby

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/03/2023	1.0	Initial Draft	SUMANTH VYDANA

Table of Contents

1	Overview.....	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions.....	4
2	Recommendations.....	5
	2.1 Add Default Regulations to CF 377.1A in Template Repository	5
	2.1.1 Overview	5
	2.1.2 Form Verbiage	5
	2.1.3 Form Variable Population	5
	2.1.4 Form Generation Conditions	5
3	Supporting Documents	6
4	Requirements.....	6
	Project Requirements.....	6

1 OVERVIEW

This effort is to add default regulations to the CF 377.1A that is available in Template Repository.

1.1 Current Design

Currently, CalSAWS has English and Spanish versions of the CF 377.1A in Template Repository, however this form does not generate with the regulations.

1.2 Requests

Add Default regulations to the CF 377.1A available in Template Repository.

1.3 Overview of Recommendations

Add Default regulations to the CF 377.1A when generated from Template Repository in the regulations section of the document.

1.4 Assumptions

1. There are no changes to the generation logic of the CF 377.1A.
2. All fields (blank or prepopulated) will be editable including the new regulations.
3. The CF 377.1A will be updated to match the newest State version with SCR CA-265360.

2 RECOMMENDATIONS

2.1 Add Default Regulations to CF 377.1A in Template Repository

2.1.1 Overview

This effort will only be updating the current version of the CF 377.1A that is available in Template Repository.

Note: The NOA version that generates via EDBC already generates with regulations.

State Form: CF 377.1A (8/21)

Programs: CalFresh

Attached Forms: N/A

Forms Category: NOA

Template Repository Visibility: All Counties

Languages: English and Spanish

2.1.2 Form Verbiage

There will no update the verbiage in the CF 377.1A. The regulations will be pre-populated in the regulation section per Recommendation 2.1.3.

Note: The CF 377.1A will be updated to match the newest State version with SCR CA-265360.

2.1.3 Form Variable Population

Add Default regulations to CF 377.1A in the regulations section in the existing English and Spanish versions.

Form Mockups/Examples: See Supporting Documents #1

Regulations:

MPP 63-300.46, 63-301.3, 63-504.23, 22-001(a)(1).

2.1.4 Form Generation Conditions

There will be no updates to the generation conditions of the CF 377.1A that is available in Template Repository.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Form	Mockup	SUPPORTING DOCUMENTS

4 REQUIREMENTS

Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.1.5 CAR-1209	CalSAWS shall collect and store the code, text, and the federal, State, and/or COUNTY manual section reference number for each reason and/or any possible combination of reasons for a proposed action and shall print the reason and the manual section reference number on each appropriate NOA.	Adding Regulations to template repository CF 377.1A Form.



California Statewide Automated Welfare System

Design Document

CA-239628

Update MAGI Pregnancy aid code M9 to full
scope

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Vikas Mani
	Reviewed By	Tisha Mutreja

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/03/2023	1.0	Initial Draft	Vikas Mani
11/14/2023	2.0		Vikas Mani

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions.....	4
2	Recommendations	4
	2.1 Code Detail Table Update	4
	2.1.1 Overview	4
	2.1.2 Description of Changes	4
3	Supporting Documents	6
4	Requirement Matrix	6

1 OVERVIEW

This effort will make citizens, qualified non-citizens, or lawfully present individuals in pregnancy or postpartum Medi-Cal with income above 138 percent of the Federal Poverty Limits (FPL) up to and including 213 percent of the FPL effective August 01, 2015, eligible for full scope Medi-Cal with M9 aid code.

1.1 Current Design

Currently, MAGI Aid Code M9 is effective from 01-May-2022 with Restricted Scope in CalSAWS.

Also, the description of M9 aid code reads 139-213% FPL.

1.2 Requests

Per MEDIL 115-25, MAGI Aid Code M9 is Full Scope effective 08/01/2015.

Per policy, Aid Code M9 is for 138 -213% FPL. Update the description of the Aid Code on the Code table to reflect Full Scope and update aid code description as 138-213%.

1.3 Overview of Recommendations

Effective from 08/01/2015:

- Update MAGI Aid Code M9 to Full Scope.
- Update the M9 aid code Description to 138-213% FPL.

1.4 Assumptions

No eHIT changes required.

2 RECOMMENDATIONS

2.1 Code Detail Table Update

2.1.1 Overview

Update the effective dates for CT_184 with Aid Codes M9 such that the earlier aid code (M9 - Pregnant Women - 60-213% - Citizen) ends before the effective date 08/01/2015 of the second (M9 - Pregnant Women - 138-213% - Citizen).

Update MAGI Aid Code M9 description to Full Scope for the same (M9 - Pregnant Women - 138-213% - Citizen) and update the decode name of M9 to 138-213% FPL.

2.1.2 Description of Changes

1. Update the beg_date and end_date for CT_184 Aid code M9 as below:
 - a. M9 - Pregnant Women - 60-213% - Citizen - from 01-Jan-2014 to 30-Apr-2022 – will be updated as 01-Jan-2014 to 31-Jul-2015
 - b. M9 - Pregnant Women -138-213% - Citizen from 01-May-2022 to high dated – will be updated as 01-Aug-2015 to high date.

short_decode_name	beg_date	end_date
M9 - Pregnant Women - 60-213% - Citizen	01-Jan-2014	31-Jul-2015
M9 - Pregnant Women - 138-213% - Citizen	01-Aug-2015	31-Dec-9999



- Effective 08/01/2015, Update Code Description and refer_table_2_descr to Full Scope and 138% from restricted for CT_184 with M9 aid code.

Code Description	REFER_TABLE_2_DESCR
Provides Full Scope coverage for undocumented 26-49 years old with income above 138 % FPL up to and including 213% FPL.	Full

- Update short_decode_name and long_decode_name to show 138-213% FPL for CT_184 with M9 aid code which is effective from 08/01/2015.

SHORT_DECODE_NAME	LONG_DECODE_NAME
M9 - Pregnant Women - 138-213% - Citizen	Pregnant Women - 138-213% - Citizen/Lawful - Full

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	CalHEERS	MEDIL I 15-25	 MEDIL I 15-25.pdf
2	CalHEERS	ACWDL 22-21	 ACWDL 22-21.pdf

4 REQUIREMENT MATRIX

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.17	The LRS shall determine person and program aid code based on individual and case information by program.	LRS will display the correct aid code and aid code description.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-242677

Update and add Missing Threshold Forms in CW
& CW/CF RE Packets

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Indira Ramasamy
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/28/2023	1.0	Initial Draft	Indira Ramasamy

Table of Contents

1	Overview	5
1.1	Current Design.....	5
1.2	Requests.....	5
1.3	Overview of Recommendations.....	5
1.4	Assumptions	5
2	Recommendations.....	6
2.1	Update the Migrated counties CW RE Packet with threshold CW 2166 Form.	6
2.1.1	Overview	6
2.1.2	Form/NOA Verbiage	6
2.1.3	Form/NOA Variable Population	7
2.1.4	Form/NOA Generation Conditions.....	7
2.2	Update the Migrated counties CW RE Packet with threshold CW 2184 Form.	7
2.2.1	Overview	7
2.2.2	Form/NOA Verbiage	7
2.2.3	Form/NOA Variable Population	8
2.2.4	Form/NOA Generation Conditions.....	8
2.3	Update the Migrated counties CW RE Packet with latest version of CW 52 Form. 8	
2.3.1	Overview	8
2.3.2	Form/NOA Verbiage	8
2.3.3	Form/NOA Variable Population	9
2.3.4	Form/NOA Generation Conditions.....	9
2.4	Update the Migrated counties CW RE Packet with latest version of CW 101 Form.....	9
2.4.1	Overview	9
2.4.2	Form/NOA Verbiage	9
2.4.3	Form/NOA Variable Population	10
2.4.4	Form/NOA Generation Conditions.....	10
2.5	Update the Migrated counties CW/CF RE Packet with threshold CW 2166 Form. 10	
2.5.1	Overview	10
2.5.2	Form/NOA Verbiage	10
2.5.3	Form/NOA Variable Population	11
2.5.4	Form/NOA Generation Conditions.....	11

2.6	Update the Migrated counties CW/CF RE Packet with threshold CW 2184 Form.	11
2.6.1	Overview	11
2.6.2	Form/NOA Verbiage	11
2.6.3	Form/NOA Variable Population	12
2.6.4	Form/NOA Generation Conditions.....	12
2.7	Update the Migrated counties CW/CF RE Packet with latest version of CW 52 Form.....	12
2.7.1	Overview	12
2.7.2	Form/NOA Verbiage	13
2.7.3	Form/NOA Variable Population	13
2.7.4	Form/NOA Generation Conditions.....	13
2.8	Update the Migrated counties CW/CF RE Packet with latest version of CW 101 Form.....	13
2.8.1	Overview	13
2.8.2	Form/NOA Verbiage	14
2.8.3	Form/NOA Variable Population	14
2.8.4	Form/NOA Generation Conditions.....	14
3	Supporting Documents	15
4	Requirements.....	16
4.1	Project Requirements.....	16

1 OVERVIEW

The purpose of this change is to update some English version Forms and add missing Threshold Languages included in the migrated counties CW RE and CW/CF RE Packets.

1.1 Current Design

1. Currently below list of forms included in the CW RE and CW/CF RE Packets are only present in English.

List of forms: CW 2166 (11/21), CW 2184 (4/21), WTW 5 (1/21), PUB 183 (9/15), CW 52 (7/18), CW 2223 (9/18)

2. Currently below list of forms included in the CW RE and CW/CF RE Packets are available in older versions.

List of forms: CW 52 (7/18), CW 101 (6/11)

1.2 Requests

Update CW RE and CW/CF RE Packets with the latest state version for the below forms in English and add available threshold languages.

1. CW 2166 (11/21)
2. CW 2184 (4/21)
3. CW 52 (10/20)
4. CW 101 (7/17)

1.3 Overview of Recommendations

1. Update CW RE and CW/CF RE Packets threshold languages with threshold languages of CW 2166.

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

2. Update CW RE and CW/CF RE Packets threshold languages with threshold languages of CW 2184.

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

3. Update CW RE and CW/CF RE Packets with latest version of English and add threshold languages of CW 52.

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

4. Update CW RE and CW/CF RE Packets with latest version of English and add threshold languages of CW 101.

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

1.4 Assumptions

1. Print options for English and threshold forms will remain the same and there are no updates.

2. There are no changes to the generation logic of these packets.
3. All fields (blank or prepopulated) will be editable.
4. Supporting Documents section references attachments found on Jira.
5. SCR CA- 241007 updates the latest version of CW 52 and CW 101 form in English and available threshold languages in Template Repository.
6. SCR CA-233816 and CA-249988 added the CW 2166 and CW 2184 forms in available threshold languages in Template Repository.
7. This SCR will not address the WTW 5 threshold implementation for the RE packets as it may be removed. Per SCR CA-263535 and CDSS direction WTW 5 is not a mandatory form to be included in the RE CW, CW/CF packet.
8. SCR CA-205612 will add CW 2223 threshold languages to the RE Packets

2 RECOMMENDATIONS

2.1 Update the Migrated counties CW RE Packet with threshold CW 2166 Form.

2.1.1 Overview

This section will update the CW 2166 (11/21) in available threshold languages. Currently CW 2166 available only in English as part of CW RE Packet in all threshold languages.

State Form: CW RE Packet

Current Programs: CalWORKs

Current Attached Forms: CW Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW5, TEMP 2226, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 183/PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.1.2 Form/NOA Verbiage

Update Form XDP

Update the CW RE packet threshold languages to use the threshold CW 2166 (11/21) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW RE Packet

Form Mockups/Examples: See Supporting Documents #1

2.1.3 Form/NOA Variable Population

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

2.1.4 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.

2.2 Update the Migrated counties CW RE Packet with threshold CW 2184 Form.

2.2.1 Overview

This section will update the CW 2184 (4/21) in available threshold languages. Currently CW 2184 available only in English as part of CW RE Packet in all threshold languages.

State Form: CW RE Packet

Current Programs: CalWORKs

Current Attached Forms: CW Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW5, TEMP 2226, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 183/PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.2.2 Form/NOA Verbiage

Update Form XDP

Update the CW RE packet threshold languages to use the threshold CW 2184 (4/21) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW RE Packet

Form Mockups/Examples: See Supporting Documents #1

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 the Migrated counties CW RE Packet with latest version of CW 52 Form.

2.3.1 Overview

This section will update CW 52 (10/20) form in English and in available threshold languages. Currently CW 52 available only in English as part of CW RE Packet in all threshold languages.

State Form: CW RE Packet

Current Programs: CalWORKs

Current Attached Forms: CW Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW5, TEMP 2226, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 183/PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.3.2 Form/NOA Verbiage

Update Form XDP

Update the CW RE packet English and threshold languages to use the latest version of CW 52 (10/20) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW RE Packet

Form Mockups/Examples: See Supporting Documents #1

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.

2.4 Update the Migrated counties CW RE Packet with latest version of CW 101 Form.

2.4.1 Overview

This section will update CW 101 (7/17) form in English and in available threshold languages. Currently CW 101 is available as part of CW RE Packet in English and all threshold languages.

State Form: CW RE Packet

Current Programs: CalWORKs

Current Attached Forms: CW Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, TEMP 2226, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 183/PUB 184, PUB 388 CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.4.2 Form/NOA Verbiage

Update Form XDP

Update the CW RE packet English and threshold languages to use the latest version of CW 101 (7/17) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW RE Packet

Form Mockups/Examples: See Supporting Documents #1

Note: Remaining threshold languages (Armenian, Arabic, Cambodian, Farsi, Hmong, Korean, Lao, Tagalog) of CW RE Packet will use the updated English version of CW 101 (7/17) form.

2.4.3 Form/NOA Variable Population

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

2.4.4 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.

2.5 Update the Migrated counties CW/CF RE Packet with threshold CW 2166 Form.

2.5.1 Overview

This section will update the CW 2166 (11/21) in available threshold languages. Currently CW 2166 available only in English as part of CW/CF RE Packet in all threshold languages.

State Form: CW/CF RE Packet

Current Programs: CalWORKs, CalFresh

Current Attached Forms: CW/CF Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW 5, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 275, PUB 183 /PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

Existing CW/CF RE Packet: English, Spanish, Armenian, Arabic, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese

2.5.2 Form/NOA Verbiage

Update Form XDP

Update the CW/CF RE packet threshold languages to use the threshold CW 2166 (11/21) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW/CF RE Packet

Form Mockups/Examples: See Supporting Documents #1

2.5.3 Form/NOA Variable Population

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

2.5.4 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.

2.6 Update the Migrated counties CW/CF RE Packet with threshold CW 2184 Form.

2.6.1 Overview

This section will update the CW 2184 (4/21) in available threshold languages. Currently CW 2184 available only in English as part of CW/CF RE Packet in all threshold languages.

State Form: CW/CF RE Packet

Current Programs: CalWORKs CalFresh

Current Attached Forms: CW/CF Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW 5, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 275, PUB 183 /PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

Existing CW/CF RE Packet: English, Spanish, Armenian, Arabic, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese

2.6.2 Form/NOA Verbiage

Update Form XDP

Update the CW/CF RE packet threshold languages to use the threshold CW 2184 (4/21) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW/CF RE Packet

Form Mockups/Examples: See Supporting Documents #1

2.6.3 Form/NOA Variable Population

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

2.6.4 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.

2.7 Update the Migrated counties CW/CF RE Packet with latest version of CW 52 Form.

2.7.1 Overview

This section will update CW 52 (10/20) form in English and in available threshold languages. Currently CW 52 available only in English as part of CW/CF RE Packet in all threshold languages.

languages.

State Form: CW/CF RE Packet

Current Programs: CalWORKs, CalFresh

Current Attached Forms: CW/CF Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW 5, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 275, PUB 183 /PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

Existing CW/CF RE Packet: English, Spanish, Armenian, Arabic, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese

2.7.2 Form/NOA Verbiage

Update Form XDP

Update the CW/CF RE packet English and threshold languages to use the latest version of CW 52 (10/20) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW/CF RE Packet

Form Mockups/Examples: See Supporting Documents #1

2.7.3 Form/NOA Variable Population

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

2.7.4 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.

2.8 Update the Migrated counties CW/CF RE Packet with latest version of CW 101 Form.

2.8.1 Overview

This section will update CW 101 (7/17) form in English and in available threshold languages. Currently CW 101 is available as part of CW/CF RE Packet in English and all threshold languages.

State Form: CW/CF RE Packet

Current Programs: CalWORKs, CalFresh

Current Attached Forms: CW/CF Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW 5, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 275, PUB 183 /PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

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

2.8.2 Form/NOA Verbiage

Update Form XDP

Update the CW/CF RE packet English and threshold languages to use the latest version of CW 101 (7/17) Form.

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

Form Header: CalSAWS Standard Header

Form Number: CW/CF RE Packet

Form Mockups/Examples: See Supporting Documents #1

Note: Remaining threshold languages (Armenian, Arabic, Cambodian, Farsi, Hmong, Korean, Lao, Tagalog) of CW/CF RE Packet will use the updated English version of CW 101 (7/17) form.

2.8.3 Form/NOA Variable Population

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

2.8.4 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.	Forms	CW 2166 (11/21) CW 2184 (4/21) CW 52 (10/20) CW 101 (7/17)	CA-242677_Mockups.zip

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none"> a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site; g. Information notices and stuffers; h. Case-specific verification/referral forms; i. GR Vendor notices; k. Court-mandated notices, including Balderas notices; l. SSIAP appointment notices; m. Withdrawal forms; n. COLA notices; o. Time limit notices; p. Transitioning of aid notices; q. Interface triggered forms and notices (e.g., IFDS, IEVS); r. Non-compliance and sanction notices; s. Benefit issuance and benefit recovery forms and notices, including reminder notices; t. Corrective NOAs on State Fair Hearing decisions; u. CSC paper ID cards with LRS-generated access information; and v. CSC PIN notices. 	<p>The CW RE Packet and CW /CF RE Packet will be updated in English and threshold languages with account to CW 2166, CW 2184, CW 52 forms.</p>

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-250041

SB 497 ACL 22-82- Revised EBT 2216

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/18/2023	1.0	Initial Draft	Prashanth Kumar

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	4
2	Recommendations.....	5
	2.1 Update EBT 2216 to latest version in English and available threshold languages.....	5
	2.1.1 Overview	5
	2.1.2 Form Verbiage	5
	2.1.3 Form Generation Conditions	5
	2.2 Update the CW RE Packet for Migrated counties.....	7
	2.2.1 Overview	7
	2.2.2 Form/NOA Verbiage	7
	2.2.3 Form/NOA Variable Population	7
	2.2.4 Form/NOA Generation Conditions.....	7
	2.3 Update the CW/CF RE Packet for Migrated counties.	8
	2.3.1 Overview	8
	2.3.2 Form/NOA Verbiage	8
	2.3.3 Form/NOA Variable Population	8
	2.3.4 Form/NOA Generation Conditions.....	8
3	Supporting Documents #1.....	9
4	Requirements.....	9
	4.1 Project Requirements.....	9

1 OVERVIEW

The purpose of this SCR is to update EBT 2216 to the latest state version (04/23) in CalSAWS in English and available threshold languages.

1.1 Current Design

Currently EBT 2216 (3/19) is available in English and available threshold languages in CalSAWS.

1.2 Requests

1. Update form EBT 2216 "EBT Surcharge Free - Direct Deposit Handout" to the latest version (4/23) in CalSAWS Template Repository in English and available threshold languages.

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

2. Update CW RE Packet with EBT 2216 (4/23) in English and available threshold languages.

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

3. Update CW/CF RE Packet with EBT 2216 (4/23) in English and available threshold languages.

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

1.3 Overview of Recommendations

1. Update form EBT 2216 "EBT Surcharge Free - Direct Deposit Handout" to the latest version (4/23) in CalSAWS Template Repository in English and available threshold languages.

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

2. Update CW RE Packet with EBT 2216 (4/23) in English and available threshold languages.

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

3. Update CW/CF RE Packet with EBT 2216 (4/23) in English and available threshold languages.

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

1.4 Assumptions

1. No updates to the existing form generation condition and variable population.
2. Supporting Documents section references attachments found on JIRA.

2 RECOMMENDATIONS

2.1 Update EBT 2216 to latest version in English and available threshold languages.

2.1.1 Overview

The EBT 2216 form will be updated in English and available threshold languages in CalSAWS.

State Form: EBT 2216 (4/23)

Programs: CalWORKs, General Assistance/General Relief, RCA, CAPI

Forms Category: Form

Template Repository Visibility: All Counties

Template Description: EBT Surcharge Free Direct Deposit Handout

Imaging Form Name: EBT Surcharge Free Direct Deposit

Imaging Document Type: Electronic Benefit Transfer (EBT)

2.1.2 Form Verbiage

Update EBT 2216 XDP

A new version XDP will be added for EBT 2216 form with version (4/23) in English and threshold languages.

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

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

Form Header: HEADER_3-1

Form Mockups/Examples: See supporting documents #1

Form Number: EBT 2216

Include NA BACK9: No

2.1.3 Form Generation Conditions

Generate EBT 2216 - EBT Surcharge Free Direct Deposit Handout through Template Repository

The EBT 2216 EBT Surcharge Free Direct Deposit Handout form can be generated through Template Repository.

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

Add Form Print Options and Mailing Requirements

The following are the print and mailing requirements for the EBT Surcharge Free Direct Deposit Handout form.

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

Mailing Options:

Mailing Options	Option for EBT 2216
Mail-To (Recipient)	N/A
Mailed From (Return)	N/A
Mail-back-to Address	N/A
Outgoing Envelope Type	N/A
Return Envelope Type	N/A
Special Paper Stock	N/A
Mail Priority	N/A

Add Form Control

Add an imaging barcode for EBT 2216.

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

Additional Options:

Requirement	Option for EBT 2216 Form
Post to Self-Service Portal	Y

2.2 Update the CW RE Packet for Migrated counties.

2.2.1 Overview

This section will update the CW RE Packet (non-LA) in CalSAWS to account for the updates to forms EBT 2216.

State Form: CW RE Packet

Current Programs: CalWORKs

Current Attached Forms: CW Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW5, TEMP 2226, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 183/PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

Existing CW RE Packet languages: English, Spanish, Armenian, Arabic, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese

2.2.2 Form/NOA Verbiage

Update Form XDP

Update the CW RE packet English and threshold with respective threshold languages of EBT 2216 (4/23).

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

Form Header: CalSAWS Standard Header

Form Number: CW RE Packet

Form Mockups/Examples: See Supporting Documents #1

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 the CW/CF RE Packet for Migrated counties.

2.3.1 Overview

This section will update the CW/CF RE Packet (non-LA) in CalSAWS to account for the updates to forms EBT 2216.

State Form: CW/CF RE Packet

Current Programs: CalWORKs, CalFresh

Current Attached Forms: CW/CF Coversheet with BRM and NVRA, GEN 102, CCP 7, SAWS 2A SAR, CW 2166, CW 2184, WTW 5, CW 101, EBT 2216, SAR 7A, PUB 13, PUB 275, PUB 183 /PUB 184, PUB 388, CW 52, TEMP 3022 and CW 2223.

Current Forms Category: Application

Current Template Repository Visibility: Migration Counties

Existing CW/CF RE Packet languages: English, Spanish, Armenian, Arabic, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, Vietnamese

2.3.2 Form/NOA Verbiage

Update Form XDP

Update the CW/CF RE packet English and threshold with respective threshold languages of EBT 2216 (4/23).

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

Form Header: CalSAWS Standard Header

Form Number: CW/CF RE Packet

Form Mockups/Examples: See Supporting Documents #1

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 #1

Number	Functional Area	Description	Attachment
1	State Form	EBT 2216 Form	EBT_2216_ENG.pdf EBT_2216_SPA.pdf EBT_2216_ARA.pdf EBT_2216_ARM.pdf EBT_2216_CAM.pdf EBT_2216_CHI.pdf EBT_2216_FAR.pdf EBT_2216_HMO.pdf EBT_2216_KOR.pdf EBT_2216_LAO.pdf EBT_2216_RUS.pdf EBT_2216_TAG.pdf EBT_2216_VIT.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.6 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices; e. Contact letters; f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a	EBT 2216 is being updated in English and available threshold languages to CalSAWS. The CW, CW/CF RE Packets will also be updated in English and threshold languages with account to EBT 2216 (4/23).

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



California Statewide Automated Welfare System

Design Document

CA-253523

Add FC 2 NM in Spanish language to CalSAWS

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/14/2023	1.0	Initial Draft	Ramya HS

Table of Contents

1	Overview	4
1.1	Current Design.....	4
1.2	Requests.....	4
1.3	Overview of Recommendations.....	4
1.4	Assumptions	4
2	Recommendations.....	4
2.1	Add FC 2 NM in Spanish languages to CalSAWS	4
2.1.1	Overview	4
2.1.2	Form Verbiage	5
2.1.3	Form Variable Population	5
2.1.4	Form Generation Conditions	5
3	Supporting Documents	5
4	Requirements.....	5
4.1	Project Requirements.....	5

1 OVERVIEW

The purpose of this SCR is to add FC 2 NM (5/22) in Spanish language to CalSAWS.

1.1 Current Design

Currently FC 2 NM (5/22) is available only in English languages in CalSAWS.

1.2 Requests

Add FC 2 NM (5/22) in Spanish language to CalSAWS Template Repository.

1.3 Overview of Recommendations

Add FC 2 NM (5/22) in Spanish language to CalSAWS Template Repository.

1.4 Assumptions

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

2 RECOMMENDATIONS

2.1 Add FC 2 NM in Spanish languages to CalSAWS

2.1.1 Overview

Add FC 2 NM in Spanish languages to CalSAWS.

State Form: FC 2 NM (5/22)

Programs: Foster Care

Forms Category: Application

Template Repository Visibility: All counties

Form Title (Document List Page Displayed Name):

Statement of Facts Supporting Eligibility for AFDC-Extended Foster Care (EFC)

Imaging Form Name: SOF Supporting Elig AFDC-Extended FC

Imaging Document Type: Foster Care (FC)

Existing Language: English

2.1.2 Form Verbiage

Create FC 2 NM XDP in Spanish language.

Create FC 2 NM XDP in Spanish languages with latest version (5/22).

Form Header: CalSAWS Standard Header (HEADER_3 -1)

Include NA Back 9: No

Form Mockups/Examples: See supporting documents #1

2.1.3 Form Variable Population

No Updates to variable population logic and will be same as the existing English form.

2.1.4 Form Generation Conditions

No Updated to the form generation conditions.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	FC 2 NM	FC_2_NM_Spanish.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms;	FC 2 NM (5/22) is being added in Spanish language to CalSAWS.

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



California Statewide Automated Welfare System

Design Document

CA-253582

Add FC 2 in Spanish language to CalSAWS

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/14/2023	1.0	Initial Draft	Ramya HS

Table of Contents

1	Overview	4
1.1	Current Design.....	4
1.2	Requests.....	4
1.3	Overview of Recommendations.....	4
1.4	Assumptions	4
2	Recommendations.....	4
2.1	Add FC 2 in Spanish languages to CalSAWS	4
2.1.1	Overview	4
2.1.2	Form Verbiage	5
2.1.3	Form Variable Population	5
2.1.4	Form Generation Conditions	5
3	Supporting Documents	5
4	Requirements.....	5
4.1	Project Requirements.....	5

1 OVERVIEW

The purpose of this SCR is to add FC 2 (3/22) in Spanish language to CalSAWS.

1.1 Current Design

Currently FC 2 (3/22) is available only in English languages in CalSAWS.

1.2 Requests

Add FC 2 (3/22) in Spanish language to CalSAWS Template Repository.

1.3 Overview of Recommendations

Add FC 2 (3/22) in Spanish language to CalSAWS Template Repository.

1.4 Assumptions

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

2 RECOMMENDATIONS

2.1 Add FC 2 in Spanish languages to CalSAWS

2.1.1 Overview

Add FC 2 in Spanish languages to CalSAWS.

State Form: FC 2 (3/22)

Programs: Foster Care

Forms Category: Application

Template Repository Visibility: All counties

Imaging Form Name: SOF Supporting Eligibility for AFDC FC

Imaging Document Type: Foster Care (FC)

Existing Language: English

2.1.2 Form Verbiage

Create FC 2 XDP in Spanish language.

Create FC 2 XDP in Spanish languages with latest version (3/22).

Form Header: CalSAWS Standard Header (Header_1)

Include NA Back 9: No

Form Mockups/Examples: See supporting documents #1

2.1.3 Form Variable Population

No Updates to variable population logic and will be same as the existing English form.

2.1.4 Form Generation Conditions

No Updated to the form generation conditions.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	FC 2	FC_2_Spanish.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	CalSAWS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including: a. Appointment notices; b. Redetermination, Recertification, and/or Annual Agreement notices and forms; c. Other scheduling notices (e.g., quality control, GR hearings, and appeals); d. Periodic reporting notices;	FC 2 (3/22) is being added in Spanish language to CalSAWS.

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



California Statewide Automated Welfare System

Design Document

CA-254796

Automated EBT Card Replacement

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Korey Edwards, Jared Kuester
	Reviewed By	Michael T. Wright, Darcy Alexander, Logan Pratt

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
01/09/2023	1.0	Initial Draft	Korey Edwards, Jared Kuester

Table of Contents

1	Overview	4
1.1	Current Design.....	4
1.2	Requests.....	4
1.3	Overview of Recommendations.....	4
1.4	Assumptions	4
2	Recommendations.....	5
2.1	IVR Application.....	5
2.1.1	Overview	5
2.1.2	Description of Changes	5
2.2	Robotic Process Automation.....	9
2.2.1	Overview	9
2.2.2	Robotic Process Automation Mockup.....	9
2.2.3	Description of Changes	9
3	Supporting Documents	18
4	Requirements.....	20
4.1	Project Requirements.....	20
4.2	Migration Requirements.....	20
5	Migration Impacts	21
6	Appendix.....	22

1 OVERVIEW

This robotic process automation (RPA) will allow customers to request an electronic benefits transfer (EBT) card replacement via interactive voice response (IVR). This document covers the IVR call flow in which customers will select the EBT replacement option, their method of delivery and the steps the RPA will take to complete this request within CalSAWS.

1.1 Current Design

There is no automated option to replace an EBT card in the IVR.

1.2 Requests

Add a self-service option in the Inbound IVR to request a replacement EBT card for all 58 counties.

1.3 Overview of Recommendations

1. Modify the County IVR call flows with the following additions:
 - a. Callers will have a new EBT Card replacement option
 - b. The IVR (via Amazon Connect) will check the county preferences to see if county has opted into EBT Card mail delivery and pickup
 - c. The IVR (via Amazon Connect) will check the request history to confirm the customer has not requested an EBT Card within the last 90 days
 - d. The customer selects the EBT Card delivery option:
 - i. Mail – The card is mailed to the customer's mailing address noted in CalSAWS.
 - ii. Pickup – The card is available to be printed at a district office nearest to the customer's location on file.
 - e. The IVR (via Amazon Connect) relays the customer request details (listed) to the RPA.
 - i. Case Id
 - ii. Delivery Method
2. RPA receives the request and reissues the card within CalSAWS.

Commented [KE1]: "an EBT Card"

Commented [KE2]: nearest to the customer's on file location

1.4 Assumptions

1. No core CalSAWS application changes are required. The RPA interacts with the CalSAWS front end webpage.
2. EBT card replacements will be issued for the primary account holder.
3. EBT card replacements can only be requested by the primary applicant on the case
4. The RPA uses the customer's current name and address within CalSAWS to mail the request or determine the nearest office for pick up. Any changes will require speaking to an agent.
 - a. There is an option in the IVR to verify if the customer's name or address has changed.

5. The customer authentication process will not change.
6. The global case self-service options will be updated to include EBT Replacement
7. Individual County pick up option will be deployed based on the county response to CRFI 23-086.
8. Individual County EBT Transfer for multiple requests will be deployed based on the county response to CRFI 23-086.
9. This change will not include any reporting
10. BIC automated replacement functionality is not part of this SCR
11. The process is the same for all counties. When the reissue button is pressed and the page is saved, a real time Host to Host transaction is sent to the EBT vendor Fidelity Information Services (FIS) to add a new EBT card for the same client. FIS cancels the previous card and issues a new card and sends a success response to CalSAWS with the new EBT card number. When the success response is received by CalSAWS, the previous card is canceled in CalSAWS and the new card (received in the response message) is added in the CalSAWS database. All this happens real-time.
12. A separate SCR will be created for each Contact Center County deployment.
13. Anytime a caller is transferred to the EBT line, they are transferred to +1 877-328-9677.

Commented [AH3]: Move this later in the design doc

Commented [AH4R3]: This is addressed later in the design document.

Commented [AH5]: Move this later in the design doc

Commented [AH6R5]: This is addressed later in the design document.

2 RECOMMENDATIONS

2.1 IVR Application

2.1.1 Overview

Update the County IVR Call Flows to include the option to request a replacement EBT Card. That option will send the customer to a new contact flow that will ask the customer some follow up questions and submit the request to replace the EBT through the RPA solution.

2.1.2 Description of Changes

1. Modify the Case Self Service Page
 - a. Add the Self-Service Option to request an EBT Card replacement. In the IVR, the customer will hear:
"To hear current benefits information, press 1. To request a copy of a form or your verification of benefits, press 2. To check the status of a document requested or submitted, press 3. To request a replacement EBT, press 4. To change your IVR PIN, press 5. To speak to an eligibility worker, press 6. To hear these choices again, press 7."

- b. When the customer selects 4, send them to the new "EBT Card" Flow.
2. Create a new table called "EBT Card Delivery Options" in a central account that stores information about the county preferences for whether EBT Card pick up will be available through the automated RPA system.

Property	Value
countyCode	<countyCode>
pickUp	"Yes" or "No"

Commented [AH7]: Type column was removed

3. Create a new table "EBT Card Request History" in a central account that stored EBT Card requests from the last 90 days.

Property	Value
personId	<personId>
requestDate	<Date of EBT Card Replacement Request>

Commented [HA8]: Type column was removed

4. Query the "EBT Card Delivery Options" table to determine the county-specific preference for pick up requests. Based off the county preferences, pick up requests will either be:
 - a. Automated within the IVR
 - b. Transferred to speak to a worker.
5. Query the "EBT Card Request History" table to check if the customer has requested an EBT card within the last 90 days
 - a. If the customer has not requested an EBT card within the last 90 days, continue to step 6.
 - b. If the customer has requested an EBT card within the last 90 days, they will be transferred to speak to a worker based on the county preference. They will either be:
 - i. Transferred to the EBT line (877-328-9677)
 - ii. Transferred to a county worker:
 1. In a Contact Center county, the customer will be transferred to the queue that corresponds with their exit reason flow. For most counties, this will be their CalFresh Queue
 2. In a Non-Contact Center county, the customer will be transferred to their case worker.
 - The customer will be routed to their CalWORKs worker if they are active. In the

case they are not active, they will be transferred to their CalFresh worker.

6. The customer will hear the following prompts:

"To request a new EBT card, you will need to confirm a couple questions."

"If your name is the same as it appears on your EBT card, press 1. If your name is different, press 2. To hear these choices again, press 7."

- a. If the customer selects option 1, continue to step 7.
- b. If the customer selects option 2, they will be transferred to speak to a county worker.
- c. If the customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or to the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

7. The customer will hear the following prompt:

"If your mailing address is the same, press 1. If your mailing address has recently changed, press 2. If you do not have a mailing address or do not have a permanent address, press 3. To hear these choices again, press 7."

- i. If the customer selects option 1, continue to step 8.
- ii. If the customer selects option 2, they will be transferred to speak to a county worker. Callers in Non-CSC counties will be sent to the direct EBT line.
- iii. If the customer selects option 3 and the customer is in a county where pick up requests can be placed via the automated system, then continue to step 8. Otherwise, they will be transferred to speak to a county worker.
- iv. If the Customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

8. The customer will hear the following prompt:

"If you want your new EBT card mailed to your address on file, press 1. If you want to pick up your new EBT card at your local district office, press 2. To hear these choices again, press 7."

- i. If the customer selects option 1, record the delivery selection as mail delivery and continue to step 10.
- ii. If the customer selects option 2, check the county preference for pick up.
 - 1. If the county preference is to automate pick up requests in the IVR, record the delivery selection as pickup and continue to step 10. Note, when customers select pick up as their delivery preference in the IVR, the card is queued to be printed at the customer's nearest district office.

Commented [AH9]: Non-CSC - Identify where Non-CSC are routed

Commented [AH10]: Non-CSC - Identify where Non-CSC are routed

Commented [HA11]: Addressing CRFI concerns regarding pick up

- The nearest district office is based on the customer's location on file in CalSAWS.
2. If the county preference is to transfer pick up requests to a worker, continue to step 9.
 - iii. If the Customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.
9. If the caller has chosen "Pick up" and the county has chosen to transfer pick up requests to a worker, the following routing logic will be followed:
- a. In a Contact Center county, the customer will be transferred to the queue that corresponds with their exit reason flow.
 - i. Note: For most counties, this will be their CalFresh Queue
 - b. In a Non-Contact Center county, the customer will be transferred to their case worker.
 - i. The customer will be routed to their CalWORKs worker if they are active.
 - ii. In the case they are not active, they will be transferred to their CalFresh worker.
10. The automated EBT replacement request will be placed. The following information will be sent to the RPA to place the request.

Commented [AH12]: Non-CSC - Identify where Non-CSC are routed

Property	Value
Queue	Dev: EBTRepacementProcess_AZ_Connect UAT: EBTRepacementProcess_AZ_Connect Production: EBTRepacementProcess
Priority	Normal
Defer Date	<Time of request>
DueDate	<Time of request plus 24 hours>
Reference	{{Guid}}_CaseNumber
Case Number	<Case Number>
EBT Replacement	Y
Replacement Type	"Pickup" or "Mail"
Status	Pending

11. If the request was successful, the request will be logged in the "EBT Card Request History" table. The customer will hear one of the following prompts, depending on their delivery choice:

Mail - **"Thank you. Your EBT card replacement request has been received. Please allow two to three business days for it to be sent to your address on file."**

Pick up - **"Thank you. Your EBT card replacement request has been received. Please allow 2 hours for processing for pickup."**

12. If the request is not successful, the customer will hear the following prompt:

"We're sorry, we are unable to process your request at this time"

The customer will be sent to the General Queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

Commented [AH13]: Non-CSC - Identify where Non-CSC are routed

For more information see the attached document "CA-254796 – Automated EBT Card Replacement Call Flow".

2.2 Robotic Process Automation

2.2.1 Overview

Implement the RPA to process the EBT replacement card requests from the Inbound IVR. The RPA will automatically navigate CalSAWS and reissue a card using the existing process in the application.

2.2.2 Robotic Process Automation Mockup

Please refer to the screenshots in Section 2.2.3 for the Robotic Process Automation Mockup.

2.2.3 Description of Changes

The RPA will take the following steps when the IVR requests an EBT Card replacement:

1. Access CalSAWS - <https://web.calsaws.net/civ/utilities/Homepage/view>.



Figure 2.2.3.1 – CalSAWS Login Screen

2. Enter the RPA Account username.

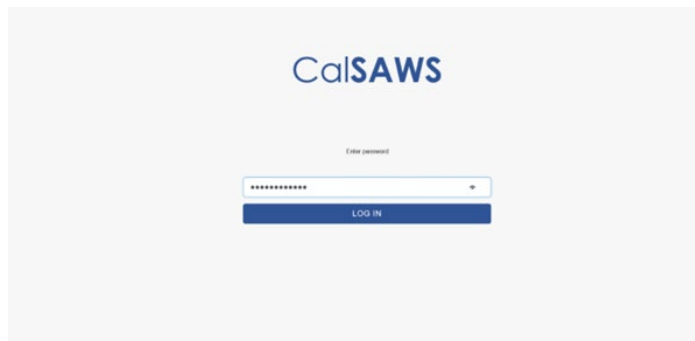


Figure 2.2.3.2 – CalSAWS Password Screen

3. Click the "Log In" button.
 - a. See Figure 2.2.3.2 above
4. Enter the RPA Account Password.
5. Click the "Log In" button.
 - a. See Figure 2.2.3.2 above
6. Click on the Accept button on the CalSAWS Security Screen.

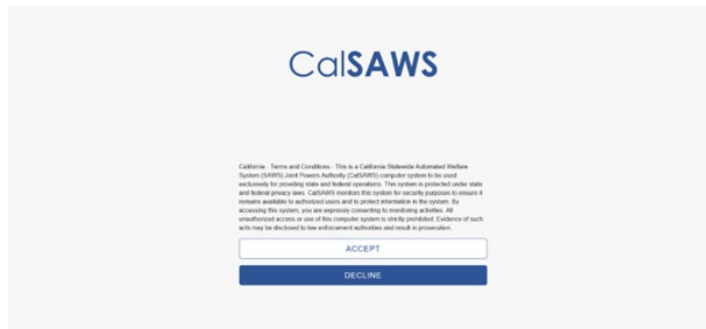


Figure 2.2.3.3 – CalSAWS Security Screen

7. Click on Case Number Field on the CalSAWS Home Page.

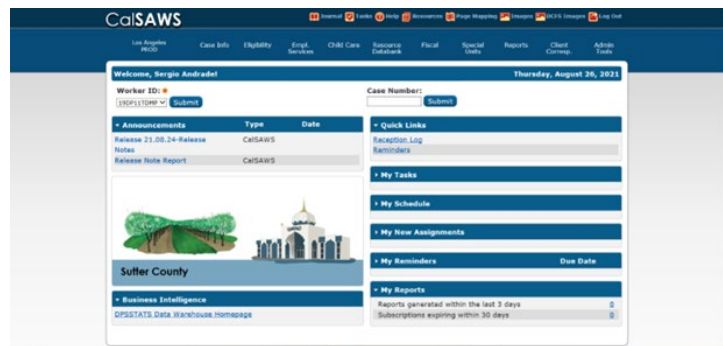


Figure 2.2.3.4 – CalSAWS Home Page

8. Enter Case Number.
 - a. See Figure 2.2.3.4 above
9. Click "Submit" button.
 - a. See Figure 2.2.3.4 above
10. Click on "EBT Account List" on the CalSAWS Case Summary Page.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History
Expungement History
Child Support Collections
Time Limit Aid Summary
Case Flag

Case Summary

Case Name County Los Angeles

Companion Cases

Case Number	Case Name
Add	

e-Applications

Display:
10/01/2021 [View](#)

Case Flags

CalWORKs

CalFresh

Figure 2.2.3.5 – CalSAWS Case Summary Page

11. Click on Account number hyperlink on the EBT Account List Page.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History

EBT Account List

Account Number	Primary Cardholder	Cash Status	CalFresh Status	Begin Date	End Date
XXXXXXXXXX	<input type="text"/>	Active	Active	11/20/2015	

[Add](#)

This Type 1 page took 0.89 seconds to load.

