



CWDA Document Imaging Workshop

Presented by:


Laura Hernandez, Program Specialist II

Ricardo Vicedo, Program Specialist II

Background

- **Conversion to virtual case files**
 - 250,000 case records converted
- **Preparation for new eligibility model**
 - Task-based
 - Customer Service Center
- **Deciding what to image**
 - Work with program and frontline staff

The Grid

PROGRAM NAME	ASSOCIATED CALWIN WINDOW	APPLICABLE ASSOCIATED TAB	CALWIN SCREEN SHOT	CALWIN DATA	FORM TYPE
Generic	Display Application Summary	Integrate from <u>Status Tab</u>	 Withdraw, Cancel Appl	<ul style="list-style-type: none"> - Application Registration Status - Signed Date - Print SAWS1 Button 	11-111: GR Expedited Intake Evaluation 14-10 HHSA: Transmittal of CMS/Medi-Cal Information 16-140: Notice of Actions CL 15: Transfer Form CW 215: Notification of CW 215A: CalWORKs Continuation Request for Additional Documents DFA 285 A2: Statement of Facts DFA 385: Application For Emergency Food Stamp Assistance QR 377.2: Food Stamp Notice of Expiration of Certification FS 27: Non-Assistance Food Stamps (NAFS) Household Recertification Form MC 0021: Medi-Cal to Healthy Families Bridging Consent Form MC 210: Application for Medi-Cal MC 274 TB: Medi-Cal Tuberculosis Program Application MC 321 HFP: Healthy Families/Medi-Cal Joint Application MC 322: Real and Personal Property-Supplement to Medi-Cal Mail-In Application MC 356: Abandoned Baby Health Questionnaire MC 364: Department of Aging (CDA) Waiver Referral MC 368: Notice and Supplemental Form for Express Enrollment Applicants SAWS 1: Application For Cash Aid, Food Stamps, And/Or Medi-Cal/34-County CMSP

The Grid (Continued)

Display Application Summary Window [Status Tab]

The screenshot shows a software window titled "CalWIN" with a menu bar (File, GoTo, Simulation, Web Links, Window, Help) and a toolbar. The main window is titled "Display Application Summary" and has two tabs: "Summary" and "Status". The "Status" tab is active. At the top, there are three input fields: "Application Number: 51843", "Applicant Name: Burtsand, Ollie", and "Date: 03/20/2008". Below these is a "Print SAWS1" button. The "Application Registration Status" section contains three radio buttons: "Signed" (selected), "Unsigned", and "Refuse to Sign". To the right of this section is a "Signed Date:" label followed by a dropdown menu showing "03/20/2008". At the bottom, there is an "Application Comments:" label followed by a large empty text area. The status bar at the bottom of the window displays "San Diego", "astandov1", and "04/02/2008 12:14 PM".

