

CalHEERS Project
CalHEERS Request for Information

Distribution Date:	February 15, 2013	CRFI # 13-0020																		
Response Due:	February 28, 2013																			
Reply To:	CalHEERSCommunications@calheers.ca.gov																			
Subject:	Single Streamlined Application (SSA) Version 1.5.1																			
From:	CalHEERS																			
To:	Andy Wergedal, Melissa Diamond, Jenn Hobbs, Jason Horton, John Loyarte, Anna Chia, Walter Neal, Robert Sugawara, Maria Delk, Lorenza Pennington, Thien Lam, Darryl Lewis, Anjie Dillard, Cathy Frazitta, Marie Broadnax, Harjit Basi																			
SPOC to Forward:	<p>Please forward to appropriate impacted staff, contacts, or leads in your organization:</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Contract/MOU/IAA</p> <p><input type="checkbox"/> Budget/Fiscal</p> <p><input type="checkbox"/> Policy</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Eligibility</td> <td><input type="checkbox"/> Plan Management</td> <td><input type="checkbox"/> Financial Management</td> </tr> <tr> <td><input type="checkbox"/> Enrollment</td> <td><input type="checkbox"/> Assister Management</td> <td><input type="checkbox"/> Web Portal</td> </tr> <tr> <td><input type="checkbox"/> SHOP</td> <td><input type="checkbox"/> Navigators/Brokers</td> <td><input type="checkbox"/> Customer Service</td> </tr> <tr> <td><input type="checkbox"/> Notices</td> <td><input type="checkbox"/> Usability/ADA</td> <td><input type="checkbox"/> Languages/Translation</td> </tr> <tr> <td><input type="checkbox"/> Reports (<input type="checkbox"/> Fiscal <input type="checkbox"/> Caseload Movement <input type="checkbox"/> Management <input type="checkbox"/> ACA-specific)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table> <p><input checked="" type="checkbox"/> Application Development</p> <p><input type="checkbox"/> Technical</p> <p><input type="checkbox"/> Conversion</p> <p><input type="checkbox"/> Batch and Interfaces</p> <p><input type="checkbox"/> Testing</p> <p><input type="checkbox"/> Implementation</p> <p><input type="checkbox"/> Organizational Change Management</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Education and Outreach</p> <p><input type="checkbox"/> Service Center</p> <p><input type="checkbox"/> Other _____</p>		<input type="checkbox"/> Eligibility	<input type="checkbox"/> Plan Management	<input type="checkbox"/> Financial Management	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Assister Management	<input type="checkbox"/> Web Portal	<input type="checkbox"/> SHOP	<input type="checkbox"/> Navigators/Brokers	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Notices	<input type="checkbox"/> Usability/ADA	<input type="checkbox"/> Languages/Translation	<input type="checkbox"/> Reports (<input type="checkbox"/> Fiscal <input type="checkbox"/> Caseload Movement <input type="checkbox"/> Management <input type="checkbox"/> ACA-specific)			<input type="checkbox"/> Other _____		
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Description:	<p>Purpose The purpose of this CRFI is to make Single Streamlined Application (SSA) Version 1.5.1 available to the SAWS Consortia for comments. Additional recipients of this CRFI are receiving this communication for informational purposes and do not need to respond to this CRFI with comments.</p> <p>Background Covered California and DHCS have completed this draft of the SSA and it is being provided to the SAWS Consortia for comment.</p> <p>Please note the SSA is subject to change due to legislation and or additional federal guidance.</p> <p>CRFI Response Instructions Please submit comments on the attached comments log to Andy Wergedal, CalWIN for consolidation.</p>																			

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	Please submit the consolidated comments to CalHEERS by February 28, 2013 .
Primary Project Contact:	<p><i>Contact this person for questions about the contents of this CRFI.</i></p> <p>Arlene Mendibles (916) 999-2357 Arlene.mendibles@calheers.ca.gov</p>
Backup Project Contact:	<p>Lenecia Miles (916) 999-2574 Lenecia.miles@calheers.ca.gov</p>
Attachments:	SSA Comments Log.xls, CalHEERS_App_Data_Elements_by_Page_v1.5.1
SharePoint Link:	<p>CRFI Folder</p> <p>OR</p> <p>You may also retrieve the CRFI document and attachments by following these steps:</p> <ol style="list-style-type: none"> 1. In the left menu, click the "Shared Documents" hyperlink 2. Click the "Communications" folder icon 3. Click the "CITs and CRFIs" folder icon 4. Click the "CRFI" folder icon 5. Click the "2012" folder icon 6. Click the appropriate CRFI # folder icon

