January 17, 2017

ALL COUNTY LETTER (ACL) NO. 17-04

TO: ALL COUNTY WELFARE DIRECTORS
               ALL CONSORTIA PROJECT MANAGERS
               ALL CONSORTIA REPRESENTATIVES
               ALL CALFRESH PROGRAM SPECIALISTS
               ALL CALWORKS PROGRAM SPECIALISTS

SUBJECT: CALIFORNIA HEALTHCARE ELIGIBILITY, ENROLLMENT, AND
                 RETENTION SYSTEM (CalHEERS) HORIZONTAL INTEGRATION
                 REPORT

This letter provides clarification to the counties on how and when to submit the new CalHEERS Horizontal Integration Report. The report's purpose is to collect information on SAWS consumer portal applications that provide a CalHEERS case number. The report ID #HI01 will be used to track the performance of the CalHEERS Horizontal Integration effort. This report is in no way reflective of county performance.

Summary of the Report

Each SAWS shall provide the following information, by county, on a monthly basis (calendar month effective April 1, 2017 and retroactive to data from September 1, 2016) to CDSS compliant with the submission process described in the Completion and Submission section below. The SAWS will be submitting this report on behalf of the counties, after conferring with their counties to develop a submission process.

Additionally, each SAWS shall provide the following information, by county, retroactive to data from September 1, 2016 to December 31, 2016, no later than Jan. 27, 2017 through a manual run of the data. CDSS recognizes that this data will be preliminary as final queries/design will not be complete until April, 2017. This preliminary data request is the same as noted in our SAWS Internal Request for Research & Analysis (SIRFRA) #3369 for Horizontal Integration dated December 31, 2016.

Each SAWS shall report the following information for both CalFresh and CalWORKs separately, by county (individuals who apply for both programs with the CalHEERS case number will be counted in each).

- How many SAWS consumer facing portal applications are <u>initiated/started</u> where the consumer provided a CalHEERS case number?
- How many SAWS consumer facing portal applications are <u>completed/submitted</u> where the consumer provided a CalHEERS case number?
- For those applications submitted with a CalHEERS case number, how many were <u>approved</u> for the program they applied for?

Format
The report must be provided in a machine readable format such as .xls, .xlsx, .doc, docx, .csv, or .pdf. Other formats may be acceptable, but should be approved by CDSS first.
*Please refer to the attached report.

Frequency
This report will be submitted monthly effective April of 2017, but it is understood that the data will be a snapshot in time. CDSS recognizes that with rolling data on a month to month basis some applications that, for example, are initiated but not submitted in one month may show up as submitted in the following month.

Funding
Funding for the design, development and implementation of this report from SAWS was included in the approved funding for implementation of the SAWS system changes related to CalHEERS Change Request #34752 and applicants being directed to SAWS.

Completion and Submission
Attached is a report template. As shown in the template, each SAWS should submit one file for all county data, data should be listed county by county, and it should all be in one spreadsheet, not separate tabs by county. After February 2, 2017 you can also access this HI01 report through our CDSS Horizontal Integration website at http://cdss.ca.gov/inforesources/Horizontal-Integration.

This report will continue until otherwise specified. Each SAWS are required to upload the report via CDSS' Secure File Transfer (SFT) website by the 20th calendar day of the month following the report month. Each SAWS has an existing staff member that has SFT account access. If you need new or alternative staff to process this report, they will need to establish a new account by completing and signing sections 2 and 11 of the attached GEN 1321 - CDSS System and Application Access Form, and e-mail to our Data Analysis Bureau at cwsdata@dss.ca.gov.

Note - The SAWS will be submitting this report on behalf of the county unless otherwise specified by the county. If a county desires to submit the required information independently of the SAWS (rather than have SAWS submit for them), they may do so by following the same procedures outlined above.

If you have any questions regarding the completion of this report, please contact me or a member of my staff, Steven Fong or Sheryl McCarthy of the Horizontal Integration Office at (916) 657-2268.

Sincerely,

Original Document Signed By:

ADAM DONDRO
Assistant Director
Horizontal Integration

Attachment

Form #HI01:

CALHEERS HORIZONTAL INTEGRATION
REPORT
HI01

Report Month: MM/YYYY

Totals:

County	1. Applications initiated/started using a CalHEERS #			2. Applications completed/submitted using a CalHEERS #			3. Applications approved using a CalHEERS #		
	CalFresh	CalWORKS	Total	CalFresh	CalWORKS	Total	CalFresh	CalWORKS	Total
County Name 1									
County Name 2									
County Name 3									
etc.									

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If you have any questions regarding the completion of this report, please contact Adam Dondro, Steven Fong, or Sheryl McCarthy in the Horizontal Integration Office at (916) 657-2268.

CDSS SYSTEM AND APPLICATION ACCESS FORM

The **CDSS System and Application Access Form** *(GEN 1321)* is used to authorize, change and terminate access to all systems and applications containing CDSS data. The information on this form must be kept current. It must be signed by the Supervisor and the appropriate System Administrator(s). It must also be signed by the user before he/she obtains access. *(Note: the user's signature is not required to initiate the request.)* When an employee separates from the Department, requests to terminate access must be submitted to the appropriate System Administrator(s) as soon as possible and no later than one business day after the employee's separation date. <u>All completed forms are to be filed locally.</u>

Step 1 <u>REQUESTING ORGANIZATION:</u>

1. Complete Sections 1 through 8 (complete only system and application names in Section 3).
2. Forward the **CDSS System and Application Access Form** *(GEN 1321)* to the Information Security Officer *(ISO)* for signature, only if necessary (See Section 9). The ISO will return the form to the requesting organization.
3. Forward the completed form to the appropriate System Administrator(s). If access is requested for more than one system or application, concurrently route copies of the form to all appropriate System Administrators.
4. Upon completion by the System Administrator(s), forward all completed forms to the user for signature.