Figure 2.2.3.6 – CalSAWS EBT Account List Page

12. Click on Card Number hyperlink on the EBT Account Details Page.

CalSAWS Case Name: [Redacted] Case Number: [Redacted] Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: [Redacted] Go

Person Search

EBT Account Search

Application Registration

Case Summary

Contact

Authorized Representative

Negative Action

New Program

New Person

Hide Person

EBT Account List

EBT Repayment List

EBT Card Transaction Search

Issuance History

Expungement History

Child Support Collections

Time Limit Aid Summary

EBT Account Detail Add Card Close

Account Number: [Redacted] Begin Date: 11/20/2015 End Date:

Card Holder: * [Redacted] Card Access Type: * Cash & CalFresh Card Status: Issued

Cash

Status: Active Balance: \$30.01

CalFresh

Status: Active Balance: \$12.57

EBT Account History

Current Cards

Name	Recipient Type	Card Number	Access Type	Status
[Redacted]	Primary	100000000000	Cash & CalFresh	Issued

Figure 2.2.3.7 – CalSAWS EBT Account Detail Page

13. Click the Reissue Button on the EBT Card Detail Page. At this point, the EBT card will be queued in a batch for mailing to the customer's address on file or pick up delivery at the district office nearest to the customer's location on file.

Commented [HA14]: Addressing CRFI concerns regarding pick up location.

CalSAWS Case Name: [Redacted] Case Number: [Redacted] Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: [Redacted] Go

Person Search

EBT Account Search

EBT Card Detail Reissue Edit Close

* - Indicates required fields

Card Number: [Redacted] Account Number: [Redacted]

Card Information

Figure 2.2.3.8 – CalSAWS EBT Card Detail Page

14. Next the RPA will create a journal entry. Click the Journal tab in CalSAWS.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Journal Search

Case Number: Resource ID: Search

Category: Type: All All

Initiated By: Keyword: All

Date From: To: 03/01/2021 09/01/2021

Results per Page: 25 Search

Search Results Summary Results 1 - 2 of 2

Date	Type	Description
03/16/2021	Interfaces	
03/11/2021	Interfaces	

Print With Details Without Details Template: Classic Add Entry

Journal Detail

* - Indicates required fields

Case Number: Case Name: Case Name

Entry Information

Journal Category: * Journal Type: * All Interfaces

Initiated By: Method of Contact: User

Short Description: *

Long Description:

Append:

(03/16/2021 12:51 PM, Alva D Atherton, 19DP15U10R, Eligibility Worker III)

Figure 2.2.3.9 – CalSAWS Journal Detail Page

15. Click Add Entry on the Journal Detail Page.
 - a. See Figure 2.2.3.9 above
16. Populate Journal Entry details.

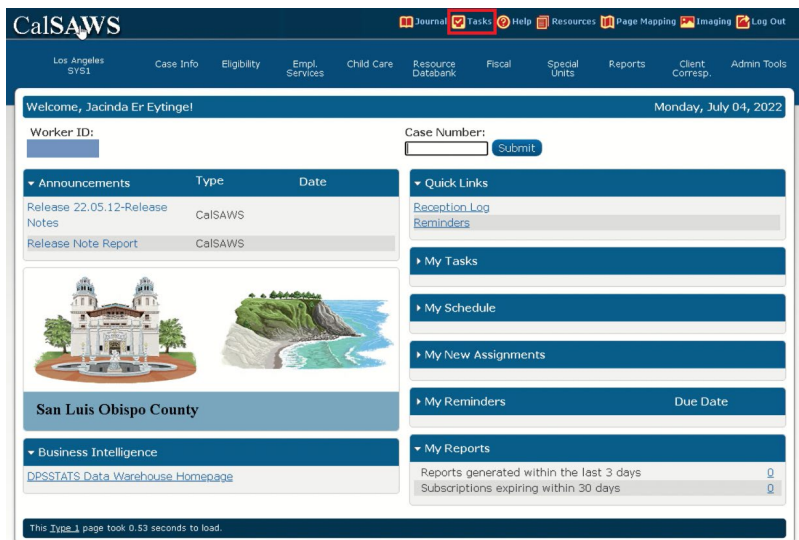
Figure 2.2.3.11 – CalSAWS Journal Detail Page

The screenshot shows the CalSAWS Journal Detail Page. The left sidebar contains the 'Journal Search' section with various filters and a search button. The main area is titled 'Journal Detail' and contains a form for entering journal information. The form includes fields for Case Number, Case Name, Journal Category, Journal Type, Initiated By, Method of Contact, Short Description, and Long Description. There are also buttons for '<<', 'Preview', 'Save', and 'Cancel'. The 'Save' button is highlighted with a red box. At the bottom, there is a status bar showing the user's name and role, and a loading message.

If there is a failure at any point in the process of re-issuing a card and creating a journal entry, an exception task will be created following the steps below.

1. Click on the 'Tasks' tab on the CalSAWS home page.

Figure 2.2.3.12 – CalSAWS Home Page



2. Click on 'Task Search' on the My Tasks page.

Figure 2.2.3.13 – CalSAWS My Tasks Page



3. Click on 'Add Task' on the Task Search page.


Figure 2.2.3.13 – CalSAWS Tasks Search Page

4. Populate case details and exception reason on the Task Details page. Click Save and Return to submit the task.

Figure 2.2.3.14 – CalSAWS Task Details page

3 SUPPORTING DOCUMENTS

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

1	IVR Application	Call Flow Updates to county inbound IVR	 CA-254796 - Automated EBT Card

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 APPENDIX



California Statewide Automated Welfare System

Design Document

CA-254796

Automated EBT Card Replacement

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Korey Edwards, Jared Kuester
	Reviewed By	Michael T. Wright, Darcy Alexander, Logan Pratt

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
01/09/2023	1.0	Initial Draft	Korey Edwards, Jared Kuester

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	4
2	Recommendations.....	5
	2.1 IVR Application.....	5
	2.1.1 Overview	5
	2.1.2 Description of Changes	5
	2.2 Robotic Process Automation.....	9
	2.2.1 Overview	9
	2.2.2 Robotic Process Automation Mockup.....	9
	2.2.3 Description of Changes	9
3	Supporting Documents	18
4	Requirements.....	20
	4.1 Project Requirements.....	20
	4.2 Migration Requirements.....	20
5	Migration Impacts	21
6	Appendix.....	22

1 OVERVIEW

This robotic process automation (RPA) will allow customers to request an electronic benefits transfer (EBT) card replacement via interactive voice response (IVR). This document covers the IVR call flow in which customers will select the EBT replacement option, their method of delivery and the steps the RPA will take to complete this request within CalSAWS.

1.1 Current Design

There is no automated option to replace an EBT card in the IVR.

1.2 Requests

Add a self-service option in the Inbound IVR to request a replacement EBT card for all 58 counties.

1.3 Overview of Recommendations

1. Modify the County IVR call flows with the following additions:
 - a. Callers will have a new EBT Card replacement option
 - b. The IVR (via Amazon Connect) will check the county preferences to see if county has opted into EBT Card mail delivery and pickup
 - c. The IVR (via Amazon Connect) will check the request history to confirm the customer has not requested an EBT Card within the last 90 days
 - d. The customer selects the EBT Card delivery option:
 - i. Mail – The card is mailed to the customer's mailing address noted in CalSAWS.
 - ii. Pickup – The card is available to be printed at a district office nearest to the customer's location on file.
 - e. The IVR (via Amazon Connect) relays the customer request details (listed) to the RPA.
 - i. Case Id
 - ii. Delivery Method
2. RPA receives the request and reissues the card within CalSAWS.

Commented [KE1]: "an EBT Card"

Commented [KE2]: nearest to the customer's on file location

1.4 Assumptions

1. No core CalSAWS application changes are required. The RPA interacts with the CalSAWS front end webpage.
2. EBT card replacements will be issued for the primary account holder.
3. EBT card replacements can only be requested by the primary applicant on the case
4. The RPA uses the customer's current name and address within CalSAWS to mail the request or determine the nearest office for pick up. Any changes will require speaking to an agent.
 - a. There is an option in the IVR to verify if the customer's name or address has changed.

5. The customer authentication process will not change.
6. The global case self-service options will be updated to include EBT Replacement
7. Individual County pick up option will be deployed based on the county response to CRFI 23-086.
8. Individual County EBT Transfer for multiple requests will be deployed based on the county response to CRFI 23-086.
9. This change will not include any reporting
10. BIC automated replacement functionality is not part of this SCR
11. The process is the same for all counties. When the reissue button is pressed and the page is saved, a real time Host to Host transaction is sent to the EBT vendor Fidelity Information Services (FIS) to add a new EBT card for the same client. FIS cancels the previous card and issues a new card and sends a success response to CalSAWS with the new EBT card number. When the success response is received by CalSAWS, the previous card is canceled in CalSAWS and the new card (received in the response message) is added in the CalSAWS database. All this happens real-time.
12. A separate SCR will be created for each Contact Center County deployment.
13. Anytime a caller is transferred to the EBT line, they are transferred to +1 877-328-9677.

Commented [AH3]: Move this later in the design doc

Commented [AH4R3]: This is addressed later in the design document.

Commented [AH5]: Move this later in the design doc

Commented [AH6R5]: This is addressed later in the design document.

2 RECOMMENDATIONS

2.1 IVR Application

2.1.1 Overview

Update the County IVR Call Flows to include the option to request a replacement EBT Card. That option will send the customer to a new contact flow that will ask the customer some follow up questions and submit the request to replace the EBT through the RPA solution.

2.1.2 Description of Changes

1. Modify the Case Self Service Page
 - a. Add the Self-Service Option to request an EBT Card replacement. In the IVR, the customer will hear:
"To hear current benefits information, press 1. To request a copy of a form or your verification of benefits, press 2. To check the status of a document requested or submitted, press 3. To request a replacement EBT, press 4. To change your IVR PIN, press 5. To speak to an eligibility worker, press 6. To hear these choices again, press 7."

- b. When the customer selects 4, send them to the new "EBT Card" Flow.
2. Create a new table called "EBT Card Delivery Options" in a central account that stores information about the county preferences for whether EBT Card pick up will be available through the automated RPA system.

Property	Value
countyCode	<countyCode>
pickUp	"Yes" or "No"

Commented [AH7]: Type column was removed

3. Create a new table "EBT Card Request History" in a central account that stored EBT Card requests from the last 90 days.

Property	Value
personId	<personId>
requestDate	<Date of EBT Card Replacement Request>

Commented [HA8]: Type column was removed

4. Query the "EBT Card Delivery Options" table to determine the county-specific preference for pick up requests. Based off the county preferences, pick up requests will either be:
 - a. Automated within the IVR
 - b. Transferred to speak to a worker.
5. Query the "EBT Card Request History" table to check if the customer has requested an EBT card within the last 90 days
 - a. If the customer has not requested an EBT card within the last 90 days, continue to step 6.
 - b. If the customer has requested an EBT card within the last 90 days, they will be transferred to speak to a worker based on the county preference. They will either be:
 - i. Transferred to the EBT line (877-328-9677)
 - ii. Transferred to a county worker:
 1. In a Contact Center county, the customer will be transferred to the queue that corresponds with their exit reason flow. For most counties, this will be their CalFresh Queue
 2. In a Non-Contact Center county, the customer will be transferred to their case worker.
 - The customer will be routed to their CalWORKs worker if they are active. In the

case they are not active, they will be transferred to their CalFresh worker.

6. The customer will hear the following prompts:

"To request a new EBT card, you will need to confirm a couple questions."

"If your name is the same as it appears on your EBT card, press 1. If your name is different, press 2. To hear these choices again, press 7."

- a. If the customer selects option 1, continue to step 7.
- b. If the customer selects option 2, they will be transferred to speak to a county worker.
- c. If the customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or to the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

7. The customer will hear the following prompt:

"If your mailing address is the same, press 1. If your mailing address has recently changed, press 2. If you do not have a mailing address or do not have a permanent address, press 3. To hear these choices again, press 7."

- i. If the customer selects option 1, continue to step 8.
- ii. If the customer selects option 2, they will be transferred to speak to a county worker. Callers in Non-CSC counties will be sent to the direct EBT line.
- iii. If the customer selects option 3 and the customer is in a county where pick up requests can be placed via the automated system, then continue to step 8. Otherwise, they will be transferred to speak to a county worker.
- iv. If the Customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

8. The customer will hear the following prompt:

"If you want your new EBT card mailed to your address on file, press 1. If you want to pick up your new EBT card at your local district office, press 2. To hear these choices again, press 7."

- i. If the customer selects option 1, record the delivery selection as mail delivery and continue to step 10.
- ii. If the customer selects option 2, check the county preference for pick up.
 - 1. If the county preference is to automate pick up requests in the IVR, record the delivery selection as pickup and continue to step 10. Note, when customers select pick up as their delivery preference in the IVR, the card is queued to be printed at the customer's nearest district office.

Commented [AH9]: Non-CSC - Identify where Non-CSC are routed

Commented [AH10]: Non-CSC - Identify where Non-CSC are routed

Commented [HA11]: Addressing CRFI concerns regarding pick up

- The nearest district office is based on the customer's location on file in CalSAWS.
2. If the county preference is to transfer pick up requests to a worker, continue to step 9.
 - iii. If the Customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.
9. If the caller has chosen "Pick up" and the county has chosen to transfer pick up requests to a worker, the following routing logic will be followed:
- a. In a Contact Center county, the customer will be transferred to the queue that corresponds with their exit reason flow.
 - i. Note: For most counties, this will be their CalFresh Queue
 - b. In a Non-Contact Center county, the customer will be transferred to their case worker.
 - i. The customer will be routed to their CalWORKs worker if they are active.
 - ii. In the case they are not active, they will be transferred to their CalFresh worker.
10. The automated EBT replacement request will be placed. The following information will be sent to the RPA to place the request.

Commented [AH12]: Non-CSC - Identify where Non-CSC are routed

Property	Value
Queue	Dev: EBTRepacementProcess_AZ_Connect UAT: EBTRepacementProcess_AZ_Connect Production: EBTRepacementProcess
Priority	Normal
Defer Date	<Time of request>
DueDate	<Time of request plus 24 hours>
Reference	{{Guid}}_CaseNumber
Case Number	<Case Number>
EBT Replacement	Y
Replacement Type	"Pickup" or "Mail"
Status	Pending

11. If the request was successful, the request will be logged in the "EBT Card Request History" table. The customer will hear one of the following prompts, depending on their delivery choice:

Mail - **"Thank you. Your EBT card replacement request has been received. Please allow two to three business days for it to be sent to your address on file."**

Pick up - **"Thank you. Your EBT card replacement request has been received. Please allow 2 hours for processing for pickup."**

12. If the request is not successful, the customer will hear the following prompt:

"We're sorry, we are unable to process your request at this time"

The customer will be sent to the General Queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

Commented [AH13]: Non-CSC - Identify where Non-CSC are routed

For more information see the attached document "CA-254796 – Automated EBT Card Replacement Call Flow".

2.2 Robotic Process Automation

2.2.1 Overview

Implement the RPA to process the EBT replacement card requests from the Inbound IVR. The RPA will automatically navigate CalSAWS and reissue a card using the existing process in the application.

2.2.2 Robotic Process Automation Mockup

Please refer to the screenshots in Section 2.2.3 for the Robotic Process Automation Mockup.

2.2.3 Description of Changes

The RPA will take the following steps when the IVR requests an EBT Card replacement:

1. Access CalSAWS - <https://web.calsaws.net/civ/utilities/Homepage/view>.



Figure 2.2.3.1 – CalSAWS Login Screen

2. Enter the RPA Account username.

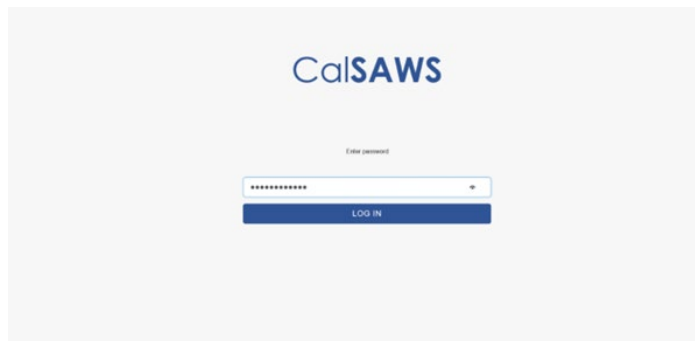


Figure 2.2.3.2 – CalSAWS Password Screen

3. Click the "Log In" button.
 - a. See Figure 2.2.3.2 above
4. Enter the RPA Account Password.
5. Click the "Log In" button.
 - a. See Figure 2.2.3.2 above
6. Click on the Accept button on the CalSAWS Security Screen.

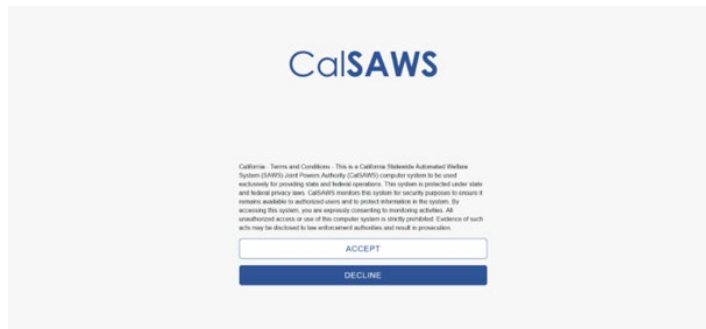


Figure 2.2.3.3 – CalSAWS Security Screen

7. Click on Case Number Field on the CalSAWS Home Page.

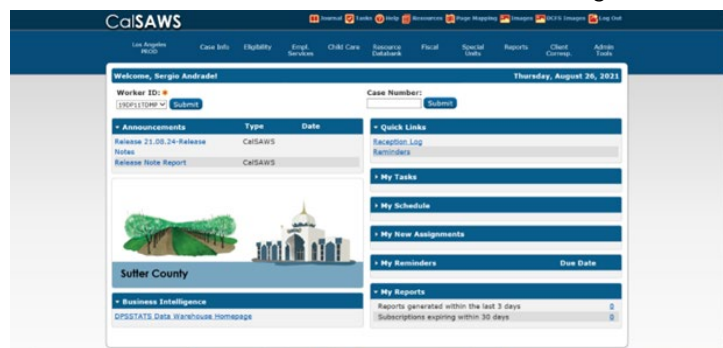


Figure 2.2.3.4 – CalSAWS Home Page

8. Enter Case Number.
 - a. See Figure 2.2.3.4 above
9. Click "Submit" button.
 - a. See Figure 2.2.3.4 above
10. Click on "EBT Account List" on the CalSAWS Case Summary Page.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History
Expungement History
Child Support Collections
Time Limit Aid Summary
Case Flag

Case Summary

Case Name County Los Angeles

Companion Cases

Case Number	Case Name
Add	

e-Applications

Display: 10/01/2021 [View](#)

Case Flags

CalWORKs

CalFresh

Figure 2.2.3.5 – CalSAWS Case Summary Page

11. Click on Account number hyperlink on the EBT Account List Page.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History

EBT Account List

Account Number	Primary Cardholder	Cash Status	CalFresh Status	Begin Date	End Date
XXXXXXXXXX	<input type="text"/>	Active	Active	11/20/2015	

[Add](#)

This Type 1 page took 0.89 seconds to load.

Figure 2.2.3.6 – CalSAWS EBT Account List Page

12. Click on Card Number hyperlink on the EBT Account Details Page.

© 2020 CalSAWS. All Rights Reserved.

CalSAWS Case Name: [Redacted] Case Number: [Redacted] Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: [Redacted] Go

Person Search

EBT Account Search

Application Registration

Case Summary

Contact

Authorized Representative

Negative Action

New Program

New Person

Hide Person

EBT Account List

EBT Repayment List

EBT Card Transaction Search

Issuance History

Expungement History

Child Support Collections

Time Limit Aid Summary

EBT Account Detail Add Card Close

Account Number: [Redacted] Begin Date: 11/20/2015 End Date:

Card Holder: * [Redacted] Card Access Type: * Cash & CalFresh Card Status: Issued

Cash

Status: Active Balance: \$30.01

CalFresh

Status: Active Balance: \$12.57

EBT Account History

Current Cards

Name	Recipient Type	Card Number	Access Type	Status
[Redacted]	Primary	100000000000	Cash & CalFresh	Issued

Figure 2.2.3.7 – CalSAWS EBT Account Detail Page

13. Click the Reissue Button on the EBT Card Detail Page. At this point, the EBT card will be queued in a batch for mailing to the customer's address on file or pick up delivery at the district office nearest to the customer's location on file.

Commented [HA14]: Addressing CRFI concerns regarding pick up location.

CalSAWS Case Name: [Redacted] Case Number: [Redacted] Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: [Redacted] Go

Person Search

EBT Account Search

EBT Card Detail Reissue Edit Close

* - Indicates required fields

Card Number: [Redacted] Account Number: [Redacted]

Card Information

Figure 2.2.3.8 – CalSAWS EBT Card Detail Page

14. Next the RPA will create a journal entry. Click the Journal tab in CalSAWS.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Case Info Eligibility Temp Child Care Resource Fiscal Special Reports Client Admin Tools

Journal Search - County of Los Angeles - CalSAWS - Work - Microsoft Edge

Journal Search **Journal Detail**

* - Indicates required fields

Case Number: Resource ID: Search

Category: Type: All All

Initiated By: Keyword: All

Date From: To: 03/01/2021 09/01/2021

Results per Page: 25 Search

Search Results Summary Results 1 - 2 of 2

Case - Case Name

Template: * Classic Add Entry

Date	Type	Description
03/16/2021	Interfaces	
03/11/2021	Interfaces	

Print With Details Without Details

Template: * Classic Add Entry

Case Number: Case Name: Case Name

Entry Information

Journal Category: * All Journal Type: * Interfaces

Initiated By: User Method of Contact:

Short Description: *

Long Description:

Append:

(03/16/2021 12:51 PM, Alva D Atherton, 19DP15U10R, Eligibility Worker III)

Invoice History

Figure 2.2.3.9 – CalSAWS Journal Detail Page

15. Click Add Entry on the Journal Detail Page.
 - a. See Figure 2.2.3.9 above
16. Populate Journal Entry details.

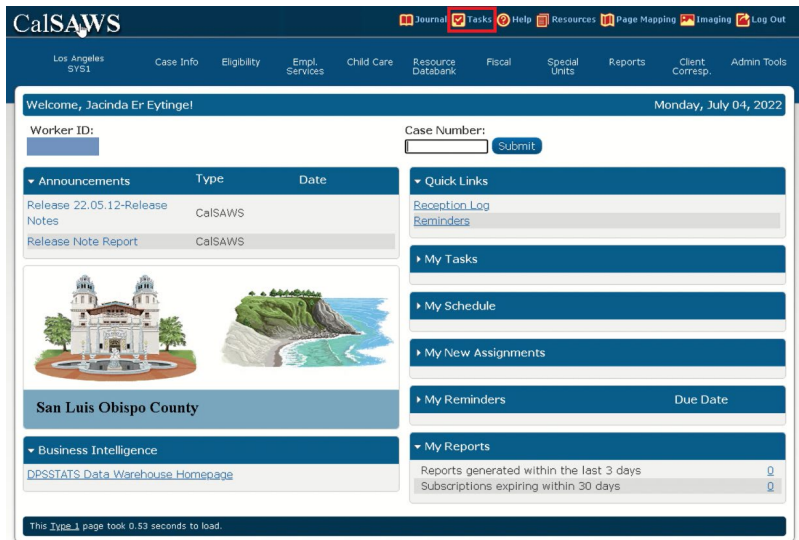
Figure 2.2.3.11 – CalSAWS Journal Detail Page

The screenshot shows the CalSAWS Journal Detail Page. The left sidebar contains the 'Journal Search' section with various filters and a search button. The main area is titled 'Journal Detail' and contains a form for creating or editing a journal entry. The form includes fields for Case Number, Case Name, Journal Category, Journal Type, Initiated By, Method of Contact, Short Description, and Long Description. There are also buttons for '<<', 'Preview', 'Save', and 'Cancel'. The 'Save' button is highlighted with a red box. At the bottom, there is a status bar showing the user's name and role, and a loading message.

If there is a failure at any point in the process of re-issuing a card and creating a journal entry, an exception task will be created following the steps below.

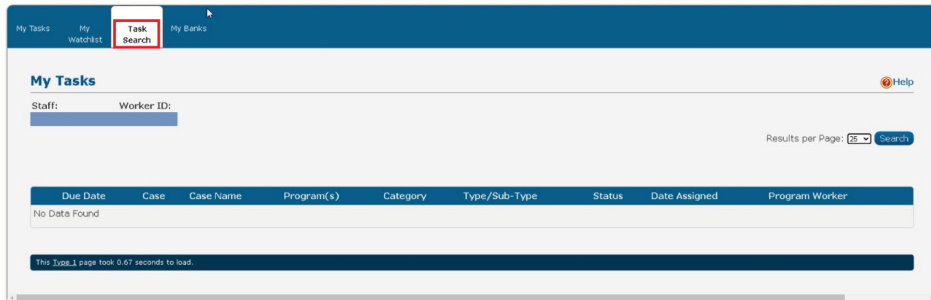
1. Click on the 'Tasks' tab on the CalSAWS home page.

Figure 2.2.3.12 – CalSAWS Home Page



2. Click on 'Task Search' on the My Tasks page.

Figure 2.2.3.13 – CalSAWS My Tasks Page



3. Click on 'Add Task' on the Task Search page.


Figure 2.2.3.13 – CalSAWS Tasks Search Page

4. Populate case details and exception reason on the Task Details page. Click Save and Return to submit the task.

Figure 2.2.3.14 – CalSAWS Task Details page

3 SUPPORTING DOCUMENTS

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

1	IVR Application	Call Flow Updates to county inbound IVR	 CA-254796 - Automated EBT Card

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 APPENDIX



California Statewide Automated Welfare System

Design Document

CA-254796

Automated EBT Card Replacement

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Korey Edwards, Jared Kuester
	Reviewed By	Michael T. Wright, Darcy Alexander, Logan Pratt

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
01/09/2023	1.0	Initial Draft	Korey Edwards, Jared Kuester

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	4
2	Recommendations.....	5
	2.1 IVR Application.....	5
	2.1.1 Overview	5
	2.1.2 Description of Changes	5
	2.2 Robotic Process Automation.....	9
	2.2.1 Overview	9
	2.2.2 Robotic Process Automation Mockup.....	9
	2.2.3 Description of Changes	9
3	Supporting Documents	18
4	Requirements.....	20
	4.1 Project Requirements.....	20
	4.2 Migration Requirements.....	20
5	Migration Impacts	21
6	Appendix.....	22

1 OVERVIEW

This robotic process automation (RPA) will allow customers to request an electronic benefits transfer (EBT) card replacement via interactive voice response (IVR). This document covers the IVR call flow in which customers will select the EBT replacement option, their method of delivery and the steps the RPA will take to complete this request within CalSAWS.

1.1 Current Design

There is no automated option to replace an EBT card in the IVR.

1.2 Requests

Add a self-service option in the Inbound IVR to request a replacement EBT card for all 58 counties.

1.3 Overview of Recommendations

1. Modify the County IVR call flows with the following additions:
 - a. Callers will have a new EBT Card replacement option
 - b. The IVR (via Amazon Connect) will check the county preferences to see if county has opted into EBT Card mail delivery and pickup
 - c. The IVR (via Amazon Connect) will check the request history to confirm the customer has not requested an EBT Card within the last 90 days
 - d. The customer selects the EBT Card delivery option:
 - i. Mail – The card is mailed to the customer's mailing address noted in CalSAWS.
 - ii. Pickup – The card is available to be printed at a district office nearest to the customer's location on file.
 - e. The IVR (via Amazon Connect) relays the customer request details (listed) to the RPA.
 - i. Case Id
 - ii. Delivery Method
2. RPA receives the request and reissues the card within CalSAWS.

Commented [KE1]: "an EBT Card"

Commented [KE2]: nearest to the customer's on file location

1.4 Assumptions

1. No core CalSAWS application changes are required. The RPA interacts with the CalSAWS front end webpage.
2. EBT card replacements will be issued for the primary account holder.
3. EBT card replacements can only be requested by the primary applicant on the case
4. The RPA uses the customer's current name and address within CalSAWS to mail the request or determine the nearest office for pick up. Any changes will require speaking to an agent.
 - a. There is an option in the IVR to verify if the customer's name or address has changed.

5. The customer authentication process will not change.
6. The global case self-service options will be updated to include EBT Replacement
7. Individual County pick up option will be deployed based on the county response to CRFI 23-086.
8. Individual County EBT Transfer for multiple requests will be deployed based on the county response to CRFI 23-086.
9. This change will not include any reporting
10. BIC automated replacement functionality is not part of this SCR
11. The process is the same for all counties. When the reissue button is pressed and the page is saved, a real time Host to Host transaction is sent to the EBT vendor Fidelity Information Services (FIS) to add a new EBT card for the same client. FIS cancels the previous card and issues a new card and sends a success response to CalSAWS with the new EBT card number. When the success response is received by CalSAWS, the previous card is canceled in CalSAWS and the new card (received in the response message) is added in the CalSAWS database. All this happens real-time.
12. A separate SCR will be created for each Contact Center County deployment.
13. Anytime a caller is transferred to the EBT line, they are transferred to +1 877-328-9677.

Commented [AH3]: Move this later in the design doc

Commented [AH4R3]: This is addressed later in the design document.

Commented [AH5]: Move this later in the design doc

Commented [AH6R5]: This is addressed later in the design document.

2 RECOMMENDATIONS

2.1 IVR Application

2.1.1 Overview

Update the County IVR Call Flows to include the option to request a replacement EBT Card. That option will send the customer to a new contact flow that will ask the customer some follow up questions and submit the request to replace the EBT through the RPA solution.

2.1.2 Description of Changes

1. Modify the Case Self Service Page
 - a. Add the Self-Service Option to request an EBT Card replacement. In the IVR, the customer will hear:
"To hear current benefits information, press 1. To request a copy of a form or your verification of benefits, press 2. To check the status of a document requested or submitted, press 3. To request a replacement EBT, press 4. To change your IVR PIN, press 5. To speak to an eligibility worker, press 6. To hear these choices again, press 7."

- b. When the customer selects 4, send them to the new "EBT Card" Flow.
2. Create a new table called "EBT Card Delivery Options" in a central account that stores information about the county preferences for whether EBT Card pick up will be available through the automated RPA system.

Property	Value
countyCode	<countyCode>
pickUp	"Yes" or "No"

Commented [AH7]: Type column was removed

3. Create a new table "EBT Card Request History" in a central account that stored EBT Card requests from the last 90 days.

Property	Value
personId	<personId>
requestDate	<Date of EBT Card Replacement Request>

Commented [HA8]: Type column was removed

4. Query the "EBT Card Delivery Options" table to determine the county-specific preference for pick up requests. Based off the county preferences, pick up requests will either be:
 - a. Automated within the IVR
 - b. Transferred to speak to a worker.
5. Query the "EBT Card Request History" table to check if the customer has requested an EBT card within the last 90 days
 - a. If the customer has not requested an EBT card within the last 90 days, continue to step 6.
 - b. If the customer has requested an EBT card within the last 90 days, they will be transferred to speak to a worker based on the county preference. They will either be:
 - i. Transferred to the EBT line (877-328-9677)
 - ii. Transferred to a county worker:
 1. In a Contact Center county, the customer will be transferred to the queue that corresponds with their exit reason flow. For most counties, this will be their CalFresh Queue
 2. In a Non-Contact Center county, the customer will be transferred to their case worker.
 - The customer will be routed to their CalWORKs worker if they are active. In the

case they are not active, they will be transferred to their CalFresh worker.

6. The customer will hear the following prompts:

"To request a new EBT card, you will need to confirm a couple questions."

"If your name is the same as it appears on your EBT card, press 1. If your name is different, press 2. To hear these choices again, press 7."

- a. If the customer selects option 1, continue to step 7.
- b. If the customer selects option 2, they will be transferred to speak to a county worker.
- c. If the customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or to the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

7. The customer will hear the following prompt:

"If your mailing address is the same, press 1. If your mailing address has recently changed, press 2. If you do not have a mailing address or do not have a permanent address, press 3. To hear these choices again, press 7."

- i. If the customer selects option 1, continue to step 8.
- ii. If the customer selects option 2, they will be transferred to speak to a county worker. Callers in Non-CSC counties will be sent to the direct EBT line.
- iii. If the customer selects option 3 and the customer is in a county where pick up requests can be placed via the automated system, then continue to step 8. Otherwise, they will be transferred to speak to a county worker.
- iv. If the Customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

8. The customer will hear the following prompt:

"If you want your new EBT card mailed to your address on file, press 1. If you want to pick up your new EBT card at your local district office, press 2. To hear these choices again, press 7."

- i. If the customer selects option 1, record the delivery selection as mail delivery and continue to step 10.
- ii. If the customer selects option 2, check the county preference for pick up.
 - 1. If the county preference is to automate pick up requests in the IVR, record the delivery selection as pickup and continue to step 10. Note, when customers select pick up as their delivery preference in the IVR, the card is queued to be printed at the customer's nearest district office.

Commented [AH9]: Non-CSC - Identify where Non-CSC are routed

Commented [AH10]: Non-CSC - Identify where Non-CSC are routed

Commented [HA11]: Addressing CRFI concerns regarding pick up

- The nearest district office is based on the customer's location on file in CalSAWS.
2. If the county preference is to transfer pick up requests to a worker, continue to step 9.
 - iii. If the Customer makes no selection or makes an invalid selection, they will hear the prompt menu twice and then will be transferred to the General queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.
9. If the caller has chosen "Pick up" and the county has chosen to transfer pick up requests to a worker, the following routing logic will be followed:
- a. In a Contact Center county, the customer will be transferred to the queue that corresponds with their exit reason flow.
 - i. Note: For most counties, this will be their CalFresh Queue
 - b. In a Non-Contact Center county, the customer will be transferred to their case worker.
 - i. The customer will be routed to their CalWORKs worker if they are active.
 - ii. In the case they are not active, they will be transferred to their CalFresh worker.
10. The automated EBT replacement request will be placed. The following information will be sent to the RPA to place the request.

Commented [AH12]: Non-CSC - Identify where Non-CSC are routed

Property	Value
Queue	Dev: EBTRepacementProcess_AZ_Connect UAT: EBTRepacementProcess_AZ_Connect Production: EBTRepacementProcess
Priority	Normal
Defer Date	<Time of request>
DueDate	<Time of request plus 24 hours>
Reference	{{Guid}}_CaseNumber
Case Number	<Case Number>
EBT Replacement	Y
Replacement Type	"Pickup" or "Mail"
Status	Pending

11. If the request was successful, the request will be logged in the "EBT Card Request History" table. The customer will hear one of the following prompts, depending on their delivery choice:

Mail - **"Thank you. Your EBT card replacement request has been received. Please allow two to three business days for it to be sent to your address on file."**

Pick up - **"Thank you. Your EBT card replacement request has been received. Please allow 2 hours for processing for pickup."**

12. If the request is not successful, the customer will hear the following prompt:

"We're sorry, we are unable to process your request at this time"

The customer will be sent to the General Queue or the county equivalent. Callers in Non-CSC counties will be sent to the direct EBT line.

Commented [AH13]: Non-CSC - Identify where Non-CSC are routed

For more information see the attached document "CA-254796 – Automated EBT Card Replacement Call Flow".

2.2 Robotic Process Automation

2.2.1 Overview

Implement the RPA to process the EBT replacement card requests from the Inbound IVR. The RPA will automatically navigate CalSAWS and reissue a card using the existing process in the application.

2.2.2 Robotic Process Automation Mockup

Please refer to the screenshots in Section 2.2.3 for the Robotic Process Automation Mockup.

2.2.3 Description of Changes

The RPA will take the following steps when the IVR requests an EBT Card replacement:

1. Access CalSAWS - <https://web.calsaws.net/civ/utilities/Homepage/view>.



Figure 2.2.3.1 – CalSAWS Login Screen

2. Enter the RPA Account username.

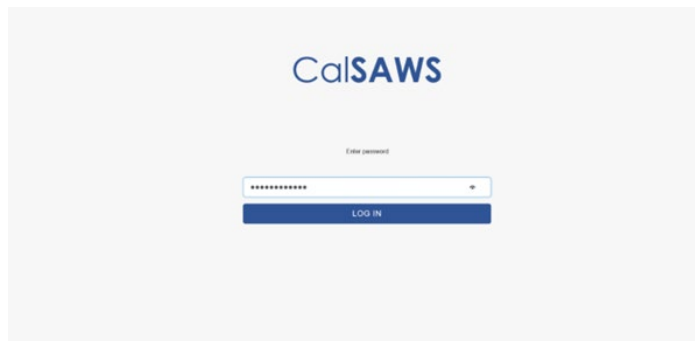


Figure 2.2.3.2 – CalSAWS Password Screen

3. Click the "Log In" button.
 - a. See Figure 2.2.3.2 above
4. Enter the RPA Account Password.
5. Click the "Log In" button.
 - a. See Figure 2.2.3.2 above
6. Click on the Accept button on the CalSAWS Security Screen.

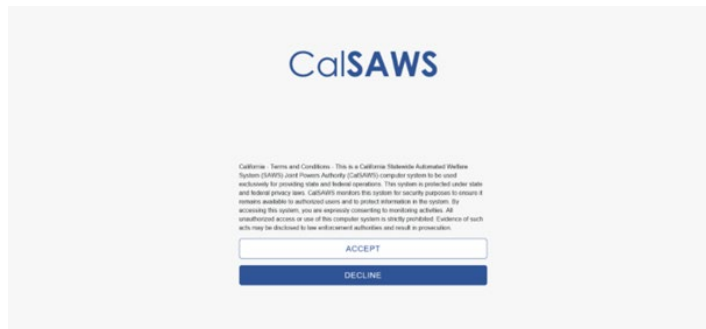


Figure 2.2.3.3 – CalSAWS Security Screen

7. Click on Case Number Field on the CalSAWS Home Page.

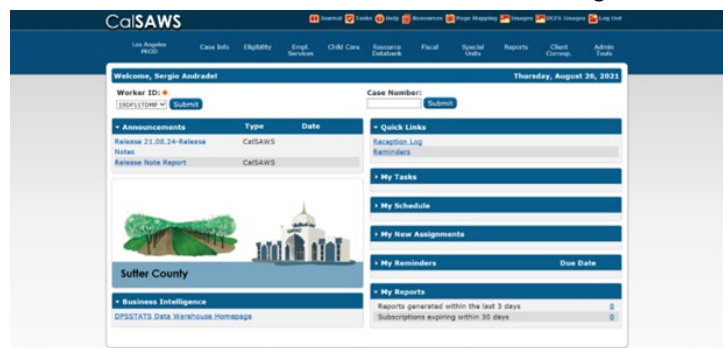


Figure 2.2.3.4 – CalSAWS Home Page

8. Enter Case Number.
 - a. See Figure 2.2.3.4 above
9. Click "Submit" button.
 - a. See Figure 2.2.3.4 above
10. Click on "EBT Account List" on the CalSAWS Case Summary Page.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History
Expungement History
Child Support Collections
Time Limit Aid Summary
Case Flag

Case Summary

Case Name County Los Angeles

Companion Cases

Case Number Case Name Add

e-Applications

Display: 10/01/2021 View

Case Flags

CalWORKs

CalFresh

Figure 2.2.3.5 – CalSAWS Case Summary Page

11. Click on Account number hyperlink on the EBT Account List Page.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: Go

Person Search
EBT Account Search
Application Registration
Case Summary
Contact
Authorized Representative
Negative Action
New Program
New Person
Hide Person
EBT Account List
Issuance History

EBT Account List

Add

Account Number	Primary Cardholder	Cash Status	CalFresh Status	Begin Date	End Date
XXXXXXXXXX		Active	Active	11/20/2015	

Add

This Type 1 page took 0.89 seconds to load.

Figure 2.2.3.6 – CalSAWS EBT Account List Page

12. Click on Card Number hyperlink on the EBT Account Details Page.

© 2020 CalSAWS. All Rights Reserved.

CalSAWS Case Name: [Redacted] Case Number: [Redacted] Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: [Redacted] Go

Person Search

EBT Account Search

Application Registration

Case Summary

Contact

Authorized Representative

Negative Action

New Program

New Person

Hide Person

EBT Account List

EBT Repayment List

EBT Card Transaction Search

Issuance History

Expungement History

Child Support Collections

Time Limit Aid Summary

EBT Account Detail Add Card Close

Account Number: [Redacted] Begin Date: 11/20/2015 End Date:

Card Holder: * [Redacted] Card Access Type: * Cash & CalFresh Card Status: Issued

Cash

Status: Active Balance: \$30.01

CalFresh

Status: Active Balance: \$12.57

EBT Account History

Current Cards

Name	Recipient Type	Card Number	Access Type	Status
[Redacted]	Primary	100000000000	Cash & CalFresh	Issued

Figure 2.2.3.7 – CalSAWS EBT Account Detail Page

13. Click the Reissue Button on the EBT Card Detail Page. At this point, the EBT card will be queued in a batch for mailing to the customer's address on file or pick up delivery at the district office nearest to the customer's location on file.

Commented [HA14]: Addressing CRFI concerns regarding pick up location.

