



CWDA

Advancing Human Services
for the Welfare of *All* Californians

Enhancing the Customer Experience through Technology

James LoCurto, San Bernardino
Danielle Benoit, C-IV

Ashley Arnold, Sacramento
Yolanda Banuelos, CalWIN



Predictive Handling



CWDA Conference
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C-IV Customer Service Centers

C-IV has 11 continuing Customer Service Centers (CSC): Butte, Humboldt, Kern, Kings, Monterey, Riverside, San Bernardino, Shasta, Stanislaus, Sutter, Yuba.

Each C-IV CSC has a customized Interactive Voice Response (IVR) flow based on their county processes.

The first C-IV CSC went live on **August 5, 2011** in **San Bernardino County**.

San Bernardino County's initial goal for the CSC was to implement a centralized solution to provide services for customers receiving California Work Opportunity and Responsibility to Kids (CalWORKs), CalFresh, and Health Care Programs (HCP).

San Bernardino County continues to expand the customer experience in their CSC using new technology in customer handling and options.



CSC Enhancements

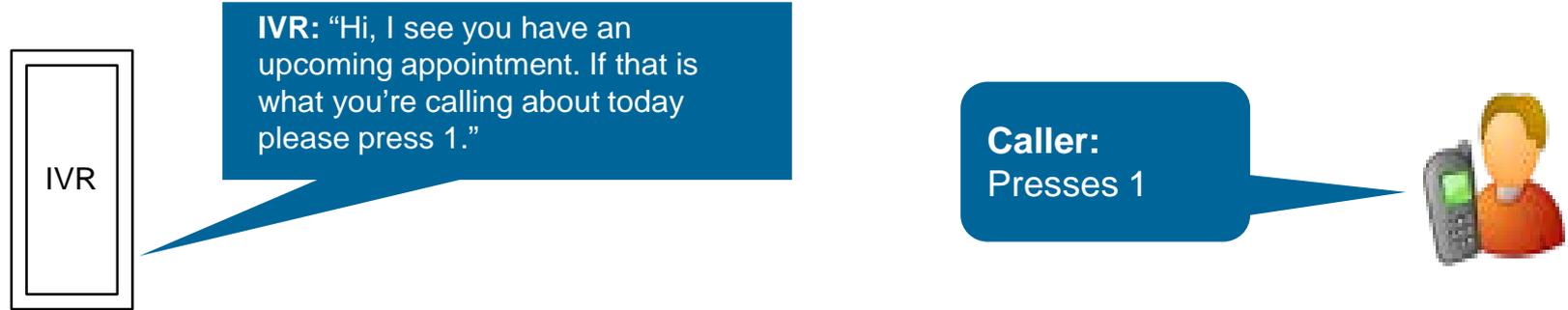
Interactive Voice Response (IVR) enhancements were developed by San Bernardino County and C-IV to solve challenges encountered by the CSC.

The following technology enhancements have improved service to our customers:

- Customer Post Call Survey
- Visual-IVR
- Courtesy Call Back
- Voice Authentication
- **Predictive Handling**
 - EBT Handling
 - Appointment Rescheduling
 - Professional Voice Talent
 - Expanded authentication (SSN and DOB)



Predictive Handling (PH)



- Encourages the use of self service by anticipating requests
- Prevents up-front agent requests and disengaged callers

What it is!

An up-front, personalized experience, predicting the call reason based on knowledge of the caller.

How it helps

Fosters users confidence in the system, leading to Increased use of self service.
Reduce sole operator/agent requests.
Shorter, more efficient calls.
Higher caller satisfaction.



PH: How it Works!

Using the caller's information, the IVR will check the phone number the person is calling from to match with a Primary Applicant/Recipient in the C-IV System. If a match is found, the IVR system will:

- Review current case information,
- Determine the most likely reason for the call, based on case information, within a 37 day window, and
- Select one of the options below to ask the customer:
 - Upcoming appointment,
 - Missed or prior appointment,
 - Re-Evaluation (RE) packet,
 - Denial or discontinuance of benefits,
 - Reduction in benefits,
 - Change/approval of benefits, or
 - Calling to report a change to case information.



PH: How it Works!

The question provided to customer is determined based on priority. The top priority is first given to upcoming scheduled appointments.