Application Number: 51843 Applicant Name: Burtsand, Ollie Date: 03/20/2008

Summary Status

Print SAWS1

Application Registration Status

Signed
 Unsigned
 Refuse to Sign

Signed Date: 03/20/2008

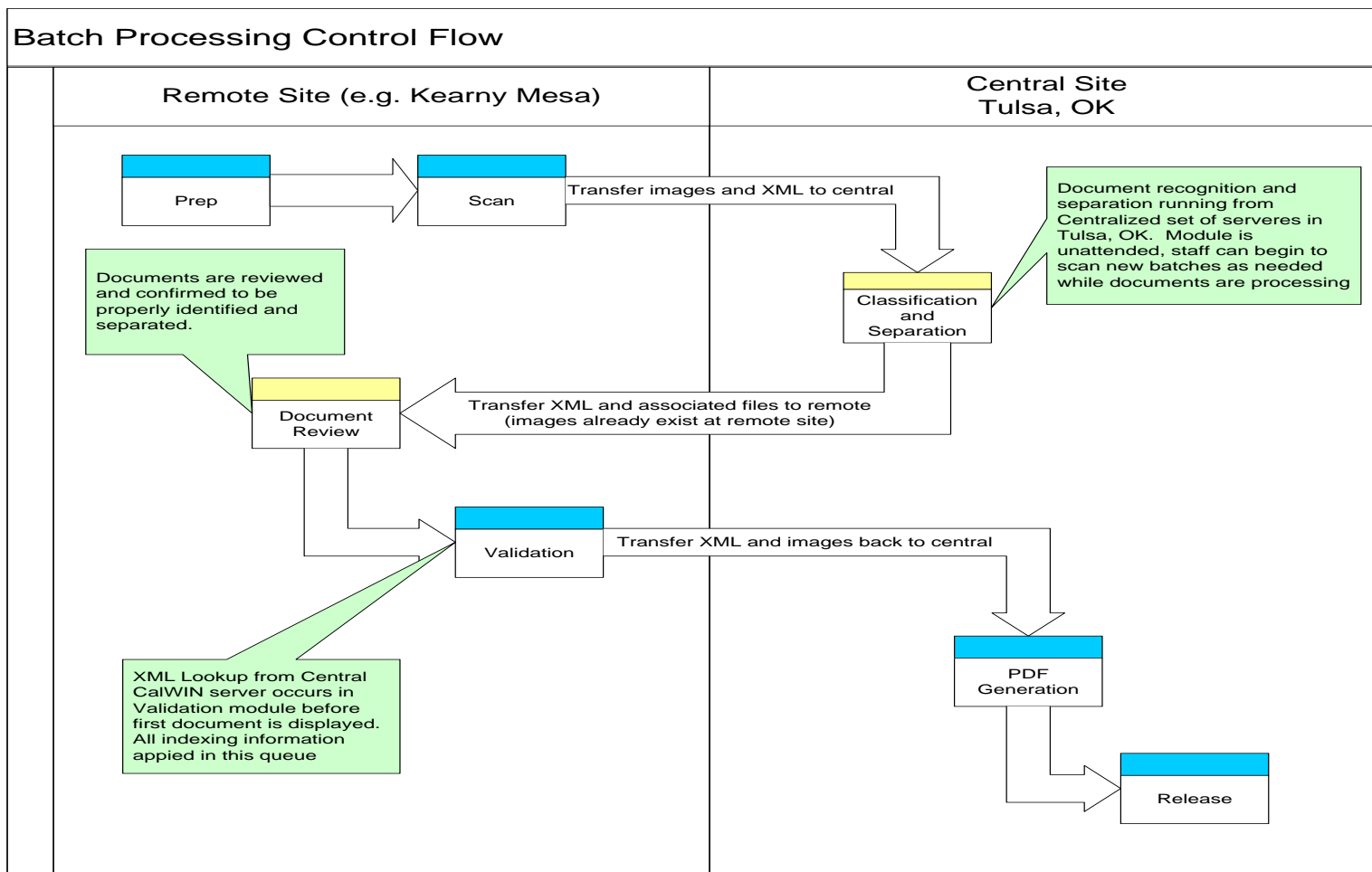
Application Comments:

San Diego astandov1 04/02/2008 12:14 PM

CalWIN Capture System Overview

- **Utilizes Kofax Ascent Capture & EMC Documentum**
- **Document Preparation is easy**
 - Imaging Communication form (aka Kofax ID)
 - Advanced form recognition
- **Indexing is easy**
 - System links to CalWIN for collection and retrieval
 - Barcodes used to collect case number and type

Batch Processing Overview



Scanning Details

- Each case is prepped using a communication form
- Over 500 forms are supported
- Barcodes are utilized for identification and interaction with the CalWIN system

IMAGING COMMUNICATION FORM &
CalWIN Kofax Case ID Sheet

Case ID - 1B2D026

Program Type - MEDI-CAL

Date: 9/17/2009

Case Name: Sanchez, Felix

HSS#/Task Group: Pending

Imaging Category :
 INITIAL CASE IMAGING ADDITIONAL DOCUMENTS

Case Status :
 Active Pending Denied Discontinued

Please Note
•Staff is responsible for being knowledgeable of verification requirements for the program(s) they work with
•Templates are **NOT** to be used to image documents that are already listed on the approved list of DoReS forms
•Imaging of documents is **NOT** to be used in lieu of making required CalWIN entries
•Miscellaneous Client Communication template (16-128) is **ONLY** to be used to image written correspondence, (such as letters and notes) from clients to the Agency

Documents Received
 Walked In Other Office (specify): _____
 Mailed In Other (specify): _____

Imaging Station Response
 DoReS screen print attached listing all imaged documents (optional)
 Document returned--not on list of approved forms (drop down)
 Document returned (other reason): _____

Comments:

Imaging Specialist Sign-Off _____ Date Completed/Returned to Worker _____

Alex Sandoval 9/17/2009

Scanning Details

- Documents are scanned at over 40 county locations
- Images are collected centrally and processed
- Bulk Scanning (aka “batch class”)



Scanning Details

- Documents are returned separated and identified
- Untrained documents or those not identified are reviewed (as shown in red)