CalSAWS Case Name: [Redacted] Case Number: [Redacted] Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Los Angeles PROD

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

Case Summary

Case Number: [Redacted] Go

Person Search

EBT Account Search

EBT Card Detail Reissue Edit Close

* - Indicates required fields

Card Number: [Redacted] Account Number: [Redacted]

Card Information

Figure 2.2.3.8 – CalSAWS EBT Card Detail Page

14. Next the RPA will create a journal entry. Click the Journal tab in CalSAWS.

CalSAWS Case Name: Case Number: Journal Tasks Help Resources Page Mapping Images DCFS Images Log Out

Case Info Eligibility Temp Child Care Resource Fiscal Special Reports Client Admin Tools

Journal Search - County of Los Angeles - CalSAWS - Work - Microsoft Edge

Journal Search **Journal Detail**

* - Indicates required fields

Case Number: Resource ID: << Append

Category: Type: All All

Initiated By: Keyword: All

Date From: To: 03/01/2021 09/01/2021

Results per Page: 25 Search

Search Results Summary Results 1 - 2 of 2

Case: - Case Name

Template: * Classic Add Entry

Date	Type	Description
03/16/2021	Interfaces	Append
03/11/2021	Interfaces	Append

Print With Details Without Details

Template: * Classic Add Entry

Case Number: Case Name: Case Name

Entry Information

Journal Category: * All Journal Type: * Interfaces

Initiated By: User Method of Contact:

Short Description: *

Long Description:

Append:

<< Append

(03/16/2021 12:51 PM, Alva D Atherton, 19DP15U10R, Eligibility Worker III)

Invoice History

Figure 2.2.3.9 – CalSAWS Journal Detail Page

15. Click Add Entry on the Journal Detail Page.
 - a. See Figure 2.2.3.9 above
16. Populate Journal Entry details.

Journal Search - County of Los Angeles - CalSAWS - Work - Microsoft Edge

https://sys1.calsaws.net/c-h/utilities/journal/search?Y3R4Q2FzZUlk=ODE0MTkwMDk3bDY3R4Q2FzZU51bWJlog=QjlyTEwyMw==&Y3R4Q2FzZU51bWJlog=Q2FzZSBOYW11h8Y3R4U3B1Y2h8bENpcnN1bWJlog=

Journal Search **Journal Detail**

Search *** Indicates required fields** << Preview Save Cancel

Case Number: Resource ID: Category: Type: Initiated By: Keyword: Date From: To: Results per Page: 25 Search

Search Results Summary Results 1 - 2 of 2

Case: Case Name: Template: Classic Add Entry

Date	Type	Description
03/16/2021	Interfaces	
03/11/2021	Interfaces	

Print With Details Without Details Template: Classic Add Entry

This Type 1 page took 0.43 seconds to load.

Entry Information

Journal Category: * Journal Type: * Short Description: * Long Description: *

Initiated By: User Method of Contact: Classic

<< Preview Save Cancel

(Martina Pennant, 19DP11TDM, Principal Information Systems Analyst)

This Type 1 page took 0.26 seconds to load.

Figure 2.2.3.10 – CalSAWS Journal Entry Information Page

17. Click Save on Journal Entry. A journal entry will be created.

Entry Information

Journal Category: * Eligibility Journal Type: * Batch EDBC

Initiated By: User Method of Contact: Contact Center

Short Description: * EBT Replacement

Long Description: *

Classic

Customer authenticated on IVR. EBT Replacement Card requested and issued via mail. Transaction completed by BOT.

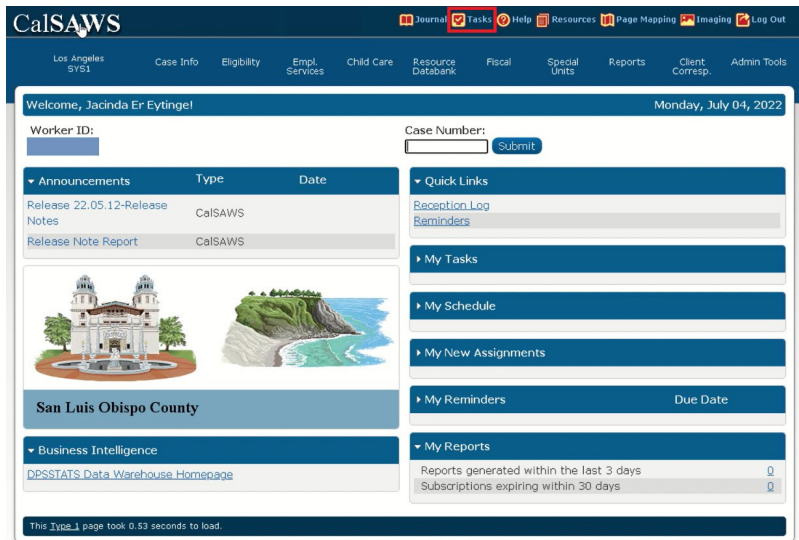
Figure 2.2.3.11 – CalSAWS Journal Detail Page

The screenshot shows the CalSAWS Journal Detail Page. The left sidebar contains the 'Journal Search' section with various filters and a search button. The main area is titled 'Journal Detail' and contains a form for creating or editing a journal entry. The form includes fields for Case Number, Case Name, Journal Category, Journal Type, Initiated By, Method of Contact, Short Description, and Long Description. There are also buttons for '<<', 'Preview', 'Save', and 'Cancel'. The 'Save' button is highlighted with a red box. At the bottom, there is a status bar showing the user's name and role, and a loading message.

If there is a failure at any point in the process of re-issuing a card and creating a journal entry, an exception task will be created following the steps below.

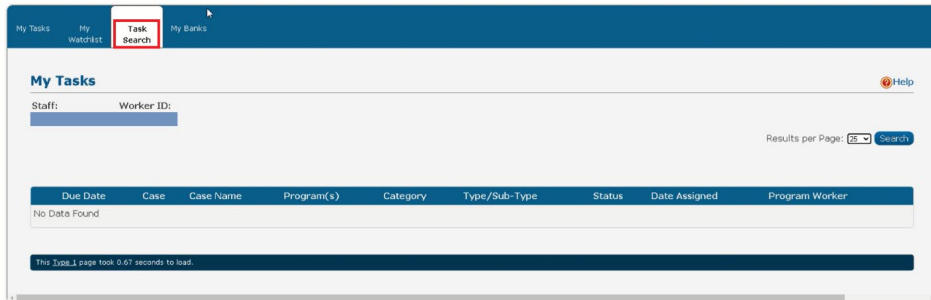
1. Click on the 'Tasks' tab on the CalSAWS home page.

Figure 2.2.3.12 – CalSAWS Home Page



2. Click on 'Task Search' on the My Tasks page.

Figure 2.2.3.13 – CalSAWS My Tasks Page



3. Click on 'Add Task' on the Task Search page.


Figure 2.2.3.13 – CalSAWS Tasks Search Page

4. Populate case details and exception reason on the Task Details page. Click Save and Return to submit the task.

Figure 2.2.3.14 – CalSAWS Task Details page

3 SUPPORTING DOCUMENTS

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

1	IVR Application	Call Flow Updates to county inbound IVR	 CA-254796 - Automated EBT Card

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 APPENDIX



California Statewide Automated Welfare System

Design Document

CA-257052

**(Upgrade Spring Boot app to JDK-17
and update other libraries)**

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Erick Guanzon

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/03/2023	1.0	Initial Draft	Erick Guanzon/Prashant Goel

Table of Contents

1	Overview	4
1.1	Request	4
1.2	Overview of Recommendations	7
1.3	Assumptions	8
2	Recommendations.....	9
2.1	Security Updates.....	9
3	Supporting Documents	9
4	Requirements	9
4.1	Project Requirements	9
4.2	Migration Requirements.....	9
5	Migration Impacts.....	9
6	Outreach.....	10
7	Appendix.....	10

1 OVERVIEW

This SCR will upgrade CalSAWS Spring-Boot application to JDK-17 and other open-source libraries to adhere to the N-1 software update strategy.

1.1 Request

Refer the below table that will upgrade the libraries within Spring-Boot application to adhere N-1 software update strategy.

Open-Source Software	Latest Version	N-1 Version	CalSAWS Version	Application Name
Java	21	17	11	All Spring-Boot Application listed in table below.
rocksdbjni	8.1.1.1	7.10.2	5.18.4	AMP
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	AMP
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	AMP
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	AMP
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	AMP
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	AMP
xmlbeans	5.1.1	5.0.3	3.1.0	AMP
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	Activities Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	Activities Service
tomcat-embed-core	11.0.0-M9	10.1.11	9.0.75	Activities Service
tomcat-embed-el	11.0.0-M9	10.1.11	9.0.75	Activities Service
tomcat-embed-websocket	11.0.0-M9	10.1.11	9.0.75	Activities Service
tomcat-jdbc	11.0.0-M9	10.1.11	9.0.16	Activities Service
tomcat-juli	11.0.0-M9	10.1.11	9.0.16	Activities Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	Appointment Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	Appointment Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.75	Appointment Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	Appointment Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.75	Appointment Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Appointment Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Appointment Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	Fiscal Service

jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	Fiscal Service
tomcat-embed-core	11.0.0-M9	10.1.11	9.0.75	Fiscal Service
tomcat-embed-el	11.0.0-M9	10.1.11	9.0.75	Fiscal Service
tomcat-embed-websocket	11.0.0-M9	10.1.11	9.0.75	Fiscal Service
tomcat-jdbc	11.0.0-M9	10.1.11	9.0.16	Fiscal Service
tomcat-juli	11.0.0-M9	10.1.11	9.0.16	Fiscal Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	Imaging Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.3	Imaging Service
jakarta.xml.ws-api	4.0.0	3.0.1	2.3.3	Imaging Service
saaj-impl	3.0.2	2.0.1	1.5.3	Imaging Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Imaging Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Imaging Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	Journal Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	Journal Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.71	Journal Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.71	Journal Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.71	Journal Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Journal Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Journal Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	CalSAWS Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	CalSAWS Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.75	CalSAWS Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.75	CalSAWS Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.75	CalSAWS Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	CalSAWS Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	CalSAWS Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	OCAT Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	OCAT Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.3.Final	OCAT Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	OCAT Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	OCAT Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	OCAT Service
spring-security-config	6.1.0	5.8.3	3.2.10.RELEASE	SMS Service
spring-security-web	6.1.0	5.8.3	3.2.10.RELEASE	SMS Service
spring-security-core	6.1.0	5.8.3	3.2.10.RELEASE	SMS Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	SMS Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	SMS Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	SMS Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.5.Final	GAGR
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	GAGR
tomcat-embed-core	11.0.0-M9	10.1.11	9.0.75	GAGR
tomcat-embed-el	11.0.0-M9	10.1.11	9.0.75	GAGR
tomcat-embed-websocket	11.0.0-M9	10.1.11	9.0.75	GAGR

tomcat-jdbc	11.0.0-M9	10.1.11	9.0.16	GAGR
tomcat-juli	11.0.0-M9	10.1.11	9.0.16	GAGR
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Email Service
ojdbc8 (artifact moved to com.oracle.database.jdbc » ojdbc10)	23.2.0.0	21.10.0.0	18.4.0.0.0	Email Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	Email Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.3.Final	Email Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Email Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	Email Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	Email Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	Email Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.3.Final	Portal Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Portal Service
spring-security-config	6.1.0	5.8.3	3.2.10.RELEASE	Portal Service
spring-security-web	6.1.0	5.8.3	3.2.10.RELEASE	Portal Service
spring-security-core	6.1.0	5.8.3	3.2.10.RELEASE	Portal Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.75	Portal Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Portal Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.75	Portal Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.75	Portal Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.2	Portal Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Task Service
saaj-impl	3.0.2	2.0.1	1.5.3	Task Service
jakarta.xml.ws-api	4.0.0	3.0.1	2.3.3	Task Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.75	Task Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.3.Final	Task Service
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Task Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.75	Task Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	Task Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.3	Task Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	LRS Dashboard
tomcat-embed-jasper	11.0.0-M6	10.1.9	9.0.55	LRS Dashboard
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	LRS Dashboard
rocksdbjni	8.1.1.1	7.10.2	5.18.4	LRS Dashboard
tomcat-annotations-api	11.0.0-M6	10.1.9	9.0.60	LRS Dashboard
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Auditor
tomcat-embed-jasper	11.0.0-M6	10.1.9	9.0.55	Auditor
tomcat-juli	11.0.0-M6	10.1.9	9.0.16	Auditor
rocksdbjni	8.1.1.1	7.10.2	5.18.4	Auditor
tomcat-annotations-api	11.0.0-M6	10.1.9	9.0.60	Auditor
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	Fileservice
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	Fileservice

tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	Fileservice
rocksdbjni	8.1.1.1	7.10.2	5.18.4	Kafka Producer Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	Kafka Producer Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	Kafka Producer Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	Kafka Producer Service
tomcat-jdbc	11.0.0-M6	10.1.9	9.0.16	Lobby Service
saaj-impl	3.0.2	2.0.1	1.5.3	Lobby Service
jakarta.xml.ws-api	4.0.0	3.0.1	2.3.3	Lobby Service
tomcat-embed-el	11.0.0-M6	10.1.9	9.0.60	Lobby Service
hibernate-validator	8.0.0.Final	7.0.5.Final	6.2.3.Final	Lobby Service
jakarta.xml.bind-api	4.0.0	3.0.1	2.3.3	Lobby Service
txw2	4.0.3	3.0.1-M1	2.3.3	Lobby Service
tomcat-embed-websocket	11.0.0-M6	10.1.9	9.0.60	Lobby Service
tomcat-embed-core	11.0.0-M6	10.1.9	9.0.60	Lobby Service
jakarta.xml.soap-api	3.0.0	2.0.1	1.4.2	Lobby Service
spring-context-support	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-jdbc	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-context	6.0.8	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-tx	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-aop	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-beans	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-expression	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-core	6.0.9	5.3.27	4.1.5.RELEASE	EBT Emulator
spring-context-support	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-jdbc	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-context	6.0.8	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-tx	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-aop	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-beans	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-expression	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator
spring-core	6.0.9	5.3.27	4.1.5.RELEASE	EbtEmulator

1.2 Overview of Recommendations

The CalSAWS Spring-Boot application will be compiled with the latest libraries and will be deployed using the latest platform. Breaking changes should be resolved if the application code is using a deprecated API. Following Spring-Boot application will receive an upgrade:

Application Name
AMP
Activities Service
Appointment Service
Fiscal Service
Imaging Service
Journal Service
CalSAWS Service
OCCAT Service
Texting/SMS Client (Integrated in CalSAWS Application)
GAGR
Email Service
Portal Service
Task Service
LRS Dashboard
Auditor
FileService
Kafka Producer Service
Lobby Service

1.3 Assumptions

- This upgrade should not change the functional behavior of the CalSAWS Spring Boot applications.

2 RECOMMENDATIONS

This SCR will upgrade CalSAWS Spring-Boot application to JDK-17 and other open-source libraries to adhere to the N-1 software update strategy

2.1 Security Updates

N/A

3 SUPPORTING DOCUMENTS

N/A

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

N/A

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

N/A

6 OUTREACH

N/A

7 APPENDIX

N/A



California Statewide Automated Welfare System

Design Document

CA-257778

Verify Lawful Presence (VLP) Service Suite
change message protocol from SOAP to REST.

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Dylan Patel
	Reviewed By	Renee Gustafson, Tisha Mutreja, Rupalatha Putta, Maksim Volf, Appalaraju Indala, Kenneth Lerch, Geetha Ramalingam, Adnan Bukhari

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/14/2023	1.0	Initial Draft	Dylan Patel
10/04/2023	1.1	Added supporting documents for Code Category changes. Moved Section 2.4.2.1 & 2.4.2.2 to Section 2.1.2.2 & 2.1.2.3 respectively. Moved Section 2.4.2.3 & 2.4.2.4 to Section 2.2.3.2 & 2.2.3.3 respectively. Moved Section 2.5 to Section 2.4	Dylan Patel

Table of Contents

1	Overview	5
1.1	Current Design.....	5
1.2	Requests.....	5
1.3	Overview of Recommendations.....	6
1.4	Assumptions	6
2	Recommendations	6
2.1	CalHEERS VLP Interface – Technical Design.....	6
2.1.1	Overview	6
2.1.2	Description of Changes	7
2.1.3	Partner Integration Testing	7
2.1.4	Interface Partner.....	7
2.2	Verification of Lawful Presence Response Detail page.....	7
2.2.1	Overview	7
2.2.2	Verification of Lawful Presence Response Detail.....	8
2.2.3	Description of Changes	8
2.2.4	Page Location	8
2.2.5	Security Updates.....	9
2.2.6	Page Mapping.....	9
2.2.7	Accessibility	9
2.2.8	Page Usage/Data Volume Impacts	9
2.3	MAGI Determination List page.....	9
2.3.1	Overview	9
2.3.2	MAGI Determination List Mockup	10
2.3.3	Description of Changes	10
2.3.4	Page Location	11
2.3.5	Security Updates.....	11
2.3.6	Page Mapping.....	11
2.3.7	Accessibility	11
2.3.8	Page Usage/Data Volume Impacts	11
2.4	CalHEERS VLP Interface – Emulator Changes.....	11
2.4.1	Overview	11
2.4.2	Description of Change.....	11

2.5	Automated Regression Test.....	11
2.5.1	Overview	11
2.5.2	Description of Change.....	12
3	Supporting Documents	13
4	Requirements	13
4.1	Project Requirements.....	13
4.2	Migration Requirements.....	13

1 OVERVIEW

CalSAWS uses the CalHEERS electronic Health Information Transfer (eHIT) interface to communicate Medi-Cal applicant/recipient data to CalHEERS for a Modified Adjusted Gross Income (MAGI) Medi-Cal determination. CalHEERS uses a Verify Lawful Presence (VLP) interface with Centers for Medicare & Medicaid Services (CMS) for verifying if an applicant/recipient is a Naturalized/Derived citizen or has an Immigration Status that qualifies them for Covered California Exchange or MAGI Medi-Cal programs. CMS interfaces with the Department of Homeland Security (DHS) to retrieve immigration information based on the request from CalHEERS. The electronic verification (e-verification) result is then passed back from DHS to CMS to CalHEERS and ultimately to CalSAWS.

With CalHEERS Change Request CR 185143, the VLP Interface will be updated from SOAP to REST.

1.1 Current Design

The CalHEERS VLP Interface is used by CalSAWS to request CalHEERS to e-Verify an individual for Lawful Presence, Qualified Non-Citizen, 5-Year Bar Required, 5-Year Bar Met, and US Citizenship for Naturalized or Derived Citizens.

The VLP Interface with the CalHEERS System uses a SOAP-based service for inbound and outbound transactions.

The service allows for the following VLP verification transactions:

- VLP Step 1 Initial Verification
- VLP Step 1A Re-Verify
- VLP Step 1B Re-Submit with SEVIS ID
- VLP Step 2 Initiate Additional Verification
- VLP Step 3 Initiate Third Verification
- VLP Close Case

1.2 Requests

With the latest CMS update, CalHEERS will be updating the VLP Interface in accordance with that update. CalHEERS will also be removing the VLP Step 1A Re-Verify and VLP Step 1B Re-Submit with SEVIS ID transactions.

CalSAWS must be updated to comply with the changes made to the CalHEERS eHIT Interface for VLP by updating VLP to use REST-based services.

In addition, CalSAWS will remove the functionality allowing users to initiate the VLP Step 1A Re-Verify and VLP Step 1B Re-Submit with SEVIS ID transactions.

1.3 Overview of Recommendations

1. Create the REST-based services to replace the existing SOAP-based services for the VLP Interface
2. Create encrypted REST-based endpoints for Inbound and Outbound transactions.
3. Update the VLP Interface to no longer initiate the following transactions:
 - VLP Step 1A Re-Verify
 - VLP Step 1B Re-Submit with SEVIS ID
4. Update the SOAP-based VLP Interface functionality to use the new REST-based services.
5. Update the Verification of Lawful Presence Response Detail page to display new decodes and remove the deprecated VLP transactions.
6. Update the MAGI Determination List page to display a warning message when a person's Alien Number is invalid.
7. Update the VLP Emulator to use the REST-based services.

1.4 Assumptions

1. There will be no changes to the remaining VLP verification transactions.
2. The payload used by the REST-based VLP Suite will remain XML.
3. There will be no data conversion for existing Alien Numbers in CalSAWS to meet the new formatting criteria in eHIT.

2 RECOMMENDATIONS

Create REST-based services to send VLP verification transactions and remove deprecated VLP logic and update remaining VLP functionality to use the new REST-based services.

Update the Verification of Lawful Presence Response Detail to no longer allow the user to select deprecated VLP transactions and display new values for "Next Action" and "Eligibility Statement".

Update the existing validation for offending Alien Numbers on the MAGI Determination List page with a new validation message.

2.1 CalHEERS VLP Interface – Technical Design

2.1.1 Overview

Create REST-based services to send the following VLP verification transactions:

- VLP Step 1 Initial Verification
- VLP Step 2 Initiate Additional Verification
- VLP Step 3 Initiate Third Verification

- VLP Close Case

2.1.2 Description of Changes

1. Refer to Supporting Document – [Document Name] in JIRA for details on the REST-based services technical design.
2. Remove VLP functionality used by the following deprecated VLP transactions:
 - a. VLP Step 1A Re-Verify
 - b. VLP Step 1B Re-Submit with SEVIS ID
3. Update VLP functionality to use REST-based services for the following VLP transactions:
 - a. VLP Step 1 Initial Verification
 - b. VLP Step 2 Initiate Additional Verification
 - c. VLP Step 3 Initiate Third Verification
 - d. VLP Close Case

Commented [DP1]: This document will be attached to JIRA and the reference name will be updated.

2.1.3 Partner Integration Testing

Y – CalHEERS will update 1 of the integrated environments with the new VLP Suite changes while the other will continue using the SOAP-based version.

2.1.4 Interface Partner

CalHEERS

2.2 Verification of Lawful Presence Response Detail page

2.2.1 Overview

Update the Verification of Lawful Presence Detail page to no longer display the deprecated VLP transactions.

2.2.2 Verification of Lawful Presence Response Detail

Verification of Lawful Presence Response Detail

Close

Name: DOE, JOHN 69M	DHS Case Number: 2019042XAS943YZ	DHS Case Status: Open
Progress Details		
Last Step Initiated: VLP Step 1 Initial Verification	Next Action: Invoke Close Case	Next Action Reason:
Next Step: * <div>- Select - - Select - Step 2 Initiate Additional Verification Step 3 Initiate Third Verification Close DHS Case</div> <div>Initiate Next Step</div>		
Eligibility Information		
Eligibility Statement: UNITED STATES CITIZEN		
Lawful Presence: Not Applicable	Qualified Non-Citizen: Not Applicable	US Citizen: Yes
Five Year Bar Applies: Not Applicable	Five Year Bar Met: Not Applicable	Grant Date: No Date Found
Grant Date Not Found Reason: No Date Found		

Figure 2.2.2 – Verification of Lawful Presence Response Detail page

2.2.3 Description of Changes

1. Update the "Next Step" dropdown to no longer display the following values:
 - a. Step 1A Re-Verify
 - b. Step 1B Re-submit with SEVIS ID
2. Update the "Next Action" field to display the updated Agency Action Response decodes per "VLP Agency Action – Supporting Document".
3. Update the "Eligibility Statement" field to display the updated Eligibility Statement decodes per "VLP Eligibility Statement Code – Supporting Document".

2.2.4 Page Location

- **Global:** Case Info
- **Local:** eTools
- **Task:** VLP

2.2.5 Security Updates

N/A

2.2.6 Page Mapping

N/A

2.2.7 Accessibility

N/a

2.2.8 Page Usage/Data Volume Impacts

N/A

2.3 MAGI Determination List page

2.3.1 Overview

Update the MAGI Determination List page to display a soft validation when requesting MAGI and a person's Alien Number is invalid.

2.3.2 MAGI Determination List Mockup

MAGI Determination List

* - Indicates required fields

Alien Number cannot be sent to CalHEERS. Navigate to the Individual Demographics Detail page and update the Alien Number for the following person(s):

o John Doe

Request MAGI Determination

Begin Month: *
11/2023

End Month: *
11/2023

Program Identifier: *
Medi-Cal

Life Change Event:

☐ Bypass Primary Contact Matching Criteria

☐ Request Lift Options

☐ Request Negative Action Determination

☐ Restart VLP e-Verification

Request MAGI

Figure 2.3.2 – MAGI Determination List page

2.3.3 Description of Changes

1. Update the MAGI Determination List page to display a warning message upon page load.
 - a. Criteria: A person on the MAGI Request has a 7-9 digit Alien Number the violates the formatting standards set by DHS.
 - i. Sequential patterns such as xx1234567, 1234567xx, x1234567x.
 - ii. Repeated number patterns such as "11111111".
 - iii. Non-numerical characters except for a leading "A".

Examples

 1. Valid Alien Numbers: A59102770, 595776615, 5380214
 2. Invalid Alien Numbers: aaaaaaa, A123456789, 5556A8918
- b. Warning Message: Alien Number cannot be sent to CalHEERS. Navigate to the Individual Demographics Detail page and update the Alien Number for the following person(s):<person(s)>.

Note: In CalSAWS, an Alien Number is mutated before sending it in EDR transactions. For example, with "A4358499", the "A" will be removed. Additionally, leading zeros will be prefixed to the Alien Number if it is 7 or 8 digits in length. The resulting Alien Number will be "004358499".

2.3.4 Page Location

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

2.3.5 Security Updates

N/A

2.3.6 Page Mapping

N/A

2.3.7 Accessibility

The following Accessibility enhancements have been identified:

- ID attribute value must be unique.

2.3.8 Page Usage/Data Volume Impacts

N/A

2.4 CalHEERS VLP Interface – Emulator Changes

2.4.1 Overview

Update the CalSAWS VLP Emulator to use the REST-based services.

2.4.2 Description of Change

1. Update the CalSAWS VLP Emulator to accept transactions through the REST-based services.

2.5 Automated Regression Test

2.5.1 Overview



Create new automated regression test scripts to verify the Alien Number soft validation on the MAGI Determination List page. Update (or disable

entirely) existing VLP scripts to no longer reference deprecated requests: Step 1A Re-Verify; Step 1B Re-Submit with SEVIS ID.

2.5.2 Description of Change

1. Create new regression scripts to verify the soft validation message displays on the MAGI Determination List page where the Alien Number for one applicant/beneficiary:
 - a. Contains leading sequential digits (ex., 123456xxx)
 - b. Contains trailing sequential digits (ex., xxx345678)
 - c. Contains non-leading or trailing sequential digits (ex., x456789xx)
 - d. Contains non-numerical characters, other than a leading 'A'
2. Review existing regression scripts that target or utilize a deprecated VLP request (Step 1A Re-Verify and/or Step 1B Re-Submit with SEVIS ID):
 - a. If the test targets only deprecated requests: Remove the script from the Regression Test Suite.
 - b. If the test targets other functionality / requests: Remove the steps for the deprecated VLP requests from the script. Verify that the remaining scenario and steps are valid per design.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	2.4	VLP Agency Action – Supporting Document	 VLP Agency Action - Supporting Document
2	2.4	VLP Eligibility Statement Code – Supporting Document	 VLP Eligibility Statement Code - Su

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

N/A

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-257864

Enhancements to the RE Date Report

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/15/2023	1.0	Initial Revision	Esequiel Herrera-Ortiz
10/10/2023	1.1	Removed the hover over message over the packet column requirement. This is not possible in a Qlik table. Updated the screenshots to match the Household Type column values.	Esequiel Herrera-Ortiz
10/24/2023	1.2	The CalFresh Transitional CalFresh column was renamed to TCF removing the CalFresh prefix. Added requirement to update the report's description. The rescission period for CalWORKs has been corrected to be until the end of the effective month rather than 30 days. Added examples for the packet total in the Summary by RE Due Month table. Updated the existing GA/GR Summary table to include a 'Mismatching RE Date Total' column. Updated all base populations to include the Pending program status when the case is Pending due to a rescission. Updated the GA/GR Summary by RE Due Month table to split GA/GR to 'GA/GR and CF REs' and 'GA/GR Only REs'. Added 'Aid Code 38 Only' the Household Type column definition. Adding the General Relief Annual Renewal Packet to the GA/GR Details sheet.	Esequiel Herrera-Ortiz
10/30/2023	1.3	Added Employable and Unemployable counts to the GA/GR Summary tables as well as the	Esequiel Herrera-Ortiz

		GA/GR aid code to the case list.	
10/31/2023	1.4	Renamed the GA/GR Worker Registration Status to GA/GR Employability Status	Esequiel Herrera-Ortiz
11/21/2023	1.5	Added the CalWIN GA/GR RE Packet Added the Former Foster Youth Packet Removing the following obsolete packets: ABD MC RE Packet, LTC MC RE Packet, MC 604 IPS Packet, MSP Packet, Pre-ACA MC RE Packet. Removing the Foster Care RE Packet from MC Details.	Esequiel Herrera-Ortiz

Table of Contents

1	Overview	5
	1.1 Current Design.....	5
	1.2 Requests.....	5
	1.3 Overview of Recommendations.....	6
	1.4 Assumptions	7
2	Recommendations.....	8
	2.1 RE Date Report	8
	2.1.1 Overview	8
	2.1.2 RE Date Report Screenshot.....	9
	2.1.3 Description of Change.....	9
	2.1.4 Report Location	31
	2.1.5 Counties Impacted	31
	2.1.6 Security Updates.....	31
	2.1.7 Report Usage/Performance	32
3	Supporting Documents	33
4	Requirements.....	34
	4.1 Project Requirements.....	34
	4.2 Migration Requirements.....	34
5	Migration Impacts	35
6	APPENDIX	35
	6.1 Current MAGI Aid Codes.....	35

1 OVERVIEW

The RE Date Report will be updated to allow for future Medi-Cal workload projections. For all sheets, the report will remove programs which are currently Denied or have been Discontinued past the rescission period. The report will also be updated to include all the GA/GR solutions.

1.1 Current Design

1. The report includes cases that are in Denied status.
2. The report includes cases that have been Discontinued for longer than the program rescission period.
3. The report does not provide totals by RE Due Month.
4. The 'RE Due Month' parameter does not have any default selection values.
5. The report has labels which refer to RE Packets as Customer Reports.
6. Table column headers have the entire program name written out such as CalFresh, CalWORKs, Medi-Cal, etc.
7. The GA/GR sheet includes data for LA county only.
8. The GA/GR Details sheet does not include totals for the GA/GR only cases, GA/GR with CF cases, and those cases that have a mismatch between the GA/GR program and the CF program.
9. The GA/GR Detail sheet does not capture the General Relief Annual Renewal Packet.
10. The GA/GR Detail sheet does not capture the GA/GR RE Packet which is used by the CalWIN counties.
11. The MC Details sheet does not capture the 'Former Foster Youth' packet.
12. The report's code includes the following obsolete RE packets: ABD MC RE Packet, LTC MC RE Packet, MC 604 IPS Packet, MSP Packet, Pre-ACA MC RE Packet.
13. The GA/GR Details sheet does not include a column for the Aid Code or Employability Status.
14. The GA/GR sheet does not include Employable and Unemployable counts.

1.2 Requests

Make the following updates to the RE Due Date report:

1. Update the base population for all sheets to no longer include programs that are currently Denied.
2. Update the base population to exclude programs that have been Discontinued for longer than the rescission period.
3. Add a new table titled 'Summary by RE Due Month' for all the programs which breaks down the RE Due totals by RE Due Month.
4. Update the RE Due Month parameter to have a default selection of the prior month, the current month and two future months. Note that all available RE Due months can still be selected.
5. Update all column headers that reference 'Customer Report' to 'Packet'.
6. Update all column headers that reference the program name and use the code value shorthand instead.

7. Add MAGI, Non-MAGI and Mixed household totals to the Medi-Cal Summary table.
8. Update the GA/GR sheet to include the GA/GR solution for all counties.
9. Update the report's description to note that the report captures GA/GR information for all counties rather than only for LA county.
10. Add a new 'Mismatching RE Date Total' column to the 'GA/GR' table in the Summary sheet as well as the 'Summary' table in the 'GA/GR and CF Details' sheet.
11. Add the following new columns to the MC Details sheet:
 - Has a Preceding CW/CF RE
 - CW RE Due Month
 - CF RE Due Month
 - Household Type
12. Update the GA/GR Case List to capture information for the 'General Relief Annual Renewal Packet'.
13. Update the GA/GR Case List to capture information for the 'GA/GR RE Packet'.
14. Update the MC Details sheet does not capture the 'Former Foster Youth' packet.
15. Refactor the report's code to remove the following obsolete RE packets: ABD MC RE Packet, LTC MC RE Packet, MC 604 IPS Packet, MSP Packet, Pre-ACA MC RE Packet.
16. Update the MC Details sheet to exclude the Foster Care RE Packet. This packet is not related to MC.
17. Update the GA/GR Case List to include a column for Employability Status and Aid Code.
18. Update the GA/GR sheet to include Employable and Unemployable counts.
19. Update the GA/GR case list to include a column for the aid code.

1.3 Overview of Recommendations

1. Update the base population for all sheets to no longer include programs that are currently Denied.
2. Update the base population to exclude programs that have been Discontinued for longer than the rescission period.
3. Add a new table titled 'Summary by RE Due Month' for all the programs which breaks down the RE Due totals by RE Due Month.
4. Update the RE Due Month parameter to have a default selection of the prior month, the current month and two future months. Note that all available RE Due months can still be selected.
5. Update all column headers that reference 'Customer Report' to 'Packet'.
6. Update all column headers that reference the program name and use the code value shorthand instead.
7. Add MAGI, Non-MAGI and Mixed household totals to the Medi-Cal Summary table.
8. Update the GA/GR sheet to include the GA/GR solution for all counties.
9. Update the report's description to note that the report captures GA/GR information for all counties rather than only for LA county.

10. Add a new 'Mismatching RE Date Total' column to the 'GA/GR' table in the Summary sheet as well as the 'Summary' table in the 'GA/GR and CF Details' sheet.
11. Add the following new columns to the MC Details sheet:
 - Has a Preceding CW/CF RE
 - CW RE Due Month
 - CF RE Due Month
 - Household Type
12. Update the GA/GR Case List to capture information for the 'General Relief Annual Renewal Packet'.
13. Update the GA/GR Case List to capture information for the 'GA/GR RE Packet'.
14. Update the MC Details sheet does not capture the 'Former Foster Youth' packet.
15. Refactor the report's code to remove the following obsolete RE packets: ABD MC RE Packet, LTC MC RE Packet, MC 604 IPS Packet, MSP Packet, Pre-ACA MC RE Packet.
16. Update the MC Details sheet to exclude the Foster Care RE Packet. This packet is not related to MC.
17. Update the GA/GR Case List to include a column for Employability Status and Aid Code.
18. Update the GA/GR sheet to include Employable and Unemployable counts.
19. Update the GA/GR case list to include a column for the aid code.

1.4 Assumptions

1. The Medi-Cal Worker Begin Date column is being removed. The assumption is that county workers do not need this information.
2. The numbers on the RE Date Report do not reconcile with the numbers on any of the **other CalSAWS** RE related reports such as the E-HIT Summary Dashboard, Medi-Cal Renewals Listing Report, or the DPSSSTATS RE dashboards. The reason is that this report only captures the latest Renewal for any given program.

2 RECOMMENDATIONS

2.1 RE Date Report

2.1.1 Overview

The RE Date Report is an On Request management report used by county workers to process redeterminations (REs). The report provides a listing of CalWORKs, CalFresh, Medi-Cal, Transitional Nutrition Benefit and GA/GR programs where there is an RE that is due. The report is an on-request report, and the data is refreshed daily.

2.1.2 RE Date Report Screenshot

CalSAWS

Summary

Data extracted daily as of:

08/25/2023 06:08:28 AM

County:

-

User:

herrera-ortize

Summary

CW and CF Details

MC Details

TNB Details

GA/GR and CF Details

RE Due Month

Department

Office

Unit

Worker

Mismatching REs

Reset

CalWORKs/CalFresh

Summary by RE Due Month

RE Due Month	Q	CF Only REs	CW and CF REs	CW Only REs	Packets	CW and CF REs with Mismatching RE Date Total
Feb-19		0	0	0	0	0
Mar-19		0	0	0	0	0
Apr-19		0	0	0	0	0
Aug-19		0	0	0	0	0
Mar-20		0	0	0	0	0
Sep-20		0	0	0	0	0
Jan-21		0	0	0	0	0
Mar-21		0	0	0	0	0
Apr-21		0	0	0	0	0
Aug-21		0	0	0	0	0

Medi-Cal

Summary by RE Due Month

RE Due Month	Q	Total MC REs Due	MAGI	Non-MAGI	Mixed	SSI/QMB	Non-MAGI-TMC	MSP Only	MC Packets	MC Programs with Mismatching RE Dates	MC Programs with a Preceding CW/CF RE
Feb-19		0	0	0	0	0	0	0	0	0	0
Mar-19		0	0	0	0	0	0	0	0	0	0
Apr-19		0	0	0	0	0	0	0	0	0	0
Aug-19		0	0	0	0	0	0	0	0	0	0
Mar-20		0	0	0	0	0	0	0	0	0	0
Sep-20		0	0	0	0	0	0	0	0	0	0
Jan-21		0	0	0	0	0	0	0	0	0	0
Mar-21		0	0	0	0	0	0	0	0	0	0

Transitional Nutrition Benefit

Summary by RE Due Month

RE Due Month	Q	TNB REs Due	Packets
Aug-19		0	0
Mar-20		0	0
Sep-20		0	0
Jan-21		0	0
Mar-21		0	0
Apr-21		0	0
Aug-21		0	0
Oct-21		0	0

GA/GR

Summary by RE Due Month

RE Due Month	Q	GA/GR and CF REs	GA/GR Only REs	Packets	GA/GR and CF REs with Mismatching RE Date Total	Employable	Unemployable
Feb-19		0	0	0	0	0	0
Mar-19		0	0	0	0	0	0
Apr-19		0	0	0	0	0	0
Aug-19		0	0	0	0	0	0
Mar-20		0	0	0	0	0	0
Sep-20		0	0	0	0	0	0
Jan-21		0	0	0	0	0	0
Mar-21		0	0	0	0	0	0

Figure 1

Note: The mockup is attached in the Supporting Documents section.

2.1.3 Description of Change

- Summary** – Make the following updates to the 'Summary' sheet:
 - Update the RE Due Month parameter to have a default value of the prior month, the current month and two future months.
 - Add a new table titled 'Summary by RE Due Month' to the CalWORKs/CalFresh table. This table is defined in the 'CW and CF Details' section below.

- c. Update the existing 'Medi-Cal' table as defined in the 'MC Details' section below.
- d. Add a new table titled 'Summary by RE Due Month' to the Medi-Cal table as defined in the 'MC Details' section below.
- e. Add a new table titled 'Summary by RE Due Month' to the Transitional Nutrition Benefit table as defined in the 'TNB Details' section below.

f. Update the 'GA/GR' table to include totals for 'Mismatching RE Date Total', 'Employable, and 'Unemployable'. See the definitions in the 'GA/GR Details' section.

- g. Add a new table titled 'Summary by RE Due Month' to the GA/GR table as defined in the 'GA/GRT Details' section below.
- h. Update all the column headers which display 'Total' to 'Total REs Due'.

Technical Note: This impacts the following tables:

- CalWORKs/CalFresh
- Transitional Nutrition Benefit
- GA/GR

- i. Update all column headers which reference 'Customer Report' to 'Packets'.

Technical Note: This impacts the following tables:

- CalWORKs/CalFresh
- Medi-Cal
- Transitional Nutrition Benefit
- GA/GR

- j. Update the GA/GR table to display data for all GA/GR solutions. Currently the report is only displaying counts for LA county. See the base population definition below in the 'GA/GR Details' section.
- k. Remove the text box '*Currently only includes General Relief for LA County' under the GA/GR table. This note is no longer needed as the dashboard now captures all GA/GR solutions.

2. **CW and CF Details** – Make the following updates to the 'CW and CF Details' sheet:

- a. Update the base population logic to exclude programs that are Denied or have been Discontinued past the rescission period.
 - The program is (CT-18):

Code-18	Short Description
FS	CalFresh
CW	CalWORKs

Note: Previously the report had a legacy C-IV condition on sub program. This has been removed as it does not apply in CalSAWS.

- The program has an RE due. An RE due is defined as having no completion date.
- One of the following conditions are met:
 - The program status as of the report date is Active or Ineligible.
 - For CalFresh, the program has been Discontinued for 30 or less days from the Discontinuance effective date and for CalWORKs, the program has been Discontinued within the Discontinuance effective month.
 - The program status as of the report date is Pending due to a rescission.

Code-72	Short Description
AC	Active
IN	Ineligible
DS	Discontinued
PE	Pending

Note: The base population does not capture programs that have a **current** program status of Denied.

Note: For a single case, the report combines the CalFresh and CalWORKs program into a single row. If only one program exists, then it will display the information for the single program.

- b. Update the RE Due Month parameter to have a default value of the prior month, the current month and two future months. All available RE Due Months can still be selected.
- c. Update all column headers that reference 'CalWORKs' to 'CW'.

Technical Note: This impacts the following columns:

- CalWORKs Worker
- CalWORKs Worker Begin Date
- CalWORKs Application Date
- CalWORKs Discontinuance Date

- CalWORKs RE Due Month
- CalWORKs Previous RE Completed Date
- CalWORKs Customer Report Type
- CalWORKs Customer Report Generated Date
- CalWORKs Customer Report Current Status
- CalWORKs Customer Report Current Status Date

d. Update all column headers that reference 'CalFresh' to 'CF' and 'Transitional CalFresh' to 'TCF'. The existing 'CalFresh Transitional CalFresh' column is renamed to 'TCF'.

Technical Note: This impacts the following columns:

- CalFresh Worker
- CalFresh Worker Begin Date
- CalFresh Application Date
- CalFresh Discontinuance Date
- CalFresh RE Due Month
- CalFresh Previous RE Completed Date
- CalFresh Transitional CalFresh
- CalFresh ESAP
- CalFresh Customer Report Type
- CalFresh Customer Report Generated Date
- CalFresh Customer Report Current Status
- CalFresh Customer Report Current Status Date

e. Rename the 'Total' column header in the Summary table to 'Total REs Due'.

f. Update the column headers that reference 'Customer Report' to 'Packet' and 'Customer Reports' to 'Packets'.

Technical Note: This impacts the following columns:

Case List Table

- CalWORKs Customer Report Type
- CalWORKs Customer Report Generated Date
- CalWORKs Customer Report Current Status
- CalWORKs Customer Report Current Status Date
- CalFresh Customer Report Type
- CalFresh Customer Report Generated Date
- CalFresh Customer Report Current Status
- CalFresh Customer Report Current Status Date

Summary Table

- Customer Reports

- g. Add a new view to the container titled 'Summary by RE Due Month'. The table displays the total number of CalFresh Only REs, CalWORKs and CalFresh REs, and CalWORKs Only REs by RE Due Month.