For example: If a customer has an appointment scheduled within the 37 day timeframe. They will be asked:
“Are you calling about your upcoming appointment?”

If a customer does not have an appointment scheduled the logic looks at all the events taking place within the same time range:

The next priority is given to those case events resulting in a loss of benefits.

The Customer is only asked one question, regardless of the activity on the case.

- If they answer No to the question, they are moved to the next menu in the IVR
- If they answer Yes to the question, the call is routed based on the option. This might result in being sent to a self-service option or to a speak to worker queue.

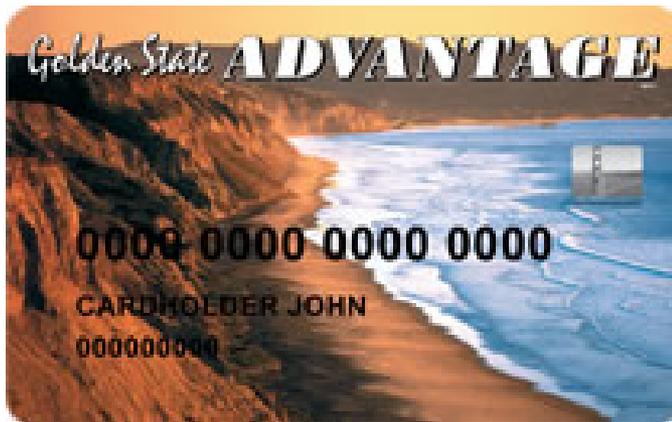


Self-Service Options

Predictive Handling benefits customers by reducing wait times. The customer is provided various self-service options rather than waiting in a queue to speak to a worker.

New self-service options include:

- Requesting a replacement Electronic Benefit Transfer (EBT) card, and
- Confirming, canceling, or rescheduling an appointment.