SIT Run 003 - 1B0NK70 - Kofax Transformation Modules - Document Review

Batch View Document Page Options Help

SIT Run 003 - 1B0NK70

- Case ID Sheet : 1 Page
- SAWS 18 Application for Cash Aid, Food Stamps, And/Or Medi-Cal@34-County CMSP : 8 Pages
- CW 8AS Statement Of Facts To Add Child Under 16 : 4 Pages
- CW 8AS Statement Of Facts To Add Child Under 16 : 3 Pages
- MC 3228 Real and Personal Property-Supplement To Medi-Cal Mail-In Application : 6 Pages
- CW 21028 The Maximum Family Grant (MFG) Rule For Recipients Of Cash Aid : 1 Page
- 07-338 HHSA Orientation Form : 1 Page
- SAWS 2A QRS Rights, Responsibilities : 1 Page
- SAWS 2A QRS Rights, Responsibilities : 1 Page
- QR 78 Quarterly Eligibility@Status Report : 2 Pages
- 16-1228 Identification Verification Form : 2 Pages
- 16-1218 Vital Statistics Verification Form : 2 Pages
- CSF 558 SFIS Referral : 2 Pages
- TEMP 22158 Electronic Benefit Transfer (EBT) Important Information : 1 Page
- 16-1288 Miscellaneous Client Written Communication Document(S) : 2 Pages
- 16-1218 Vital Statistics Verification Form : 2 Pages
- 16-1228 Identification Verification Form : 2 Pages
- CSF 558 SFIS Referral : 2 Pages
- 16-1218 Vital Statistics Verification Form : 2 Pages
- 16-1206 Social Security Number Verification : 2 Pages
- CSF 378 School@Educational Institution Attendance Verification : 1 Page
- MC 138 Statement Of Citizenship, Alienage, And Immigration Status : 2 Pages
- 16-1218 Vital Statistics Verification Form : 2 Pages

Document Viewer

COUNTY OF SAN DIEGO Health and Human Services Agency

Residing in San Diego County
200 S. Main St., 4th Fl.
San Diego, CA 92101-4000

Date: 12/14/07
Case Number: 100878
Referral Number: 100878
Worker Number: 100878
Worker Telephone: 619-441-8842
Worker Address: 200 S. Main St.
San Diego, CA 92101-4000

Statewide Fingerprint Imaging System (SFIS) Referral

As a condition for eligibility for the programs listed below that you have applied for, fingerprint and photo images are needed for:

First Name: Rosales
Last Name: Rosales
Middle Name: Rosales
SSN: 91-43-8205

Allen #: 9800000
Date of Birth: 06/16/1979
Sex: F
DOB: 06/16/1979

Program ID: 100878

County Comments:

SFIS Location:

For SFIS Staff Only:

Fingerprint Imaging Complete Did not Appear for Fingerprinting
 Refused/Failed to Cooperate Other (Exemption, etc.):

SFIS Comments:

SFIS Staff Name: Ruby Gonzalez
Signature: Ruby Gonzalez
Date: 12/14/07

CSF 558 SFIS Referral (1/1)

Ready DVR NUM CAPS Doc: 13/25 Page: 1/2 Problems: 4

Scanning Details

- Document metadata is applied via automated lookup (by case number and case type)
- Case information is applied to all documents
- Individual information is applied to the appropriate documents

The screenshot shows a 'Related Information' dialog box with a table of member data and a form for selecting a member and applying information.

Person Name	SSN	DOB
SOLIS, NORMA		10/1/1989
Solis, Norma		10/1/1989
REYES, ROBERTO		4/29/1982
REYES, CHRISTOPHER	614-##-####	4/27/2007

Selected Member: SOLIS, NORMA

Category: Medi-Cal

Case No: 1234567

SSN:

CWIN:

CIN:

Last Name: Doe

First Name: John

Middle Initial:

Suffix:

Person Name: Doe, John

Date of Birth:

Form Type: 0 Imaging Communication Form

Is Confidential: Non-Confidential

Is Backfile: No

Case Data (Alt + C) Members (Alt + M) **CaW/in (Alt + W)**

Document Retrieval Details

The screenshot displays the CalWIN interface with two windows. The top window, 'Display Employability Summary', shows case details for Ollie Burntsand. The bottom window, 'Collect Employability Detail - burntsand, Ollie', provides a detailed form for data collection. Red arrows point from the case name and SSN in the top window to the corresponding fields in the bottom window.

Case Information:

- Case Number: 1B07719
- Name: Burntsand, Ollie
- Status: Pending
- Status Date: 03/20/2008
- Pending Alerts: 11

Employability Summary Table:

Employability Status	Begin Date	End Date
Employable	01/10/1998	04/16/2008

Collect Employability Detail - burntsand, Ollie

Effective Begin Date: 3/20/2008 Effective End Date: 00/00/0000

Employability:

- Status: Employable
- Begin Date: 01/10/1998
- End Date: 04/16/2008

Verification:

- Verification: Received
- Source: Client Statement
- Secondary Verification: [Empty]
- Source: [Empty]
- Verification Date: [Empty]

Exemption:

- Begin Date: [Empty] End Date: [Empty]
- Expiration Date: [Empty] Review Date: [Empty]
- Caregiver of an ill or incapacitated Household Member [Y/N]:
- Verification: [Empty]
- Source: [Empty]
- Caregiver of dependent or ward of court, child in risk of Foster Care [Y/N]:
- Verification: [Empty]
- Source: [Empty]

- Once scanning is complete, documents can be retrieved from the CalWIN interface with a keyboard shortcut based on Case # or SSN.