View 3: Table – Summary by RE Due Month

Case List		Summary					
		Summary by RE Due Month					
RE Due Month	Q	CF Only REs	CW and CF REs	CW Only REs	Packets	CW and CF REs with Mismatching RE DateTotal	
Feb-19		0	0	0	0	0	
Mar-19		0	0	0	0	0	
Apr-19		0	0	0	0	0	
Aug-19		0	0	0	0	0	
Mar-20		0	0	0	0	0	
Sep-20		0	0	0	0	0	
Jan-21		0	0	0	0	0	
Mar-21		0	0	0	0	0	
Apr-21		0	0	0	0	0	
Aug-21		0	0	0	0	0	

Figure 2

Columns:

1. **RE Due Month** - All RE Due Months in the base population.
Format: Mon-YY
Ordered: Ascending
2. **CF Only REs** – Total number of programs captured in the CW and CF base population without CalWORKs.
3. **CW and CF REs** – Total number of programs captured in the CW and CF base population with CalWORKs and CalFresh.
4. **CW Only REs** – Total number of programs captured in the CW and CF base population without CalFresh.
5. **Packets** – Counts the number of packets in the case list where the Packet Type column is populated.

Example 1:

Case: 100001

CF RE Due Month = 01/2023

CF RE Packet? Yes

CW RE Due Month = 01/2023

CF RE Packet? Yes

Result: Count 1 packet in 01/2023

Example 2:

Case: 1000002

CF RE Due Month = 01/2023

CF RE Packet? Yes

CW RE Due Month = 09/2023

Has CW RE Packet? No

Result: Count 1 packet in 01/2023 do not count packet in 09/2023

Example 3:

CF RE Due Month = 01/2023

Has CF RE Packet? No

CW RE Due Month = 09/2023

Has CW RE Packet? Yes

Count 1 packet in 09/2023

6. **CW and CF REs with Mismatching RE Date Total** – Counts the number of records in the case list where the RE Due Month Mismatch column is equal to 'Y'.

3. **MC Details** – Make the following updates to the Medi-Cal Details sheet:

- a. Update the base population logic to exclude programs that are Denied or have been Discontinued past the rescission period.

- The program is Medi-Cal.

Code-18	Short Description
MC	Medi-Cal

- The program has an RE due. An RE due is defined as having no completion date.
- One of the following two conditions are met:
 - The program status as of the report date is Active or Ineligible.
 - The program status as of the report date is Discontinued, and the report date is less than or equal to 90 days after the Discontinuance Effective Date.
 - The program status as of the report date is Pending due to a rescission.

Code-72	Short Description
AC	Active

IN	Ineligible
DS	Discontinued
PE	Pending

Note: A program that is Discontinued for longer than 90 days after the Discontinuance Effective Date is dropped from the report because it can no longer be rescinded.

Note: The base population does not capture programs that have a current program status of **Denied** status.

- b. Update the RE Due Month parameter to have a **default value selection of** the prior month, the current month and two future months.
- c. Update the column headers in the Case List table that reference 'Customer Report' to 'Packet' and 'Customer Reports' to 'Packets'.

Technical Note: This impacts the following columns:
Case List

- Customer Report Type
- Customer Report Generated Date
- Customer Report Current Status
- Customer Report Current Status Date

- d. Add 'MC' in the front of the following existing columns:
 - Application Date
 - Discontinuance Date
 - RE Due Month Mismatch
 - RE Due Month

Example: Application Date will be MC Application Date.

- e. Update the MC Details sheet to capture the 'Former Foster Youth Packet' packet and to exclude the following obsolete packet: ABD MC RE Packet, LTC MC RE Packet, MC 604 IPS Packet, MSP Packet, Pre-ACA MC RE Packet.

Note the Foster Care RE Packet is currently included in the MC Details logic but is removed due to not being related to Medi-Cal.

Column Name	Description
Packet Type	<p>329 - Displays the latest customer report type generated for the Medi-Cal RE.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • Former Foster Youth Packet • MAGI RE Packet • Mixed Household RE Packet • Non-MAGI RE Packet • Non-MAGI Screening Packet • Non-MAGI Turning 65 Packet • *Blank – The column will be blank if no customer reports were generated for the case. <p>*Technical Note: A Customer Report's due date will be in the same month as the RE Due Month.</p>
Packet Generated Date	<p>Displays the earliest date the Medi-Cal packet was Generated or Sent (Code 258).</p> <p>Format:</p> <p>MM/DD/YYYY</p> <p>The column will be blank if a customer report was not Generated or Sent.</p>
Packet Current Status	<p>258 - Displays the current status of the Medi-Cal packet.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • Generated • Sent • Received • Reviewed- Ready to Run EDBC • Complete- EDBC Accepted • Incomplete • Error • Not Applicable <p>Note this list is not restrictive. If a new status is introduced the report will automatically display the value.</p>
Packet Current Status Date	<p>This column will populate with the event date of the Medi-Cal packet's Current Status.</p>

	Format: MM/DD/YYYY
Packet Generated Date	Displays the earliest date the Medi-Cal packet was Generated or Sent (Code 258). Format: MM/DD/YYYY The column will be blank if a customer report was not Generated or Sent.

- f. Add the following new columns to the case list. See the ordering below.

Column Name	Description
Has a Preceding CW/CF RE	<p>Indicates whether the case has a CalWORKs or CalFresh program that meets the CW and CF base population logic where the CW or CF RE Due Month is earlier than the Medi-Cal program RE.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> Y – The case has a CW or CF program that meets the CW and CF base population criteria where the CW or CF RE Due Month is prior to the MC RE Due Month. N - The case does not have a CW or CF program that meets the CW and CF base population criteria where the CW or CF RE Due Month is prior to the MC RE Due Month. <p>Example 1: Case: 1000001 Program 1: Medi-Cal Status: Active RE Due Month: 08/2023</p> <p>Program 2: CalFresh Status: Active RE Due Month: 09/2023</p> <p>The indicator is set to 'N' because the program has a CalFresh program and the RE Due Month is after the Medi-Cal program.</p>

	<p>Example 2: Case: 1000001 Program 1: Medi-Cal Status: Active RE Due Month: 08/2023</p> <p>Program 2: CalFresh Status: Discontinued for less than 30 days of the current date. RE Due Month: 07/2023</p> <p>The indicator is set to 'Y' because the program meets the criteria for CW and CF base population and the CalFresh program has an RE Due Month that is before the Medi-Cal program.</p> <p>Example 3: Case: 1000001 Program 1: Medi-Cal Status: Active RE Due Month: 08/2023</p> <p>Program 2: CalWORKs Status: Active RE Due Month: 08/2023</p> <p>The indicator is set to 'N' because the CalWORKs and Medi-Cal program have equal RE Due Months.</p>
CW RE Due Month	<p>Displays the RE Due Month for the CalWORKs program on the same case if the CalWORKs program is being captured in the CW and CF Details sheet. This column will be blank if the information is not available.</p> <p>Format: MM/YYYY</p>
CF RE Due Month	<p>Displays the RE Due Month for the CalFresh program on the same case if the CalFresh program is being captured in the CW and CF Details sheet. This column will be blank if the information is not available.</p> <p>Format: MM/YYYY</p>
Household Type	<p>Displays the household type of the program.</p> <p>The value that will be displayed is based on the following hierarchy:</p>

	<ol style="list-style-type: none"> 1. MSP SSI Only – If the entire household is being aided with aid code 80 and all individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month. Note: A packet is not generated for this population. 2. Aid Code 38 Only – If the entire household is being aided with aid code 38. Note: Currently a packet is being generated for this population during the Unwinding Period, but it is uncertain if we will continue to do so after the Unwinding Period. 3. Non-MAGI TMC – If the entire household is being aided with aid code 39 or 3T during the RE Due Month. Note: A packet is not generated for this population. 4. MSP Only – If the entire household is being aided with aid code 8A, 8C, 80 or 8D only during the RE Due Month. 5. MAGI – If the entire household is being aided with MAGI aid codes as of the RE Due Month. 6. Non-MAGI – If the entire household is being aided with Non-MAGI aid codes as of the RE Due Month. 7. Mixed – If the entire household is being aided with MAGI and Non-MAGI aid codes as of the RE Due Month. <p>Technical Note: Currently the MAGI Aid Codes are defined using CODE_DETL (CT-184) REFER_TABLE_20_DESCR = 'Y'.</p>
--	---

g. Remove the existing 'Worker Begin Date' column.

h. Reorder the columns in the Case List table to the following order from left to right:

- i. Case Number
- ii. Case Name
- iii. Worker
- iv. MC Application Date
- v. MC Discontinuance Date

- vi. MC RE Due Month Mismatch
- vii. MC RE Due Month
- viii. Previous RE Completion Date
- ix. Has Preceding CW/CF RE Due Month
- x. CW RE Due Month
- xi. CF RE Due Month
- xii. Household Type
- xiii. Packet Type
- xiv. Packet Generated Date
- xv. Packet Current Status
- xvi. Packet Current Status Date

i. Make the following updates to the existing 'Summary' table:

Case List		Summary		Summary by RE Due Month	
Program	Q	Total REs Due	Packets	Mismatching RE Date Total	MC Programs with a Preceding CW/CF RE
Medi-Cal		0	0	0	0
MAGI		0	0	0	0
Non-MAGI		0	0	0	0
Mixed		0	0	0	0
MSP SSI Only		0	0	0	0
Aid Code 38 Only		0	0	0	0
Non-MAGI TMC		0	0	0	0
MSP Only		0	0	0	0

Figure 3

- i. Rename the existing 'Total' column header to 'Total REs Due'.
- ii. Rename the existing 'Customer Reports' column to 'Packets'.
- iii. Update the table to break down the totals to the subcategories of Medi-Cal.

Column Name	Description
Program	Displays the subcategories of Medi-Cal. Possible Values: <ul style="list-style-type: none"> • MAGI • Non-MAGI • Mixed • MSP SSI Only • Aid Code 38 Only • Non-MAGI TMC • MSP Only
Total REs Due	Displays a dynamic count of the programs captured in the

	MC base population partitioned by Program.
Packets	Displays a dynamic count of the programs captured in the MC base population that have a Packet Type that is not blank partitioned by Program.
Mismatching RE Date Total	Displays a dynamic count of the programs captured in the MC base population that have Mismatching RE Date indicator set to 'Y' partitioned by Program.

- iv. Add a new column titled 'MC Programs with a Preceding CW/CF RE'. See the screenshot below for reference.

Column Name	Description
MC Programs with a Preceding CW/CF RE	Displays a dynamic count of the programs captured in the MC base population that have a 'Has Preceding CW/CF RE Due Month' set to 'Y' partitioned by Program.

- i. Add a 'Medi-Cal' row under the header which displays a sum of all the values in the column.

- j. Add a new view to the container titled 'Summary by RE Due Month'. The table displays Medi-Cal totals by RE due months.

View: Table – Summary by RE due Month

Case List		Summary		Summary by RE Due Month									
RE Due Month	Q	Total MC REs Due	MAGI	Non-MAGI	Mixed	MSP SSI Only	Non-MAGI TMC	MSP Only	MC Packets	MC Programs with Mismatching RE Dates	MC Programs with a Preceding CW/CF RE		
Oct-07		0	0	0	0	0	0	0	0	0	0		0
Nov-09		0	0	0	0	0	0	0	0	0	0		0
Apr-14		0	0	0	0	0	0	0	0	0	0		0
Nov-14		0	0	0	0	0	0	0	0	0	0		0
Sep-15		0	0	0	0	0	0	0	0	0	0		0
Oct-15		0	0	0	0	0	0	0	0	0	0		0
Nov-15		0	0	0	0	0	0	0	0	0	0		0
Jan-16		0	0	0	0	0	0	0	0	0	0		0
Jun-16		0	0	0	0	0	0	0	0	0	0		0
Apr-17		0	0	0	0	0	0	0	0	0	0		0
May-17		0	0	0	0	0	0	0	0	0	0		0
Jun-17		0	0	0	0	0	0	0	0	0	0		0
Sep-17		0	0	0	0	0	0	0	0	0	0		0
Oct-17		0	0	0	0	0	0	0	0	0	0		0
Nov-17		0	0	0	0	0	0	0	0	0	0		0

Figure 4

Columns:

1. **RE Due Month** - All RE Due Months in the base population.
Format: Mon-YY
Ordered: Ascending
 2. **Total REs Due** – Total number of programs captured in the MC base population without CalWORKs.
 3. **MAGI** – Total number of programs captured in the MC base population with a Household Type = 'MAGI'.
 4. **Non-MAGI** – Total number of programs captured in the MC base population with a Household Type = 'Non-MAGI'.
 5. **Mixed** - Total number of programs captured in the MC base population with a Household Type = 'Mixed'.
 6. **MSP SSI Only** - Total number of programs captured in the MC base population with a Household Type = 'MSP SSI Only'.
 7. **Aid Code 38 Only** - Total number of programs captured in the MC base population with a Household Type = 'Aid Code 38 Only'.
 8. **Non-MAGI TMC** - Total number of programs captured in the MC base population with a Household Type = 'Non-MAGI-TMC'.
 9. **MSP Only** - Total number of programs captured in the MC base population with a Household Type = 'MSP Only'.
 10. **MC Packets** – Total number of programs captured in the MC base population that have a Packet Type that is not blank.
 11. **MC Programs with Mismatching RE Dates** - Total number of programs captured in the MC base population that have a MC Due Month Mismatch equal to 'Y'.
 12. **MC Programs with a Preceding CW/CF RE** - Total number of programs captured in the MC base population that have a Preceding CW/CF RE Due Month equal to 'Y'.
4. **TNB Details** – Make the following updates to the 'TNB Details' sheet:
- a. Update the base population logic to exclude programs that are **currently** Denied or have been Discontinued past the rescission period.
 - The program is (CT-18):

Code-18	Short Description
NB	Nutrition Benefit

- The program has an RE due. An RE due is defined as having no completion date.
- One of the following two conditions are met:
 - The program status as of the report date is Active or Ineligible.
 - The program status as of the report date is Discontinued, and the report date is less than or equal to 30 days after the Discontinuance Effective Date.
 - The program status as of the report date is Pending due to a rescission.

Code-72	Short Description
AC	Active
IN	Ineligible
DS	Discontinued
PE	Pending

Note: A program that is Discontinued for longer than 30 days after the Discontinuance Effective Date is dropped from the report because it can no longer be rescinded.

Note: The base population does not capture programs that have a current program status of Denied status.

- Update the RE Due Month parameter to have a default value selection of the prior month, the current month and two future months.
- Rename the 'Total' column header in the Summary table to 'Total REs Due'.
- Update the column headers that reference 'Customer Report' to 'Packet' and 'Customer Reports' to 'Packets'.

Technical Note: This impacts the following columns:

Case List

- Customer Report Type

- Customer Report Generated Date
 - Customer Report Current Status
 - Customer Report Current Status Date
- Summary
- Customer Reports

- e. Add a new view to the container titled 'Summary by RE Due Month'. The table displays the total number of TNB REs Due and Packets.

View: Table – **Summary by RE Due Month**

Case List	Summary	Summary by RE Due Month
RE Due Month	TNB REs Due	Packets
-	0	0

Figure 5

Columns:

1. **RE Due Month** - All RE Due Months in the base population.
Format: Mon-YY
Ordered: Ascending
2. **TNB REs Due** – Total number of programs captured in the TNB base population.
3. **Packets** – Total number of programs captured in the TNB base population that have a Packet Type that is not blank.

5. **GA/GR and CF Details** – Make the following updates to the 'GA/GR Details' sheet:

- a. Update the base population logic to include the GA/GR solution for all counties.
 - The program is (CT-18):

Code-18	Short Description	Counties
GA	General Assistance/General Relief	Los Angeles
GM	General Assistance (Managed)	Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Kern, Kings,

		Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yuba
GN	General Assistance (Non-Managed)	Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yuba
GR	GA/GR Automated Solution	Alameda, Contra Costa, Fresno, Orange, Placer, San Diego, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare, Ventura, Yolo

Note: Previously the report only collected data for LA county.

- The program has an RE due. An RE due is defined as having no completion date.
- One of the following two conditions are met:
 - The program status as of the report date is Active or Ineligible.
 - The program status as of the report date is Discontinued, and the report date is less than or

equal to the third Thursday after the Discontinuance Effective Date.

- o The program status as of the report date is Pending due to a rescission.

Code-72	Short Description
AC	Active
IN	Ineligible
DS	Discontinued
PE	Pending

Note: A program that is Discontinued for longer than the third Thursday after the Discontinuance Effective Date is dropped from the report because it can no longer be rescinded.

Note: The base population does not capture programs that have a current program status of Denied status.

- b. Update the RE Due Month parameter to have default values selected for the prior month, the current month and two future months.
- c. Rename the 'Total' column header in the Summary table to 'Total REs Due'.
- d. Update the column headers that reference 'CalFresh' to 'CF' and 'Transitional CalFresh' to 'TCF'. The existing 'CalFresh Transitional CalFresh' column is renamed to 'TCF'.

Technical Note: This impacts the following columns:

- CalFresh Worker
- CalFresh Worker Begin Date
- CalFresh Application Date
- CalFresh Discontinuance Date
- CalFresh RE Due Month
- CalFresh Previous RE Completed Date
- CalFresh Customer Report Type
- CalFresh Customer Report Generated Date
- CalFresh Customer Report Current Status

- CalFresh Customer Report Current Status Date
- CalFresh Transitional CalFresh
- CalFresh ESAP

- e. Update the column headers that reference 'Customer Report' to 'Packet' and 'Customer Reports' to 'Packets'.

Technical Note: This impacts the following tables: following existing columns are impacted:

Case List

- GA/GR Customer Report Type
- GA/GR Customer Report Generated Date
- GA/GR Customer Report Current Status
- GA/GR Customer Report Current Status Date
- CalFresh Customer Report Type
- CalFresh Customer Report Generated Date
- CalFresh Customer Report Current Status
- CalFresh Customer Report Current Status Date

Summary

- Customer Reports

- f. Remove the text box: '*Currently only includes General Relief for LA County'.

- g. Update the following columns to capture information for the new General Assistance General Relief Renewal Packet.

Column Name	Description
GA/GR Packet Type	<p>329 - Displays the latest customer report type generated for the GA/GR RE.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • General Relief Annual Agreement • General Relief Annual Renewal Packet • GA/GR RE Packet • *Blank – The column will be blank if no customer reports were generated for the case. <p>*Technical Note: A Customer Report's due date is in the same month as the</p>

	RE Due Month. The RE due date will be on the 10 th of the month.
GA/GR Packet Generated Date	Displays the latest date the GA/GR RE Packet was Generated or Sent (Code 258). Format: MM/DD/YYYY The column will be blank if a customer report was not Generated or Sent.
GA/GR Packet Current Status	258 - Displays the current status of the GA/GR RE Packet. Possible Values: <ul style="list-style-type: none"> • Generated • Sent • Received • Reviewed- Ready to Run EDBC • Complete- EDBC Accepted • Incomplete • Error • Not Applicable Note this list is not restrictive. If a new status is introduced the report will automatically display the value.
GA/GR Packet Current Status Date	Displays the status date of the current status of the GA/GR RE Packet. Format: MM/DD/YYYY

h. Add the following new columns to the GA/GR Details case list:

Column Name	Description
GA/GR Employability Status	Displays the current Worker Registration Status of type 'GA/GR ES' of the Primary Applicant. Possible Values: <ul style="list-style-type: none"> • Conditionally Employable • Employable • Unemployable

	<ul style="list-style-type: none"> • [Blank]
GA/GR Aid Code	Displays the current aid code of the GA/GR program.

The columns are placed in the following order:

1. Case Number
2. Case Name
3. RE Due Month Mismatch
4. GA/GR Worker
5. GA/GR Worker Begin Date
6. GA/GR Application Date
7. GA/GR Discontinuance Date
8. GA/GR RE Due Month
9. GA/GR Previous RE Completed Date
10. GA/GR Packet Type
11. GA/GR Packet Generated Date
12. GA/GR Packet Current Status
13. GA/GR Packet Current Status Date
14. GA/GR Employability Status
15. GA/GR Aid Code
16. CF Worker
17. CF Worker Begin Date
18. CF Application Date
19. CF Discontinuance Date
20. CF RE Due Month
21. CF Packet Current Status
22. CF Previous RE Completed Date
23. TCF
24. CF ESAP
25. CF Packet Type
26. CF Packet Generated Date
27. CF Packet Current Status
28. CF Packet Current Status Date

i. Add new totals to the 'Summary':

1. **Mismatching RE Date Total** – Total number of programs captured in the GA/GR base population that have a RE Due Month Mismatch Indicator set to 'Y' partitioned by Program.
2. **Employable** - Total number of programs captured in the GA/GR base population that have an Employability Status equal to 'Conditionally Employable' or 'Employable' partitioned by Program.

3. **Unemployable** - Total number of programs captured in the GA/GR base population that have an Employability Status equal to 'Unemployable' partitioned by Program.

Case List		Summary		Summary by RE Due Month			
Program	Q	Total	Packet	Mismatching RE Date Total	Employable	Unemployable	
GA/GR and CalFresh		138	48	0	0	0	
GA/GR Only		106,276	12,667	0	0	0	

Figure 6

- j. Add a new view to the container titled 'Summary by RE Due Month'. The table displays the total number of GA/GR REs Due and Packets.

View: Table – Summary by RE Due Month

Case List		Summary		Summary by RE Due Month			
RE Due Month	Q	GA/GR and CF REs	GA/GR Only REs	Packets	GA/GR and CF REs with Mismatching RE Date Total		
Jul-23		0	0	0	0		
Aug-23		0	0	0	0		
Sep-23		0	0	0	0		
Oct-23		0	0	0	0		
Nov-23		0	0	0	0		
Dec-23		0	0	0	0		
Mar-24		0	0	0	0		
Feb-25		0	0	0	0		

Figure 7

Columns:

1. **RE Due Month** - All RE Due Months in the base population.
Format: Mon-YY
Ordered: Ascending
2. **GA/GR and CF REs Due** – Total number of programs captured in the GA/GR base population that have an accompanying CalFresh program partitioned by RE Due Month.
3. **GA/GR REs Due** – Total number of programs captured in the GA/GR base population that do not have an accompanying CalFresh program partitioned by RE Due Month.

4. **Packets** – Total number of programs captured in the GA/GR base population that have a Packet Type that is not blank partitioned by RE Due Month. The packet total is only reliant on the GA/GR Packet Type information not the CalFresh.
5. **GA/GR and CF REs with Mismatching RE Date Total** - Total number of programs captured in the GA/GR base population that have a RE Due Month Mismatch indicator set to 'Y' partitioned by RE Due Month.
6. **Employable** - Total number of programs captured in the GA/GR base population that have an Employability Status equal to 'Conditionally Employable' or 'Employable' partitioned by RE Due Month.
7. **Unemployable** - Total number of programs captured in the GA/GR base population that have an Employability Status equal to 'Unemployable' partitioned by RE Due Month.

6. Update the report's description found in the Report Search page as follows:

Description: Provides a listing of cases with a CalWORKs, CalFresh, Transitional Nutrition Benefit, General Assistance / General Relief or Medi-Cal program where there is an RE that is due or coming due. The report will also identify cases with differing RE dates between CalWORKs and CalFresh, Medi-Cal, and GA/GR and CalFresh.

Note: For General Assistance / General Relief, the text (LA Only) was removed. The report now captures data for all counties.

2.1.4 Report Location

- **Global: Reports**
- **Local: On Request**
- **Task: Case Activity**

2.1.5 Counties Impacted

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






2.1.6 Security Updates

1. No updates will be made to the report's existing security.

2.1.7 Report Usage/Performance

The report's performance is expected to increase a little due to collecting GA/GR information for all counties.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	Summary Mockup	 Summary Sheet Mockup.png
2	Reports	CW and CF Details Mockup	 CW and CF Details Mockup.PNG
3	Reports	MC Details Mockup	 MC Details Mockup.png
4	Reports	TNB Details Mockup	 TNB Details Mockup.PNG
5	Reports	GA/GR and CF Details Mockup	 GA GR and CF Details Mockup.PNG

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 APPENDIX

6.1 Current MAGI Aid Codes

4E, 8E, E2, E3, E4, E5, E7, G9, H6, H7, H8, H9, K6, K7, K8, K9, L6, L7, M0, M1, M2, M3, M4, M5, M6, M7, M8, M9, N0, N5, N6, N7, N8, P0, P1, P2, P3, P4, P5, P6, P7, P8, P9, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9, X1, X2, X3, X4, X5, X6, X7, X8, X9



California Statewide Automated Welfare System

Design Document

CA-264033

Create a new Non-County Staff Classification
Title for Child Support

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Trevor Torres
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
8/22/2023	1.0	Initial Design	Trevor Torres

Table of Contents

1	Overview	5
	1.1 Current Design.....	5
	1.2 Requests.....	5
	1.3 Overview of Recommendations.....	5
	1.4 Assumptions	5
2	Recommendations.....	7
	2.1 Child Support View Only Security Role	7
	2.1.1 Overview	7
	2.1.2 Description of Changes	7
	2.1.3 Security Updates.....	7
	2.2 Non-County Staff Detail.....	7
	2.2.1 Overview	7
	2.2.2 Non-County Staff Detail Mockup	8
	2.2.3 Description of Changes	10
	2.2.4 Page Location	11
	2.2.5 Page Mapping.....	11
	2.2.6 Accessibility	11
	2.2.7 Page Usage/Data Volume Impacts	11
	2.3 Non-County Staff Search.....	11
	2.3.1 Overview	11
	2.3.2 Non-County Staff Search Mockup	12
	2.3.3 Description of Changes	12
	2.3.4 Page Location	12
	2.3.5 Page Mapping.....	13
	2.3.6 Accessibility	13
	2.3.7 Page Usage/Data Volume Impacts	13
3	Supporting Documents	14
4	Requirements.....	15
	4.1 Project Requirements.....	15

1 OVERVIEW

Currently, there is no functionality to support users having statewide Child Support access. This SCR will add a new Classification Title for Non-County Staff that will meet these needs for statewide Child Support users.

1.1 Current Design

There is no functionality to support users having statewide Child Support access.

1.2 Requests

Create a new Classification Title that provides Child Support users with the access they need. This new Classification Title will be under the Non-County Staff pages and be paired with a new security role for Child Support.

1.3 Overview of Recommendations

1. Create a new project-maintained Security Role named "Child Support View Only".
 - a. This Security Role will not be available for general use by county staff.
2. Create a new Classification Title for Non-County Staff named "Child Support Statewide".
 - a. When a Non-County Staff record is created with this Classification Title:
 - i. The record will automatically be assigned to the Security Role of, "Child Support View Only".
 - ii. The user will be able to access all counties.
 - b. The new Classification Title will be sorted alphabetically, placed under "Child Care Auditor".
 - c. When the "Add User Name" button is selected in the "Security Profile" section with the new Classification Title, it will reroute to the "CalSAWS Identity Search" page instead of the "Active Directory Search" page.

Note: Only County staff with the "NonCountyStaffDetailEdit" Security Right on the Non-County Staff Detail page can add and modify the Classifications for these staff type.

1.4 Assumptions

1. Existing functionalities will remain unchanged unless called out as part of this SCR.
2. Counties that add Non-County Staff to the Non-County Staff page with the Classification Title of 'Child Support Statewide' will give the Non-County Staff all county access functionality.
3. A "Universal User" is an individual with a staff record associated to County "90" and will be able to access the "Activate All", "Deactivate All", and "Security Assignment" buttons if they have the "NonCountyStaffDetailEdit" Security Right

on the Non-County Staff Detail page when the Classification Title is selected as "Child Support Statewide".

4. The "Child Support View Only" will not be available for use with any Staff Detail records.
5. The "Edit" button's functionality is protected by the "NonCountyStaffDetailEdit" Security Right, which does not require a "Universal User" to have access to its functionality.

2 RECOMMENDATIONS

Currently, there is no functionality to support county users issuing statewide Child Support access. This SCR will add a new Classification Title for Non-County Staff that will meet the needs for Child Support users.

2.1 Child Support View Only Security Role

2.1.1 Overview

Adding a new Security Role named "Child Support View Only" to System Maintained Roles.

2.1.2 Description of Changes

1. Create a new project-maintained Security Role named "Child Support View Only".
 - a. This Security Role will not be available for general use by county staff.

Note: Any security modifications made to the "Child Support View Only" Security Role will apply to all "Child Support Statewide" users.

2.1.3 Security Updates

See Security Matrix in Supporting Documents.

1. Security Groups

Security Group	Group Description	Group to Role Mapping
Initializing the Role, see Security Matrix.	Existing Security Groups	Child Support View Only

2.2 Non-County Staff Detail

2.2.1 Overview

This page allows the user to view or modify Non-County Staff profiles. This SCR will update the page to add a new Classification Title for Non-County Staff.

2.2.2 Non-County Staff Detail Mockup

Non-County Staff Detail

*** - Indicates required fields** Save Cancel

General Staff Information

First Name: * Middle Name: Last Name: * Suffix:

Classification Title: *

Child Support Statewide

- Select -

CA State All County Access

CalFresh Auditor

Child Care Auditor

Child Support Statewide

CMSP Auditor

GA/GR Correspondence Staff

IEVS Auditor

Medi-Cal Auditor

Other External Agency

Project Staff

QC Auditor

Staff ID:

Security Profile

User Name: Add User Name Login Status:

County Access

Status	Begin Date	End Date	Updated By
No Data Found			

Save Cancel

This Type_1 page took 0.54 seconds to load.

Figure 2.2.1 – Non-County Staff Detail Create Mode

Non-County Staff Detail

*** - Indicates required fields** Edit Close

General Staff Information

First Name: * Middle Name: Last Name: * Suffix:

Classification Title: * Staff ID:

E-mail Address: *

Comments:

Security Profile

User Name: Login Status:

County Access

Status	Begin Date	End Date	Updated By
Active	10/24/2023		1303527

Edit Close

This Type_1 page took 0.64 seconds to load.

Figure 2.2.2 – Non-County Staff Detail Non-Universal User View Mode

Non-County Staff Detail

*- Indicates required fields

Deactivate All Security Assignment Edit Close

General Staff Information

First Name: * John	Middle Name: Joan	Last Name: * Johnson	Suffix:
Classification Title: * Child Support Statewide		Staff ID: 1345267	
E-mail Address: * johnsonj@email.com			
Comments:			

Security Profile

User Name: johnsonj@email.com	Login Status: Active
---	--------------------------------

County Access

Status	Begin Date	End Date	Updated By
Active	10/24/2023		1303527

Deactivate All Security Assignment Edit Close

This Type_1 page took 0.64 seconds to load.

Figure 2.2.3 – Non-County Staff Detail Universal User View Mode Active

Non-County Staff Detail

*- Indicates required fields

Activate All Security Assignment Edit Close

General Staff Information

First Name: * John	Middle Name: Joan	Last Name: * Johnson	Suffix:
Classification Title: * Child Support Statewide		Staff ID: 1345267	
E-mail Address: * johnsonj@email.com			
Comments:			

Security Profile

User Name: johnsonj@email.com	Login Status: Inactive
---	----------------------------------

County Access

Status	Begin Date	End Date	Updated By
Active	10/24/2023	10/24/2023	1303527
Inactive	10/24/2023		1303527

Activate All Security Assignment Edit Close

Figure 2.2.4 – Non-County Staff Detail Universal User View Mode Inactive

Non-County Staff Detail

*- Indicates required fields

Save Cancel

General Staff Information

First Name: * Middle Name: Last Name: * Suffix:

John Joan Johnson

Classification Title: * Staff ID:

Child Support Statewide 1345268

E-mail Address: *

johnsonj@email.com

Comments:

Security Profile

User Name: Login Status:

johnsonj@email.com Active

Remove

County Access

Status	Begin Date	End Date	Updated By
Active	10/24/2023		1303527

Save Cancel

This Type_1 page took 0.45 seconds to load.

Figure 2.2.5 – Non-County Staff Detail Edit Mode

2.2.3 Description of Changes

- Create a new Classification Title for Non-County Staff named "Child Support Statewide".
 - When a Non-County Staff record is created with this Classification Title:
 - The record will automatically be assigned to the Security Role of, "Child Support View Only".
 - The user will be able to access all counties.
 - The new Classification Title will be sorted alphabetically, placed under "Child Care Auditor", as shown in Figure 2.2.1.
 - When the "Add User Name" button is selected in the "Security Profile" section with the new Classification Title, it will reroute to the "CalSAWS Identity Search" page instead of the "Active Directory Search" page.
- When in View mode for the Non-County Staff Detail page when the Classification Title is selected as "Child Support Statewide" and the user has the "NonCountyStaffDetailEdit" Security Right and is a "Universal User", the View mode for the Non-County Staff Detail page will display the buttons "Activate All", "Deactivate All", and "Security Assignment", as shown in Figure 2.2.3 and 2.2.4.

- a. If the user has the "NonCountyStaffDetailEdit" Security Right, but the user is not a "Universal User", the layout of the page will appear as shown in Figure 2.2.2.
 - i. If the user does not have the "NonCountyStaffDetailEdit" Security Right, then the View mode for the Non-County Staff Detail page will not display the "Edit" button, regardless of if the user is or is not a "Universal User".

Note: Only County staff with the "NonCountyStaffDetailEdit" Security Right on the Non-County Staff Detail page can add and modify the Classifications for these staff type.

2.2.4 Page Location

- **Global: Admin Tools**
- **Local: Admin**
- **Task: Non-County Staff**

2.2.5 Page Mapping

N/A

2.2.6 Accessibility

The following Accessibility enhancements have been identified:

- Elements must meet minimum color contrast ration thresholds.
- IDs of active elements must be unique.

2.2.7 Page Usage/Data Volume Impacts

N/A

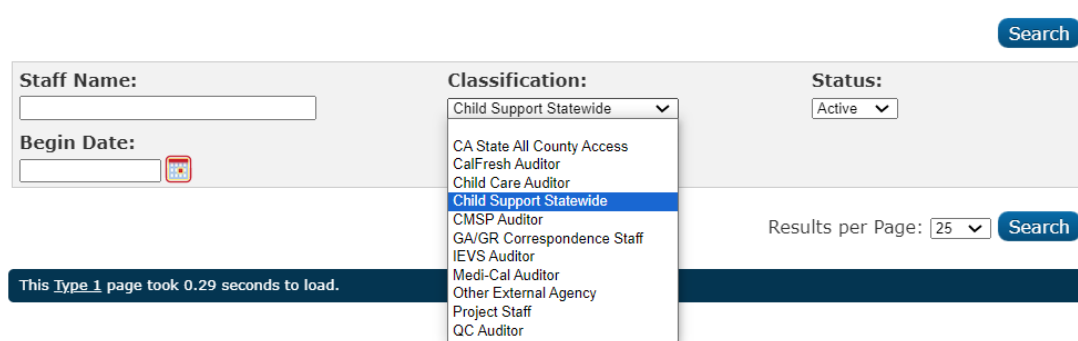
2.3 Non-County Staff Search

2.3.1 Overview

This page allows the user to search for a Non-County Staff record. This SCR will update the page to add the new Classification Title to the dropdown field "Classification" for search options.

2.3.2 Non-County Staff Search Mockup

Non-County Staff Search

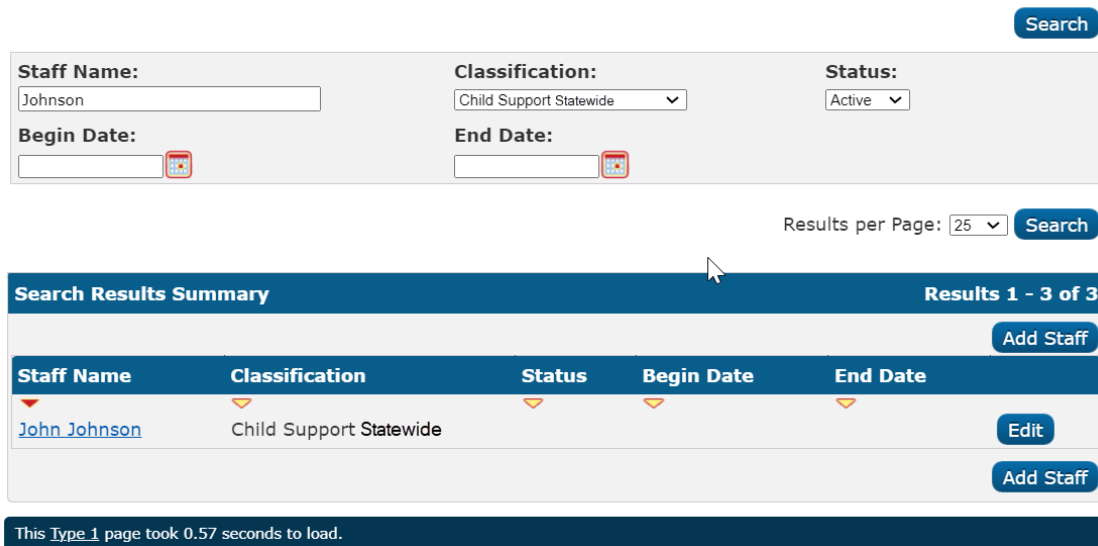


A mockup of the Non-County Staff Search interface. It features a search bar with a 'Search' button. Below the search bar are three input fields: 'Staff Name:', 'Begin Date:', and 'Classification:'. The 'Classification:' dropdown menu is open, showing a list of roles including 'Child Support Statewide', 'CA State All County Access', 'CalFresh Auditor', 'Child Care Auditor', 'CMSP Auditor', 'GA/GR Correspondence Staff', 'IEVS Auditor', 'Medi-Cal Auditor', 'Other External Agency', 'Project Staff', and 'QC Auditor'. The 'Status:' dropdown is set to 'Active'. A 'Results per Page: 25' dropdown and another 'Search' button are on the right. A status bar at the bottom indicates 'This Type 1 page took 0.29 seconds to load.'

Figure 2.3.1 – Non-County Staff Search

Non-County Staff Search

▼ Refine Your Search



A mockup of the Non-County Staff Search results interface. It features a search bar with a 'Search' button. Below the search bar are four input fields: 'Staff Name:', 'Begin Date:', 'Classification:', and 'End Date:'. The 'Staff Name' field contains 'Johnson'. The 'Classification:' dropdown is set to 'Child Support Statewide'. The 'Status:' dropdown is set to 'Active'. A 'Results per Page: 25' dropdown and another 'Search' button are on the right. Below the search bar is a 'Search Results Summary' section with a table showing results 1 - 3 of 3. The table has columns for 'Staff Name', 'Classification', 'Status', 'Begin Date', and 'End Date'. The first row shows 'John Johnson' with 'Child Support Statewide' as the classification. There are 'Add Staff', 'Edit', and 'Add Staff' buttons for each row. A status bar at the bottom indicates 'This Type 1 page took 0.57 seconds to load.'

Staff Name	Classification	Status	Begin Date	End Date
John Johnson	Child Support Statewide			

Figure 2.3.2 – Non-County Staff Results

2.3.3 Description of Changes

1. Add the new Classification Title named "Child Support Statewide" to the dropdown field "Classification".
 - a. The new Classification Title will be sorted alphabetically, placed under "Child Care Auditor", as shown in Figure 2.3.1.

2.3.4 Page Location

- Global: Admin Tools
- Local: Admin
- Task: Non-County Staff

2.3.5 Page Mapping

N/A

2.3.6 Accessibility

The following Accessibility enhancements have been identified:

- Elements must meet minimum color contrast ration thresholds.
- IDs of active elements must be unique.

2.3.7 Page Usage/Data Volume Impacts

N/A

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Online	Security Matrix	CA-264033 Security Matrix.xls

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
3.4.1.1.9 CAR- 2067	The LRS shall include an online means for authorized security personnel to assign, update, or remove User access rights at the individual User level.	Adding a new Security Role for specific Non-County Staff.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-264092

Update FC Dual Agency Supplement
Approval/Change NOA Effective Date

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Kamal Shaker J
	Reviewed By	Lianel Richwin

DATE	DOCUMENT VERSION	REVISION DESCRIPTION kkk	AUTHOR
27/09/2023	1.0	Initial Document	Kamal Shaker J

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	4
2	Recommendations.....	5
	2.1 Update NA 403 Approval NOA Action Fragment to populate the correct variables.....	5
	2.1.1 Overview	5
	2.1.2 Form/NOA Verbiage	5
	2.1.3 Form/NOA Variable Population	5
	2.1.4 Form/NOA Generation Conditions.....	5
	2.2 Update NA 403A Change NOA Action Fragment to populate the correct variables.....	6
	2.2.1 Overview	6
	2.2.2 Form/NOA Verbiage	6
	2.2.3 Form/NOA Variable Population	6
	2.2.4 Form/NOA Generation Conditions.....	6
	2.3 Update NA 403 Change NOA Action Fragment to populate the correct variables.....	7
	2.3.1 Overview	7
	2.3.2 Form/NOA Verbiage	7
	2.3.3 Form/NOA Variable Population	7
	2.3.4 Form/NOA Generation Conditions.....	7
3	Supporting Documents	8
4	Requirements.....	8
	4.1 Project Requirements.....	8

1 OVERVIEW

The purpose of this SCR is to update NA 403 and NA 403A Action Fragments in English and Spanish languages to display the correct Effective date and dollar amount.

1.1 Current Design

Currently NA 403 and NA NOA Action fragment populates edbc begin date and the amount is populating with Authorized amount.

1.2 Requests

Update NA 403 and NA 403A NOA Action Fragments to display the correct Effective date and dollar amount in English and Spanish languages in CalSAWS.

1.3 Overview of Recommendations

1. Update the NA 403 Approval NOA to accurately display the Effective date (Actual Start Date) and correct dollar amount (amount of Supplement) for the Dual Agency Supplement for FC CCR rate type in English and Spanish.
2. Update the NA 403A Change NOA to accurately display the Effective date (Actual Date of Change) and correct dollar amount (prorated amount of Supplement) for a Dual Agency Supplement for FC CCR rate type in English and Spanish.
3. Update the NA 403 Change NOA to accurately display the Effective date (Actual Date of Change) and correct dollar amount (prorated amount of Supplement) for a Dual Agency Supplement for FC CCR rate type in English and Spanish.

1.4 Assumptions

1. The triggering conditions of the NOA Fragments will remain the same and are not being updated.
2. The NOA template remains the same and is not being updated.

2 RECOMMENDATIONS

2.1 Update NA 403 Approval NOA Action Fragment to populate the correct variables.

2.1.1 Overview

This section will cover the requirements for Updating the Action Fragments.