Workflow	Question	Application				Data Element (as provided by Exchange Partners)	Verification Source	Element Type	Default Value	Max Len	Allowed Chars	Other Rules	Error Message(s)	Possible Values	Notes
		WFO/Industry	2020 Data	Subsidy	Discontinued										
Apply for Benefits	Do you have an offer of insurance from a SHOP Employer?	X	X	X	X	Radio	unselected	n/a	n/a			n/a	Yes, No		
	Do you want to apply for financial assistance?	X	X	X	X	Radio	selected	n/a	n/a			n/a	Yes, No		
	Is this your initial household application for this year?	X		X	X	Radio	yes	n/a	n/a		If no, ask about life events	n/a	Yes, No		
	What is the life event causing you to re-apply?	X	X	X	X	Dropdown	Please Select	n/a	n/a		Mandatory if reentering Exchange	n/a	New Hire Moved in to the state Birth of a family member Adoption Death of a family member Lost job Married Divorced Incorporation status change	Appears only if this is a re-application	
	When did this life event occur?	X	X	X	X	Date	Blank	n/a		Must be valid date	Date Cannot be more than 90 days in the past	n/a		Appears only if this is a re-application	
	Are you requesting assistance in filing out this Application?	O	O	O	O	Radio	No	n/a	n/a		If yes, select Agent or Assistor	N/A	Yes, No		
	Select the Agent or Assistor below with this application	O	O	O	O	Visible Dropdown	Blank	n/a	Alphanumeric				Custom	Appears only if an Agent or Assistor is indicated	
	Who are you applying for?	X	X	X	X	Dropdown	Dependent on user type	n/a	n/a		Based on user type	N/A	Self and Household Someone Else		
	How many members are in the household?	X	X	X	X	Text Box	Blank	n/a	0-9		Propagate the Member tabs on the other	Custom, 0-10			
	How did you hear about the Exchange?	O	O	O	O	Dropdown	Blank	n/a	n/a			N/A	Event Flyer/Poster Family/Friend Newspaper Advertising Email Advertising Web Search Word of Mouth Other		
Source of Assistance?					Dropdown	Blank	n/a	n/a		Mandatory for CDBs	Default	Mail Phone Email			
Date of Assistance?					Date	Blank	n/a	n/a		Mandatory for CDBs	Default	Yes	CDB user only		
Apply for Benefits: Consent	Pre-approve the application with the latest household data available to the Exchange.	O	O	O	O	Checkbox	unselected	n/a	n/a		Display only if reentering the Exchange	N/A		Appears only if this is a re-application	
Household Primary Contact	I agree to consent for verification	X	X	X	X	Checkbox	unselected	n/a	n/a			Custom			
	First Name	X	X	X	X	Text Box	Blank	15	Alpha	Propagate from User Account if member 1	Default				
	Middle Name	O	O	O	O	Text Box	Blank		Alpha		Default				
	Last Name	O	O	O	O	Text Box	Blank	20	Alpha	Propagate from User Account if member 1	Default				
	Cell#	O	O	O	O	Dropdown	Blank	n/a	Alpha		Default		0-9, 00, 000		
	Home Phone Number	O	O	O	O	Text Box	00000	10	0-9 . -		Default				
	Work Phone Number	O	O	O	O	Text Box	00000	10	0-9 . -		Default				
	Fax	O	O	O	O	Text Box	00000	10	0-9 . -		Default				
	Cell Phone Number	O	O	O	O	Text Box	00000	10	0-9 . -		Default				
	Email	O	O	O	O	Text Box					Propagate from User Account if member 1	Default			
	Home - Street Address	X	X	X	X	Text Box	Blank		Alphanumeric	Propagate from User Account if member 1	Default				
	Home - Apartment or Suite Number	O	O	O	O	Text Box	Blank		Alphanumeric	Propagate from User Account if member 1	Default				
	Home - City	X	X	X	X	Text Box	Blank		Alpha	Propagate from User Account if member 1	Default		List of 52 States		
	Home - State	X	X	X	X	Dropdown	Blank	n/a	Alpha	Propagate from User Account if member 1	Default				
	Home - County	X	X	X	X	Dropdown	Blank	n/a	Alpha	Propagate from User Account if member 1	Default			58 California Counties	
	Home - Zip	X	X	X	X	Text Box	Blank	5	0-9	Propagate from User Account if member 1	Default			If Residency is now being determined by a paper verification process, these Data Element assumptions are no longer valid.	
	Is this person's mailing address the same as the home address?	O	O	O	O	Radio	yes	n/a	n/a		If no, display the Mailing address fields.	N/A	Yes, No		
	Mailing - Street Address	X	X	X	X	Text Box	Blank	n/a	Alphanumeric			Default			
	Mailing - Apartment or Suite Number	O	O	O	O	Text Box	Blank	n/a	Alphanumeric			Default			
	Mailing - City	X	X	X	X	Text Box	Blank	n/a	Alpha			Default		List of 52 States	
Mailing - State	X	X	X	X	Dropdown	Blank	n/a	Alpha			Default				
Mailing - County	X	X	X	X	Dropdown	Blank	n/a	Alpha			Default		58 California Counties		
Mailing - Zip	X	X	X	X	Text Box	Blank	5	0-9			Default				
What is the preferred method of communication?					Dropdown	Mail	n/a	Alpha			N/A	Mail, Email, Text, Phone			
What is the preferred written language of communication?					Dropdown	English	n/a	Alpha			N/A	English, Arabic, Armenian, Farsi, Cambodian, Traditional Chinese character, Hmong, Korean, Russian, Spanish			
What is the preferred spoken language of communication?					Dropdown	English	n/a	Alpha			N/A	English, Arabic, Armenian, Farsi, Cambodian, Cantonese, Mandarin, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese			