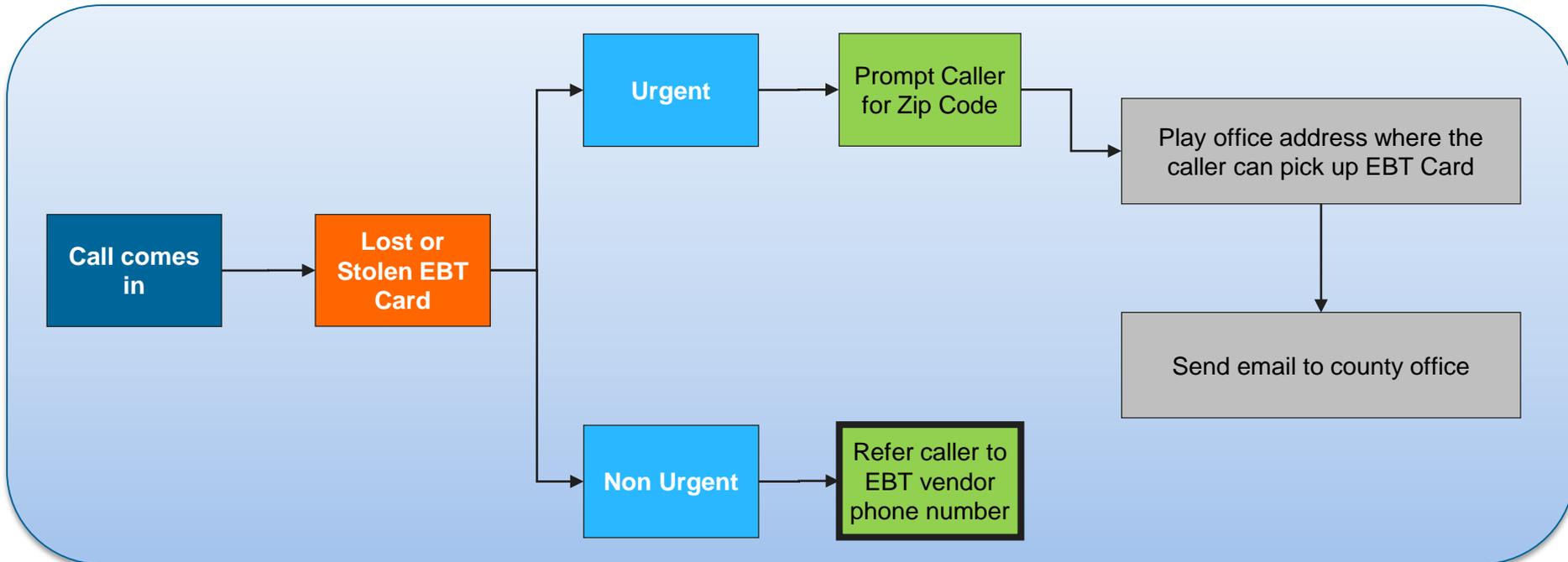




Self-Service Options: EBT Replacement Card



In 2015 C-IV and San Bernardino County completed a caller intent campaign to determine why customers were calling. The campaign revealed that approximately 4% of callers in the study were calling regarding their EBT card. Based on these results it was determined that providing a self-service option to request an EBT card would both improve the customer experience and increase processing efficiency for the county.





Self Service Options: Appointments



The same caller intent campaign found approximately 7% of callers were calling regarding canceling, confirming or rescheduling an upcoming appointment.

Appointment Assumptions

- Reschedule option NOT available 10-days before end of month through the Self-Service IVR
- Only for authenticated callers
- Only for current month

Select to
change
appoint-
ment

Select new
day in
current
month

Select
morning or
afternoon

Select new
time (from
existing time
parameters)

- Leverage existing Cancel / Confirm appointment functionality in the current IVR outbound campaign
- No change in current appointment duration
- Caller will be asked to confirm change
- Caller will be given reminder message of possible benefits impact to missing the appointment
- Journal entry created

Confirmation & Warning Impact

Msg of
changed apt
time

Professional Voice Talent

Professional Voice Talent transforms the way we currently communicate with the caller.

Text-To-Speech (TTS)

Unique

- Is a type of speech synthesis application that is used to create a spoken sound version of the text in a computer document.
- Flexibility to create TTS fairly quickly.
- Ability to record in multiple languages within the same architecture.

Commonalities

- Verbiage
- Languages
- Position where audio is played

Professional Voice Talent

Unique

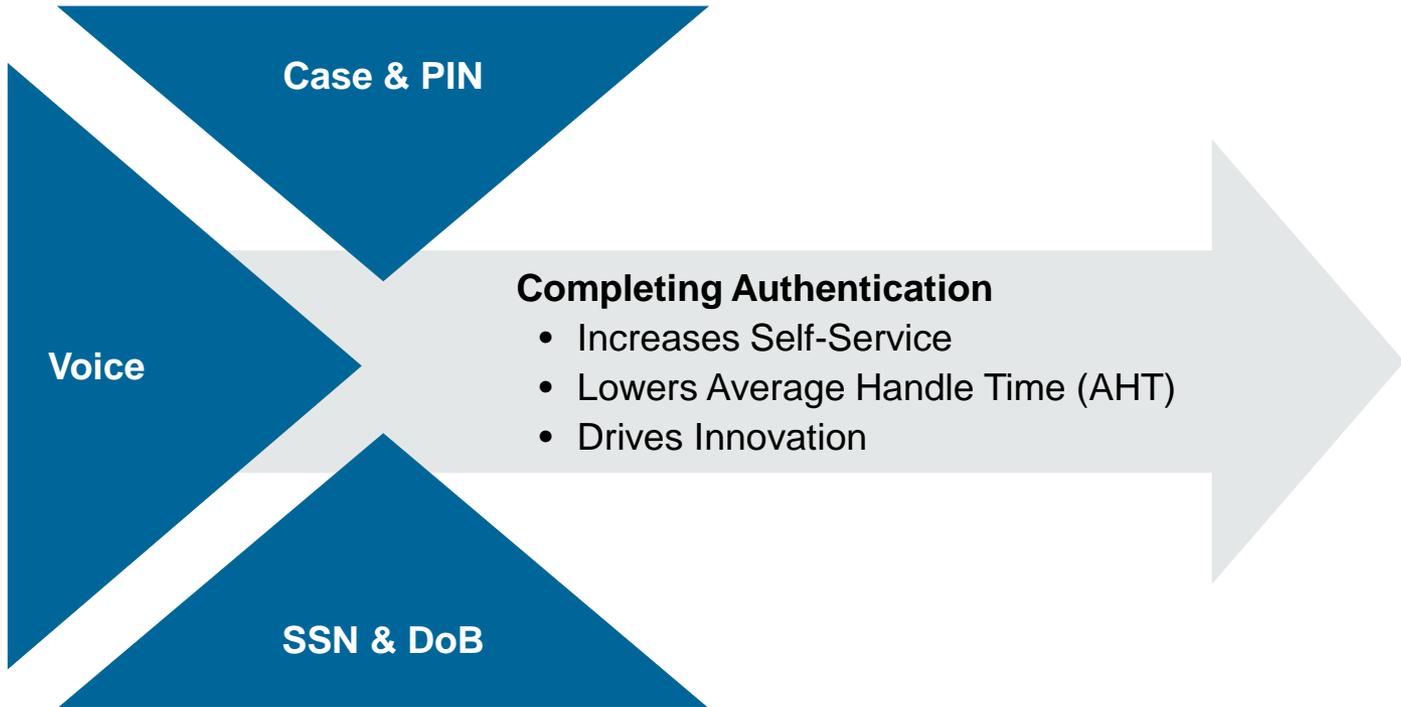
- Auditions of a Voice Talent are performed and one is chosen.
- Caller is able to hear a real voice on the other end of the line.
- Creates audio files that are played to the caller.
- Voice Talent selected is bilingual (English and Spanish).