Reason Fragment Name and ID: FC_KG_AP_ACTION4 (Fragment ID: 4110)

State Form/NOA: NA 403

Current Program(s): Foster Care and Kin Gap

Current Action Type: Approval

Existing Languages: English, Spanish

2.1.2 Form/NOA Verbiage

No updates to verbiage.

2.1.3 Form/NOA Variable Population

The variable population logic for this action fragment will be as follows:

Action Fragment Variable Population

	Population	Formatting
< EffectiveDate>	Actual Start Date Ex: "MM/DD/YYYY"	Arial Font 10
< BenefitAmount >	Amount of Supplement Ex: "\$600.00"	Arial Font 10

Note: Format the English and Spanish fragments with Arial font size 10.

Variables Requiring Translations: N/A

2.1.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.2 Update NA 403A Change NOA Action Fragment to populate the correct variables.

2.2.1 Overview

This section will cover the requirements for Updating the Action Fragments.

Reason Fragment Name and ID: FC_KG_CH_ACTION4 (Fragment ID: 4130)

State Form/NOA: NA 403A

Current Program(s): Foster Care and Kin Gap

Current Action Type: Change

Existing Languages: English, Spanish

2.2.2 Form/NOA Verbiage

No updates to verbiage.

2.2.3 Form/NOA Variable Population

The variable population logic for this action fragment will be as follows:

Action Fragment Variable Population

	Population	Formatting
< EffectiveDate>	Actual Date of Change Ex: "MM/DD/YYYY"	Arial Font 10
< BenefitAmount >	prorated amount of Supplement Ex: "\$600.00"	Arial Font 10

Note: Format the English and Spanish fragments with Arial font size 10.

Variables Requiring Translations: N/A

2.2.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

2.3 Update NA 403 Change NOA Action Fragment to populate the correct variables.

2.3.1 Overview

This section will cover the requirements for Updating the Action Fragments

Reason Fragment Name and ID: FC_KG_CH_ACTION3 (Fragment ID: 4111)

State Form/NOA: NA 403

Current Program(s): Foster Care and Kin Gap

Current Action Type: Approval

Existing Languages: English, Spanish

2.3.2 Form/NOA Verbiage

No updates to verbiage.

2.3.3 Form/NOA Variable Population

The variable population logic for this action fragment will be as follows:

Action Fragment Variable Population

Population		Formatting
< EffectiveDate>	Actual Date of Change Ex: "01/01/2022" or "MM/DD/YYYY"	Arial Font 10
< BenefitAmount >	prorated amount of Supplement Ex: "\$600.00"	Arial Font 10

Note: Format the English and Spanish fragments with Arial font size 10.

Variables Requiring Translations: N/A

2.3.4 Form/NOA Generation Conditions

No updates to existing trigger conditions.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

4 REQUIREMENTS

4.1 Project Requirements

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

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

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-264916

Update the DHCS CMS Performance Indicators Master Data
Request Report to V.2.4.

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/01/2023	1.0	Initial Revision	Esequiel Herrera-Ortiz
10/30/2023	1.1	Fixed a typo in the attached mockup. The Application Created On column was incorrectly labeled as Application Created On Date. Fixed several Appendix references.	Esequiel Herrera-Ortiz

Table of Contents

1	Overview	4
1.1	Current Design.....	4
1.2	Requests.....	5
1.3	Overview of Recommendations.....	5
1.4	Assumptions	9
2	Recommendations.....	10
2.1	DHCS CMS Performance Indicators Master Data Request.....	10
2.1.1	Overview	10
2.1.2	DHCS CMS Performance Indicator Master Data Request (State) Screenshot	10
2.1.3	DHCS CMS Performance Indicator Master Data Request (County) Screenshot	11
2.1.4	Description of Change	11
2.1.5	Report Location	58
2.1.6	Counties Impacted	58
2.1.7	Security Updates.....	58
2.1.8	Report Usage/Performance	58
3	Supporting Documents	58
4	Requirements.....	59
4.1	Project Requirements.....	59
4.2	Migration Requirements.....	59
5	Migration Impacts	60
6	Appendix.....	60
6.1	MAGI / Non-MAGI Budget Test Mapping	60
6.2	List of Denial Reasons for Known Reasons.....	62
6.3	Accelerated Enrollment Examples	64

1 OVERVIEW

This document outlines the updates needed for the DHCS Performance Indicators Master Data Request report to align with the DHCS CMSPI v.2.4 instructions and the DHCS SAWS CMSPI Aid Code List v1.9.

1.1 Current Design

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

Indicator 5 – Number of Applications Received

Indicator 7 – Renewals

Indicator 9 - Total Number of Individuals Determined Eligible

Indicator 10 - Total Number of Individuals Determined Ineligible

Indicator 11 - Number of Pending Applications or Redeterminations

Indicator 12 - Processing Time for Determinations

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

There are three versions of this report:

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

DHCS CMS Performance Indicators Master Data Request (County) - The county version of the report which contains case level information for the six indicators. The report is generated monthly and available for counties to review the data that is submitted to DHCS for their own county.

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

The DHCS CMSPI reports will be updated to not consider the following types of applications as new applications because these are considered a change in medical coverage:

- **Inter County Transfers (ICTs)** – The individual is receiving Medi-Cal eligibility in a different county, and their benefits are then transferred to a different

county. Note we are currently excluding ICTs from Indicator 5 if the worker was the one that marked the application source as ICT. The logic needs to be updated to exclude both ICTs created by the system and workers.

- **AAP/Kin-GAP/Foster Care** – The individual is currently receiving AAP, Kin-GAP, or Foster Care which makes them automatically qualified for Medi-Cal. These individuals are already being excluded from the report if they are receiving MC benefits through an AAP/Kin-GAP/Foster Care program block with an MC aid code. The group that needs to be excluded are individuals that are transferring out of AAP, Kin-GAP or Foster Care and are auto tested for Medi-Cal as well as individuals that are Pending in AAP/Kin-GAP/Foster Care and a Medi-Cal program block is opened in the interim until their AAP/Kin-GAP/FC program is approved.
- **Cash Based MC to Medi-Cal** – The individual is received Medi-Cal due to being in a cash-based program such as CalWORKs or RCA. These individuals are already excluded from the report due to the application being linked to the cash-based program block. The individuals that need to be excluded are those that are being discontinued from the cash-based Medi-Cal program and are auto tested for Medi-Cal.
- **Exchange to Medi-Cal** – The individual was receiving coverage through Covered California and are being transferred to Medi-Cal coverage.
- **Craig v. Bonta** – The individual is being discontinued from SSI/SSP coverage and need to be evaluated for Medi-Cal.
- **Breast and Cervical Cancer Treatment Program (BCCTP)** – The individual is in BCCTP.

1.2 Requests

Update the DHCS CMSPI report with the changes outlined in the DHCS CMSPI Master v.2.4 and DHCS SAWS CMSPI Aid Code List v1.9 documents provided by DHCS.

1.3 Overview of Recommendations

1. Make the following updates to Indicators 5:
 - a. Exclude the following applications:
 - i. ICT applications created by the system. Currently the indicator is only excluding ICT applications identified by workers.
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)
 4. Child Welfare Services Medi-Cal
 5. FC County (45)
 6. ICAMA (06)
 7. ICPC (46)
 8. KG Federal (4T)

- 9. Out of State AAP (4A)
 - iii. Exchange to Medi-Cal (Transfers from Covered California).
 - iv. Auto Test Applications
 - v. Craig v Bonta when everyone on the application is Craigs v Bonta.
 - vi. BCCTP when everyone on the application is BCCTP.
 - b. Include Accelerated Enrollment
- 2. Make the following updates to Indicator 9:
 - a. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 - 1. AAP EFC (07)
 - 2. AAP Federal (03)
 - 3. AAP State (04)
 - 4. Child Welfare Services Medi-Cal
 - 5. FC County (45)
 - 6. ICAMA (06)
 - 7. ICPC (46)
 - 8. KG Federal (4T)
 - 9. Out of State AAP (4A)
 - b. Report Exchange to Medi-Cal Applications (Transfers from Covered California) as a Determination Type of Other rather than At Application.
 - c. Report Auto Test applications as a Determination Type of Other rather than At Application.
 - d. Report Craig v Bonta as a Determination Type of Other rather than At Application.
 - e. Report BCCTP as a Determination Type of Other rather than At Application.
 - f. Add Accelerated Enrollment individuals (8E) indicators:
 - i. 9a. Total Medicaid Eligible
 - ii. 9b. MAGI Eligible
 - iii. 9d. At Application
 - iv. 9e. At Application – MAGI
 - g. Add a Referral Date column to the 'CMS9' sheet in the county version of the report which displays the date the Accelerated Enrollment record was received.
- 3. Make the following updates to Indicator 10:
 - a. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 - 1. AAP EFC (07)
 - 2. AAP Federal (03)
 - 3. AAP State (04)
 - 4. Child Welfare Services Medi-Cal
 - 5. FC County (45)
 - 6. ICAMA (06)

7. ICPC (46)
 8. KG Federal (4T)
 9. Out of State AAP (4A)
 - b. Report Exchange to Medi-Cal Applications (Transfers from Covered California) as a Determination Type of Other rather than At Application.
 - c. Report Auto Test applications as a Determination Type of Other rather than At Application.
 - d. Report Craig v Bonta as a Determination Type of Other rather than At Application.
 - e. Report BCCTP as a Determination Type of Other rather than At Application.
 - f. Add an Accelerated Enrollment Received Date column to the 'CMS10' sheet which displays the date the Accelerated Enrollment record was received.
4. Make the following updates to Indicator 11:
- a. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)
 4. Child Welfare Services Medi-Cal
 5. FC County (45)
 6. ICAMA (06)
 7. ICPC (46)
 8. KG Federal (4T)
 9. Out of State AAP (4A)
 - iii. Auto Test from Cash Based Medi-Cal
 - iv. Exchange to Med-Cal (Transfers from Covered California)
 - v. Craig v. Bonta
 - vi. BCCTP
5. Make the following updates to Indicator 12:
- a. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)
 4. Child Welfare Services Medi-Cal
 5. FC County (45)
 6. ICAMA (06)
 7. ICPC (46)
 8. KG Federal (4T)
 9. Out of State AAP (4A)
 - iii. Auto Test from Cash Based Medi-Cal
 - iv. Exchange to Med-Cal (Transfers from Covered California)

- v. Craig v. Bonta
 - vi. BCCTP
- b. Add Accelerated Enrollment individuals (8E) indicators:
 - i. 12a. Median Processing Time
 - ii. 12b. MAGI Determinations
 - iii. 12f. Less than 24 hours (MAGI)
 - iv. 12g. 24 Hours – 7 Days
 - v. 12h. 8 - 30 Days
 - vi. 12i. 31 – 45 Days
 - vii. 12j more than 45 days
- c. Update the grand totals for Measures 12a, 12b, and 12c in the State report to calculate the median processing time for all the determinations for all counties. Currently the total is only calculating the median of all the values displayed in the Excel report.
- d. Update the reporting table to store the Application ID and Program Person Application ID for Indicator 12. This is needed by counties for Ad-Hoc purposes.
- e. Update the 'Days to Process' column logic in Indicator 12 for Non-MAGI determinations to calculate from the application date until the first approved or denied event when the CalHEERS determination was received before the application was created in CalSAWS. Currently for Non-MAGI determinations, the report is calculating the processing time from the CalHEERS EDR until the first approved or denied status on the application even though an application was not in the system at the time the CalHEERS DER was received.
- f. Rename the existing 'Referral Timestamp' column in the county detail version of the report to 'CalHEERS Determination Date'.
- g. Add the following new columns to the county detail version of the report:
 - i. Application Date
 - ii. Referral Date
 - iii. Application Created On
 - iv. Person Application Created On
 - v. Accelerated Enrollment Received Date
- h. Update the following columns to account for Accelerated Enrollments:
 - i. Case Number
 - ii. Case Name
 - iii. Person Name
 - iv. DOB
 - v. CIN
 - vi. Medicaid Type
 - vii. Aid Code
 - viii. Budget Test
 - ix. Application Received Date
 - x. Disability Indicator

Note: Indicators 7 is not impacted by the changes outlined in this section.

1.4 Assumptions

1. DHCS Requested that MAGI to Non-MAGI applications be excluded from the report. This is a non-issue in our system because a change from MAGI to Non-MAGI does not require a new application.
2. With **CA-265123 DHCS CMS Performance Indicators Master Data Request Enhancements**, a user requested that the report be updated to include the application ID for reviewing purposes. The assumption is that the information needs to be stored in the purpose build data set rather than the report itself.
3. The MEDS Alerts that we use to identify Craig vs Bonta applications have a 150-day retention period in the system. This means if we regenerate the report for historical months, an application may no longer be identified as CvB because the MEDS Alert will no longer be stored in the system.
4. When determining the Craigs v Bonta population, we include aid code 'IE'. This is a placeholder aid code. We assume that if the person has a CvB MEDS alert and no aid code, then they are considered CvB.
5. The only way to identify BCCTP is to look at the same MEDS alert as the CvB population, however, the aid code will be a BCCTP aid code such as: 0L, 0W, 0X, 0Y.
6. There is a system defect **CA-266193 A Non-Applicant Person can be granted MAGI Aid**, which causes a non-applicant FRI to become an Active Member without applying. These individuals can appear on our reporting having a high day to process value because their application was created when they were an FRI but are first Approved or Denied when they become a member.
7. With **CA-245440 Accelerated Enrollment (8E) from SAWS Applications**, we will begin to receive Determination Response that have an individual conditionally eligible for Accelerated Enrollment starting November first.

2 RECOMMENDATIONS

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

2.1 DHCS CMS Performance Indicators Master Data Request

2.1.1 Overview

DHCS has released instructions v.2.4 for the DHCS CMS Performance Indicators Master Data Request as well as the DHCS CMS Aid Code List v1.9. The report will be updated according to the latest instructions.

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

SAWS: CalSAWS		Report Date: FEB-01-2020 3:02 AM						
Reporting Level: Application Level		Reporting Period (monthly reporting): 01-01-2020 to 01-31-2020						
CMS Performance Indicator 5. Number of Applications Received								
County	5a. All applications (5b+5n)	5b. Applications received by the Medicaid agency (5c+5d+5e+5f+5g)	Application Received by Medicaid Agency, by Channel					
			5c. Online	5d. Mail	5e. In Person	5f. Phone	5g. Other	5n. SBM
Alameda	1	1	1	1	1	1	1	1
Alpine	1	1	1	1	1	1	1	1
Amador	1	1	1	1	1	1	1	1
Butte	1	1	1	1	1	1	1	1
Calaveras	1	1	1	1	1	1	1	1
Colusa	1	1	1	1	1	1	1	1
Contra Costa	1	1	1	1	1	1	1	1
Del Norte	1	1	1	1	1	1	1	1
El Dorado	1	1	1	1	1	1	1	1
Fresno	1	1	1	1	1	1	1	1
Glenn	1	1	1	1	1	1	1	1
Humboldt	1	1	1	1	1	1	1	1
Imperial	1	1	1	1	1	1	1	1
Inyo	1	1	1	1	1	1	1	1
Kern	1	1	1	1	1	1	1	1
Kings	1	1	1	1	1	1	1	1
Lake	1	1	1	1	1	1	1	1
Lassen	1	1	1	1	1	1	1	1
Los Angeles	1	1	1	1	1	1	1	1
Madera	1	1	1	1	1	1	1	1
Marin	1	1	1	1	1	1	1	1
Mariposa	1	1	1	1	1	1	1	1
Mendocino	1	1	1	1	1	1	1	1
Merced	1	1	1	1	1	1	1	1
Modoc	1	1	1	1	1	1	1	1
Mono	1	1	1	1	1	1	1	1
Monterey	1	1	1	1	1	1	1	1
Napa	1	1	1	1	1	1	1	1
Nevada	1	1	1	1	1	1	1	1
Orange	1	1	1	1	1	1	1	1
Placer	1	1	1	1	1	1	1	1
Plumas	1	1	1	1	1	1	1	1
Riverside	1	1	1	1	1	1	1	1
Sacramento	1	1	1	1	1	1	1	1
San Benito	1	1	1	1	1	1	1	1
San Bernardino	1	1	1	1	1	1	1	1
San Diego	1	1	1	1	1	1	1	1
San Francisco	1	1	1	1	1	1	1	1
San Joaquin	1	1	1	1	1	1	1	1
San Luis Obispo	1	1	1	1	1	1	1	1
San Mateo	1	1	1	1	1	1	1	1
Santa Barbara	1	1	1	1	1	1	1	1
Santa Clara	1	1	1	1	1	1	1	1
Santa Cruz	1	1	1	1	1	1	1	1
Shasta	1	1	1	1	1	1	1	1
Sierra	1	1	1	1	1	1	1	1
Siskiyou	1	1	1	1	1	1	1	1
Solano	1	1	1	1	1	1	1	1
Sonoma	1	1	1	1	1	1	1	1
Stanislaus	1	1	1	1	1	1	1	1
Sutter	1	1	1	1	1	1	1	1
Tehama	1	1	1	1	1	1	1	1
Trinity	1	1	1	1	1	1	1	1
Tulare	1	1	1	1	1	1	1	1
Tuolumne	1	1	1	1	1	1	1	1
Ventura	1	1	1	1	1	1	1	1
Yolo	1	1	1	1	1	1	1	1
Yuba	1	1	1	1	1	1	1	1
Total	58	58	58	58	58	58	58	58

2.1.3 DHCS CMS Performance Indicator Master Data Request (County) Screenshot

CalSAWS DHCS CMS Performance Indicators Master Data Request										
San Bernardino										
Run Date: FEB-02-22 05:38 PM										
Report Month: 01/2022										
Indicator 5 - Number of Applications Received										
5a. All applications (5b+5n)		5b. Applications received by the Medicaid agency (5c+5d+5e+5f+5g)	Application Received by Medicaid Agency, by Channel							
			5c. Online	5d. Mail	5e. In Person	5f. Phone	5g. Other	5n. SBM		
		3	2	0	0	1	0	1	1	
									Total	3
										3
Case Number	Case Name	Person Name	DOB	CIN	Application Date	Application Pending Date	Referral Date	MAGI Case Number	Specific Application Source	Application Source
1000005	Case Name1	Person Name1	08/15/1968	90000000A	01/03/2022	01/19/2022			Out-Station	In Person
1000006	Case Name2	Person Name2	06/23/1981	90000002A	01/01/2022	01/01/2022	01/01/2022	1000000	CalHEERs	SBM
1000007	Case Name3	Person Name3	08/31/1983	90000000E	01/06/2022	01/26/2022			Fax	Other

2.1.4 Description of Change

The updates listed below impact all three versions of the DHCS CMSPI reports unless otherwise specified.

1. Indicator 5 – Number of Applications Received:

- a. Exclude the following applications:
 - i. ICT applications created by the system. Currently the indicator is only excluding ICT applications identified by workers.
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)
 4. Child Welfare Services Medi-Cal
 5. FC County (45)
 6. ICAMA (06)
 7. ICPC (46)
 8. KG Federal (4T)
 9. Out of State AAP (4A)
 - iii. Exchange to Medi-Cal (Transfers from Covered California).
 - iv. Auto Test Applications
 - v. Craig v Bonta when everyone on the application is Craigs v Bonta.

- vi. BCCTP when everyone on the application is BCCTP.
- b. Include Accelerated Enrollments. See Appendix 6.3 for examples.

Indicator 5 Definitions	Definition
5a. All applications (5b+5n)	<p>Indicator 5 Base Population</p> <p>The total number of Medi-Cal applications received in the report month for a given county combined with the total number of MAGI Referrals received in the report month for a given county. A person is only reported once if they submit multiple applications during the report month by reporting the latest received application. This indicator only reports the primary applicant.</p> <p>Applications Received</p> <ul style="list-style-type: none"> • The Program is (CT-18): <ul style="list-style-type: none"> ○ MC – Medi-Cal • The Program Application's Initial Pending Status event date is in the report month (CT-157): <ul style="list-style-type: none"> ○ PE – Pending • The Program Application Source is not equal to (CT-294): <ul style="list-style-type: none"> ○ EI - ICT ○ SP - SPE ○ CH - CalHEERS • The Program Application does not have an ICT Indicator set to Yes. Technical Note: PGM_APP.ICT_IND • No person on the application requested the following types of coverage (CT-319): <ul style="list-style-type: none"> ○ AE - AAP EFC (07) ○ AF - AAP Federal (03) ○ AS - AAP State (04) ○ CW - Child Welfare Services Medi-Cal ○ FU - FC County (45) ○ IM - ICAMA (06) ○ IC - ICPC (46) ○ KF - KG Federal (4T) ○ OS - Out of State AAP (4A) Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE • The application is not an exchange to Medi-Cal (Transfers from Covered California). Technical Note: PGM_APP > ICT > CH_TRANSACT_INFO. • The program application was not created because of Auto Test. Technical Note: PGM_APP.AUTOTEST_IND

- The application is not linked to a Referral Received from CalHEERS. This includes Accelerated Enrollment. These applications are captured with the logic defined in the **Referrals Received From CalHEERS** and **Accelerated Enrollment**. This condition is to avoid reporting duplicates.
- All the people in application do **not** have an existing CvB MEDS Alert with a CvB or BCCTP aid code (6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y):
 - 9547: Extended Eligible Check Medi-Cal Determination status
 - 9582: Incarcerated Craig v Bonta Medi-Cal Determination
 - 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue
 - 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue

Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF
- If a user submits multiple applications, then the latest one received is reported.

Referrals Received from CalHEERS:

- The ICT Source Code (CT-268):
 - CH - CalHEERS
- The referral Initiated Date is in the report month.
Technical Note: This is ICT.BATCH_DATE
- The Transfer Type is (CT-270):
 - RF - Referral
 - DC - Determination Change
- The ICT Status as of the last day of the report month is **not** (CT-450):
 - CL - Canceled
 - SP - Suppressed
 - AP - Covered CA Only
- For referrals with a Transfer Type of 'Determination Change', the Application Date of the referral is in the report month.
Technical Note: This is taken from CH_APP.APP_DATE
- For referral that are not linked to a program application, the status of the referral as of the last day of the report month is **not** (CT-450):
 - NN - Not Needed
- If the referral is not linked to a program application as of the last day of the report month, then the referral has the person marked as Requesting Aid set to 'Y'.
Technical Note: This is ICT_PGM_PERS.REQ_AID_IND

	<ul style="list-style-type: none"> • If the referral is linked to a program application, then the application must not meet any of the following conditions: <ul style="list-style-type: none"> ◦ The Referral is not an exchange to Medi-Cal (Transfers from Covered California). Technical Note: PGM_APP > ICT > CH_TRANSACTION_INFO > CRRY_FWD_IND ◦ The Program Application does not have an ICT Indicator set to Yes or the Source is not set to (CT-294): <ul style="list-style-type: none"> ▪ EI - ICT ◦ The application is not created because of Auto Test. Technical Note: PGM_APP.AUTOTEST_IND ◦ Not a single person on the application requested the following types of coverage (CT-319): <ul style="list-style-type: none"> ▪ AE - AAP EFC (07) ▪ AF - AAP Federal (03) ▪ AS - AAP State (04) ▪ CW - Child Welfare Services Medi-Cal ▪ FU - FC County (45) ▪ IM - ICAMA (06) ▪ IC - ICPC (46) ▪ KF - KG Federal (4T) ▪ OS - Out of State AAP (4A) • Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE • Not a single person on the referral has an existing CvB MEDS Alert with a CvB or BCCTP aid code 6E, 1E, 2E, IE, OL, OW, OX, OY: <ul style="list-style-type: none"> ◦ 9547: Extended Eligible Check Medi-Cal Determination status ◦ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ◦ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ◦ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue • Technical Note: MEDS_ALERT_MSG.ALERT_NUM_IDENTIF • If a person submits multiple types of CalHEERS applications in the report month, the following hierarchy is used to exclude referrals to avoid duplicates: <ol style="list-style-type: none"> 1. Program Applications with a source code of CalHEERS or a Program Application linked to a referral. When multiple program applications exist, the latest received is reported.
--	---

2. Referral with no linkage to a program application. These are referrals that have been linked to a case, but a program application has not yet been created. If there are multiple of these types of referrals for a case, then the latest received is selected.
3. Referral with no linkage to a case. These are referrals received from CalHEERS where a worker has not yet linked the referral to a case or created a case for the referral. If multiple of these types of referrals exists, then a single is selected by the latest received date.

Technical Note: It is possible to report duplicates if a person has a CalHEERS program application not linked to a referral and a referral that is not linked to a case. This is because there is not enough information to identify them as a duplicate.

Accelerated Enrollment:

- The ICT Source Code (CT-268):
 - CH - CalHEERS
- The referral Initiated Date is in the report month.
Technical Note: This is ICT.BATCH_DATE
- The Transfer Type is (CT-270):
 - RF - Referral
 - DC - Determination Change
 - DR – Determination Response
- For referrals and determination changes with a Transfer Type of 'Determination Change', the Application Date of the referral is in the report month.
Technical Note: This is taken from CH_APP.APP_DATE
- The MAGI Medi-Cal Status is (CT-402):
 - CE – Conditionally Eligible
- The Primary Aid Code is equal to 8E.
- If the referral is linked to a program application, then the application must not meet any of the following conditions:
 - The Referral is not an exchange to Medi-Cal (Transfers from Covered California).
Technical Note: PGM_APP > ICT > CH_TRANSACT_INFO>CRRY_FWD_IND
 - The Program Application does not have an ICT Indicator set to Yes or the Source is not set to (CT-294):
 - EI - ICT

	<ul style="list-style-type: none"> o The application is not created because of Auto Test. <p>Technical Note: PGM_APP.AUTOTEST_IND</p> <ul style="list-style-type: none"> o Not a single person on the application requested the following types of coverage (CT-319): <ul style="list-style-type: none"> ▪ AE - AAP EFC (07) ▪ AF - AAP Federal (03) ▪ AS - AAP State (04) ▪ CW - Child Welfare Services Medi-Cal ▪ FU - FC County (45) ▪ IM - ICAMA (06) ▪ IC - ICPC (46) ▪ KF - KG Federal (4T) ▪ OS - Out of State AAP (4A) <p>Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE</p> <ul style="list-style-type: none"> • Not a single person on the referral has an existing CvB MEDS Alert with a CvB or BCCTP aid code 6E, 1E, 2E, IE, OL, OW, OX, OY: <ul style="list-style-type: none"> o 9547: Extended Eligible Check Medi-Cal Determination status o 9582: Incarcerated Craig v Bonta Medi-Cal Determination o 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue o 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue • The Referral is not a duplicate captured in the Referrals Received from CalHEERS population. • If a person submits multiple types of CalHEERS applications in the report month, the following hierarchy is used to exclude referrals to avoid duplicates: <ul style="list-style-type: none"> o 1. Referrals that are linked to a Program Application. When multiple program applications exist, the latest received is reported. o 2. Referral with no linkage to a program application. These are referrals that have been linked to a case, but a program application has not yet been created. If there are multiple of these types of referrals for a case, then the latest received is selected. o 3. Referral with no linkage to a case. These are referrals received from CalHEERS where a worker has not yet linked the referral to a case or created
--	---

a case for the referral. If multiple of these types of referrals exists, then a single is selected by the latest received date.

Note: It is possible for an Accelerated Enrollment Referrals to not be linked to a case or application at the time the report is generated. When this happens, the case information and or application information will be null in the county details report.

CalHEERS Program Applications With No Linkage to Referral

- The Program Application Source is (CT-294):
 - CH - CalHEERS
- The Program Application's Initial Pending Status is in the report month (CT-157):
 - PE - Pending
- The program Application does not have linkage to a CalHEERS referral.
- If a user submits multiple applications, then the latest one received is reported.

- The Program Application does not have an ICT Indicator set to Yes.

Technical Note: PGM_APP.ICT_IND

- Exclude any person that has an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta):
 - 9547: Extended Eligible Check Medi-Cal Determination status
 - 9582: Incarcerated Craig v Bonta Medi-Cal Determination
 - 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue
 - 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue

- No person on the application requested the following types of coverage (CT-319):
 - AE - AAP EFC (07)
 - AF - AAP Federal (03)
 - AS - AAP State (04)
 - CW - Child Welfare Services Medi-Cal
 - FU - FC County (45)
 - IM - ICAMA (06)
 - IC - ICPC (46)
 - KF - KG Federal (4T)
 - OS - Out of State AAP (4A)

Technical Note:

REQ_MC_TYPE.REQ_MC_TYPE_CODE

- The application is not an exchange to Medi-Cal (Transfers from Covered California).

	<p>Technical Note: PGM_APP > ICT > CH_TRANSACTION.</p> <ul style="list-style-type: none"> The program application was not created because of Auto Test. <p>Technical Note: PGM_APP.AUTOTEST_IND</p> <p>If a user has multiple applications of the following types: program application through CalHEERS, SBM, or Accelerated Enrollment, then the one with the latest received date will be reported.</p> <p>This indicator is equal to the sum of 5b + 5n.</p>
5n. SBM	<p>From the base population, the total number of MAGI Referrals and Accelerated Enrollments received from CalHEERS in the report month for a given county.</p> <p>From the 5a base population:</p> <ul style="list-style-type: none"> Referrals Received from CalHEERS Accelerated Enrollment CalHEERS Program Applications With No Linkage to Referral

2. Indicator 9 – Total Number of Individuals Determined Eligible:

- a. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)
 4. Child Welfare Services Medi-Cal
 5. FC County (45)
 6. ICAMA (06)
 7. ICPC (46)
 8. KG Federal (4T)
 9. Out of State AAP (4A)
- b. Report Exchange to Medi-Cal Applications (Transfers from Covered California) as a Determination Type of Other rather than At Application.
- c. Report Auto Test Applications as a Determination Type of Other rather than At Application.
- d. Report Craig v Bonta as a Determination Type of Other rather than At Application.
- e. Report BCCTP as a Determination Type of Other rather than At Application.

- f. Add Accelerated Enrollment individuals (8E) indicators:
 - i. 9a. Total Medicaid Eligible
 - ii. 9b. MAGI Eligible
 - iii. 9d. At Application
 - iv. 9e. At Application – MAGI

Note: See Appendix 6.3 for examples.

Indicator 9 Definitions	Definition
9a. Total Eligible	<p>Indicator 9 Base Population</p> <p>The total number of individuals determined eligible for Medicaid under MAGI or Non-MAGI rules. This count includes eligible at application, redeterminations, or change in circumstance. A person is only reported once on this indicator regardless of if they have multiple applications.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC - Medi-Cal • Program Person Role (CT-201): <ul style="list-style-type: none"> ◦ ME - Member • One of the following conditions are met: <ul style="list-style-type: none"> ◦ The latest event on the program person application that occurred in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA - Approved <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) <p>For determinations of type application, the program application does not have an ICT Indicator set to Yes.</p> <p>Technical Note: PGM_APP.ICT_IND</p> <p>OR</p> <p>The Program Application does not have a Source of (CT-294):</p> <ul style="list-style-type: none"> ▪ EI- ICT

For determinations of type application, the program person did **not** request any of the following Medi-Cal types (CT-319):

- AE - AAP EFC (07)
- AF - AAP Federal (03)
- AS - AAP State (04)
- CW - Child Welfare Services Medi-Cal
- FU - FC County (45)
- IM - ICAMA (06)
- IC - ICPC (46)
- KF - KG Federal (4T)
- OS - Out of State AAP (4A)

Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE

- An RE is completed in the report month and the RE Due Month has been advanced.
- A program application takes precedence over a Redetermination if both were to occur for a given program in the report month.
- The person's assigned aid code is listed in the DHCS SAWS CMSPi Aid Code List v1.9 for Indicator 9a.
OR
The person has an '4M' aid code, their birthday is in the month, and they are 26 years old.
- The EDBC run date is in the report month.
- When multiple EDBC records exist in the report month then a single is selected based on the latest Begin Date followed by the latest database CREATED_ON date.
- Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list.
- If multiple approved applications meeting the requirements above, the latest approved application is reported. This is to avoid duplicates.

Accelerated Enrollment:

- The ICT Source Code (CT-268):
 - CH - CalHEERS
- The referral Initiated Date is in the report month.
Technical Note: This is ICT.BATCH_DATE
- The Transfer Type is (CT-270):
 - RF - Referral
 - DC - Determination Change
 - DR - Determination Response
- For referrals and determination changes with a Transfer Type of 'Determination Change', the Application Date of the referral is in the report month.
Technical Note: This is taken from CH_APP.APP_DATE
- The MAGI Medi-Cal Stat Code (CT-402):

- CE – Conditionally Eligible
- The Aid Code is equal to 8E.
- If the referral is linked to a program application, then the application must not meet any of the following conditions:
 - Not a single person on the application requested the following types of coverage (CT-319):
 - AE - AAP EFC (07)
 - AF - AAP Federal (03)
 - AS - AAP State (04)
 - CW - Child Welfare Services Medi-Cal
 - FU - FC County (45)
 - IM - ICAMA (06)
 - IC - ICPC (46)
 - KF - KG Federal (4T)
 - OS - Out of State AAP (4A)

Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE

- Not a single person on the application has an existing CvB MEDS Alert with a CvB aid code or BCCTP aid code (6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y):
 - 9547: Extended Eligible Check Medi-Cal Determination status
 - 9582: Incarcerated Craig v Bonta Medi-Cal Determination
 - 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue
 - 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue
- If a person has multiple Accelerated Enrollment referrals and a program application in the same month, use the following hierarchy to avoid duplicates:
 1. Referrals that are linked to a Program Application. When multiple program applications exist, the latest received is reported.
 2. Referral with no linkage to a program application. These are referrals that have been linked to a case, but a program application has not yet been created. If there are multiple of these types of referrals for a case, then the latest received is selected.
 3. Referral with no linkage to a case. These are referrals received from CalHEERS where a worker has not yet linked the referral to a case or created a case for the referral. If multiple of these types of referrals exists, then a single is selected by the latest received date.

Technical Note: It is possible to report duplicates if a person has a CalHEERS program application not linked to a referral and an Accelerated Enrollment EDR or DER that is not linked to a case. This

	<p>is because there is not enough information to identify them as a duplicate.</p> <p>Note: $9a = 9b + 9c$.</p> <p>Note: Indicator 9a does not include 9j. CHIP Eligible.</p> <p>Note: The program person status is tied to the program application, therefore only a single application can be reported.</p> <p>Note: A person cannot be reported on Indicator 9 and Indicator 10 during the same report month because the application is associated to the latest EDBC in the report month.</p>
9b MAGI Eligible	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> The person's assigned aid code is listed Indicator 9b in the Master Aid Code List in the Supporting Documents section. Note: This includes Accelerated Enrollment (8E) population. <p>Note: $9b + 9c = 9d + 9g + 9i$</p>
9c. Non-MAGI Eligible	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> The person's assigned aid code is listed in Indicator 9c in the Master Aid Code List. <p>Note: $9b + 9c = 9d + 9g + 9i$</p>
9d. At Application	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> The person meets either of the following conditions: <ul style="list-style-type: none"> Application: The person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> AA – Approved <p>The person's assigned aid code is under Indicator 9d in the Master Aid Code List</p> <p>The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date.</p> <p>OR</p> <p>The program application is not a carry forward referral from CalHEERS.</p> <p>Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND</p> <p>OR</p> <p>PGM_APP > ICT > CH_TRANSACTION>CRRY_FWD_IND</p> <p>The program person application is not an Auto Test application.</p> <p>Technical Note: PERS_APP. AUTOTEST_IND</p>

	<p>The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, 1E, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta):</p> <ul style="list-style-type: none"> ▪ 9547: Extended Eligible Check Medi-Cal Determination status ▪ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ▪ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ▪ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue <p>Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF</p> <p>If the application is linked to Accelerated Enrollment, then referral Initiated date is in the report month. Technical Note: This is ICT.BATCH_DATE</p> <p>o Accelerated Enrollment</p> <p>If the Accelerated Enrollment Referral is linked to a program application that has not been approved or denied.</p> <p>Note if the application was Approved or Denied in the same month as when the referral was received, then it will be reported based on the Application logic.</p> <p>Note: This indicator is equal to the sum of indicator 9e and 9f.</p>
9e. At Application - MAGI	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person meets either of the following conditions: <ul style="list-style-type: none"> o Application: The person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA – Approved <p>The person's assigned aid code is under Indicator 9e in the Master Aid Code List</p> <p>The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date. OR The program application is not a carry forward referral from CalHEERS.</p> <p>Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND</p>

	<p>OR PGM_APP > ICT > CH_TRANSACTION>CRRY_FWD_IND</p> <p>The program person application is not an Auto Test application. Technical Note: PERS_APP. AUTOTEST_IND</p> <p>The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta):</p> <ul style="list-style-type: none"> ▪ 9547: Extended Eligible Check Medi-Cal Determination status ▪ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ▪ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ▪ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue <p>Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF</p> <p>If the application is linked to Accelerated Enrollment, then referral Initiated date is in the report month. Technical Note: This is ICT.BATCH_DATE</p> <ul style="list-style-type: none"> ○ Accelerated Enrollment If the Accelerated Enrollment Referral is linked to a program application that has not been approved or denied. <p>Note if the application was Approved or Denied in the same month as when the referral was received, then it will be reported based on the Application logic.</p>
9f. At Application – Non-MAGI	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person meets either of the following conditions: <ul style="list-style-type: none"> ○ Application: The person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA – Approved <p>The person's assigned aid code is under Indicator 9f in the Master Aid Code List</p> <p>The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry</p>

	<p>Forward Begin Date and the Carry Forward End Date.</p> <p>OR</p> <p>The program application is not a carry forward referral from CalHEERS.</p> <p>Technical Note:</p> <p>PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND</p> <p>OR</p> <p>PGM_APP > ICT > CH_TRANSACTION>CRRY_FWD_IND</p> <p>The program person application is not an Auto Test application.</p> <p>Technical Note: PERS_APP. AUTOTEST_IND</p> <p>The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta):</p> <ul style="list-style-type: none"> ▪ 9547: Extended Eligible Check Medi-Cal Determination status ▪ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ▪ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ▪ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue <p>Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF</p>
9i. Other	<p>From the Indicator 9a base population:</p> <ul style="list-style-type: none"> • The person's aid code is listed in the Master Aid Code List for Indicator 9i. • The person meets one of the following conditions: <ul style="list-style-type: none"> ○ Change in Circumstance (No new Application): The program has a Redetermination with a Due Date greater than two months after the report month. AND The Redetermination Completion Date is in the report month and the RE Due Date was advanced. AND The program person does not have a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ○ AA - Approved ○ Change in Circumstance Application: The program person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA - Approved <p>AND</p>

	<p>The application meets one of the following change in circumstance conditions:</p> <ul style="list-style-type: none"> ▪ Carried Forward: The program person is a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date or The program application is a carry forward referral from CalHEERS. <p>Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND OR PGM_APP > ICT > CH_TRANSACTION.INFO>CRRY_FWD_IND</p> <ul style="list-style-type: none"> ▪ Craig v Bonta or BCCTP: The program person has an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code: <ul style="list-style-type: none"> ○ 9547: Extended Eligible Check Medi-Cal Determination status ○ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ○ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ○ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue <p>Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF</p> <ul style="list-style-type: none"> ▪ Auto Test: The program person application is an Auto Test application. ▪ Accelerated Enrollment to Medi-Cal: The application is linked to an Accelerated Enrollment determination which was received in a prior month.
9j. Chip Eligible	<p>Indicator 9j Base Population:</p> <p>The total number of individuals determined eligible for CHIP under the MCHIP programs. This count includes eligible at application, redeterminations, or change in circumstance.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ○ MC - Medi-Cal • Program Person Role (CT-201): <ul style="list-style-type: none"> ○ ME - Member • The conditions for Application or Renewal are met: <ul style="list-style-type: none"> ○ Application: The latest event on the program person application that occurred in the report month is (CT-157): <ul style="list-style-type: none"> ▪ AA - Approved

	<p>Disregard the following event types from when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) <p>The program person application does not have an ICT Indicator set to Yes.</p> <p>Technical Note: PGM_APP.ICT_IND</p> <p>OR</p> <p>The Program person Application does not have a Source of (CT-294):</p> <ul style="list-style-type: none"> ▪ EI- ICT <p>The program person did not request any of the following Medi-Cal types (CT-319):</p> <ul style="list-style-type: none"> ○ AE - AAP EFC (07) ○ AF - AAP Federal (03) ○ AS - AAP State (04) ○ CW - Child Welfare Services Medi-Cal ○ FU - FC County (45) ○ IM - ICAMA (06) ○ IC - ICPC (46) ○ KF - KG Federal (4T) ○ OS - Out of State AAP (4A) <p>Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE</p> <ul style="list-style-type: none"> ○ Renewal: An RE is completed in the report month and the RE Due Month has been advanced. <ul style="list-style-type: none"> • The EDBC Run Date is in in the report month. • When multiple EDBC records exist in the report month, then a single is selected based on the latest begin date desc followed by database created on descending. • The person's aid code is listed in the Master Aid Code List for Indicator 9j. <p>Note 9j = 9k + 9l + 9m</p>
9k. At Application	<p>From the 9j. Chip Eligible population, the number of people found CHIP Eligible at application.</p> <p>Application</p>

	<ul style="list-style-type: none"> The person's aid code is listed in the Master Aid Code List for Indicator 9k. The program person has a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> AA - Approved The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date. OR The program application is a carry forward referral from CalHEERS. Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND OR PGM_APP > ICT > CH_TRANSACTION>CRRY_FWD_IND The program person application is not Auto Test. Technical Note: PGM_PERS.AUTOTEST_IND The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, 1E, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta): <ul style="list-style-type: none"> 9547: Extended Eligible Check Medi-Cal Determination status 9582: Incarcerated Craig v Bonta Medi-Cal Determination 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF
9m. Other	<p>Of the CHIP Medicaid Eligible population, the number of determinants found Eligible by other means.</p> <ul style="list-style-type: none"> The person's aid code is listed in the Master Aid Code List for Indicator 9m. The person meets one of the following conditions: <ul style="list-style-type: none"> The program has a Redetermination with a Due Date greater than two months after the report month. AND The Redetermination Completion Date is in the report month and the RE Due Date was advanced. AND The program person does not have a program person application where the latest status in the report month is (CT-157): <ul style="list-style-type: none"> AA - Approved The program person has a program person application where the latest status in the report month is (CT-157):

	<ul style="list-style-type: none"> ▪ AA - Approved <p>AND The application meets one of the following conditions:</p> <ul style="list-style-type: none"> ▪ Carried Forward: The program person is a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date or The program application is a carry forward referral from CalHEERS. <p>Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND OR PGM_APP > ICT > CH_TRANSACTION>CRRY_FWD_IND</p> <ul style="list-style-type: none"> ▪ Craig v Bonta or BCCTP: The program person has an existing MEDS Alert with a 6E, 1E, 2E, 1E, 0L, 0W, 0X, 0Y aid code: <ul style="list-style-type: none"> • 9547: Extended Eligible Check Medi-Cal Determination status • 9582: Incarcerated Craig v Bonta Medi-Cal Determination • 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue • 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue • Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF ▪ Auto Test: The program person application is an Auto Test application.
--	--

- g. Add a Referral Date column to the 'CMS9' sheet in the county version of the report which displays the date the Accelerated Enrollment record was received.