Legend
X: Mandatory for that App type
O: Optional will display
-: Will not display
n/a: Not applicable, verify only

Workflow	Question	Application				Data Element (as provided by Exchange Partners)	Verification Source	Element Type	Default Value	Max Len	Allowed Chars	Other Rules	Error Message(s)	Possible Values	Notes
		INDIVIDUAL	JWP ONLY	Jointly	Unavailable										
Personal Data - Demographic Data	What is this person's marital status?	X	X	X	X			Dropdown	unrestricted	n/a	n/a		Default	Single, Never Married, Married, Widowed, Divorced, Registered Domestic Partner	
	Does the person currently work for an employer?	X	X	X	X	1) the person's current employer information 2) the person's Federal tax information	Federal Dub	Radio	unrestricted	n/a	n/a		Default	Yes, No	Do Not Display
	Is this person currently a dependent?	X	X	X	X	the person's pending disposition of charges is not	Federal Dub	Radio	unrestricted	n/a	n/a		Default	Yes, No	Certain Income: MC FWP?
	Is this person pending a disposition of charges?	X	X	X	X	the person's claimed blindness or disability	Federal Dub	Radio	unrestricted	n/a	n/a		Default	Yes, No	Certain Income: MC FWP?
	Is this person blind and/or disabled?	X	X	X	X	the person is pregnant	Federal Dub	Radio	unrestricted	n/a	n/a		Default	Yes, No	Changed per 2/16 Monitor
	Does this person have a medical expense in the last 3 months?	X	X	X	X	1) the woman's pregnancy due date 2) the person's number of expected babies	Date	Blank	Date			Date must fall between Current Date and 40 weeks from Current Date	Custom - 20's for operations		
	What is the expected date of delivery?	X	X	X	X	the person's ethnicity is American Indian/Alaska Native	Radio	unrestricted	n/a	n/a			Default	Yes, No	
	Number of babies expected?	X	X	X	X	the person is attending school full time (State Option)	Radio	unrestricted	n/a	n/a			Default	Yes, No	
	Is this person a member of a Federally-recognized Indian Tribe?	X	X	X	X	the person is the primary taxpayer in the household	Radio	unrestricted	n/a	n/a			Default	Yes, No	
	Do you want to apply for the Indian-only Cost-Sharing Reduction?	X	X	X	X	the person is expected to be claimed as a tax dependent?	Dropdown	Blank	n/a	n/a			Default	Yes, No	Depends on Configuration - 1 or more PTFs?
	Is this person temporarily out of the state?	X	X	X	X	who claims the person as a tax dependent	Radio	unrestricted	n/a	n/a			Default	Yes, No	
	Is this person attending school full time?	X	X	X	X	the person's number of claimed tax dependents	Dropdown	Blank	n/a	n/a			Default	Yes, No	Child is expected to be claimed as a tax dependent by a non-custodial parent
	Was this person in the Foster Care System on their 18th Birthday?	X	X	X	X	is this person expected to be required to file taxes this year?	Radio	unrestricted	n/a	n/a			Default	Yes, No	
	Is this person homeless?	X	X	X	X	is this person expected to be required to file taxes this year?	Radio	unrestricted	n/a	n/a			Default	Yes, No	
	Personal Data - Tax Information	Is this person the Primary Tax Filer?	X	X	X	X	in this person currently have or been offered other health insurance?	Text Box	Blank					Default	
Did this person file taxes last year?		X	X	X	X	What is the name of the employer?	Text Box	Blank					Default		
What was this person's tax filing status last year?		X	X	X	X	What is the retirement status?	Dropdown	unrestricted	n/a	n/a			Default		
Is this person planning on filing taxes this year?		X	X	X	X	How much does the person pay in monthly premiums?	Text Box	Blank					Default		
What is this person's expected filing status for the benefit year?		X	X	X	X	Does the person currently live in a long-term care or nursing home?	Radio	unrestricted	n/a	n/a			Default		Wording may need to include institutions, Nursing Home (not CMSS)
Personal Data - Health Care	Who claims this person as a tax dependent?	X	X	X	X	Does this person receive Medicare benefits?	Federal Dub	Radio	unrestricted	n/a	n/a		Default	Yes, No	A, B, C, D
	Is this person expected to be required to file taxes this year?	X	X	X	X	Does the person receive Medicaid benefits?	Federal Dub	Radio	unrestricted	n/a	n/a		Default	Yes, No	Do Not Display
	Does this person currently have or been offered other health insurance?	X	X	X	X										
	What is the name of the employer?	X	X	X	X										
	What is the retirement status?	X	X	X	X										