Expanded Authentication

Authentication allows the customer to access all self-service options through the IVR. Authentication also assists the agent/worker as it allows them to quickly identify the caller and the C-IV System will auto-pop the Case Summary for easy case management. User now has 3 methods to authenticate in the IVR.





Expanded Authentication

Case and PIN

- Original Authentication method.
- PINs are issued from the C-IV System and mailed to customer.

Voice

- Customer enrolls in this authentication method.
- Uses natural voice patterns, no PINs, passwords, and repetitive questions
 - A Caller's voice is analyzed for hundreds of unique characteristics that are then compared to the voice model created
- "My voice is my password please authenticate me"



Date of Birth and Social Security Number

- Allows customers to use their Date of Birth and Social Security Number to authenticate
- If customer is associated to multiple cases, case number is also required.



Lessons Learned

- Callers have multiple reasons to call
- Callers may not understand the presented option
- Callers may be calling to enroll into an additional program
- Repeated callers will hear the same prediction unless a new event occurs between the calls
- EBT
 - Callers may choose this option to bypass IVR and speak to agent/worker.
 - Need to adjust call flow to ask for program information and clarify requested zip code.
- Authentication: More outreach is needed to ensure Customers understand the advantages of authentication.



Thank you!



James LoCurto
San Bernardino County
jlocurto@hss.sbcounty.gov

Danielle Benoit
C-IV Project
BenoitD@c-iv.org



MyBenefits CalWIN

MyBenefits CalWIN Portal Action Solution



Presentation by
Ashley Arnold (Sacramento County)
Yolanda Banuelos (WCDS)
Date Published 8/24/2017



Case Action Journey

Inspiration and Project Inception

Sacramento County Vision

Sacramento County Department of Human Assistance (DHA) had a vision to:

- To provide the best and most innovative customer-centric service experience
- Achieve the highest level of positive customer outcomes
- Create the most productive work environment of any county public assistance or employment agency in California

Sacramento County's Goal

- Provide customers the tools and services needed to improve self-sufficiency outcomes by streamlining requests for assistance programs
- Provide customers the ability to:
 - Communicate quickly and effectively using MyBenefits CalWIN
 - Complete tasks in minutes instead of weeks
 - Complete tasks without coming into the office

Business Challenge

How Do We Improve Self Sufficiency Outcomes?

Initial Focus: Reduce the delay to grant eligibility

- Leverage the flexibility of phone applications or other interview methods to apply for, or renew, public assistance benefits
- Break away from the confines of traditional methods of completing the eligibility process
 - Limit the activities around printing and mailing documents (e.g. imaging)
 - The County relied on the US Postal Service or asked customers to come to an office to submit verifications or provide signatures

Change Process and Collaboration

Thought Leadership In Designing Solutions for the CalWIN Eco-System
The Consortium Counties working together to help shape requirements and direction



Conducted **Workgroup** sessions with county staff to identify improvement opportunities

Collaboration with the CalWIN Consortium to gain additional County experience and insight