Document Retrieval Details

DoReS Search

Case Number: Applicant Name:

SSN: CWin Number:

Cin Number: Date Of Birth: (e.g: mm/dd/yyyy)

Form Types:

>>

09-77 HHSa: Waiver Request for Able Bodied Ad...

11-14: Third Party Verification

11-45 HHSa: General Relief Medical Statement

11-49: General Relief Employable Program Respo

<<

Search Results

Items per page: 50

<input type="checkbox"/>	Object Name	Case Number	SSN	Cin Number	Applicant Name	Form Type	Created	BackFile Scan	Created By
<input type="checkbox"/>	11-45	BR77706	503-56-6244	97847241C	Nelson, Ruth	11-45 HHSa: General Relief Medical Statement	5/27/08 3:32 PM	No	HHSa
<input type="checkbox"/>	22-08	BR77706	503-56-6244	97847241C	Nelson, Ruth	22-08 HHSa: Employment Services Notice	5/27/08 3:31 PM	No	HHSa
<input type="checkbox"/>	22-11	BR77706	503-56-6244	97847241C	Nelson, Ruth	22-11: Notice of Assessment Interview	5/27/08 3:32 PM	No	HHSa

Search Criteria populated by CalWIN Screen

List of documents available in the system

Documentum (aka DoReS)

DoReS Search

Case Number :

SSN :

Cin Number :

Form Types:

07-69: Request For Benefit Verification

Person Name :

Cwin Number :

Date Of Birth :

COUNTY OF SAN DIEGO
HEALTH & HUMAN SERVICES AGENCY

ORIENTATION FORM

Case Name: _____

Screening Date: _____ Appointment Date: _____

ASSISTANCE APPLIED FOR: CalWORKs Medi-Cal Food Stamps

All persons must attend an Orientation Meeting before attending their CalWORKs and/or Food Stamps Intake or Renewal/Recertification Interview appointment. All persons attending Orientation for a CalWORKs Intake or Renewal appointment must attend both Part I and Part II. All persons applying for Medi-Cal are encouraged to attend both Part I and Part II of Orientation.

- Part I of the Orientation will review rights and responsibilities.
- Part II of the Orientation will review health care options.

I understand that I must attend an Orientation Meeting before my CalWORKs and/or Food Stamps Intake or Renewal/Recertification appointment. I further understand I must bring the form, signed or stamped and dated by the Orientation Patient Services Specialist (PSS), when I arrive for my CalWORKs and/or Food Stamps Intake or Renewal/Recertification appointment.

(Applicant's/Recipient's Signature) _____ (Spouse's Signature) _____ 2-10-2010
(Date)

The above named person has been advised of the following:

<input type="checkbox"/> Rights & Responsibilities <input type="checkbox"/> Civil Rights <input type="checkbox"/> Reporting Responsibilities <input type="checkbox"/> Renewals/Recertifications <input type="checkbox"/> CalWORKs: Health Care Options	<input type="checkbox"/> Monthly Reports <input type="checkbox"/> Food Stamp Staggered Availability <input type="checkbox"/> Appointment System <input type="checkbox"/> Lump Sum Regulations <input type="checkbox"/> Medi-Cal: Health Care Options
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(Signature of Orientation PSS) _____ RIGHTS AND RESPONSIBILITIES
SAN DIEGO COUNTY
FEB 19 2010
(Date)

The above named person(s) has/have been advised of the following:
(Check where applicable)

Search Results

24 Results for "Complex DQL Query" in HHS - 2/14/2011 11:57 A.M.

Object Name	Case Number	SSN	Cin Number	Person Name	Form Type
	_06-302	HHS_A_03032010			06-302 HHS: Pe
	_07-33	HHS_A_03152010			07-33 HHS: Ori
	_16-120_12172008				16-120: Social Se
	_16-120_07292009				16-120: Social Se
	_16-121_12172008				16-121: Vital Sta
	_16-121_04272009				16-121: Vital Sta
	_16-121_12172008				16-121: Vital Sta
	_16-122_03162009				16-122: Identifi
	16-122_03162009				16-122: Identifi

Past, Present and Future

- **Culture Change to a “paperless” environment**
- **Continuous system improvement**
 - Network interface with web-based CalWIN
 - Centralized U.S Mail Imaging Center
- **Future enhancements**
 - Canon copiers with the ability to generate Kofax batches
 - Other

Questions

- **Contact Information**
 - **Ricardo Vicedo**
 - Ricardo.Vicedo@sdcounty.ca.gov
 - (619) 515-6941
 - **Laura Hernandez**
 - Laura.Hernandez@sdcounty.ca.gov
 - (619) 237-8543