Legend:
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Workflow	Question	Application				Data Element (as provided by Exchange Partners)	Verification Source	Element Type	Default Value	Max Len	Allowed Chars	Other Rules	Error Message(s)	Possible Values	Notes
		IND/Adult	JMP Only	Family	Uninsured										
Personal Data - Optional Data	Would anyone in the household like a referral to the local Health and Human Services Agency for any of the following programs? (Check Boxes for any that apply) K CASH/MSK & CalFresh	O	-	O	-	Is interested in CAWDRMS? Is interested in CalFresh?	Checkbox	unselected	n/a	n/a		Custom?			
	What is this person's preferred written language of communication?	O	O	O	O		Dropdown	unselected	n/a	n/a		N/A	English, Arabic, Armenian, Farsi, Cambodian, Traditional Chinese Character, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese		
	What is this person's preferred spoken language of communication?	O	O	O	O		Dropdown	unselected	n/a	n/a		N/A	English, Arabic, Armenian, Farsi, Cambodian, Cantonese, Mandarin, Hmong, Korean, Russian, Spanish, Tagalog, and Vietnamese		
	Is this person Hispanic/Latino?	O	O	O	O		Checkbox	unselected	n/a	n/a		N/A	No, Mexican, Puerto Rican, Cuban, Other Hispanic		
	What is this person's ethnicity?	O	O	O	O	the person's ethnicity is Alaska Native	Checkbox	unselected	n/a	n/a		N/A	White, Black, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian, or Chamorro, Samoan, Other Pacific Islander		
	Is this person a member of a federally recognized Indian Tribe?	O	O	O	O		Radio	unselected	n/a	n/a		N/A	Yes, No	Link: tribe-tribal-tribes	
	Is this person a member of a Native Hawaiian Tribe?	O	O	O	O		Radio	unselected	n/a	n/a		N/A	Yes, No	Link: tribe-tribal-tribes	
	Is this person a member of a Native American Tribe?	O	O	O	O		Radio	unselected	n/a	n/a		N/A	Yes, No	Link: tribe-tribal-tribes	
	Is this person a member of a Native American Tribe?	O	O	O	O		Radio	unselected	n/a	n/a		N/A	Yes, No	Link: tribe-tribal-tribes	
	Is this person a member of a Native American Tribe?	O	O	O	O		Radio	unselected	n/a	n/a		N/A	Yes, No	Link: tribe-tribal-tribes	
Deprivation	Is <<Parent >> incarcerated?	X	-	X	-		Radio	unselected	n/a	n/a		Default	Yes, No	Establishes Incarceration Deprivation	
	Is <<Parent >> incarcerated?	X	-	X	-		Radio	unselected	n/a	n/a		Default	Yes, No	Establishes Incarceration Deprivation	
	Which Parent of <<Child Name>> has worked more in the last two years?	X	X	X	-		Dropdown	unselected	n/a	n/a		Default	Parent Names	Establishes Incarceration Deprivation	
	Is this parent working under 300 hours per month?	X	X	X	-		Radio	unselected	n/a	n/a		Default	Yes, No	Establishes Incarceration Deprivation	