Set **direction** to ensure the solution can be adopted by other Counties

CalWIN Consortium

Alameda
Contra Costa
Fresno

Orange
Placer
Sacramento

San Diego
San Francisco
San Luis Obispo

San Mateo
Santa Barbara
Santa Clara

Santa Cruz
Solano
Sonoma

Tulare
Ventura
Yolo

CalWIN Discovery and Innovation

Customers Want Access To Services Available In Other Sectors Of Life Today

- Provide capabilities for customers to streamline requests for assistance programs
- Offer the ability to communicate quickly and effectively, in minutes instead of weeks
- Allow customers to complete their tasks, whenever and wherever they choose



CalWIN Case Action Solution

Ability To Communicate Quickly And Effectively With Customers

The Case Action Solution provides the county and customers the ability to easily navigate to receive and deliver personal information required to determine benefit eligibility.



- Flexible design to accommodate almost all customer scenarios
- Allow staff to request customers to receive and submit documents, or electronically sign documents instantly.
- Enables a much more customer-focused way of doing business
- Electronic document processing improves the business activities needed around document mailing, handling, imaging, and indexing.



Signature Action

MyBenefits CalWIN Action Solution

CalWIN Actions Overview

In CalWIN the **Search for Case Actions** page can be accessed from the navigator within **General System**.

Main Navigation

The screenshot displays the CalWIN Main Navigation interface, which is divided into three main sections:

- Select Function:** A list of functions including Alerts & Broadcast Messages, Appointments, Authorizations Review, Benefit Issuance and Recovery, Case Assignment, Clearance, Employment Services Participation, Hearings, Inquiry, Intake and Case Maintenance, Interface Activities, Program/Provider Maintenance, QC/QA Activities, Registration, RRR, Security, Simulation, System Maintenance, Wrap Up, and View All. A green arrow points to the 'Intake and Case Maintenance' section.
- Action:** A search interface for actions. It includes a search bar with the prompt 'Search for an Action by typing the first few letters'. Below the search bar is a list of actions: Authorization, Client Correspondence, Data Collection, Eligibility Determination, Error Prone, General System (with sub-items: Display Case Overview, Search Case Comments, Search for Case Actions, Search for Held Changes), History Maintenance, and Periodic Reporting. The 'Search for Case Actions' option is highlighted. At the bottom of this section are buttons for 'Add', 'Open', and 'Search'.
- My Favorites:** A list of favorite actions: Data Collection (with sub-items: Perform Data Collection Wrap-up), External Referral Data, General System (with sub-items: Search for Received Documents, Search for Case Actions), and Self Service (with sub-item: Search for Assistor). Buttons for 'Add >' and '< Remove' are located between the 'Action' and 'My Favorites' sections.

MyBenefits CalWIN Action Solution

CalWIN Search for Case Actions

First step is to search on the **Case#** and review the existing Actions prior to **Add** a new Action.

Search for Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case #: Action #:

Action Type:

Program:

Status:

Date Range: From: To:

[Search](#)

Search Results:

View Format Freeze Detach

Case Id	Action #	Effective Begin Date	Action Type	Status	Status Date	Due Date	Individual	Program
1B11Y35	10012	08/01/2017	Request Information fr	Closed	08/01/2017	08/01/2017		Food Stamps

1 Displayed Rows. No More Rows. [More](#)



MyBenefits CalWIN Action Solution

Create a Signature Action

Eligibility worker can select the appropriate Action to send **Information to Client**, **Request Information from Client**, or **Signature Needed**.

Maintain Case Actions

Jump:

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

* Required

Case

Number: **1B11Y35** Name: Mead, Blake J
Status: Open Status Date: 08/05/2014 Pending Alerts: 23

Action **Provided Documents**

Effective Begin Date: 08/28/2017 Effective End Date:

Action #:

* Action Type: Due Date:

* Program: Name:

Customer Instructions:

Information to Client
 Request Information from Client
 Signature Needed

* Status: Open Status Date: 08/28/2017

Customer Response:

Email Notification

Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - -



MyBenefits CalWIN Action Solution

Create Case Action

For this scenario we are creating a “**Signature Needed**” Action for our test case, Blake. The worker completed the required fields (*) and clicked save.