Column Name	Description
Accelerated Enrollment Received Date	<p>Displays the date the Accelerated Enrollment EDR or DER was received.</p> <p>This field will be blank if the information is not available.</p> <p>Format:</p>

	MM/DD/YYYY HH:MM:SS AM/PM Technical Note: This is the ICT.BATCH_DATE.
--	--

- h. Update the following columns in the county detail version of the report.

Column Name	Description
Case Number	Displays the Case Number of the case. The column will be blank if the information is not available.
Case Name	Displays the Case Name on the case. The column will be blank if the information is not available.
Person Name	Displays the Person's Name. The column will be blank if the information is not available. Format: [First Name] [Last Name]
DOB	Displays the Person's date of birth. The column will be blank if the information is not available. Format: MM/DD/YYYY
CIN	Displays the Person's CIN. The column will be blank if the information is not available.
Aid Code	Displays the Person's assigned aid code. This column will display '8E' for the Accelerated Enrollment population.
Medicaid Type	The column displays whether the determination type is MAGI or Non-MAGI. Possible Values: <ul style="list-style-type: none"> MAGI – The person is assigned one of the MAIG aid codes listed in the Master Aid Code List v1.9 or the person is Accelerated Enrollment. Non-MAGI - The person is assigned one of the Non-MAIG aid codes listed in the Master Aid Code List v1.9.
Determination Type	The column displays whether the determination type is at Application or Redetermination. Possible Values: <ul style="list-style-type: none"> Application – The determination is at application or Accelerated Enrollment. Redetermination – The determination is at redetermination.

Determination Date	Displays the determination date of the determination. This column will be blank if the information is not available. Format: MM/DD/YYYY
--------------------	---

3. Indicator 10 – Total Number of Individuals Determined Ineligible:

- a. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)
 4. Child Welfare Services Medi-Cal
 5. FC County (45)
 6. ICAMA (06)
 7. ICPC (46)
 8. KG Federal (4T)
 9. Out of State AAP (4A)
- b. Report Exchange to Medi-Cal Applications (Transfers from Covered California) as a Determination Type of Other rather than At Application.
- c. Report Auto Test Applications as a Determination Type of Other rather than At Application.
- d. Report Craig v Bonta as a Determination Type of Other rather than At Application.
- e. Report BCCTP as a Determination Type of Other rather than At Application.
- f. Report individuals that had an Accelerated Enrollment referral in the prior month, but the application was first Denied in the report month as a Determination Type of Other rather than at Application.

Note: See Appendix 6.3 for examples.

Indicator 10 Definitions	Definition
10a. Total Medicaid Ineligible	<p>Indicator 10 Base Population:</p> <p>The total number of individuals determined ineligible for Medicaid under MAGI or Non-MAGI rules. This count includes eligible at application, redeterminations, or change in circumstance. The indicator also includes individuals determined eligible for CHIP. The indicator excludes individuals who request disenrollment.</p> <ul style="list-style-type: none"> • Program (CT-18):

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ MC - Medi-Cal • The latest event on the program person application that occurred in the report month and the program person's role: <ul style="list-style-type: none"> ○ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) OR ○ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DS – Discontinued <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pended ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) ○ Program Person Role that is effective during the Discontinued event (CT-201): <ul style="list-style-type: none"> ▪ ME - Member ▪ UP - Unaided Person ▪ FI - FRI ○ For FRI, the individual must have applied for benefits to be reported. This means the person has a Pending application status. • The program application status reason is not one of the following: <ul style="list-style-type: none"> ○ XV - Requested Disc. (CMSP) - Add Person ○ XW - Requested Disc. (CMSP) - Reapply with Budget Change ○ XX - Requested Disc. (CMSP) - Verbal ○ 06 - Requested Disc. - Verbal
--	---

	<ul style="list-style-type: none"> ○ K4 - Requested Disc. - Written ○ K5 - Requested Disc. - Written inc. MC ○ XS - Withdrawal - Written ○ 18 - Written Withdrawal ○ K3 - Written Withdrawal inc. MC ○ 09 - Application Opened in Error ○ JK - Declined Elig ○ JZ - MPPP Declined Eligible ○ E4 - Requested Exclusion ○ 10 - Duplicate Application ○ CN - On Aid Another Case ○ E5 - Verbal Withdrawal ○ GB - No Open Application <ul style="list-style-type: none"> • The program person has the following status, role, and resulting event during the report month: <ul style="list-style-type: none"> ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ ME – Member Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ AC – Active ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied OR Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ UN – Unaided Person ▪ FR - FRI Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied Person was a Member the month prior to the report month (CT-201): <ul style="list-style-type: none"> ▪ ME - Member OR Event Type Code is equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied <ul style="list-style-type: none"> • For determination at Application, the Program Application does not have an ICT Indicator set to Yes. Technical Note: PGM_APP.ICT_IND OR The Program Application does not have a Source of (CT-294): <ul style="list-style-type: none"> ▪ EI- ICT Technical Note: For Renewals, the record is still tied to an application, however, the ICT indicator should not cause the record to drop. • For determinations at Application, the program person did not request any of the following Medi-Cal types (CT-319): <ul style="list-style-type: none"> ○ AE - AAP EFC (07) ○ AF - AAP Federal (03)
--	--

	<ul style="list-style-type: none"> o AS - AAP State (04) o CW - Child Welfare Services Medi-Cal o FU - FC County (45) o IM - ICAMA (06) o IC - ICPC (46) o KF - KG Federal (4T) o OS - Out of State AAP (4A) <p>Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE</p> <p>Technical Note: For Renewals, the record ties to an application, however, a prior request for CWS Medi-Cal coverage should not cause the record to drop.</p> <ul style="list-style-type: none"> • The EDBC Run Date is in the report month. • When multiple EDBC records exist in the report month, a single will be selected by selecting the latest based on begin date descending followed by database created on date desc. • If an individual was found ineligible multiple times through separate applications, then the latest denied application will be reported. This is to avoid duplicates. • The person is 19 years or older as of the last day of the report month. <p>UNION</p> <ul style="list-style-type: none"> • The Population of Indicator 9j. CHIP Eligible
10b. MC Ineligibility Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> • Does have a Status Reason listed in Appendix 6.2. <p>Union</p> <p>The number of individuals in the 9j. CHIP Eligible population</p>
10c. MC Ineligibility Cannot be Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <p>Does not have a Status Reason listed in Appendix 6.2.</p>
10d. Ineligibility at Application	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> • The person has a program person application with the latest event that occurred in the report month being (CT-157): <ul style="list-style-type: none"> o DE – Denied • The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date. OR The program application is not a carry forward referral from CalHEERS.

	<p>Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DET > CH_IAP_TRANS.CRRY_FWD_IND OR PGM_APP > ICT > CH_TRANSACT_INFO>CRRY_FWD_IND</p> <ul style="list-style-type: none"> • The program person application is not an Auto Test application. <p>Technical Note: PERS_APP. AUTOTEST_IND</p> <ul style="list-style-type: none"> • The program application is not linked to an Accelerated Enrollment Referral that was received in prior months. • The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta): <ul style="list-style-type: none"> o 9547: Extended Eligible Check Medi-Cal Determination status o 9582: Incarcerated Craig v Bonta Medi-Cal Determination o 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue o 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue <p>Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF</p> <p>Union</p> <p>The number of individuals in the 9k. CHIP Eligible At Application population</p>
10f Ineligibility Other	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <ul style="list-style-type: none"> • The person is not reported on 10d or 10e. <p>Union</p> <ul style="list-style-type: none"> • The number of individuals in the 9m. CHIP Eligible At Other population <p>Technical Note: This includes applications which were 'Denied' but are linked to an Accelerated Enrollment record that was received in prior months.</p>
10g. CHIP Ineligible	<p>Base Population for 10g:</p> <p>Note: The 10g base population is not a subset of the 10a base population.</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> o MC - Medi-Cal • The latest event on the program person application that occurred in the report month and the program person role: <ul style="list-style-type: none"> o Program Person Application Status (CT-157):

	<ul style="list-style-type: none"> ▪ DE - Denied <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pending ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) <p>OR</p> <ul style="list-style-type: none"> ○ Program Person Application Status (CT-157): <ul style="list-style-type: none"> ▪ DS – Discontinued <p>Disregard the following event types when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ▪ CH – Change ▪ AT - Retro Approved ▪ RT - Retro Denial Rescinded ▪ DT - Retro Denied ▪ PT - Retro Pending ▪ AD - Retro Rescind Approved (Denial) ▪ RS - Denial Rescinded ▪ DR - Discontinuance Rescinded ▪ AE - Rescind Approved (Denial) ▪ AS - Rescind Approved (Discontinued) ○ Program Person Role that is effective during the Discontinued event (CT-201): <ul style="list-style-type: none"> ▪ ME - Member ▪ UP - Unaided Person ▪ FR - FRI ○ For FRI, the individual must have applied for benefits to be reported. This means the person has a Pending application status. <ul style="list-style-type: none"> • The program application status reason is not one of the following: <ul style="list-style-type: none"> ○ XV - Requested Disc. (CMSP) - Add Person ○ XW - Requested Disc. (CMSP) - Reapply with Budget Change ○ XX - Requested Disc. (CMSP) - Verbal ○ 06 - Requested Disc. - Verbal ○ K4 - Requested Disc. - Written ○ K5 - Requested Disc. - Written inc. MC ○ XS - Withdrawal - Written ○ 18 - Written Withdrawal ○ K3 - Written Withdrawal inc. MC
--	---

	<ul style="list-style-type: none"> ○ 09 - Application Opened in Error ○ JK - Declined Elig ○ JZ - MPPP Declined Eligible ○ E4 - Requested Exclusion ○ 10 - Duplicate Application ○ CN - On Aid Another Case ○ E5 - Verbal Withdrawal ○ GB - No Open Application • The Program Application does not have an ICT Indicator set to Yes. Technical Note: PGM_APP.ICT_IND OR The Program Application does not have a Source of (CT-294): <ul style="list-style-type: none"> ▪ EI- ICT • The program person did not request any of the following Medi-Cal types (CT-319): <ul style="list-style-type: none"> ○ AE - AAP EFC (07) ○ AF - AAP Federal (03) ○ AS - AAP State (04) ○ CW - Child Welfare Services Medi-Cal ○ FU - FC County (45) ○ IM - ICAMA (06) ○ IC - ICPC (46) ○ KF - KG Federal (4T) ○ OS - Out of State AAP (4A) Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE • The program person has the following status, role, and resulting event during the report month: <ul style="list-style-type: none"> ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ ME – Member Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ AC – Active ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied OR Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ UN – Unaided Person ▪ FR - FRI Program Person Status is (CT-72): <ul style="list-style-type: none"> ▪ IN – Ineligible Event Type Code not equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied Person was a Member the month prior to the report month (CT-201): <ul style="list-style-type: none"> ▪ ME - Member OR Event Type Code is equal to (CT-157): <ul style="list-style-type: none"> ▪ DE - Denied • The EDBC Run Date is in in the report month.
--	---

	<ul style="list-style-type: none"> When multiple EDBC records exist in the report month, a single will be selected by selecting the latest based on begin date descending followed by database created on date desc. If an individual was found ineligible multiple times through separate applications, then the latest actioned one will be reported. This is to avoid duplicates. <p>The person is 18 years old or younger as of the last day of the report month.</p>
10h. CHIP Ineligibility Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <p>Does have a Status Reason listed in Appendix 6.2.</p>
10.i CHIP Ineligibility Can't be Established	<p>From the 10a base population, the number of individuals that meet the following conditions:</p> <p>Does not have a Status Reason listed in Appendix 6.2.</p>
10j. Ineligible At Application	<p>From the 10g population, the number of individuals that meet the following requirement:</p> <ul style="list-style-type: none"> The person has a program person app with the latest event in the report month being (CT-157): <ul style="list-style-type: none"> DE – Denied The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date. OR The program application is not a carry forward referral from CalHEERS. <p>Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DET1 > CH_IAP_TRANS.CRRY_FWD_IND OR PGM_APP > ICT > CH_TRANSACT_INFO>CRRY_FWD_IND</p> <ul style="list-style-type: none"> The program person application is not an Auto Test application. Technical Note: PERS_APP. AUTOTEST_IND The program application is not linked to an Accelerated Enrollment Referral that was received in prior months. <ul style="list-style-type: none"> The ICT Source Code (CT-268): <ul style="list-style-type: none"> CH - CalHEERS The referral Initiated Date is prior to the report month. Technical Note: This is ICT.BATCH_DATE The Transfer Type is (CT-270): <ul style="list-style-type: none"> RF - Referral

	<ul style="list-style-type: none"> ▪ DC - Determination Change ▪ DR – Determination Response ○ The MAGI Medi-Cal Stat Code (CT-402): <ul style="list-style-type: none"> ▪ CE – Conditionally Eligible ○ The Aid Code is equal to 8E. • The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta): <ul style="list-style-type: none"> ○ 9547: Extended Eligible Check Medi-Cal Determination status ○ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ○ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ○ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue <p>Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF</p>
10l. Ineligible Other	<p>From the 10g base population, the number of individuals that meet the following requirement:</p> <p>The person is not reported on 10j or 10k.</p> <p>Technical Note: This includes applications which were 'Denied' but are linked to an Accelerated Enrollment record that was received in prior months.</p>

- i. Add an Accelerated Enrollment Received Date column to the 'CMS10' sheet which displays the date the Accelerated Enrollment record was received.

Column Name	Description
Accelerated Enrollment Received Date	<p>Displays the date the Accelerated Enrollment EDR or DER was received.</p> <p>This field will be blank if the information is not available.</p> <p>Format:</p> <p>MM/DD/YYYY HH:MM:SS AM/PM</p> <p>Technical Note: This is the ICT.BATCH_DATE.</p>

4. Indicator 11 – Pending Applications and Renewals

1. Exclude the following applications:
 - i. ICTs

- ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 - 1. AAP EFC (07)
 - 2. AAP Federal (03)
 - 3. AAP State (04)
 - 4. Child Welfare Services Medi-Cal
 - 5. FC County (45)
 - 6. ICAMA (06)
 - 7. ICPC (46)
 - 8. KG Federal (4T)
 - 9. Out of State AAP (4A)
- iii. Auto Test from Cash Based Medi-Cal
- iv. Exchange to Med-Cal (Transfers from Covered California)
- v. Craig v. Bonta
- vi. BCCTP

Indicator 11 Definitions	Definition
11a. Pending at MC Agency	<p>Indicator 11 Base Population:</p> <p>The total number of pending applications and renewal still awaiting a final determination as of the last day of the report month. If an individual has a Pending Renewal and Pending Application in the same report month, both are reported.</p> <p>Pending Applications</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC-Medi-Cal • Latest Program Person Application event as of the last day of the report month is (CT-157): <ul style="list-style-type: none"> ◦ PE - Pended <p>Disregard the following event types from when evaluating for the latest program person application status (CT-157):</p> <ul style="list-style-type: none"> ◦ CH – Change ◦ AT - Retro Approved ◦ RT - Retro Denial Rescinded ◦ DT - Retro Denied ◦ PT - Retro Pended ◦ AD - Retro Rescind Approved (Denial) ◦ RS - Denial Rescinded ◦ DR - Discontinuance Rescinded ◦ AE - Rescind Approved (Denial) ◦ AS - Rescind Approved (Discontinued) • The Program Application does not have an ICT Indicator set to Yes. <p>Technical Note: PGM_APP.ICT_IND OR</p>

	<p>The Program Application does not have a Source (CT-294):</p> <ul style="list-style-type: none"> ○ EI - ICT • The program application or program person application was not created because of Auto Test. Technical Note: PGM_APP.AUTOTEST_IND and PERS_APP.AUTOTEST_IND • The program person did not request for any of the following Medi-Cal types (CT-319): <ul style="list-style-type: none"> ○ AE - AAP EFC (07) ○ AF - AAP Federal (03) ○ AS - AAP State (04) ○ CW - Child Welfare Services Medi-Cal ○ FU - FC County (45) ○ IM - ICAMA (06) ○ IC - ICPC (46) ○ KF - KG Federal (4T) ○ OS - Out of State AAP (4A) <p>Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE</p> <ul style="list-style-type: none"> • The program application is not a carry forward referral from CalHEERS. <p>Technical Note: PGM_APP > ICT > CH_TRANSACT_INFO>CRRY_FWD_IND</p> <ul style="list-style-type: none"> • The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta): <ul style="list-style-type: none"> ○ 9547: Extended Eligible Check Medi-Cal Determination status ○ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ○ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue ○ 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue ○ Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF <p>UNION</p> <p>Pending Renewals</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ○ MC - Medi-Cal • Program Person Status as of the last day of the report month (CT-72): <ul style="list-style-type: none"> ○ AC - Active • Program Person Role as of the last day of the report month (CT-201): <ul style="list-style-type: none"> ○ ME - Member
--	---

	<ul style="list-style-type: none"> • The RE Due Date is less than or equal to the last day of the report month. • The RE Completion Date is greater than the last day of the report month. • The person has one of the assigned aid codes listed in the Master Aid Code List for Indicator 11a. • Exclude individuals who will not have a status of Active beginning on the 1st or 2nd month following the report month. • Exclude individuals whose role will not be Member beginning on the 1st or 2nd month following the report month. • When evaluating EDBC, a single EDBC is selected by obtaining the latest based on Begin Date descending followed by CREATED_ON descending. • Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. • Exclude Pending Applications that are not tied to a Pending program status. These are program applications that cannot be actioned by a worker. This happens when a program has a newer program application, and the older program application is stuck in Pending status. <p>FC Continuing Medi-Cal</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC - Medi-Cal • Program Person Status as of the last day of the report month (CT-72): <ul style="list-style-type: none"> ◦ AC - Active • Program Person Role as of the last day of the report month (CT-201): <ul style="list-style-type: none"> ◦ ME - Member • Program Person Aid Code: <ul style="list-style-type: none"> ◦ 4M – FC Continuing Medi-Cal • Program Person's Age is 26 years old. • Program Person's Birthday is in the report month.
--	--

5. Indicator 12 – Processing Time for Determinations:

2. Exclude the following applications:
 - i. ICTs
 - ii. Applications where at least one of the linked person's applications has a Requested Medical Type equal to:
 1. AAP EFC (07)
 2. AAP Federal (03)
 3. AAP State (04)

4. Child Welfare Services Medi-Cal
5. FC County (45)
6. ICAMA (06)
7. ICPC (46)
8. KG Federal (4T)
9. Out of State AAP (4A)
- iii. Auto Test from Cash Based Medi-Cal
- iv. Exchange to Med-Cal (Transfers from Covered California)
- v. Craig v. Bonta
- vi. BCCTP
3. Add Accelerated Enrollment individuals (8E) indicators:
 - i. 12a. Median Processing Time
 - ii. 12b. MAGI Determinations
 - iii. 12f. Less than 24 hours (MAGI)
 - iv. 12g. 24 Hours – 7 Days
 - v. 12h. 8 - 30 Days
 - vi. 12i. 31 – 45 Days
 - vii. 12j more than 45 days

Note: See Appendix 6.3 for examples.

Indicator 12 Definitions	Definition
	<p>Indicator 12 Base Population:</p> <p>Captures all MAGI and Non-MAGI program applications or MAGI and Non-MAGI program person applications that received a final determination during the report month. These applications are captured by the first event action of Approved or Denied.</p> <p>MAGI Determinations:</p> <p>New MAGI Application:</p> <ul style="list-style-type: none"> • Program (CT-18): <ul style="list-style-type: none"> ◦ MC – Medi-Cal • A program application has a first disposition action of Approved or Denied occur in the report month (CT-157): <ul style="list-style-type: none"> ◦ AA - Approved ◦ DE – Denied <p>OR</p> <p>A program person application has a first disposition action of Approved or Denied occur in the report month (CT-157):</p> <ul style="list-style-type: none"> ◦ AA - Approved ◦ DE – Denied <ul style="list-style-type: none"> • The Program Application does not have an ICT Indicator set to Yes.

	<p>Technical Note: PGM_APP.ICT_IND</p> <p>OR</p> <p>The Program Application does not have a Source (CT-294):</p> <ul style="list-style-type: none"> ○ EI - ICT • The program application or program person application was not created because of Auto Test. Technical Note: PGM_APP.AUTOTEST_IND and PERS_APP.AUTOTEST_IND • The program person did not request for any of the following Medi-Cal types (CT-319): <ul style="list-style-type: none"> ○ AE - AAP EFC (07) ○ AF - AAP Federal (03) ○ AS - AAP State (04) ○ CW - Child Welfare Services Medi-Cal ○ FU - FC County (45) ○ IM - ICAMA (06) ○ IC - ICPC (46) ○ KF - KG Federal (4T) ○ OS - Out of State AAP (4A) <p>Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE</p> <ul style="list-style-type: none"> • The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date. <p>OR</p> <p>The program application is not a carry forward referral from CalHEERS.</p> <p>Technical Note:</p> <p>PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND</p> <p>OR</p> <p>PGM_APP > ICT > CH_TRANSACT_INFO>CRRY_FWD_IND</p> <ul style="list-style-type: none"> • The program application is not linked to an Accelerated Enrollment Referral that was received in prior months. <p>Technical Note:</p> <p>PGM_APP > ICT > ICT > ICT_PERS > CH_ELIG_DETL</p> <ul style="list-style-type: none"> • The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta): <ul style="list-style-type: none"> ○ 9547: Extended Eligible Check Medi-Cal Determination status ○ 9582: Incarcerated Craig v Bonta Medi-Cal Determination ○ 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue
--	---

- o 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue

Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF

- The EDBC/PERS_EDBC run date is greater than or equal to the event date and the event effective date is between the EDBC/PERS_EDBC begin date and end date. If multiple exists, a single is selected based on run date ascending, begin date ascending, and created on ascending.
 - The program application or program person application does not have one of the following events occur before the first disposition action of Approved or Denied (CT-157):
 - o DS - Discontinued
 - o RS - Denial Rescinded
 - o DR - Discontinuance Rescinded
 - o AE - Rescind Approved (Denial)
 - o AS - Rescind Approved (Discontinued)
 - o AT - Retro Approved
 - o DT - Retro Denied
 - o PT - Retro Pended
 - o RT - Retro Denial Rescinded
 - o AD - Retro Rescind Approved (Denial)
 - o RR - Restoration of Aid Waiver Rescinded
 - o RA - Restoration of Aid Waiver Approved
 - o RD - Restoration of Aid Waiver Denied
 - One of the following four conditions are met:
 - o The first approval/denial event of the program application or program person application is (CT-157):
 - AA – Approved
 - o The program person status is Active and has a begin date equal to the application event's effective date (CT-72):
 - AC - Active
 - o Program Person Role (CT-201):
 - ME - Member
 - o The person's Aid Code (Budget or EDBC) is in the Indicator 12 list of aid codes. Refer to the DHCS SAWS CMSPI Aid Code List v1.9 document.
 - o Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list
- OR**
- o The first approval/denial event of the program application or program person application is (CT-157):
 - AA – Approved

	<ul style="list-style-type: none"> ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): <ul style="list-style-type: none"> ▪ AC - Active ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ Member ○ The Program Person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending <p>OR</p> <ul style="list-style-type: none"> ○ The first event of Approve or Denied was Denied and occurred in the report month (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending <ul style="list-style-type: none"> ○ The person's Aid Code (CT-184):
--	--

- 04 - FC Continuing Medi-Cal
 - The person is 26 years old as of the last day of the report month.
 - The person's date of birth is in the report month.
- The determination has a **MAGI** Budget test associated. If multiple exists, then the **last** one is selected by the database created_on date is taken. See Appendix 6.1 for the list of MAGI Budget Tests.

UNION

Accelerated Enrollments

- The ICT Source Code (CT-268):
 - CH - CalHEERS
 - The referral Initiated Date is in the report month.
Technical Note: This is ICT.BATCH_DATE
 - The Transfer Type is (CT-270):
 - RF - Referral
 - DC - Determination Change
 - DR – Determination Response
 - For referrals and determination changes with a Transfer Type of 'Determination Change', the Application Date of the referral is in the report month.
Technical Note: This is taken from CH_APP.APP_DATE
 - The MAGI Medi-Cal Status is (CT-402):
 - CE – Conditionally Eligible
 - The Primary Aid Code is equal to 8E.
-
- If a person has multiple Accelerated Enrollment referrals and a program application in the same month, use the following hierarchy to avoid duplicates:
 1. Referrals that are linked to a Program Application. When multiple program applications exist, the latest received is reported.
 2. Referral with no linkage to a program application. These are referrals that have been linked to a case, but a program application has not yet been created. If there are multiple of these types of referrals for a case, then the latest received is selected.
 3. Referral with no linkage to a case. These are referrals received from CalHEERS where a worker has not yet linked the referral to a case or created a case for the referral. If multiple of these types of referrals exists, then a single is selected by the latest received date.

UNION

Non-MAGI Determinations:

- Program (CT-18):
 - MC – Medi-Cal
- A **program application** has a first disposition action of Approved or Denied occur in the report month (CT-157):
 - AA - Approved
 - DE – Denied

OR

A **program person application** has a first disposition action of Approved or Denied occur in the report month (CT-157):

- AA - Approved
- DE – Denied

- The program application does not have an ICT Indicator set to Yes.

Technical Note: PGM_APP.ICT_IND

OR

The program application does not have a Source of (CT-294):

- EI- ICT

- The program application or program person application was not created because of Auto Test. Technical Note: PGM_APP.AUTOTEST_IND and PERS_APP.AUTOTEST_IND

- The program person did not request for any of the following Medi-Cal types (CT-319):

- AE - AAP EFC (07)
- AF - AAP Federal (03)
- AS - AAP State (04)
- CW - Child Welfare Services Medi-Cal
- FU - FC County (45)
- IM - ICAMA (06)
- IC - ICPC (46)
- KF - KG Federal (4T)
- OS - Out of State AAP (4A)

Technical Note: REQ_MC_TYPE.REQ_MC_TYPE_CODE

- The program person is not a carry forward who is moving to MAGI Medi-Cal from APTC/CSR/CCP where the EDBC begin date is between the Carry Forward Begin Date and the Carry Forward End Date.

Technical Note: PGM > EDBC > ICT_EDBC > ICT_PERS > CH_ELIG_DETL > CH_IAP_TRANS.CRRY_FWD_IND.

	<ul style="list-style-type: none"> The program application is not linked to an Accelerated Enrollment Referral that was received in prior months. Technical Note: PGM_APP > ICT > ICT > ICT_PERS > CH_ELIG_DETL The program person does not have an existing MEDS Alert with a 6E, 1E, 2E, IE, 0L, 0W, 0X, 0Y aid code and one of the following Alert IDs (Craig v. Bonta): <ul style="list-style-type: none"> 9547: Extended Eligible Check Medi-Cal Determination status 9582: Incarcerated Craig v Bonta Medi-Cal Determination 9548: Over 2 Months of Extended Eligible Medi-Cal Determination Overdue 9583: Incarcerated Craig v Bonta Medi-Cal Determination Overdue Technical Note: Check for the person's CIN in MEDS_ALERT_MSG.ALERT_NUM_IDENTIF The EDBC/PERS_EDBC run date is greater than or equal to the event date and the event effective date is between the EDBC/PERS_EDBC begin date and end date. If multiple exists, a single is selected based on run date ascending, begin date ascending, and created on ascending. The program application or program person application does not have one of the following events occur before the first disposition action of Approved or Denied (CT-157): <ul style="list-style-type: none"> DS - Discontinued RS - Denial Rescinded DR - Discontinuance Rescinded AE - Rescind Approved (Denial) AS - Rescind Approved (Discontinued) AT - Retro Approved DT - Retro Denied PT - Retro Pended RT - Retro Denial Rescinded AD - Retro Rescind Approved (Denial) RR - Restoration of Aid Waiver Rescinded RA - Restoration of Aid Waiver Approved RD - Restoration of Aid Waiver Denied One of the following four conditions are met: <ul style="list-style-type: none"> The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> AA - Approved Program Person Role (CT-201): <ul style="list-style-type: none"> ME - Member The program person status is Active and has a begin date equal to the application event's effective date (CT-72):
--	--

	<ul style="list-style-type: none"> ▪ AC - Active ○ The person's Aid Code (Budget or EDBC) is in the Indicator 12 list of aid codes. Refer to the DHCS SAWS CMSPI Aid Code List v1.9 document. ○ Only a single aid code per person is reported. Priority goes to primary aid codes on the Master Aid Code List followed by secondary aid codes on the list. <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ AA – Approved ○ The program person status is Active and has a begin date equal to the application event's effective date (CT-72): <ul style="list-style-type: none"> ▪ AC - Active ○ Program Person Role (CT-201): <ul style="list-style-type: none"> ▪ Member ○ The Program Person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal ○ The person is 26 years old as of the last day of the report month. ○ The person's date of birth is in the report month. <p>OR</p> <ul style="list-style-type: none"> ○ The first approval/denial event of the program application or program person application is (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied ○ The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending <p>OR</p> <ul style="list-style-type: none"> ○ The first disposition event of Approve or Denied was Denied and occurred in the report month (CT-157): <ul style="list-style-type: none"> ▪ DE – Denied
--	--

	<ul style="list-style-type: none"> o The program person status is Active and has a begin date equal to the application event's effective date: <ul style="list-style-type: none"> ▪ Program Person Status (CT-72) <ul style="list-style-type: none"> • AC - Active ▪ Program Person Role (CT-201): <ul style="list-style-type: none"> • ME – Member <p>OR</p> <p>The program person status is Denied/Pending and has a begin date equal to the application event's effective date (CT-72):</p> <ul style="list-style-type: none"> ▪ DE – Denied ▪ PE - Pending o The person's Aid Code (CT-184): <ul style="list-style-type: none"> ▪ 04 - FC Continuing Medi-Cal o The person is 26 years old as of the last day of the report month. o The person's date of birth is in the report month. • The determination has a Non-MAGI Budget test associated. If multiple exists, then the first one by the database created_on date is taken. See Appendix 6.1 for the list of MAGI Budget Tests.
12a: Median Processing Time	<p>From the base population:</p> <p>Reports the medium value of all the 'Days to Process' for MAGI and Non-MAGI determinations. For approved determinations, the aid code must be listed on the indicator 12a list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.</p>
12b: MAGI Determinations	<p>From the base population, reports the medium value of all the 'Days to Process' for MAGI determinations. For approved determinations, the aid code must be listed on the Indicator 12b list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.</p>
12f: Less than 24 hours	<p>From the base population, reports the number of the MAGI determinations where the 'Days to Process' is less than 1. For approved determinations, the aid code must be listed on the Indicator 12f list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.</p>
12g: 24 Hours – 7 Days	<p>From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 1 and less than 8. For approved determinations, the aid code must be listed on the Indicator 12g list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.</p>
12h: 8 – 30 Days	<p>From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than</p>

	or equal to 8 and less than 30. For approved determinations, the aid code must be listed on the Indicator 12h list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.
12i: 31 – 45 Days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 31 and less than 45. For approved determinations, the aid code must be listed on the Indicator 12i list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.
12j: more than 45 days	From the base population, reports the number of the MAGI determinations where the 'Days to Process' is greater than or equal to 45. For approved determinations, the aid code must be listed on the Indicator 12j list or must be Accelerated Enrollments as of the last day of the report month. See Appendix 6.3.

- Update the following totals in the DHCS CMS Performance Indicators Master Data Request (State) report. The totals need to calculate the median processing time for all records for all counties rather than the totals displayed in the Excel report.

Indicator 12 Definitions	Definition
Totals – 12a: Median Processing Time(12b: MAGI + 12c: NON-MAGI)	From the base population: Reports the medium value for all the 'Days to Process' for MAGI and Non-MAGI determinations for all counties . For approved determinations, the aid code must be listed on the indicator 12a list or must be Accelerated Enrollments as of the last day of the report month. Refer to the DHCS SAWS CMSPI Aid Code List v1.9 document.
Totals – 12b: MAGI Determinations	From the base population, reports the medium value of all the 'Days to Process' for MAGI determinations for all counties . For approved determinations, the aid code must be listed on the Indicator 12b list or must be Accelerated Enrollments as of the last day of the report month. Refer to the DHCS SAWS CMSPI Aid Code List v1.9 document.
Totals – 12c: Non-MAGI Determinations	From the base population, reports the medium value of all the 'Days to Process' for Non-MAGI determinations for all counties . For approved determinations, the aid code must be listed on the indicator 12c list. Refer to the DHCS SAWS CMSPI Aid Code List v1.9 document.

- Update the reporting database table and curation logic to store the Application ID and Program Person Application ID for Indicator 12. This is to assist counties with their Ad-Hoc reporting.

6. Update the 'Days to Process' column logic for Indicator 12 for Non-MAGI determinations. Currently the report is calculating from the CalHEERS determination until the first approval or denial is made in CalSAWS. This calculation is causing issue if the CalHEERS determination was made before a program application was created in CalSAWS.

MAGI Processing Time – If a person is tested for one of the MAGI budget tests listed in Appendix 6.1 or if the person is an **Accelerated Enrollment**, then the MAGI processing time is calculated as follows:

1. All Accelerated Enrollments have a Days to Process equal to 0.
2. **Else** If the determination was made in CalHEERS before the application was created in CalSAWS, then the Days to Process is equal to 0 days.
3. Else if the person applied through CalHEERS and CalHEERS then referred the application to CalSAWS; the Days to Process is calculated from the day the referral application was received in CalSAWS until the eligibility determination was made in CalHEERS.
Technical Note:
Application Date = PGM_APP.ICT_ID ->
ICT.CREATED_ON
CalHEERS Determination =
CH_TRANSACT_INFO.REF_TIMESTAMP

Else If the CalHEERS Determination Response does not exist, then the processing time will be calculated from the date the referral application was received in CalSAWS until the event date of the first Approval or Denial on the application.

4. Else if the person applied through CalSAWS, the Days to Process is calculated from the date the application was created in CalSAWS until the eligibility determination was made in CalHEERS.
Technical Note: PGM_APP.CREATED_ON or
PERS_APP.CREATED_ON
Note: If the CalHEERS Determination Response does not exist, then the processing time will be calculated from the date the application was created in CalSAWS until the event date of when the first Approval or Denial occurred in CalSAWS.

Non-MAGI Processing Time – If a person is tested for one of the Non-MAGI budget tests listed in Appendix 6.1, the Non-MAGI processing time is calculated as follows:

1. If the determination was made in CalHEERS before the application was created in CalSAWS, then the Days to Process is calculated from the Application Date until the event date of the first Approval or Denial on the application.
 - a. If the Application was received as a referral application from CalHEERS, then the Application Date is the date the referral was received in CalSAWS.
Technical Note: PGM_APP.ICT_ID -> ICT.CREATED_ON
 - b. If the Application was created in CalSAWS then the Application Date is the date the program application or program person application was created in CalSAWS.
 2. Else if the application was created in CalSAWS before the determination that was made in CalHEERS, then the Days to Process is calculated from the CalHEERS determination until the event date of the first Approval or Denial on the application.
 - a. If the Application was received as a referral application from CalHEERS, then the Application Date is the date the referral was received in CalSAWS.
Technical Note: PGM_APP.ICT_ID -> ICT.CREATED_ON
 - b. If the Application was created in CalSAWS then the Application Date is the date the program application or program person application was created in CalSAWS.
- Note: If the CalHEERS Determination Response does not exist, then the processing time will be calculated from the application date until the first event date of the first approval or denial.

7. Rename the existing 'Referral Timestamp' column in the county detail version of the report to 'CalHEERS Determination Date'.
8. Add the following columns to the report:

Indicator 12 Definitions	Definition
-----------------------------	------------

Application Date	Displays the date on the program application. This column will be blank if the information is not available. Format: MM/DD/YYYY Technical Note: PGM_APP.APP_DATE
Referral Date	For application that were created from a referral and are linked to the referral, displays the data the referral was created in the system. The column will be blank if the information is not available. Format: MM/DD/YYYY Technical Note: ICT.CREATED_ON
Application Created On	Displays the date the program application was created in the system. The column will be blank if the information is not available. Format: MM/DD/YYYY Technical Note: PGM_APP.CREATED_ON
Person Application Created On	Displays the date the program person application was created in the system. The column will be blank if the information is not available. Format: MM/DD/YYYY Technical Note: PERS_APP.CREATED_ON
Accelerated Enrollment Received Date	Displays the date the Accelerated Enrollment EDR or DER was received. The column will be blank if the information is not available. Format: MM/DD/YYYY HH:MM:SS AM/PM Technical Note: This is the ICT.BATCH_DATE.

- j. Update the following columns in the county detail version of the report.

Column Name	Description
Case Number	Displays the Case Number of the case. The column will be blank if the information is not available.
Case Name	Displays the Case Name on the case. The column will be blank if the information is not available.

Person Name	<p>Displays the Person's Name. The column will be blank if the information is not available.</p> <p>Format: [First Name] [Last Name]</p>
DOB	<p>Displays the Person's date of birth. The column will be blank if the information is not available.</p> <p>Format: MM/DD/YYYY</p>
CIN	<p>Displays the Person's CIN. The column will be blank if the information is not available.</p>
Medicaid Type	<p>Displays whether the determination was for MAGI or Non-MAGI.</p> <p>Possible Values:</p> <ul style="list-style-type: none"> • MAGI – The determination is associated with a MAGI budget test or for the Accelerated Enrollment population. • Non-MAGI - The determination is associated with a Non-MAGI budget test.
Aid Code	<p>Displays the Person's assigned aid code. The column will be '8E' for the Accelerated Enrollment population.</p>
Budget Test	<p>Displays the category of the Medi-Cal that the budget pertains to. This column will be blank if the information is not available.</p> <p>Possible Values (CT-318):</p> <ul style="list-style-type: none"> • MAGI • Auto Test Medi-Cal • Aged and Disabled • ... <p>Note: This list is not complete.</p>
Application Received Date	<p>The column displays the date the program application or the program person application was created in the system. For application with an associated ICT, this will be the date the ICT was created in the database. For Accelerated Enrollments, this will be the batch date on the ICT.</p> <p>Format: MM/DD/YYYY</p>
Disability Indicator	<p>Indicates whether the person had a medical condition effective as of the last day of the report month. This column will be blank if the information is not available.</p> <p>Possible Values:</p>

	<ul style="list-style-type: none"> • Y – The customer has one of the following Medi-Cal conditions effective as of the date of the determination <p>OR</p> <p>For applications received through CalHEERS, the person's application is marked as a disability application. For applications received through CalHEERS either condition sets the indicator to 'Yes'.</p> <ul style="list-style-type: none"> • 32 - FC/KG - Physical or Mental Disability • 27 - Fry v. Saenz Disability • 24 - Incapacity - Verifiable and at Least 30 Days • 22 - Limited Services - Kidney Dialysis • 23 - Limited Services - TPN • 21 - Limited Services - Tuberculosis • 25 - Presumptive Allegation of ALS (Lou Gehrigs) • 09 - Presumptive Allegation of Bed Confinement • 11 - Presumptive Allegation of Cerebral Palsy • 14 - Presumptive Allegation of Down Syndrome • 15 - Presumptive Allegation of Mental Retardation • 12 - Presumptive Allegation of Muscular Dystrophy • 10 - Presumptive Allegation of Stroke • 08 - Presumptive Allegation of Total Blindness • 07 - Presumptive Allegation of Total Deafness • 06 - Presumptive Amputation of a Leg at the Hip • 16 - Presumptive Birth Weight Below 2 lbs.10 oz. • 26 - Presumptive End Stage Renal Disease • 18 - Presumptive Gestational Age/Weight at Birth • 17 - Presumptive Human Immunodeficiency Virus (HIV) • 20 - Presumptive Nonambulatory/Spinal Cord Injury • 19 - Presumptive Terminally Ill • 04 - SP-DDSD Blind • 02 - SP-DDSD Disabled • 28 - SP-DDSD Pending • 31 - SP-DDSD Presumptive Approval • 03 - SSA Blind • 01 - SSA Disabled • 30 - SSI Blind <p>N – The customer does not meet the criteria above.</p>
--	--

2.1.5 Report Location

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

2.1.6 Counties Impacted

All counties are impacted by changes outlined in this section.