Step 2 <u>SYSTEM ADMINISTRATORS:</u>

1. Complete Sections 3 and 10.
2. Return the completed form to the Supervisor.

Step 3 <u>USERS:</u>

1. Complete Section 11.
2. Return the completed form to the Supervisor.

SECTION 1 - Access Request Type *(to be completed by the requesting organization)*

Check (✔) Only One / Complete Unit Data:

☐ New Access   (All Sections)
☐ Change Access   (All Sections)
☐ Terminate Access   (Sections 1, 2, 4, 7, 8, 10)
☐ Other

Current Bureau/Unit/Index _____

Receiving Bureau/Unit/Index _____

Effective Date _____

Information Systems Division Modifications:
(Not Applicable to RACF)

For Changes to Access:
Indicate Name or Location of Server/System
From _____ to _____

For New Server Access:
Indicate Name or Location of
System/Server _____

SECTION 2 - User Information *(to be completed by the requesting organization)*

USER NAME	LAST	FIRST	MI
☐ Check if name change			

FORMER NAME	LAST	FIRST	MI
[Complete if box above is checked]			

COMPANY (FOR NON EMPLOYEES)

ADDRESS

CITY	STATE	ZIP CODE

PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

SECTION 3 - System and Application Information: The requesting organization must identify all systems and/or applications for which access should be authorized, changed, or terminated. **In addition, GEN 1321(a) must be completed for all TSO/RACF requests.**

(Completed by Requesting Organization)   (Completed by System Administrator)

SYSTEM NAME(S)		LOGON ID(S)	DATE COMPLETED
☐ DSSnet/SUN	Groups:		
☐ NT	Groups:		
☐ HWDC *(Specify)* Also complete GEN 1321(a)			
☐ TEALE *(Specify)* Also complete GEN 1321(a)			
☐ Other *(Specify)*			
☐ Other *(Specify)*			
APPLICATION(S)		**LOGON ID(S)**	**DATE COMPLETED**
☐ Exchange/Outlook Mailbox			
☐ Other *(Specify)*			
☐ Other *(Specify)*			

SECTION 4 - File Disposition:
To be completed by the requesting organization for **Changes and Terminations Only (Not Applicable for RACF).**

☐ Delete the files (attach a list)

☐ Move the files with user (attach a list)

☐ Move the files to another user's library *(specify Logon ID receiving files)* [_____]

☐ Other *(attach a list)*

NOTE: Files for the user/logon ID will be deleted if not specified.

SECTION 5 - Justification: The requesting organization must identify a business need for providing access to the above listed systems and/or applications. **Note**: It is not necessary to complete this section for DSSnet *(the CDSS network)* or Outlook *(CDSS e-mail requests).*

SECTION 6 - Comments *(optional)*

SECTION 7 - Personal Computer Administrator (PCA) Contact Information (Not Applicable for RACF):

The requesting organization must provide the name and phone number for the PCA or appropriate technical support staff.

PCA NAME *(PRINT)*	BUSINESS PHONE NUMBER ( )	DATE CONTACTED

SECTION 8 - Supervisor Verification Signature (all access action requires a supervisor signature)

NOTE: Confirmations 1 - 3 and attachments are required to process a request for a new / modified access.
Only Confirmation 4 is required for an access temination.

I confirm that:

☐ 1. The proposed permission and/or privileges for systems and/or applications have been authorized on a "need to know" basis (not needed for Outlook).

☐ 2. A copy of the specific permissions and/or privileges for each system and/or application is attached to this document (not applicable for Outlook).

☐ 3. A copy of the **Internet Consent Form and the CDSS E-Mail Retention Policy Acknowledgement Form** will be provided to the employee. The signed forms will be on file in the bureau/unit records within 10 working days of the employee start date.

☐ 4. Termination action has been taken to cancel the employee's account and, if applicable, Section 4 of this form has been completed.

SUPERVISOR NAME *(PRINT)*	SUPERVISOR SIGNATURE	DATE

SECTION 9 - Information Security Officer Signature

The CDSS Information Security Officer signature is needed if access is requested for a user who is <u>not</u> a State, county or federal employee or not working under contract *(e.g., a volunteer or other such individual).*

INFORMATION SECURITY OFFICER NAME *(PRINT)*	INFORMATION SECURITY OFFICER SIGNATURE	DATE

SECTION 10 - System Administrator Signature

After signing, each System Administrator is to send copies of the signed forms to the requesting organization.

☐ I certify that the above access request has been completed.

☐ I certify that the name change request has been completed.

SYSTEM ADMINISTRATOR NAME *(PRINT)*	SYSTEM ADMINISTRATOR SIGNATURE	DATE

SECTION 11 - User Acknowledgements and Signature

This section is to be read and completed by the user prior to receiving access to any CDSS system(s) and/or application(s).

I acknowledge that the Department has provided automation equipment for my use in performing my job duties. The Department will grant system and/or application access to me as specified in this document. I will use the automation equipment and system and/or application access for appropriate business purposes. I will take reasonable precautions to protect the confidential and sensitive data in these system(s) and application(s). This access will remain in force until it is changed and documented in a subsequent change request.

All Information Security policies may be viewed on the CDSS internal web page or obtained by contacting the Information Security and Management Systems Branch.

USER'S NAME *(PRINT)*	USER'S SIGNATURE	DATE