Maintain Case Actions

Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case ✓

Number: **1B11Y35** Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

Effective Begin Date: 08/28/2017 Effective End Date:
Action #: 10,013
* Action Type: **Signature Needed** * Due Date: 08/30/2017
* Program: **Food Stamps** Name: **Mead, Blake J | 48 | 389-79-8558**
Customer Instructions:

* Status: Open Status Date: 08/28/2017
Customer Response:

Email Notification
Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - - [Queue Email](#)

[Received Documents...](#) [Progress Details...](#)

MyBenefits CalWIN Action Solution

Add Documents to the Action

For this test case we will add a Statement of Facts and the CF 285 Rights and Responsibilities for Blake to review and sign. We have the option to select pre-loaded (blank) documents, upload a file, or CalWIN generated correspondence. The worker has the option to send the customer a reminder email.

Maintain Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case

Number: [1B11Y35](#) Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

View Format [Freeze](#) [Detach](#)

Effective Begin Date	Form Name	Date Given	Effective End Date
08/28/2017	CF 285 R & R	08/28/2017	
08/28/2017	CF 285	08/28/2017	

2 Displayed Rows.

* Effective Begin Date: [🗄️](#) Effective End Date: [🗄️](#)
* Form Name: Date Signed: [🗄️](#)
* Date Given: [🗄️](#) Date Returned: [🗄️](#)

* Purpose:

Document Description:

Document Type

Blank Form

Upload [Choose File](#) [View](#)

Client Correspondence [Correspondence in Queue...](#) [Printed Correspondence...](#)

Email Notification

Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - - [Queue Email](#)

[Received Documents...](#) [Progress Details...](#)

MyBenefits CalWIN Action Solution

MyBCW Benefits Overview

The Action is instantly available in MyBCW. The next time Blake logs in the Overview page will provide an Alert to the number of open Actions available on his Case(s).

MyBenefits CalWIN Solano (Change County) Language English Go

Hi, Blake | MyBenefits CalWIN Account | Sign Out

MyBenefits CalWIN ? FAQs Contact Us Help

Overview Benefits Tasks Documents Contact Settings

MyBenefits Overview

Make changes to your [Contact Settings](#)

Welcome to MyBenefits CalWIN Overview. This page has information about your benefits, such as program status. The View Details button will show you more access to benefit amounts and history, reporting/renewal status, and how to contact a county representative.

Blake M - Benefit Overview

You have **1 Action(s)**

Program	Status	Action
 CalWORKs	Approved	View Details
 CalFresh	Approved	View Details
 Medi-Cal/CMSP	Approved	View Details



MyBenefits CalWIN Action Solution

MyBCW Actions Inbox

The Action Inbox page displays the open Actions available on the customer's Case(s).

The screenshot displays the MyBenefits CalWIN user interface. At the top, the logo and user information (Solano, Change County, Hi, Blake) are visible. The navigation menu includes 'Overview', 'Benefits', 'Tasks', 'Documents', and 'Contact Settings'. Under 'Tasks', 'Applications', 'Case Reporting', and 'Action Inbox' are listed. A calendar icon is next to the 'Action Inbox' label. Below the navigation, there are two filter buttons: 'Action Needed' and 'Submitted'. A message states: 'Below is a list of actions that you need to complete for the past six months.' The table below shows one action:

Action #	Case #	Task	Status	Create Date	Due Date	Action
10013	xxxxY35	Signature needed	Action is needed Mead, Blake J	08/28/2017	08/30/2017	Details

A green arrow points to the 'Details' link in the table.

MyBenefits CalWIN Action Solution

MyBCW Actions Details Page

The Action Details page will navigate the customer through a workflow to complete the Action. The detail page provides details of the Action and the instructions needed for the customer to complete the Action.

MyBenefits CalWIN Solano (Change County) Language English Go

Hi, Blake | MyBenefits CalWIN Account | Sign Out

MyBenefits CalWIN FAQs Contact Us Help

Overview Benefits Tasks Documents Contact Settings

Applications Case Reporting Action Inbox

Action Details

This action needs to be completed by 08/30/2017.

A signature is needed on CF 285 for Mead, Blake J.

History exists for this action [View Details](#)

If you have a disability or need help with this action, let the County Welfare Department (County) know and someone will help you.

This action was created on 08/28/2017 and due on 08/30/2017

Back Start

MyBenefits CalWIN Action Solution

MyBCW Signature Workflow

We begin the workflow with the Rights and Responsibilities page, which is based on the document type selected for this Action.