2.1.7 Security Updates

1. No updates are made to the report's existing security.

2.1.8 Report Usage/Performance

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Reports	DHCS SAWS CMSPI Aid Code List v1.9	 DHCS SAWS CMSPI Aid Code List v1.9 Fin.
2	Reports	DHCS SAWS CMSPI Master v.2.4 Final	 DHCS SAWS CMSPI Master v.2.4 Final (09.
3	Reports	DHCS CMS County Mockup	 DHCS CMS Performance Indicator

4 REQUIREMENTS

4.1 Project Requirements

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

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	Contractor Assumptions	How Requirement Met

5 MIGRATION IMPACTS

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

6 APPENDIX

6.1 MAGI / Non-MAGI Budget Test Mapping

MAGI/Non-MAGI	Short Description (CT-318)
MAGI	<ul style="list-style-type: none"> • 21 - 100% FPL • 24 - 100% FPL SneeDe • 22 - 133% FPL • 25 - 133% FPL SneeDe • 09 - 1931(b) Alt. "A" • 11 - 1931(b) Alt. "A" SneeDe • 41 - 1931(b) Alt. "A" SneeDe Individual Income • 10 - 1931(b) Alt. "B" • 12 - 1931(b) Alt. "B" SneeDe • 42 - 1931(b) Alt. "B" SneeDe Individual Income • 07 - 1931(b) Property • 08 - 1931(b) Property SneeDe • 44 - 1931(b) SneeDe MFBU Property • 06 - 1931(b) U-Parent • 23 - 200% FPL • 26 - 200% FPL SneeDe • 32 - 200% Pregnancy • 62 - 200% Pregnancy - Second Test

	<ul style="list-style-type: none"> • 13 - 4 Month Continuing • 60 - Auto Test Medi-Cal • 92 - Former Foster Youth • 99 - Healthy Families Percent • 69 - Healthy Families Percent Premium • ZZ - MAGI • 93 - MC TLI/FPL Child-H1 • 94 - MC TLI/FPL Child-H1 Sneed • 95 - MC TLI/FPL Child-H2 • 96 - MC TLI/FPL Child-H2 Sneed • 70 - MC TLI/FPL Child-H3 • 71 - MC TLI/FPL Child-H3 Sneed • 97 - MC TLI/FPL Child-H4 • 98 - MC TLI/FPL Child-H4 Sneed • 72 - MC TLI/FPL Child-H5 • 73 - MC TLI/FPL Child-H5 Sneed • 56 - Transitional Medi-Cal Month 1 • 57 - Transitional Medi-Cal Month 2 • 58 - Transitional Medi-Cal Month 3
Non-MAGI	<ul style="list-style-type: none"> • 63 - A&D - Individual Spouse • 15 - AFDC-MN U-Parent • 27 - Aged and Disabled • 52 - Board & Care or LTC with no Community Spouse • DS - Deemed Protection with SOC • DP - Deemed Protection without SOC • 03 - LTC • 48 - LTC Child Allocation • 47 - LTC Spouse Allocation • 18 - MC Income • 19 - MC Income Sneed • 16 - MC Property • 17 - MC Property Sneed • 59 - MC Sneed FPL Individual Income • 40 - MC Sneed Individual Income • 43 - MC Sneed MFBP Property • 38 - MPPP - MC • 39 - MPPP - SSI • 04 - Pickle • 05 - Pickle Spouse • 37 - QDWI • 50 - SSI Child Allocation • 51 - SSI Ineligible Parent Allocation

	<ul style="list-style-type: none"> • 49 - SSI Ineligible Spouse Allocation • 61 - SSI Property Deeming • 55 - Ten Day Added Member SOC • 53 - Ten Day w/Added Member(s) • 54 - Ten Day w/o Added Member(s) • 35 - Tuberculosis • 01 - Waiver • 28 - Working Disabled
--	--

6.2 List of Denial Reasons for Known Reasons

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

WK	Edwards v. Kizer (38) - Failure to Cooperate, Medi-Cal Only
L7	Elected MAGI
L6	Elected Non-MAGI
G8	End of Edwards MC
IA	Exceeded income
GF	Excess Earned Income
GG	Excess Unearned Income
MD	Excl Child - MC Linkage
ZY	Failed MAGI
G2	Failed Property
G7	Gets CalWORKs
GD	Gets Duplicate Aid
FV	Gets FC
FT	Gets Kin-GAP
FS	Gets RCA
JW	Gets SSI
25	Gets SSI/SSP
EF	Gets Waiver
G62	Incarcerated
N13	Incarcerated Juvenile (MediCal)
Z1	Incomplete MAGI Application
93	Ineligible Non Citizen
08	Institutionalized
85	Inter-County Transfer
JZ	MPPP Declined Eligible
IW	Mandatory/Optional Rules
WJ	Minor Consent
PL	Minor Parent Linkage Only
XY	Moved Out of County (CMSP)
17	No Elig. Child
11	No Eligible Mem
MP	No Linkage - MPPP
KB	No Linkage - No Property Verif
KC	No Linkage - Over Resources
KA	No Linkage - Property Waiver
L1	No Linkage SP-DDSD Denied
EN	No Linkage to MC
GB	No Open Application
DX	Non Co-Op Chld/Med Supp
63	Non-Payment of Premium
NP	Non-Payment of Premium - Low Income FPL
CN	On Aid Another Case

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

6.3 Accelerated Enrollment Examples

Indicator 5

Example 1: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 but an application has not yet been created.

Report Month 08/2023: The Accelerated Enrollment is reported on Indicator 5n.

Example 2: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 and an application is created in the same month 08/25/2023.

Report Month 08/2023: The application is reported on Indicator 5n.

Report Month 09/2023: Nothing is reported.

Example 3: The Accelerated Enrollment is received in CalSAWS on 08/02/2023 but a worker does not create an application until 10/03/2023.

Report Month 08/2023: The Accelerated Enrollment is reported on Indicator 5n.

Report Month 09/2023: Nothing is reported.

Report Month 10/2023: Nothing is reported. The application that was created on 10/03/2023 is **not** reported on Indicator 5 in the 10/2023 report, because it is linked to an Accelerated Enrollment which was reported on Indicator 5n in the 08/2023 report month.

Indicator 9

Example 1: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 but an application has not been created.

Report Month 08/2023: The Accelerated Enrollment is reported on Indicators 9a, 9b, 9d, 9e.

Note: By default, an Accelerated Enrollment is considered an approved MAGI application until a determination is made.

Example 2: The Accelerated Enrollment is received in CalSAWS on 08/02/2023, the worker creates the application on 08/10/2023 and the application is approved on 08/25/2023 and the person is assigned a MAGI Aid Code.

Report Month 08/2023: Since the application was approved in the same month that the Accelerated Enrollment was received and the person is assigned a MAGI aid code, the person is not considered Accelerated Enrollment. The approved application appears on lines 9a, 9b, 9d, 9e.

Example 3: The Accelerated Enrollment is received in CalSAWS on 08/02/2023, the worker creates the application on 08/10/2023 and the application is approved on 08/25/2023 and the person is assigned a Non-MAGI Aid Code.

Report Month 08/2023: Since the application was approved in the same month that the Accelerated Enrollment was received and the person is assigned a Non-MAGI aid code, the person is not considered Accelerated Enrollment. The approved application appears on lines 9a, 9c, 9d, 9f.

Example 4: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 but a worker does not create an application until 09/03/2023 and the application is approved on 10/02/2023. The person is assigned a Non-MAGI Aid Code.

Report Month 08/2023: The Accelerated Enrollment is reported on 9a, 9b, 9d, 9e.

Report Month 09/2023: Nothing is reported this month.

Report Month 10/2023: Because the application is linked to an Accelerated Enrollment record that was received in prior months, the application is not considered a New Application but a change in Medi-Cal coverage. Also note that the person is now considered Non-MAGI. The application is reported on Indicators 9a, 9c, 9i.

Indicator 10

Example 1: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 but an application has not been created.

Report Month 08/2023: Nothing is reported on Indicator 10 because by default, an Accelerated Enrollment is considered an approved MAGI application until a determination is made.

Example 2: The Accelerated Enrollment is received in CalSAWS on 08/02/2023, the worker creates the application on 08/10/2023 and the application is denied on 08/25/2023 with a reason of Over Income.

Report Month 08/2023: Because the Application is Denied in the same month that the Accelerated Enrollment was received, the person is not considered to be Accelerated Enrollment. The determination is reported based on the application event rather than the Accelerated Enrollment record. The approved application appears on lines 10a, 10b, 10d.

Example 3: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 but a worker does not create an application until 09/03/2023 and the application is Denied on 10/02/2023 for over income.

Report Month 08/2023: Does not appear on Indicator 10 because by default, an Accelerated Enrollment is considered an approved MAGI application until a determination is made.

Report Month 09/2023: Nothing is reported this month.

Report Month 10/2023: Because the application is linked to an Accelerated Enrollment record that was received in prior months, the determination is not considered a New Application but a change in Medi-Cal coverage. The determination is reported on Indicators 10a, 10b, 10f.

Indicator 12

Example 1: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 but an application has not been created.

Report Month 08/2023: The Accelerated Enrollment determination is reported on Indicators 12a, 12b, 12f because by default, an Accelerated Enrollments is considered an approved MAGI application until a determination is made. The days to process for these Accelerated Enrollment is 0.

Example 2: The Accelerated Enrollment is received in CalSAWS on 08/15/2023 and the application is created on 09/15/2023.

Report Month 08/2023: The Accelerated Enrollment determination is reported on Indicators 12a, 12b, 12f because by default, an Accelerated Enrollments is considered an approved MAGI application until a determination is made.

Report Month 09/2023: Nothing is reported because an application that is linked to an Accelerated Enrollment that was received in prior months is not considered a new application.

Example 3: The Accelerated Enrollment is received in CalSAWS on 08/02/2023, the worker creates the application on 08/10/2023 and the application is denied on 08/25/2023. The person was evaluated for MAGI. The determination took 23 days.

Report Month 08/2023: Because the Application is Denied in the same month that the Accelerated Enrollment was received, the person is not considered to be Accelerated Enrollment. The determination is reported based on the application event rather than the Accelerated Enrollment record. The denied application appears on Indicators 12a, 12b, 12h.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-265237

Cal-OAR Projected Employment Hours

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Shining Liu
	Reviewed By	[individual(s) from Build and Test teams that reviewed document]

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
8/14/2023	1.0	Initial draft	Shining Liu

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	5
2	Recommendations.....	5
	2.1 Update criteria of ATT_HRS in Cal-OAR 19B.....	5
	2.1.1 Overview	5
	2.1.2 Description of Change.....	6
	2.1.3 Partner Integration Testing	9
	2.1.4 Execution Frequency.....	10
	2.1.5 Key Scheduling Dependencies	10
	2.1.6 Counties Impacted	10
	2.1.7 Category	10
	2.1.8 Data Volume/Performance.....	10
	2.1.9 Interface Partner.....	10
	2.1.10 Failure Procedure/Operational Instructions.....	10
3	Supporting Documents	11
4	Requirements.....	12
	4.1 Project Requirements.....	12

1 OVERVIEW

Attendance hours (ATT_HRS) is variable 32 provided in the Cal-OAR 19B file. This variable reports an individual's total monthly hours of attendance in any approved activity and utilizes actual, verified attendance hours. A revision in the logic for this variable is needed so that projection of employment hours is included.

1.1 Current Design

Current logic for ATT_HRS in Cal-OAR 19B file pulls an individual's total monthly hours of attendance in any activity, including actual or projected Employment hours. This variable utilizes actual, verified attendance hours and excused hours for any activity and not including scheduled hours. For Employment hours, the variable utilizes the 'Total Monthly Hours' of employment within the measurement period.

Per design from SCR CA-232660, data is pulled from 'Total Monthly Hours' field on the Employment Hours Detail page (EMP_MONTH_ACTUAL), which contains the total actual hours of employment for the month. If there are no 'Total Monthly Hours' for the Employment activity for the reporting month, then the actual hours from the WPRD_PERS_ACTIV_DETL table is captured to be used for the reporting month.

WPRD does a 5-month projection of hours when the reporting month does not have any hours. However, for an employment record of type 'Self-Employment', WPRD does not project hours and create records in WPRD_PERS_ACTIV_DETL. Per WPR policy, hours are instead calculated from the self-employment income.

1.2 Requests

While the current WPR calculation is correct, the Cal-OAR engagement rate is not dependent upon WPR policies. It is based on reported hours entered for the participant in CalSAWS every six months, where actual hours are not available. The projection of self-employment hours should not be excluded because there is no requirement to verify hours every month. Participants in self-employment are only required to report/show continuous employment every six months. Projection for self-employment should be aligned to other types of employment. Current logic for ATT_HRS needs to be revised to include projection of 'Self-Employment' hours.

1.3 Overview of Recommendations

1. Effective from Cal-OAR 19B files provided in February 2024 onwards, modify the calculation of ATT_HRS to pull hours for all Employment records from 'Projected Hours Information' when there are no 'Total Monthly Hours' for the reporting month.

1.4 Assumptions

1. All existing functionalities will remain unchanged unless called out as part of this SCR. Consider the following:
 - a. ATT_HRS pulls an individual's total monthly hours of attendance in any activity, including actual hours for non-Employment activities and actual or projected hours for Employment activities.
 - b. For Employment hours, ATT_HRS pulls data from the 'Total Monthly Hours' field on the Employment Hours Detail page (EMP_MONTH_ACTUAL), unless there are no 'Total Monthly Hours' for the reporting month.
 - c. If a participant meets all criteria for ATT_HRS, the value of ATT_HRS is the sum of hours attended for Customer Activities, including actual hours from non-Employment activities and actual or projected hours from Employment activities. See supporting document for more details.
2. WPR calculated hours for Employment activities of 'Self-Employment' type are stored in WPRD_PERS_ACTIV_SE_CALC. These calculated hours cannot be used for ATT_HRS as they are calculated.
3. A section for Projected Hours was added to the Employment Hours Detail page in SCR CA-213047, which was part of the 23.07 release. This functionality will be leveraged for this SCR.
 - a. 'Project Future Hours?' must be set to 'Yes' to use the actual hours to project hours on the Employment Hours Detail page.
 - b. The value of 'Project Future Hours?' does not affect the logic for ATT_HRS. As long as 'Total Monthly Hours' is blank or null for an Employment activity for a certain reporting month, ATT_HRS will attempt to pull from 'Monthly Hours' for the same reporting month.
4. Cal-OAR 19B is a file that is sent monthly, with an offset of 7 months. For example, April 2023 data is reported in the November 2023 Cal-OAR 19B file. July 2023 data would be sent in the February 2024 Cal-OAR 19B file.
5. Workers must enter actual hours on the Employment Hours Detail page for all Employment activities of any type, including 'Self-Employment'.

2 RECOMMENDATIONS

2.1 Update criteria of ATT_HRS in Cal-OAR 19B

2.1.1 Overview

Modify the calculation of ATT_HRS to pull hours for all Employment records from 'Projected Hours Information' when there are no 'Total Monthly Hours' for the reporting month.

These changes for ATT_HRS should only take effect starting from Cal-OAR 19B files sent in February 2024 and later, for reporting month July 2023 and later. For Cal-OAR 19B files sent in January 2024 or earlier, the current functionality of pulling from WPRD data should continue.

2.1.2 Description of Change

1. If there are no 'Total Monthly Hours' (e.g. 'Total Monthly Hours' is null or blank) for an Employment activity for the reporting month, capture the projected 'Monthly Hours' from 'Projected Hours Information' section on the Employment Hours Detail page for the reporting month. Do not pull from WPRD_PERS_ACTIV_DETL table for any Employment activities that do not have 'Total Monthly Hours' for the reporting month.
 - a. See Figure 1 below. Since the activity does not have any 'Total Monthly Hours' for the reporting month of September 2023, the logic for ATT_HRS will instead try to pull projected hours for September 2023 from the 'Projected Hours Information' section. To view projected hours for a given month, the current month selection needs to be at least one month prior. In Figure 2, projected hours for September 2023 can be viewed since the current month selection has been changed to August 2023. Since the projected 'Monthly Hours' for September 2023 is 173.6 hours, ATT_HRS will have a value of 173.6, assuming there are no other activities.

Figure 1: No 'Total Monthly Hours' for September 2023

Employment Hours Detail

* - Indicates required fields

Edit Close

Employment Information		
Name:	Employer:	Date Hired:
Category:	Type:	

September 2023

Projected Hours Information				
October 2023	November 2023	December 2023	January 2024	February 2024
Monthly Hours: 173.6	Monthly Hours: 173.6	Monthly Hours: 173.6	Monthly Hours: 173.6	
Weekly Hours 40.09	Weekly Hours 40.09	Weekly Hours 40.09	Weekly Hours 40.09	

Actual Hours Information	
Total Monthly Hours:	*
Average Weekly Hours:	0.00
Project Future Hours?:	*

Figure 2: 173.6 'Monthly Hours' for September 2023

Employment Hours Detail
Edit
Close

* - Indicates required fields

Employment Information

Name:
Employer:
Date Hired:

Category:
Type:

August 2023

Projected Hours Information

September 2023	October 2023	November 2023	December 2023	January 2024
Monthly Hours: 173.6 Weekly Hours: 40.09	Monthly Hours: 173.6 Weekly Hours: 40.09	Monthly Hours: 173.6 Weekly Hours: 40.09	Monthly Hours: 173.6 Weekly Hours: 40.09	Monthly Hours: 173.6 Weekly Hours: 40.09

Actual Hours Information

Total Monthly Hours: * 173.6
Average Weekly Hours: 40.09
Project Future Hours?: * Yes

2. If there are no actual or projected hours available, use "0" as the number of hours from Employment activities when an individual meets all other criteria for ATT_HRS.
 - a. See Figure 3 below. Since the activity does not have any 'Total Monthly Hours' for the reporting month of September 2023, the logic for ATT_HRS will instead try to pull projected hours for September 2023 from the 'Projected Hours Information' section. To view projected hours for a given month, the current month selection needs to be at least one month prior. In Figure 4, projected hours for September 2023 can be viewed since the current month selection has been changed to August 2023. Since the projected 'Monthly Hours' for September 2023 is 0 hours, ATT_HRS will have a value of 0, assuming there are no other activities.

Figure 3: No 'Total Monthly Hours' for September 2023

Employment Hours Detail

* Indicates required fields Close

Employment Information

Name: [REDACTED] Employer: [REDACTED] Date Hired: [REDACTED]
 Category: [REDACTED] Type: [REDACTED]

September 2023

Projected Hours Information

October 2023	November 2023	December 2023	January 2024	February 2024
Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0	
Weekly Hours: 0.0	Weekly Hours: 0.0	Weekly Hours: 0.0	Weekly Hours: 0.0	

Actual Hours Information

Total Monthly Hours: *
 Average Weekly Hours: 0.00
 Project Future Hours?: *

Figure 4: 0 'Monthly Hours' for September 2023, 0 'Total Monthly Hours' for August 2023

Employment Hours Detail

* Indicates required fields Close

Employment Information

Name: [REDACTED] Employer: [REDACTED] Date Hired: [REDACTED]
 Category: [REDACTED] Type: [REDACTED]

August 2023

Projected Hours Information

September 2023	October 2023	November 2023	December 2023	January 2024
Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0
Weekly Hours: 0.0	Weekly Hours: 0.0	Weekly Hours: 0.0	Weekly Hours: 0.0	Weekly Hours: 0.0

Actual Hours Information

Total Monthly Hours: * 0.0
 Average Weekly Hours: 0.00
 Project Future Hours?: * Yes

3. If there is a value for 'Total Monthly Hours' for a reporting month, use that value for ATT_HRS for that reporting month without checking 'Monthly Hours' under 'Projected Hours Information' for that reporting month.
 - a. See Figure 5 below. The activity has 37 'Total Monthly Hours' for the reporting month of July 2023. Since there are 'Total Monthly Hours', the logic for ATT_HRS will pull this value directly, without checking projected hours for August 2023. For the reporting month of July 2023, ATT_HRS will have a value of 37, assuming there are no other activities.

Figure 5: 37 'Total Monthly Hours' for July 2023

Employment Hours Detail

★ Indicates required fields Close

Employment Information

Name: [REDACTED] Employer: [REDACTED] Date Hired: [REDACTED]

Category: [REDACTED] Type: [REDACTED]

July 2023 ▼

Projected Hours Information

August 2023	September 2023	October 2023	November 2023	December 2023
Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0	Monthly Hours: 0.0
Weekly Hours 0.0	Weekly Hours 0.0	Weekly Hours 0.0	Weekly Hours 0.0	Weekly Hours 0.0

Actual Hours Information

Total Monthly Hours: ★ 37.0
Average Weekly Hours: 8.55
Project Future Hours?: ★ Yes

- b. If 'Total Monthly Hours' is "0", use "0" as the number of hours from Employment activities when an individual meets all other criteria for ATT_HRS.
 - i. See Figure 4 above. The activity has 0 'Total Monthly Hours' for the reporting month of August 2023. Since there are 'Total Monthly Hours', the logic for ATT_HRS will pull this value directly, without checking projected hours for August 2023. For the reporting month of August 2023, ATT_HRS will have a value of 0, assuming there are no other activities.

4. See attached supporting document for updated ATT_HRS criteria.

2.1.3 Partner Integration Testing

Yes. After programming changes are made, CalSAWS will generate 2 outbound test files and send to CDSS. CDSS will review the Cal-OAR 19B files and send to a small cohort of counties to review and validate that the data is satisfactory. The test file will be generated with unmasked data.

Two Cal-OAR 19B test files will be necessary since the shift from using WPRD to projected hours for ATT_HRS when applicable will take effect starting with Cal-OAR 19B files sent in February 2024 or later, for the reporting month of July 2023 or later. One Cal-OAR 19B file will contain July 2023 or later data, using the new logic with projected hours, while the other Cal-OAR 19B file will contain June 2023 or earlier data, using the existing logic with WPRD.

2.1.4 Execution Frequency

No change. Monthly.

2.1.5 Key Scheduling Dependencies

Cal-OAR 19B sweep (PB00C104) must complete before Cal-OAR 19B outbound writer (PO00C105) and Cal-OAR 19B FTP (PO00C145).

2.1.6 Counties Impacted

All counties.

2.1.7 Category

No change.

2.1.8 Data Volume/Performance

No change. Approximately 500,000 records are generated in the monthly Cal-OAR 19B data file.


2.1.9 Interface Partner

California Department of Social Services (CDSS).

2.1.10 Failure Procedure/Operational Instructions

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Cal-OAR	Updated Cal-OAR Data Element Specifications Tracker for ATT_HRS	CA-265237 Cal-OAR Data Element Specifications Tracker.xlsx  CA-265237 Cal-OAR Data Element Specific

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.1	The LRS shall provide for the support of system interfaces and integration necessary for the coordination of services with other federal, State, and COUNTY agencies and other external agencies, for the purposes of reducing paperwork, verification of LRS Data, and preventing the duplication of LRS Data entry.	Update ATT_HRS from Cal-OAR 19B file.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-265294

E-HIT Summary Dashboard Updates

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Susanna Martinez
	Reviewed By	Ravneet Bhatia, Gokul Suresh, Thao Ta

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
09/25/2023	1.0	Initial Revision	Susanna Martinez

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	5
2	Recommendations.....	5
	2.1 E-Hit Summary.....	5
	2.1.1 Overview	5
	2.1.2 E-Hit Summary Mockup	6
	2.1.3 Description of Change.....	12
	2.1.4 Report Location	25
	2.1.5 Counties Impacted	25
	2.1.6 Security Updates.....	25
	2.1.7 Report Usage/Performance	25
3	Supporting Documents	25
4	Requirements.....	26
	4.1 Project Requirements.....	26
	4.2 Migration Requirements.....	26
5	Migration Impacts	26
6	Appendix.....	26

1 OVERVIEW

The E-Hit Summary dashboard is utilized by workers to track several Medi-Cal renewal E-Hit metrics. The dashboard requires updates to include additional renewal-type information. This will help workers identify households that do not automatically get a packet sent but needs a packet to be manually generated by the county. With this information, the county would like to generate a packet for these cases two months in advance. Cosmetic changes are also required to distinguish metrics between categories and subcategories.

1.1 Current Design

Currently the E-Hit Summary dashboard does not allow workers to identify which cases have households that do not receive a packet automatically for those programs with persons being aided under MSP SSI aid code 80 or aid code 39.

All the 'Case Type' categories in the dashboard are left aligned which makes it difficult to identify which 'Case Type' categories are subcategories of one another.

Note: The latest packet is evaluated for the case. Meaning for a given RE Due Month the logic is picking the most recent packet with the most recent submit month and its most recent packet status.

1.2 Requests

1. Adjust the current logic for the 'Renewal Type' column to include three new renewal types. These three new renewal types were previously captured under 'No Packet':
 - a. 'No Packet - MSP SSI' if all active program persons are being aided with MSP aid code 80 and all active program persons have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month.
 - b. 'No Packet – Aid Code 38' if all active program persons are being aided with aid code 38 as of the RE Due Month.
 - c. 'No Packet - Aid Code 39' if all active program persons are being aided with aid code 39 as of the RE Due Month.
2. Realign the categories to make it easier to identify which metrics are categories and which are subcategories.

1.3 Overview of Recommendations

1. Adjust the current logic for the 'Renewal Type' column to include three new renewal types: 'No Packet – MSP SSI', 'No Packet – Aid Code 38' and 'No Packet – Aid Code 39' and make these new sub metrics of the 'No Packet Sent' metric on the E-Hit Summary pivot table.
2. Realign the categories to make it easier to identify which metrics are categories and which are subcategories.
3. Add a note to the dashboard stating select metrics' data becomes static after the Administrative Renewal Processing month ends for its respective RE

- Due Month and a note regarding hierarchy logic for the 'Cases Not Subject to Admin RE' metric.
4. Update the 'Medi-Cal Type' column logic on the case list detail sheet to add a new value of 'MSP SSI' and 'MSP Only'.
 5. Add E-Hit metric descriptions as a note to the dashboard.
 6. Rename the 'MediCal Type' column to 'Medi-Cal Type' on the case list detail sheet.
 7. Add a new column titled 'Current Re Due Date' on the case list detail sheet.
 8. Create five new case list detail sheets for the following sub metrics:
 - a. 'No Packet – MSP SSI'
 - b. 'No Packet – Aid Code 38'
 - c. 'No Packet – Aid Code 39'
 - d. 'No Packet'
 - e. 'No Packet Sent – REs Processed'
 9. Add a new sub metric titled 'REs Approved' within the 'Packets Not Received' metric and create a new corresponding case list detail sheet.
 10. Update the 'Renewals Processed %' calculation to add in the following new metric and sub metric:
 - a. 'No Packet Sent – REs Processed'
 - b. 'Packets Not Received' – 'REs Approved'

1.4 Assumptions

1. Due to logical differences in the E-Hit Summary dashboard and the Medi-Cal Renewal Listing Report, counts and data will contain differences and may not reconcile one-for-one.
2. Currently a packet is being generated for the aid code 38 population during the Unwinding Period, but it is uncertain if a packet will continue to be generated after the Unwinding Period.

2 RECOMMENDATIONS

2.1 E-Hit Summary

2.1.1 Overview

The E-Hit Summary dashboard is a monthly view of several Medi-Cal renewal E-Hit metrics that are refreshed daily. These metrics include cases due for renewal, cases subject to E-Hit, cases admin renewed via e-Hit, renewal packets sent, received, not received, discontinued and renewals processed.

Note: Cases Due, Cases Subject to Admin RE, Cases Not Subject to Admin RE, Mixed Cases, Soft Pause Cases, No SSN/ITIN/ATIN Cases, Admin

Renewed via eHit and Admin Renewed eHit % become static after the last day of the report month.

Ex: If the Report Month is April 2023, then on April 30, 2023 the information for the above-mentioned metrics will be locked for the June 2023 RE month.

Note - Hierarchy:

The cases captured under “Cases Not Subject to Admin RE” metric must be captured in only one of the below subcategories and if a case meets more than one subcategory criteria it will be placed following the below hierarchy:

1. Mixed Cases
2. Soft Pause Cases
3. No SSN/ITIN/ATIN Cases.

2.1.2 E-Hit Summary Mockup

CalSAWS

Statistical Reports

Data extracted daily as of: 9/27/2023 4:04:56 PM

User: martinezs

Month:

Division:

Office:

Unit:

Worker:

Language:

Reset

Medi-Cal Renewal E-Hit Summary (Pivot Table)

Case Type	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Cases Due	443,060	460,676	452,428	475,954	472,029
Cases Subject to eHit	354,342	383,896	368,414	386,019	384,983
Cases Subject to Admin RE	389,264	333,846	358,124	375,106	374,307
Cases Not Subject to Admin RE	45,078	50,850	18,290	10,913	10,676
Mixed Cases	10,588	10,436	10,290	10,913	10,676
Soft Pause Cases	15,914	16,485	0	0	0
No SSN/ITIN/ATIN Cases	16,576	21,929	0	0	0
Admin Renewed via eHit	119,138	130,060	0	0	0
Admin Renewed eHit %	38.52%	41.46%	0.00%	0.00%	0.00%
Packets Sent	290,053	7,689	0	0	0
No Packet Sent	33,427	310,370	452,428	475,954	472,029
Packets Received	17,728	52	0	0	0
REs Approved	1,448	5	0	0	0

Figure 2.2.2.1 – Statistical Reports Sheet Before Changes

Note: Please refer to the Supporting Documents section for the full mockup.

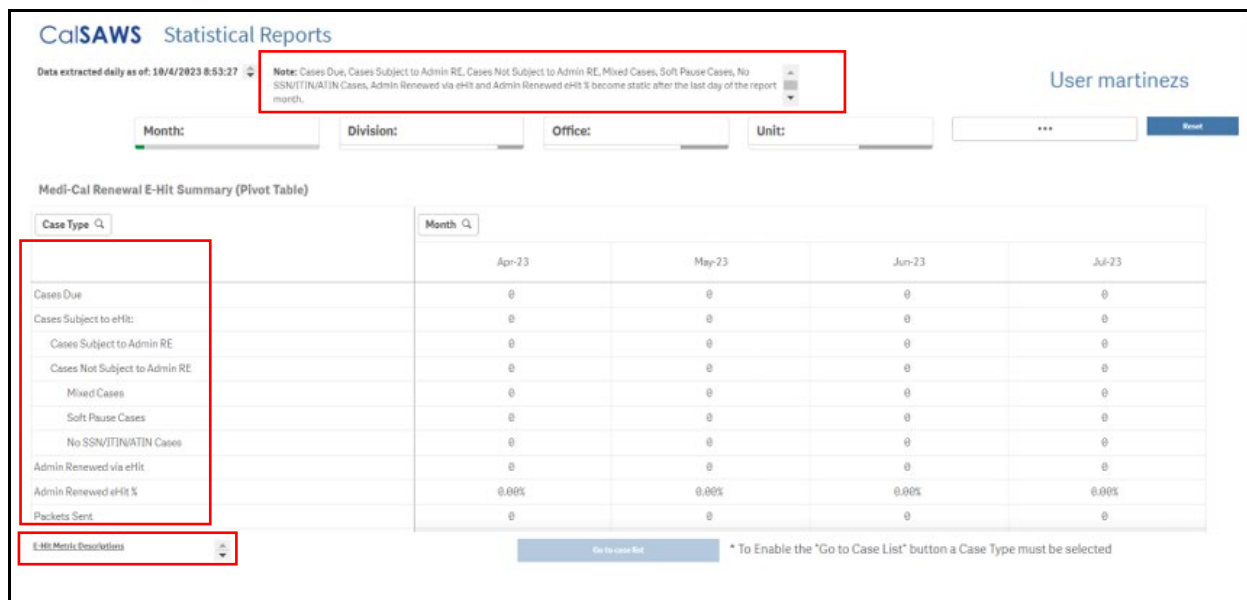


Figure 2.2.2.2 – Statistical Reports Sheet After Changes

Note: Please refer to the Supporting Documents section for the full mockup.

Medi-Cal Renewal E-Hit Summary (Pivot Table)	
Case Type	Q
Cases Due	
Cases Subject to eHit:	
Cases Subject to Admin RE	
Cases Not Subject to Admin RE	
Mixed Cases	
Soft Pause Cases	
No SSN/ITIN/ATIN Cases	
Admin Renewed via eHit	
Admin Renewed eHit %	
Packets Sent	
No Packet Sent	
Packets Received:	
REs Approved	
REs Discontinued	
Packets Not Received:	
REs Discontinued	
Discontinued - Reasons other than RE	
Renewals Processed %	

Figure 2.2.2.3 – E-Hit Metrics Before Realignment and Addition of Submetrics

Note: Please refer to the Supporting Documents section for the full mockup.

Medi-Cal Renewal E-Hit Summary (Pivot Table)

Case Type

Cases Due
Cases Subject to eHit:
Cases Subject to Admin RE
Cases Not Subject to Admin RE
Mixed Cases
Soft Pause Cases
No SSN/ITIN/ATIN Cases
Admin Renewed via eHit
Admin Renewed eHit %
Packets Sent
No Packet Sent:
No Packet - MSP SSI
No Packet - Aid Code 38
No Packet - Aid Code 39
No Packet
No Packet Sent - REs Processed
Packets Received:
REs Approved
REs Discontinued
Packets Not Received:
REs Approved
REs Discontinued
Discontinued - Reasons other than RE
Renewals Processed %

Figure 2.2.2.4 – E-Hit Metrics After Realignment and Addition of Submetrics

Note: Please refer to the Supporting Documents section for the full mockup.

ColSAWS Statistical Reports

Data extracted daily as of: 9/28/2023 11:15:22 AM

User martinezs

Month:

Division:

Office:

Unit:

Worker:

Language:

Reset

Medi-Cal Renewal E-Hit Summary (Pivot Table)

Case Type

Month

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Cases Due	443,068	469,676	452,426	475,954	472,829

Figure 2.2.2.5 – Statistical Reports Sheet Before Note Added

Note: Please refer to the Supporting Documents section for the full mockup.

ColSAWS Statistical Reports
Data extracted daily as of: 9/28/2023 11:00:57 AM

Note: Cases Due, Cases Subject to Admin RE, Cases Not Subject to Admin RE, Mixed Cases, Soft Pause Cases, No SSN/ITIN/ATIN Cases, Admin Renewed via eHit and Admin Renewed via eHit become active after the last day of the report month.
Ex: If the Report Month is April 2023, then on April 30, 2023 the information for the above mentioned metrics will be loaded for the June 2023 RE month.

Note - Hierarchy:
The cases captured under "Cases Not Subject to Admin RE" metric must be captured in only one of the below subcategories and if a case meets more than one subcategory criteria it will

Month: Division: Office: Unit: Worker: Language: Reset

Medi-Cal Renewal E-Hit Summary (Pivot Table)

Case Type	Month	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Cases Due		443,000	469,676	452,428	475,854	472,929

Figure 2.2.2.6 – Statistical Reports Sheet After Note Added

Note: Please refer to change 2.1.3.3 for the complete note and the Supporting Documents section for the full mockup.

No SSN/ITIN/ATIN Cases	71 787	71 848	74 197	71 367	72 878	74 833

Go to case list

* To Enable the "Go to Case List" button a Case Type must be selected

Figure 2.2.2.7 – Statistical Reports Sheet Before E-Hit Metric Descriptions Added

Note: Please refer to the Supporting Documents section for the full mockup.

E-Hit Metric Descriptions	71 787	71 848	74 197	71 367	72 878	74 833

Go to case list

* To Enable the "Go to Case List" button a Case Type must be selected

Figure 2.2.2.8 – Statistical Reports Sheet After E-Hit Metric Descriptions Added

Note: Please refer to the Appendix and the Supporting Documents section for the complete E-Hit Metric Descriptions note.

Language	MediCal Type	Renewal Type

Figure 2.2.2.9 – Case List Detail Sheet Before 'MediCal Type' column renamed

Note: Please refer to the Supporting Documents section for the full mockup.

Language	Medi-Cal Type	Renewal Type

Figure 2.2.2.10 – Case List Detail Sheet After 'Medi-Cal Type' column renamed

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - Cases Due												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Medi-Cal Type	Renewal Type	Packet Status	Re Due Date	Qlik ID	
8C68163	Case Name	Unknown	MBA	27 - (DM4) Mixed	43LS8D2703	English	MAGI	Renewal	Sent	30-Jun-23	20281754	

Figure 2.2.2.11 – Case List Detail Sheet Before Addition of ‘Current Re Due Date’ column

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - Cases Due												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Medi-Cal Type	Renewal Type	Packet Status	Re Due Date	Current Re Due Date	Qlik ID
8C68163	Case Name	Unknown	MBA	27 - (DM4) Mixed	43LS8D2703	English	MAGI	Renewal	Sent	30-Jun-23	30-Jun-24	20281754

Figure 2.2.2.12 – Case List Detail Sheet After Addition of ‘Current Re Due Date’ column

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - No Packet - MSP SSI												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Renewal Type	Medi-Cal Type	Packet Status	Re Due Date	Current Re Due Date	Qlik ID

Figure 2.2.2.13 – New ‘No Packet – MSP SSI’ Case List Detail Sheet

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - No Packet - Aid Code 38												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Renewal Type	Medi-Cal Type	Packet Status	Re Due Date	Current Re Due Date	Qlik ID

Figure 2.2.2.14 – New ‘No Packet – Aid Code 38’ Case List Detail Sheet

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - No Packet - Aid Code 39												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Renewal Type	Medi-Cal Type	Packet Status	Re Due Date	Current Re Due Date	Qlik ID

Figure 2.2.2.15 – New ‘No Packet – Aid Code 39’ Case List Detail Sheet

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - No Packet												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Renewal Type	Medi-Cal Type	Packet Status	Re Due Date	Current Re Due Date	Qlik ID

Figure 2.2.2.16 – New ‘No Packet’ Case List Detail Sheet

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - No Packet Sent - REs Processed												
Case Number	Case Name	Division	Office	Unit	Worker	Language	Renewal Type	Medi-Cal Type	Packet Status	Re Due Date	Current Re Due Date	Qlik ID

Figure 2.2.2.17 – New ‘No Packet Sent - REs Processed’ Case List Detail Sheet

Note: Please refer to the Supporting Documents section for the full mockup.

CalSAWS Medi-Cal Renewal E-Hit Summary - Packets Not Received: REs Approved													
Case Number	Case Name	Division	Office	Unit	Worker	Language	Renewal Type	Medi-Cal Type	Packet Status	Re Due Date	Current Re Due Date	Click	

Figure 2.2.2.18 – New ‘Packets Not Received: REs Approved’ Case List Detail Sheet

Note: Please refer to the Supporting Documents section for the full mockup.

2.1.3 Description of Change

1. Adjust the current logic for the ‘Renewal Type’ column to include three new renewal types: **‘No Packet – MSP SSI’**, **‘No Packet – Aid Code 38’** and **‘No Packet – Aid Code 39’** and make these new sub metrics of the ‘No Packet Sent’ metric on the E-Hit Summary pivot table.

Column Name	Column Description
Renewal Type	<p>Populate with one of the following options:</p> <ul style="list-style-type: none"> • ‘Admin Renewed’ - if the program went through an administrative renewal for the RE due month. • ‘No Packet - MSP SSI’ – No packet was generated and all active program persons are being aided under MSP SSI aid code 80 and all active program persons have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month. <ul style="list-style-type: none"> Tech Note: <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = ‘80’ <ul style="list-style-type: none"> • CT-184 in CODE_DETL • AND the active program person has a record in the OTHER_PGM_ASSIST table where OTHER_PGM_ASSIST.PGM_CODE in (‘SI’,‘SS’,‘SP’) and SYSDATE between OTHER_PGM_ASSIST.BEG_DATE and OTHER_PGM_ASSIST.END_DATE • ‘No Packet – Aid Code 38’ - No packet was generated and all active program persons are being aided with aid code 38 as of the RE Due Month. <ul style="list-style-type: none"> Tech Note: <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = ‘38’ <ul style="list-style-type: none"> • CT-184 in CODE_DETL • ‘No Packet – Aid Code 39’ - No packet was generated and all active program persons

	<p>are being aided with aid code 39 as of the RE Due Month.</p> <p>Tech Note:</p> <ul style="list-style-type: none"> BUDGET_PERS.AID_CODE = '39' <ul style="list-style-type: none"> CT-184 in CODE_DETL 'No Packet' - if the renewal has no associated renewal packet, meaning no packet was generated and does not meet the requirements for 'No Packet – MSP SSI', 'No Packet – Aid Code 38' and 'No Packet – Aid Code 39'. 'Renewal' - if the program was not Admin Renewed and the renewal has an associated renewal packet, meaning a packet was generated.
--	---

- Rename the 'No Packet Sent' metric on the E-Hit Summary pivot table to 'No Packet Sent:'
- Update the 'No Packet Sent:' metric on the 'Medi-Cal Renewal E-Hit Summary (Pivot Table)' to split out into the following new sub metrics:

Metric
No Packet Sent:
No Packet – MSP SSI
No Packet – Aid Code 38
No Packet – Aid Code 39
No Packet
No Packet Sent: REs Processed

The base population for the 'No Packet Sent:' metric and its related sub metrics will be updated to the following:

- For the respective report month, take the case count where no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN')

Note: This population excludes those that were Admin Renewed

Note: The current additional criteria for checking if the RE due date was not advanced will be removed from the 'No Packet Sent:' base population

The 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39' and 'No Packet' sub metrics will utilize the above base population logic and the additional logic below for each respective sub metric:

- 'No Packet - MSP SSI' – No packet was generated and all active program persons are being aided with MSP SSI aid code 80 and have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month.
- 'No Packet – Aid Code 38' - No packet was generated and all active program persons are being aided with aid code 38 as of the RE Due Month.
- 'No Packet – Aid Code 39' - No packet was generated and all active program persons are being aided with aid code 39 as of the RE Due Month.
- 'No Packet' - if the program has no associated renewal packet, meaning no packet was generated and does not meet the requirements for 'No Packet – MSP SSI', 'No Packet – Aid Code 38' and 'No Packet – Aid Code 39'.
- 'No Packet Sent – REs Processed'
 - For the respective report month, no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN') **AND** the RE due date was advanced **AND** did not go through Administrative Renewal

OR

- For the respective report month no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN') **AND** the program was discontinued **AND** the RE due date was not advanced
- This new sub metric is being created to count of those 'No Packet Sent' records which ones had their REs processed. These records will be included in the Renewals Processed % calculation to improve the accuracy of this percentage.

- i. The new sub metrics 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39' and 'No Packet' are sub populations of the 'No Packet Sent' metric and therefore the individual counts will add up to the 'No Packet Sent' count. For example, if 'No Packet Sent' count is 10,000 the sum of the four sub metrics will add up to 10,000 as well.

Note: The 'No Packet Sent – REs Processed' sub metric will not be included in the sum as this would be double counting records.

2. Realign the categories to make it easier to identify which metrics are categories and which are subcategories. See Figure 2.2.2.4 for reference.
 - a. The categories and subcategories alignment will display as follows on the 'Medi-Cal Renewal E-Hit Summary (Pivot Table)':

Metric
Cases Due
Cases Subject to eHit
Cases Subject to Admin RE
Cases Not Subject to Admin RE
Mixed Cases
Soft Pause Cases
No SSN/ITIN/ATIN Cases
Admin Renewed via eHit
Admin Renewed eHit %
Packets Sent
No Packet Sent:
No Packet – MSP SSI
No Packet – Aid Code 38
No Packet – Aid Code 39
No Packet
No Packet Sent – REs Processed
Packets Received:
REs Approved
REs Discontinued
Packets Not Received:
REs Approved
REs Discontinued
Discontinued - Reasons other than RE
Renewals Processed %

3. Add a note to the dashboard stating select metrics' data becomes static after the Administrative Renewal Processing month ends for its respective RE due month and a note regarding hierarchy logic for the 'Cases Not Subject to Admin RE' metric. See Figure 2.2.2.