	Is <<Child Name>>'s other biological or adoptive parent deceased?	X	-	X	-		Radio	unselected	n/a	n/a		Default	Yes, No	Establishes Death Deprivation	
Income Pages	Is <<Child Name>>'s other biological or adoptive parent out of the home?	X	-	X	-		Radio	unselected	n/a	n/a		Default	Yes, No	Establishes Absence Deprivation	
	the person's current monthly income type	X	X	X	-		Text Box	Blank	n/a	n/a		Default	Work, Self-Employment, Social Security Benefits, Unemployment, Retirement/Pension, Capital gains, Investment Income, Rental or royalty income, Farming or fishing income, prizes/awards/gambling winnings, alimony received, other income, none	Link: SS from SS Benefit Page	
	the person's current SS benefit	X	X	X	-		Text Box	Blank	n/a	n/a	0.9, **, *	Default	Link: SS from SS Benefit Page		
	the person's current monthly income value	X	X	X	-		Dropdown	unselected	n/a	n/a		Custom?			
	the person's current monthly income frequency	X	X	X	-		Federal rule					N/A			
Income Summary Page	the person's individual income information received from the federal rule	X	X	X	-		Federal rule					N/A			
	the person's income information received from the state data source	X	X	X	-		Federal rule					N/A			
Income Summary Page	Enter the projected annual household income if different from above	O	O	O	-	the person's projected annual income	Text Box	Blank	n/a	n/a	0.9, **, *	Custom?			
	the person's projected annual income	O	O	O	-		Text Box	Blank	n/a	n/a	0.9, **, *	Custom?			
Confirmation Page	Alimony, Student Loan Interest, Notice, Other	O	O	O	-		Dropdown	None	n/a	n/a		Default		Handling CMS Final Rule	
	Alimony, Student Loan Interest, Notice, Other	O	O	O	-		Dropdown	None	n/a	n/a		Default		Handling CMS Final Rule	
E-Signature	Maintaining your Verification	O	O	O	O		Dropdown	n/a	n/a	n/a	n/a	N/A	1-5 Years	Up to 4 years	
	1-5 Years	O	O	O	O		Dropdown	n/a	n/a	n/a	n/a	N/A	1-5 Years	Up to 4 years	
Referrals	1-5 Years	X	X	X	X		Dropdown	n/a	n/a	n/a	n/a	N/A	1-5 Years	Up to 4 years	
	1-5 Years	X	X	X	X		Dropdown	n/a	n/a	n/a	n/a	N/A	1-5 Years	Up to 4 years	
Referrals	Interested in Family Planning?	O	-	O	-	Interested in Family Planning?	Checkbox	unselected	n/a	n/a		N/A			
	Would anyone in the household like additional information about the following programs?	O	-	O	-	Interested in Family Planning?	Checkbox	unselected	n/a	n/a		N/A			

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the person is being applied for benefits by the applicant
 the person is the head of household
 the lowest annual premium contribution for self only coverage
 the person's premium for the second lowest cost plan for the household

Note: Will be links to 6 programs identified by DHS that will either be external links or launched PDFs. Will occur after the Submit button on the Confirmation Page.