Signature Needed

Rules, Rights, and Responsibilities

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES



APPLICATION FOR CALFRESH BENEFITS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I apply?
Use this application if you are applying for CalFresh benefits only. CalFresh is a food assistance program to help

Print Rules, Rights, and Responsibilities 

* By checking this box, I have read, or had read to me, and understand the Program Rules, Rights, and Responsibilities. I also understand I may print it for my records.

Note: you will be able to electronically sign or decline to sign on the next page

Exit  **Next** 

MyBenefits CalWIN Action Solution

MyBCW Signature Workflow

Next the customer is able to review and sign the document added to the Action. The user has multiple options to sign, decline to electronically sign, or identify reasons why they cannot sign.

Signature Needed

Review and Sign

A signature is needed on CF 285 for Mead, Blake J

Please review and verify the information is correct. When you are done you will need to complete the bottom section and select Next.

<input type="checkbox"/> The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here <input type="checkbox"/>			
<input checked="" type="checkbox"/> Is your household's gross income less than \$150 and cash on hand, checking and savings accounts \$100 or less? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Have your utilities been shut off or do you have a shut-off notice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Will your food run out in 3 days or less? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Do you need help with transportation to get food, clothing, medical care or other emergency item(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Do you have an eviction notice or a notice to pay rent or leave? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Do you need essential clothing, such as diapers or clothing needed for cold weather? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Is anyone pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, did she get a Presumptive Eligibility Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Does anyone in your household have a personal emergency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, check box: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Immediate Medical Need <input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Elder Abuse <input type="checkbox"/> Other emergency which threatens			

Do you agree that you read, or had read to you, this document and any personal information is correct?

- Yes, the information is correct and I am ready to electronically sign the document
- No, I am not able to sign the document or the information is not correct (you will be able to provide a reason)
- I decline to sign this document electronically. I understand that there is no penalty for not signing this document electronically and that the county will contact me to discuss other options for signing.

First signature (Please read the signature line(s) on this document to determine who must sign)

* First Name	Middle Initial	* Last Name	Date
Blake		Mead	8/29/2017

I am not signing for the following reason

- I am not able to view the document.
- The information is not correct.
- Other

Please provide details (maximum of 300 characters)

300 characters remaining

Exit Next



MyBenefits CalWIN Action Solution

MyBCW Signature Workflow

The customer's final step is to validate the signature page appended to the original document prior to completing their Action.

Signature Review

One More Step

You are doing great, you completed the signature steps and are ready to submit. Please Review the final document below, including your signature on the final page.

You will be able to print this document after submission.

Rules, Rights, and Responsibilities

I read, or had read to me, and I understand and agree to the Rights, and Responsibilities in this document.

I read, or had read to me, the Program Rules and Penalties in this document and also understand I may print it for my records.

By checking this box, I have read, or had read to me, and understand the Program Rules, Rights, and Responsibilities. I also understand I may print it for my records.

Do you agree that you read, or had read to you, this document and any personal information is correct?

Yes, the information is correct and I am ready to electronically sign the document

By selecting this option and typing my name below, I am electronically signing this document.

I agree to sign this document by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First signature (Please read the signature line(s) on this document to determine who must sign)

First Name	Middle Initial	Last Name	Date
<input type="text" value="Blake"/>	<input type="text" value="J"/>	<input type="text" value="Mead"/>	<input type="text" value="08/29/2017"/>

Second signature (Please read the signature line(s) on this document to determine who must sign)

First Name	Middle Initial	Last Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any documents you want to upload before you submit?

I do not have any other documents to upload. I am done and ready to submit.

I want to upload some supporting documents before I submit.

MyBenefits CalWIN Action Solution

MyBCW Actions Thank You Page

The customer receives a confirmation number and has the ability print a copy of the submitted document.

Thank You

Thank you, your action has been submitted

Thank you for using MyBenefits CalWIN. Please print a copy of the signed document by clicking the print button below.

Please note: you will not be able to print a copy of the document once the county has marked the action as completed.

[Print/Save Your Signed Document](#)

Confirmation

Please print a copy of this page and keep for your records. Your tracking information is:

Confirmation Number: 000166111
Date: 8/29/2017
Time: 7:03 PM

[Print/Save Confirmation Page](#)

Email Confirmation

Provide an email address, then select the Send Confirmation Button. The confirmation notification will be sent to the specified email address for your records.