- a. The note will be placed to the right of the 'Data extracted daily as of' text box and will read:

“Note: Cases Due, Cases Subject to Admin RE, Cases Not Subject to Admin RE, Mixed Cases, Soft Pause Cases, No SSN/ITIN/ATIN Cases, Admin Renewed via eHit and Admin Renewed eHit % become static after the last day of the report month.

Ex: If the Report Month is April 2023, then on April 30, 2023 the information for the above mentioned metrics will be locked for the June 2023 RE month.

Note - Hierarchy:

The cases captured under “Cases Not Subject to Admin RE” metric must be captured in only one of the below subcategories and if a case meets more than one subcategory criteria it will be placed following the below hierarchy:

1. Mixed Cases
2. Soft Pause Cases
3. No SSN/ITIN/ATIN Cases. “

4. Update the 'Medi-Cal Type' column logic on the case list detail sheet to add a new value of 'MSP SSI' and 'MSP Only'

- a. The 'Medi-Cal Type' of the record will be 'MSP SSI' – If the entire household is being aided with aid code 80 and all individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month.

i. Tech note:

1. BUDGET_PERS.AID_CODE = '80'
 - a. CT-184 in CODE_DETL
2. AND the active program person has a record in the OTHER_PGM_ASSIST table where OTHER_PGM_ASSIST.PGM_CODE in ('SI','SS','SP') and SYSDATE between OTHER_PGM_ASSIST.BEG_DATE and OTHER_PGM_ASSIST.END_DATE

- b. The 'Medi-Cal Type' of the record will be 'MSP Only' – If the entire household is being aided with aid code 8A, 8C or 8D OR aid code 80 and no individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month.

i. Tech note:

1. BUDGET_PERS.AID_CODE in ('8A', '8C', '8D')
 - a. CT-184 in CODE_DETL
2. OR BUDGET_PERS.AID_CODE = '80'
 - a. CT-184 in CODE_DETL

- b. AND the active program person does not have a record in the OTHER_PGM_ASSIST table where OTHER_PGM_ASSIST.PGM_CODE in ('SI','SS','SP') and SYSDATE between OTHER_PGM_ASSIST.BEG_DATE and OTHER_PGM_ASSIST.END_DATE
 - c. This applies to the 'Medi-Cal Type' column found on all case list detail sheets.
- 5. Add E-Hit metric descriptions as a note to the dashboard.
 - a. The descriptions will be found under a note titled 'E-Hit Metric Descriptions' within a scrolling text box. Please see the Appendix and Supporting Documents Section for the full descriptions and note.
 - b. The user will need to expand the text box to view the complete note.
 - i. User will right click on the text box and select the expand icon to open the note.
- 6. Rename the 'MediCal Type' column to 'Medi-Cal Type' on the case list detail sheet.
- 7. Add a new column titled 'Current Re Due Date' on the case list detail sheet.

Column Name	Column Description
Current Re Due Date	<p>This is the current RE due date of the redetermination for the program as displayed for the 'RE Due Month' field on the Case Summary page for the program.</p> <p>Format: dd-Mon-YY</p> <p>Ex: 31-Oct-23</p>

- b. This new column will be added to all case list detail sheets and will be added to the right of the existing 'Re Due Date' column.
- 8. Create five new case list detail sheets for the following sub metrics which will take the user to the corresponding sheet when the user selects the sub metric on the E-Hit Summary pivot table:
 - 'No Packet – MSP SSI'
 - 'No Packet – Aid Code 38'
 - 'No Packet – Aid Code 39'
 - 'No Packet'
 - 'No Packet Sent – REs Processed'
- a. All five case list detail sheets will contain the following columns and column order. They will differ by sheet name:

Column Name	Column Description
Case Number	The case number of the case that is associated to the Medi-Cal program.
Case Name	The case name of the case that is associated to the Medi-Cal program.

Division	The division code of the division to which the program assigned worker belongs to. The column will populate with 'Unknown' if the Division is unknown.
Office	Populate with the office name that the current program assigned worker belongs to.
Unit	The unit name of the unit that the current program assigned worker belongs to.
Worker	The worker number of the worker currently assigned to the Medi-Cal program.
Language	The primary language of the primary applicant. The column will be populated with 'Unknown' if the primary language of the applicant is unknown.
Renewal Type	<p>Populate with one of the following options:</p> <ul style="list-style-type: none"> • 'Admin Renewed' - if the program went through an administrative renewal for the RE due month. • 'No Packet - MSP SSI' – No packet was generated and all active program persons are being aided under MSP SSI aid code 80 and all active program persons have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month. <p>Tech Note:</p> <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = '80' <ul style="list-style-type: none"> • CT-184 in CODE_DETL • AND the active program person has a record in the OTHER_PGM_ASSIST table where OTHER_PGM_ASSIST.PGM_CODE in ('SI','SS','SP') and SYSDATE between OTHER_PGM_ASSIST.BEG_DATE and OTHER_PGM_ASSIST.END_DATE • 'No Packet – Aid Code 38' - No packet was generated and all active program persons are being aided with aid code 38 as of the RE Due Month. <p>Tech Note:</p> <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = '38' <ul style="list-style-type: none"> • CT-184 in CODE_DETL • 'No Packet – Aid Code 39' - No packet was generated and all active program persons are being aided with aid code 39 as of the RE Due Month.

	<p>Tech Note:</p> <ul style="list-style-type: none"> BUDGET_PERS.AID_CODE = '39' <ul style="list-style-type: none"> CT-184 in CODE_DETL 'No Packet' - if the renewal has no associated renewal packet, meaning no packet was generated and does not meet the requirements for 'No Packet – MSP SSI', 'No Packet – Aid Code 38' and 'No Packet – Aid Code 39'. 'Renewal' - if the program was not Admin Renewed and the renewal has an associated renewal packet, meaning a packet was generated. <p>Note: the 'Renewal Type' for these sub metrics will be either 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39' or 'No Packet' in correspondence with the sub metric selected.</p> <p>For example: if the user selects the sub metric of 'No Packet – MSP SSI' the 'Renewal Type' for these records will all be 'No Packet – MSP SSI'. If the user selects 'No Packet Sent – RES Processed' the 'Renewal Type' of these records can be 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39' or 'No Packet'.</p>
Medi-Cal Type	<p>Populate with one of the following options:</p> <p>MAGI:</p> <ul style="list-style-type: none"> Case is MAGI only No members are under Soft Pause There exists a member that is an income earner that has a SSN/ITIN/ATIN <p>Non-MAGI:</p> <ul style="list-style-type: none"> Case is Non-MAGI only <p>Mixed:</p> <ul style="list-style-type: none"> The case is both MAGI and NON-MAGI No members are under Soft Pause <p>Mixed – Soft Pause:</p> <ul style="list-style-type: none"> The case is both MAGI and NON-MAGI There exists a member that is under Soft Pause <p>Soft Pause:</p> <ul style="list-style-type: none"> Case is MAGI only

	<ul style="list-style-type: none"> There exists a member that is under Soft Pause <p>No SSN/ITIN/ATIN:</p> <ul style="list-style-type: none"> Case is MAGI only There does not exist a member that is an income earner that has a SSN/ITIN/ATIN <p>MSP SSI:</p> <ul style="list-style-type: none"> The entire household is being aided with aid code 80 And all individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month. <p>MSP Only:</p> <ul style="list-style-type: none"> The entire household is being aided with aid code 8A, 8C or 8D OR aid code 80 And no individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month.
Packet Status	The latest status of the renewal packet associated to the renewal. The column will be populated with 'Unknown' if the packet has not been generated.
Re Due Date	<p>The month in which a renewal is due for the Medi-Cal program.</p> <p>Format: dd-Mon-YY Ex: 31-Oct-23</p>
Current Re Due Date	<p>This is the current RE due date of the redetermination for the program as displayed for the 'RE Due Month' field on the Case Summary page for the program.</p> <p>Format: dd-Mon-YY Ex: 31-Oct-23</p>
Qlik ID	This is an auto-generated column used as unique identifier within Qlik but will be displayed in the sheet.

b. The sub metrics will have the following case list detail sheet title:

Sub metric	Sheet Title
No Packet – MSP SSI	Medi-Cal Renewal E-Hit Summary – No Packet – MSP SSI
No Packet – Aid Code 38	Medi-Cal Renewal E-Hit Summary – No Packet – Aid Code 38

No Packet – Aid Code 39	Medi-Cal Renewal E-Hit Summary – No Packet – Aid Code 39
No Packet	Medi-Cal Renewal E-Hit Summary – No Packet
No Packet Sent - REs Processed	Medi-Cal Renewal E-Hit Summary – No Packet Sent - REs Processed

Note: Please see Figures 2.2.2.13 - 2.2.2.16 and the mockup in the Supporting documents section for reference.

- c. The existing 'No Packet Sent' metric will continue to take the user to the 'Medi-Cal Renewal E-Hit Summary – No Packet Sent' case list detail sheet. This sheet will contain the entire population for 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39', 'No Packet' and 'No Packet Sent – REs Processed'.
9. Add a new sub metric titled 'REs Approved' within the 'Packets Not Received' metric and a corresponding case list detail sheet.
 - a. This new sub metric is being created to count of those 'Packets Not Received' records which ones had their REs approved. These records will be included in the Renewals Processed % calculation to improve the accuracy of this percentage.
 - b. The 'REs Approved' population will be the count of those 'Packets Not Received' cases whose:
 - i. Program status is Active
AND
 - ii. Packet was Sent
AND
 - iii. The RE due date was advanced
 - c. The case list detail sheet will contain the following columns and column order:

Column Name	Column Description
Case Number	The case number of the case that is associated to the Medi-Cal program.
Case Name	The case name of the case that is associated to the Medi-Cal program.
Division	The division code of the division to which the program assigned worker belongs to. The column will populate with 'Unknown' if the Division is unknown.
Office	Populate with the office name that the current program assigned worker belongs to.
Unit	The unit name of the unit that the current program assigned worker belongs to.

Worker	The worker number of the worker currently assigned to the Medi-Cal program.
Language	The primary language of the primary applicant. The column will be populated with 'Unknown' if the primary language of the applicant is unknown.
Renewal Type	<p>Populate with one of the following options:</p> <ul style="list-style-type: none"> • 'Admin Renewed' - if the program went through an administrative renewal for the RE due month. • 'No Packet - MSP SSI' – No packet was generated and all active program persons are being aided under MSP SSI aid code 80 and all active program persons have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month. Tech Note: <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = '80' <ul style="list-style-type: none"> • CT-184 in CODE_DETL • AND the active program person has a record in the OTHER_PGM_ASSIST table where OTHER_PGM_ASSIST.PGM_CODE in ('SI','SS','SP') and SYSDATE between OTHER_PGM_ASSIST.BEG_DATE and OTHER_PGM_ASSIST.END_DATE • 'No Packet – Aid Code 38' - No packet was generated and all active program persons are being aided with aid code 38 as of the RE Due Month. Tech Note: <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = '38' <ul style="list-style-type: none"> • CT-184 in CODE_DETL • 'No Packet – Aid Code 39' - No packet was generated and all active program persons are being aided with aid code 39 as of the RE Due Month. Tech Note: <ul style="list-style-type: none"> • BUDGET_PERS.AID_CODE = '39' <ul style="list-style-type: none"> • CT-184 in CODE_DETL • 'No Packet' - if the renewal has no associated renewal packet, meaning no packet was generated and does not meet the requirements for 'No Packet – MSP SSI', 'No Packet – Aid Code 38' and 'No Packet – Aid Code 39'.

	<ul style="list-style-type: none"> • 'Renewal' - if the program was not Admin Renewed and the renewal has an associated renewal packet, meaning a packet was generated.
Medi-Cal Type	<p>Populate with one of the following options:</p> <p>MAGI:</p> <ul style="list-style-type: none"> • Case is MAGI only • No members are under Soft Pause • There exists a member that is an income earner that has a SSN/ITIN/ATIN <p>Non-MAGI:</p> <ul style="list-style-type: none"> • Case is Non-MAGI only <p>Mixed:</p> <ul style="list-style-type: none"> • The case is both MAGI and NON-MAGI • No members are under Soft Pause <p>Mixed – Soft Pause:</p> <ul style="list-style-type: none"> • The case is both MAGI and NON-MAGI • There exists a member that is under Soft Pause <p>Soft Pause:</p> <ul style="list-style-type: none"> • Case is MAGI only • There exists a member that is under Soft Pause <p>No SSN/ITIN/ATIN:</p> <ul style="list-style-type: none"> • Case is MAGI only • There does not exist a member that is an income earner that has a SSN/ITIN/ATIN <p>MSP SSI:</p> <ul style="list-style-type: none"> • The entire household is being aided with aid code 80 • And all individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month. <p>MSP Only:</p> <ul style="list-style-type: none"> • The entire household is being aided with aid code 8A, 8C or 8D OR aid code 80 • And no individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month.

Packet Status	The latest status of the renewal packet associated to the renewal. The column will be populated with 'Unknown' if the packet has not been generated.
Re Due Date	The month in which a renewal is due for the Medi-Cal program. Format: dd-Mon-YY Ex: 31-Oct-23
Current Re Due Date	This is the current RE due date of the redetermination for the program as displayed for the 'RE Due Month' field on the Case Summary page for the program. Format: dd-Mon-YY Ex: 31-Oct-23
Qlik ID	This is an auto-generated column used as unique identifier within Qlik but will be displayed in the sheet.

d. The metric will have the following case list detail sheet title:

Sub metric	Sheet Title
REs Approved	Medi-Cal Renewal E-Hit Summary – Packets Not Received: REs Approved

Note: Please see Figure 2.2.2.18 and the mockup in the Supporting documents section for reference.

10. Update the 'Renewals Processed %' calculation to add in the following new metric and sub metric:

- 'No Packet Sent – REs Processed'
- 'Packets Not Received' – 'REs Approved'

a. The new calculation will be as follows:

Renewals Processed %:

The percentage of
 # of **Admin Renewed via eHIT**
 + # of **REs Approved**
 + # of **No Packet Sent – REs Processed**
 + # of **Packets Received – REs Discontinued**
 + # of **Packets Not Received – REs Approved**
 + # of **Packets Not Received – REs Discontinued**
 + # of **Discontinued – Reasons other than RE**
 divided by the # of **Cases Due**

2.1.4 Report Location

- **Global: Reports**
- **Local: Business Intelligence**
- **Task: Statistical Summary Analysis**

2.1.5 Counties Impacted

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

2.1.6 Security Updates

1. Security Rights

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



2. Security Groups

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

2.1.7 Report Usage/Performance

No significant change in report usage or performance is expected.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Business Intelligence	E-Hit Summary Dashboard Mockup	 E-Hit Summary Dashboard Mockup.docx
1	Business Intelligence	E-Hit Metric Descriptions Document	 E-Hit Metric Descriptions.docx

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.2.4	The CalSAWS shall produce several types of reports which support all levels of staff in managing their particular workloads, including management reports, State level reports, and ad hoc reports.	The Medi-Cal Renewal E-Hit Dashboard is an existing Qlik report. It will be updated as to follow standards.

4.2 Migration Requirements

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

5 MIGRATION IMPACTS

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

6 APPENDIX

Change 2.1.3.5: E-Hit Metric Descriptions complete note:

E-Hit Metric Descriptions

*See additional descriptions for 'Medi-Cal Type' and 'Renewals' below.

Cases Due:

Base Population:

- Case is Medi-Cal (MAGI, Non-MAGI and Mixed)
- Case is currently active

- Case has an active member
- The case has an RE that is due in the report month
- The RE completion reason is not equal to 'Conversion' or 'No Longer Valid'

Cases Subject to eHit:

- For the respective report month, take the case count where the record's Medi-Cal Type* is: 'MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN'
- Equal to the sum of **Cases Subject to Admin RE + Cases Not Subject to Admin RE**

Cases Subject to Admin RE:

- For the respective report month, take the case count where the record's Medi-Cal Type* is: 'MAGI'

Cases Not Subject to Admin RE:

- For the respective report month, take the case count where the record's Medi-Cal Type* is: 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN'
- Equal to the sum of **Mixed Cases + Soft Pause Cases + No SSN/ITIN/ATIN Cases**

Mixed Cases:

- For the respective report month, take the case count where the record's Medi-Cal Type* is: 'Mixed' or 'Mixed - Soft Pause'

Soft Pause Cases:

- For the respective report month, take the case count where the record's Medi-Cal Type* is: 'Soft Pause'

No SSN/ITIN/ATIN Cases:

- For the respective report month, take the case count where the record's Medi-Cal Type* is: 'No SSN/ITIN/ATIN'

Admin Renewed via eHit:

- For the respective report month, take the case count where the record's Renewal Type* is 'Admin Renewed' and the Medi-Cal Type* is: 'MAGI'

Admin Renewed eHit %:

- The percentage of the # of **Admin Renewed via eHIT** divided by the # of **Cases Subject to Admin RE**

Packets Sent:

- For the respective report month, take the case count where the record's Packet Status is: 'Complete- EDBC Accepted', 'Incomplete', 'Received', 'Reviewed- Ready to Run EDBC' or 'Sent'
- Packet Status = latest packet that is within 2 months prior to the RE due month

No Packet Sent:

- For the respective report month, take the case count where no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN')
- And the record's Renewal Type* is 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39' and 'No Packet'
- This population excludes those that were Admin Renewed.

No Packet – MSP SSI:

- For the respective report month, take the case count where no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN')
- And the record's Renewal Type* is 'No Packet – MSP SSI'

No Packet – Aid Code 38:

- For the respective report month, take the case count where no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN')
- And the record's Renewal Type* is 'No Packet – Aid Code 38'

No Packet – Aid Code 39:

- For the respective report month, take the case count where no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN')
- And the record's Renewal Type* is 'No Packet – Aid Code 39'

No Packet:

- For the respective report month, take the case count where no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN')
- For the respective report month, take the case count where the record's Renewal Type* is 'No Packet'

No Packet Sent - REs Processed:

- The record's Renewal Type* is 'No Packet – MSP SSI', 'No Packet – Aid Code 38', 'No Packet – Aid Code 39' and 'No Packet'
- And no packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN') AND the RE due date was advanced

OR

- No packet was generated for MAGI, Non-MAGI and Mixed cases ('MAGI', 'Mixed', 'Mixed - Soft Pause', 'Soft Pause', or 'No SSN/ITIN/ATIN') AND the program was discontinued AND the RE due date was not advanced

Packets Received:

- For the respective report month, take the case count where the record's Packet Status is: 'Complete- EDBC Accepted', 'Incomplete', 'Received', or 'Reviewed- Ready to Run EDBC'

REs Approved:

- For the respective report month, take the case count where the record's Packet Status is: 'Complete- EDBC Accepted', 'Incomplete', 'Received', or 'Reviewed- Ready to Run EDBC'
- And the RE is advanced

REs Discontinued:

- For the respective report month, take the case count where the record's program status is 'Discontinued' and the program status reason is 'Failed to Complete Determination' or 'Failed to Complete Redetermination'
- And the Packet Status is: 'Complete- EDBC Accepted', 'Incomplete', 'Received', or 'Reviewed- Ready to Run EDBC'

Packets Not Received:

- For the respective report month, take the case count where the record's latest Packet Status is 'Sent'

REs Approved:

- For the respective report month, take the case count where the record's latest Packet Status is 'Sent'
- And the program's status is Active
- And the RE is advanced

REs Discontinued:

- For the respective report month, take the case count where the record's program status is 'Discontinued' and the program status reason is 'Failed to Complete Determination' or 'Failed to Complete Redetermination'
- And the Packet Status is 'Sent'

Discontinued - Reasons other than RE:

- For the respective report month, take the case count where the record's program status is 'Discontinued' and the program status reason is anything other than 'Failed to Complete Determination' or 'Failed to Complete Redetermination'

Renewals Processed %:

The percentage of

- # of **Admin Renewed via eHIT**
- + # of **REs Approved**
- + # of **No Packet Sent – REs Processed**
- + # of **Packets Received – REs Discontinued**

+ # of **Packets Not Received – REs Approved**
+ # of **Packets Not Received – REs Discontinued**
+ # of **Discontinued – Reasons other than RE**
divided by the # of **Cases Due**

Medi-Cal Type

MAGI:

- Case is MAGI only
- No members are under Soft Pause
- There exists a member that is an income earner that has a SSN/ITIN/ATIN

Non-MAGI:

- Case is Non-MAGI only

Mixed:

- The case is both MAGI and NON-MAGI
- No members are under Soft Pause

Mixed – Soft Pause:

- The case is both MAGI and NON-MAGI
- There exists a member that is under Soft Pause

Soft Pause:

- Case is MAGI only
- There exists a member that is under Soft Pause

No SSN/ITIN/ATIN:

- Case is MAGI only
- There does not exist a member that is an income earner that has a SSN/ITIN/ATIN

MSP SSI:

- The entire household is being aided with aid code 80
- And all individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month

MSP Only:

- The entire household is being aided with aid code 8A, 8C or 8D OR aid code 80
- And no individuals have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month

Renewal Type

Admin Renewed:

- No customer report was generated for the MAGI population
- The RE due date was advanced

No Packet - MSP SSI:

- No packet was generated

- All active program persons are being aided with MSP SSI aid code 80 and have an effective SSI/SSP record in Other Program Assistance as of the RE Due Month

No Packet – Aid Code 38:

- No packet was generated and all active program persons are being aided with code 38 as of the RE Due Month

No Packet – Aid Code 39:

- No packet was generated and all active program persons are being aided with aid code 39 as of the RE Due month

No Packet:

- The renewal has no associated renewal packet, meaning no packet was generated
- And does not meet the requirements for 'No Packet – MSP SSI', 'No Packet – Aid Code 38' and 'No Packet – Aid Code 39' Renewal Types

Renewal:

- The RE due date was not advanced
- The renewal has an associated renewal packet

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-266824

CAPIClaimant Who Resides with an Ineligible
Spouse

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Yale Yee
	Reviewed By	Business Analysts, Build team, Test team

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/03/2023	1.0	Initial Document	Yale Yee

Table of Contents

1	Overview	3
1.1	Current Design.....	3
1.2	Requests.....	4
1.3	Overview of Recommendations.....	4
1.4	Assumptions	4
2	Recommendations.....	5
2.1	Calculate CAPI Payment for Recipient with an Ineligible Spouse (SOC 452 Column B)	5
2.1.1	Overview	5
2.1.2	Description of Changes	5
2.1.3	Programs Impacted	7
2.1.4	Performance Impacts	8
2.2	Recipient with ineligible spouse CAPI Payment Calculation.....	8
2.2.1	Overview	8
2.2.2	Description of Changes	8
2.2.3	Programs Impacted	8
2.2.4	Performance Impacts	8
2.3	Automated Regression Test.....	8
2.3.1	Overview	8
2.3.2	Description of Changes	8
3	Requirements.....	9
3.1	Project Requirements.....	9

1 OVERVIEW

1.1 Current Design

There is no automation in determining a CAPI claimant who resides with an ineligible spouse (SOC 452 column B).

1.2 Requests

Automate the SOC 452 column B budget for CAPI EDBC.

1.3 Overview of Recommendations

1. Add new Status Reason of FRI Ineligible Spouse
2. Update CAPI EDBC to calculate SOC 452 column B.

1.4 Assumptions

1. CA-268378 will address the automation for SOC 452A columns A and B.
2. CA-269797 will identify all Income Based on Needs (line 5a and 5b) for CAPI.

2 RECOMMENDATIONS

2.1 Calculate CAPI Payment for Recipient with an Ineligible Spouse (SOC 452 Column B)

2.1.1 Overview

The SOC 452 column B is used to calculate the income of an individual who is receiving or applying for CAPI and a spouse who is not eligible or applying for CAPI and/or SSI/SSP.

An ineligible spouse is a person who lives with the applicant or recipient as husband or wife and is eligible for neither CAPI nor SSI/SSP or has not applied for either benefit.

2.1.2 Description of Changes

1. The spouse is added to the case and, if the spouse is determined by the CAPI EDBC to be an ineligible spouse, the spouse will be added to the program block without an application after the CAPI EDBC is saved.

Name		SSN	DOB		
Test, Spouse 57F		123-45-6788	01/01/1966		

Person Application History				
App#	Application Date	Beginning Date of Aid	Action	Action Date

Person Detail History						
App#	Role	Role Reason	Status	Status Reason	Begin Month	End Month
1	FRI	Ineligible Spouse	Active		01/2023	

Figure 2.1.1 – Ineligible spouse without an application on the CAPI program block

2. Add a new role reason 'Ineligible Spouse'.
3. This role reason is a person level status reason, and the person is included in the income (unearned and earned) and resource calculation.

Status Reason	Code Num Identif	CAPI	CAPI Priority	CAPI Program Role
Ineligible Spouse	IL	Y	6050	FI

- a. An ineligible spouse is a person who:

- i. Lives in the home with the applicant or recipient.
 - ii. Is a husband or wife of the applicant or recipient.
 - iii. Is not applying or eligible for CAPI.
 - 1. Person is not on the CAPI program.
 - iv. Is not applying or eligible for SSI/SSP
 - 1. Person does not have an Other Program Assistance (OPA) record for SSI/SSP.
- 4. CAPI EDBC will calculate the total allowance for each ineligible child by subtracting the child's total income from the difference of Federal SSI Standard amount for a couple minus the Federal SSI Standard for an individual (non negative number) to calculate the net allowance.

An ineligible child is a person who:

- a. is under the age of 18 **OR**
 - b. is under the age of 22 and is a student regularly attending school.
 - i. School attendance of attending full time.
 - c. Is not married or head of household.
 - d. Is not receiving SSI.
 - e. Is not receiving CAPI.
 - f. Lives in the home with the claimant.
 - g. Child of the claimant.
- 5. Subtract the total allowance from the total unearned income of the ineligible spouse from (non negative number).
- 6. Subtract the total earned income of the ineligible spouse from the total allowance (non negative number) to calculate the unused allowance.
- 7. Subtract the unused allowance from the earned income of the ineligible spouse (non negative number).
- 8. Sum the CAPI recipient's total income amount (earned and unearned).
- 9. Sum the unearned income of the ineligible spouse and CAPI recipient to calculate the Couple's unearned income.
- 10. Sum the earned income of the ineligible spouse and CAPI recipient to calculate the Couple's earned income.
- 11. Apply the General Exclusion of \$20 as unearned income.
- 12. Subtract the General Exclusion from the Couple's unearned income (non negative number).
 - a. If the General Exclusion is greater than the Couple's unearned income, the remaining portion is the Unused portion entered below on #14.
- 13. Add income based on need (IBON) as unearned income.
 - a. Spouse's SSI/SSP income is an IBON.
 - b. This logic currently exists for CAPI.

14. Sum the unearned income and the IBON.
15. Subtract Self Support Plan exclusion amount from the unearned income (non negative number).
 - a. If the Self Support plan exclusion amount is greater than the unearned income, the remaining portion is used below on #21.
 - b. The Self Support Plan exclusion amount is not currently captured in CalSAWS.
 - i. The worker will need to manually calculate this amount and override the EDBC results or create a manual EDBC.
- Note:** A blind or disabled individual may set aside income or resources, and have them excluded, in order to fulfill a Plan for Achieving Self Support (PASS).
16. Unused portion of \$20 exclusion is counted as earned Income.
17. Apply the Earned Income Exclusion of \$65 as earned income.
18. Sum the unused portion of the \$20 exclusion and the Earned Income Exclusion to calculate the total exclusion.
19. Subtract the total exclusion from the Couple's earned income (non negative number).
20. Add impairment-related work expenses (IRWE) as earned income.
 - a. IRWE are any work-related expenses for items or services directly related to enabling a person with a disability to work and which are necessarily incurred because of a physical or mental impairment.
 - b. Expenses added on the data collection page will be used on the CAPI EDBC, if applicable.
 - c. This logic currently exists for CAPI.
21. Subtract the IRWE from the Couple's earned income (non negative number).
22. Divide the Couple's earned income by 2.
23. Add blind work expenses and remaining self support plan as earned income.
 - a. Expenses added on the data collection page will be used on the CAPI EDBC, if applicable.
 - i. The worker will need to manually calculate the self support plan amount and override the EDBC results.
24. Subtract blind work expenses and remaining self support plan from the Couple's earned income to calculate the Earned Countable Income.
25. Sum the Countable Unearned Income and the Earned Countable Income to calculate the Total Countable Income.
26. Apply the CAPI couple payment standard.
27. Subtract the Total Countable Income from the CAPI couple payment standard.

2.1.3 Programs Impacted

CAPI

2.1.4 Performance Impacts

N/A

2.2 Recipient with ineligible spouse CAPI Payment Calculation

2.2.1 Overview

The actual CAPI payment is the smaller amount of the SOC 452 column A and the SOC 452 column B income calculation.

2.2.2 Description of Changes

1. Create a budget for a CAPI individual (SOC 452 column A).
 - a. This logic currently exists for CAPI.
2. Compare the CAPI payment from the SOC 452 column A and B.
 - a. The smaller of the two CAPI payments is displayed as the Actual CAPI payment on the CAPI EDBC.

2.2.3 Programs Impacted

CAPI

2.2.4 Performance Impacts

Two budgets are built out and compared and the smaller amount is displayed on EDBC.

2.3 Automated Regression Test

2.3.1 Overview

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

2.3.2 Description of Changes

Create a CAPI case with an ineligible spouse and an ineligible child. Add the appropriate income and expenses according to the SOC 452 column A and column B. Run EDBC and confirm that the benefit amount is calculated correctly, with the final payment being the lesser amount from column A and column B.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.11.1.11	The LRS shall establish and maintain the total assistance paid and shall generate a collection notice to the participant whenever a participant incorrectly receives an initial SSI payment, for GR and CAPI.	The SOC 452 worksheet is automated in CalSAWS.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-268242

Send to MEDS FX20 & FX40 Transaction for
CalFresh ICTs Cases on the same day

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Howard Suksanti
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/20/2023	1.0	Initial draft	Howard Suksanti

Table of Contents

1	Overview	3
1.1	Current Design.....	3
1.2	Requests.....	4
1.3	Overview of Recommendations.....	4
1.4	Assumptions	4
2	Recommendations.....	4
2.1	Create a new batch EDBC Sweep to trigger CF program on the same night for eICT.....	4
2.1.1	Overview	4
2.1.2	Description of Change.....	4
2.1.3	Execution Frequency.....	4
2.1.4	Key Scheduling Dependencies	5
2.1.5	Counties Impacted	5
2.1.6	Category	5
2.1.7	Data Volume/Performance.....	5
2.1.8	Failure Procedure/Operational Instructions.....	5
3	Requirements.....	5
3.1	Project Requirements.....	5

1 OVERVIEW

1.1 Current Design

Currently when there is an eICT transfer on CalFresh (CF) program, the batch process (PB00E151) auto discontinues the Sending County CF program one day after the Receiving County CF program is approved. This is causing MEDS FX20 transaction sends to MEDS when the program is still active on the Sending County. FX20 will be rejected on MEDS side.

This SCR will update CalSAWS to discontinue CF program on the Sending County on the same day. MEDS will accept FX20 transaction when the Sending County program is closed on the same day.

1.2 Requests

1. Create a new batch job that will trigger EDBC to discontinue the program on the same day that the CF program is approved on the Receiving County.

1.3 Overview of Recommendations

1. Create a new batch job that will trigger EDBC to discontinue the program on the same day that the CF program is approved on the Receiving County.

1.4 Assumptions

1. This SCR will impact CF program only.

2 RECOMMENDATIONS

2.1 Create a new batch EDBC Sweep to trigger CF program on the same night for eICT

2.1.1 Overview

Create a new batch EDBC Sweep to trigger EDBC on eICT scenario when the program is active on the Receiving County. This will cause a MEDS FX20 and FX40 transaction to be sent to MEDS on the same day.

2.1.2 Description of Change

Create a new batch EDBC Sweep to trigger EDBC (CF only) on eICT scenario when the program is active on the Receiving County.

Copy the existing logic of PB00E151 for the eICT sweep when the Receiving County program is approved on CF program only.

Example. CF program is transferred from County A to County B through an eICT. When worker approved CF program in County B, the new batch job will trigger Batch EDBC in County A on the same night.

FX20 will be triggered for the active CF program on the receiving county.

FX40 will be triggered for the discontinue CF program on the sending county.

2.1.3 Execution Frequency

Daily (Mon-Sat). The batch will not run on Holiday.

2.1.4 Key Scheduling Dependencies

Before Batch EDBC processing job.

2.1.5 Counties Impacted

All Counties.

2.1.6 Category

Core.

2.1.7 Data Volume/Performance

N/A.

2.1.8 Failure Procedure/Operational Instructions

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

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.4	The LRS shall match LRS Data from external interfaces to an applicant s or participant s case record and update the LRS database when appropriate.	This SCR will update CalSAWS to send MEDS FX20 on the same day as the FX40 on the eICT scenario. So MEDS will not reject the FX20 transaction.

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-268614

CAPL Couple's Cases Property Limit is an AU of 2

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Yale Yee
	Reviewed By	Business Analysts, Build team, Test team

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
10/13/2023	1.0	Initial Draft	Yale Yee

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	4
2	Recommendations.....	5
	2.1 Update CAPI EDBC to Use Property Limit for AU of Two.....	5
	2.1.1 Overview	5
	2.1.2 Description of Changes	5
	2.1.3 Programs Impacted	5
	2.1.4 Performance Impacts	5
	2.2 Automated Regression Test.....	5
	2.2.1 Overview	5
	2.2.2 Description of Changes	5
3	Requirements.....	6
	3.1 Project Requirements.....	6
4	Outreach.....	7
	4.1 Lists.....	7
5	Appendix.....	8

1 OVERVIEW

1.1 Current Design

ACL 18-46 states if both members of a married couple are found eligible for CAPI, the benefit amount will be determined using the couples' payment standard and the monthly payment will be divided evenly among the spouses. (MPP §49-055.4). Each of the spouses will receive his or her own CAPI payment each month. When CAPI benefits are approved, denied, suspended, terminated or reinstated, the county must send a separate Notice of Action to each of the spouses at his or her address of record.

1.2 Requests

Per CRPC 2362, when calculating the couple's benefit amount, the property limit used on the CAPI EDBC should be for an assistance unit (AU) of two.

1.3 Overview of Recommendations

1. Update CAPI EDBC to use the property limit for an AU of two for a CAPI couple's case.
2. A list of Active CAPI couple's case where the property amount is over \$2000 and less than or equal to \$3000 will be provided.

1.4 Assumptions

1. The income calculation for a CAPI couple's case uses income of both persons.
2. The logic for determining a CAPI couple's case will remain the same based on CA-202055 Separate Case Issuance for CAPI Couple Case.

2 RECOMMENDATIONS

2.1 Update CAPI EDBC to Use Property Limit for AU of Two

2.1.1 Overview

When calculating the couple's benefit amount, the property limit used on the CAPI EDBC is for an assistance unit (AU) of two.

2.1.2 Description of Changes

1. Update CAPI EDBC to use the property limit for an AU of two for a CAPI couple's case.

Note: The AU size determination for a CAPI couple's case will not change. The AU size used to determine the property limit is the same when determining the income and budget on the CAPI EDBC.

2.1.3 Programs Impacted

CAPI

2.1.4 Performance Impacts

N/A

2.2 Automated Regression Test

2.2.1 Overview

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

2.2.2 Description of Changes

Create a CAPI couple case. Run EDBC and confirm that the property limit used is for an AU 2.

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.11.1.11	The LRS shall establish and maintain the total assistance paid and shall generate a collection notice to the participant whenever a participant incorrectly receives an initial SSI payment, for GR and CAPI.	CAPI couple's case uses a property limit for an AU size of 2.

4 OUTREACH

4.1 Lists

Provide a list of Active CAPI couple's case where the property amount is over \$2000 and less than or equal to \$3000.

List Name: List_of_Active_CAPI_Couples_Case_Over_Property

List Criteria: List of Active CAPI couple's case where the property amount is over \$2000 and less than or equal to \$3000

Standard Columns:

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

Additional Column(s): N/A

Frequency: One-Time

The list will be posted to the following location: CalSAWS Web Portal>System Changes>SCR and SIR Lists>2024>CA-268614

5 APPENDIX

[Include any supplementary items that may not fit in the Description section. Examples could include flow charts, lengthy code tables, etc....]

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-270698

ACL 23-13 Update EBT 2259 in Template
Repository

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Phong Xiong
	Reviewed By	[individual(s) from Build and Test teams that reviewed document]

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
11/16/2023	1.0	Initial Draft	Phong Xiong

Table of Contents

1	Overview	4
	1.1 Current Design.....	4
	1.2 Requests.....	4
	1.3 Overview of Recommendations.....	4
	1.4 Assumptions	4
2	Recommendations.....	5
	2.1 Updates to the EBT 2259 Instructions for Reporting Electronic Theft of Benefits Form Recommendation.....	5
	2.1.1 Overview	5
	2.1.2 Form Verbiage	5
	2.1.3 Form Variable Population	6
	2.1.4 Form Generation Conditions	6
	2.2 Updates to the EBT 2259/EBT 2259A Instructions to Report Electronic Theft of Cash Aid and EBT Scamming Acknowledgement Packet Recommendation.....	6
	2.2.1 Overview	6
	2.2.2 Form Verbiage	6
	2.2.3 Form Variable Population	6
	2.2.4 Form Generation Conditions	7
3	Supporting Documents	8
4	Requirements.....	9
	4.1 Project Requirements.....	9

1 OVERVIEW

This effort will be to update the EBT 2259 and the EBT 2259/EBT 2259A Packet to match the latest state version.

1.1 Current Design

The EBT 2259 is used by the cardholder to report electronic theft and receive a restoration of the stolen benefits from their CWD. The EBT 2259 claim form must be filled out completely including the cardholder's signature and the date the form was completed.

There also exists the EBT 2259 / EBT 2259A Packet that consists of the EBT 2259 along with the EBT Scamming Acknowledgement form (EBT 2259A).

The EBT 2259 and the EBT 2259 / EBT 2259A Packet are available in the template repository for all counties and in the original 13 threshold languages.

1.2 Requests

Update EBT 2259 to the latest version (11/23) and update the EBT 2259 in the EBT 2259 / EBT 2259A Packet to match the latest state version (11/23).

1.3 Overview of Recommendations

1. Update EBT 2259 in English to the 11/23 version
2. Turn off all existing threshold versions of EBT 2259
3. Update the EBT 2259 in English to the 11/23 version in the EBT 2259 / EBT 2259A Packet
4. Turn off all existing threshold language versions of the EBT 2259 / EBT 2259A Packet

1.4 Assumptions

1. There are no other changes to this form unless otherwise specified in this design document.
2. This effort is done only in English. All the other languages will be updated and implemented with future SCR CA-270709.
3. The EBT 2259A within the packet from section 2.2 will not be updated with this SCR.

2 RECOMMENDATIONS

2.1 Updates to the EBT 2259 Instructions for Reporting Electronic Theft of Benefits Form Recommendation

2.1.1 Overview

The EBT 2259 provides instructions to customers on how to report theft of their benefits. This effort will update the form to the latest State version as provided by CDSS in ACL 23-13.

State Form: EBT 2259 (11/21)

Current Programs: Cal-Learn, CAPI, CalWORKs, CalFresh, General Assistance/General Relief, RCA, REP, and Welfare to Work

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository: All Counties

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

2.1.2 Form Verbiage

The verbiage of the EBT 2259 will be updated to match the latest State version.

Update Form XDP

Updated Languages: English

Updated Form Number and Version: EBT 2259 and (11/23)

Please see supporting document #1 for changes between existing EBT 2259 and updated EBT 2259.

Please see supporting document #2 for the updated EBT 2259 PDF mockup.

TECHNICAL NOTE: Create a fragment XDP of the form to be inserted into the packet. Please see also see technical note in section 2.2.2.

2.1.3 Form Variable Population

The "County Use Only" section of the form populates with the standard header information. The CASE_NAME variable is removed in the updated EBT 2259 and will no longer be populated in this section.

Please see supporting document #1.

2.1.4 Form Generation Conditions

1. Turn Off Threshold Language Forms

The following languages will be turned off with this effort:

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

2.2 Updates to the EBT 2259/EBT 2259A Instructions to Report Electronic Theft of Cash Aid and EBT Scamming Acknowledgement Packet Recommendation

2.2.1 Overview

The EBT 2259/EBT 2259A is a packet consisting of both the instructions for reporting theft of benefits and the scamming acknowledgement form together. This effort will update the EBT 2259 form within the packet to the latest State version as provided by CDSS in ACL 23-13.

State Form: N/A

Current Programs: Cal-Learn, CAPI, CalWORKs, CalFresh, General Assistance/General Relief, RCA, REP, and Welfare to Work

Current Attached Form(s): None

Current Forms Category: Forms

Current Template Repository: All Counties

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

2.2.2 Form Verbiage

The updates follow the changes as described in section 2.1.

TECHNICAL NOTE: Insert the EBT 2259 as a fragment into the packet.

2.2.3 Form Variable Population

The updates follow the changes as described in section 2.1.

2.2.4 Form Generation Conditions

1. Turn Off Threshold Language Forms

The following languages will be turned off with this effort:

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

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Report	Comparison between existing EBT 2259 and updated EBT 2259	[Compare Report] EBT2259_EN.pdf
2	Forms	EBT 2259 PDF mockup	EBT2259_EN.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.3 CAR-1239	<p>The LRS shall produce various notices, NOAs, forms, letters, stuffers, and flyers, including:</p> <ul style="list-style-type: none">a. Appointment notices;b. Redetermination, Recertification, and/or Annual Agreement notices and forms;c. Other scheduling notices (e.g., quality control, GR hearings, and appeals);d. Periodic reporting notices;e. Contact letters;f. Notices informing the applicant, participant, caregiver, sponsor or authorized representative of a change in worker, telephone hours or Local Office Site;g. Information notices and stuffers;h. Case-specific verification/referral forms;i. GR Vendor notices;k. Court-mandated notices, including Balderas notices;l. SSIAP appointment notices;m. Withdrawal forms;n. COLA notices;o. Time limit notices;p. Transitioning of aid notices;q. Interface triggered forms and notices (e.g., IFDS, IEVS);r. Non-compliance and sanction notices;s. Benefit issuance and benefit recovery forms and notices, including reminder notices;t. Corrective NOAs on State Fair Hearing decisions;	<p>Update the EBT 2259 and packet to the latest state version.</p>

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