Send Confirmation to Logon Email Address shawn.barker@dxc.com
 Send Confirmation to Specified Email Address

Email Address [Send Confirmation Email](#)
Retype Email Address

[Exit](#) [Next](#)

MyBenefits CalWIN Action Solution

CalWIN Search for Case Actions

CalWIN is instantly updated with the status of the Action, Client Submitted.

Search for Case Actions

Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#)

* Required

Case #:
Action Type:
Program:

Action #:
Status:

Date Range: From: To:

[Search](#)

Search Results:

[View](#) [Format](#) [Freeze](#) [Detach](#)

Case Id	Action #	Effective Begin Date	Action Type	Status	Status Date	Due Date	Individual	Program
1B11Y35	10013	08/28/2017	Signature Needed	Client Submitted	08/28/2017	08/30/2017	Mead, Blake J	Food Stamps
1B11Y35	10012	08/01/2017	Request Information fr	Closed	08/01/2017	08/01/2017		Food Stamps

2 Displayed Rows. No More Rows. [More](#)



MyBenefits CalWIN Action Solution

CalWIN Action Details

The County is able to review the document submitted by the customer.

Maintain Case Actions

Jump: Go >

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#)

* Required

Case

Number: 1B11Y35 Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

Effective Begin Date: 08/28/2017 Effective End Date:
Action #: 10,013
* Action Type: Signature Needed * Due Date: 08/30/2017
* Program: Food Stamps Name: Mead, Blake J | 48 | 389-79-8558
Customer Instructions:
* Status: Client Submitted Status Date: 08/28/2017
Customer Response:

Email Notification

Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - - [Queue Email](#)



[Received Documents...](#) [Progress Details...](#)

MyBenefits CalWIN Action Solution

CalWIN Actions Documents List

The Imaged Documents List allows the county to view all of the documents submitted by the customer.

Imaged Document List Jump: Go >

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

[View](#) [Format](#) [Freeze](#) [Detach](#)

Documents	Date Submitted	Document Type	Person	Scope
signature_signed.pdf	08/29/2017 07:...	SAWS 2 PLUS	Blake Mead	Individual

Rows Selected 1 1 Displayed Rows. No More Rows. [More](#)

[Download...](#) [View](#) 

Preview [Print](#) [Close](#)

worth? We call this the Fair Market Value.

How I found out the Fair Market Value

How much I owe on the vehicle

What I used to find the amount owed on the vehicle

Is this a leased vehicle?

SAWS 2 PLUS (04/15) 181105 APPENDIX E

Electronic Signature

Rules, Rights, and Responsibilities

I read, or had read to me, and I understand and agree to the Rights, and Responsibilities in this document.

I read, or had read to me, the Program Rules and Penalties in this document and also understand I may print it for my records.

By checking this box, I have read, or had read to me, and understand the Program Rules, Rights, and Responsibilities. I also understand I may print it for my records.

Do you agree that you read, or had read to you, this document and any personal information is correct?

Yes, the information is correct and I am ready to electronically sign the document

By selecting this option and typing my name below, I am electronically signing this document.

I agree to sign this document by electronic means. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

First signature (Please read the signature line(s) on this document to determine who must sign)

First Name	Middle Initial	Last Name	Date
Blake	J	Mead	08/29/2017

Second signature (Please read the signature line(s) on this document to determine who must sign)



MyBenefits CalWIN Action Solution

CalWIN Actions Details

The County confirmed Blake completed the Action and will now update the Status to Closed.

Maintain Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) | [Switch](#) | [Reset](#) | [Add](#) | [Detail](#) | [Delete](#) | [Print](#) | [Close](#) * Required

Case

Number: **1B11V35** Name: **Mead, Blake J** [Alerts...](#) [Programs](#)
 Status: **Open** Status Date: **08/05/2014** Pending Alerts: **23** [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

Effective Begin Date: **08/28/2017** Effective End Date:
 Action #: **10,013**
 * Action Type: **Signature Needed** * Due Date: **08/30/2017** [🔗](#)
 * Program: **Food Stamps** Name: **Mead, Blake J | 48 | 389-79-8558**
 Customer Instructions:
 * Status: **Client Submitted** Status Date: **08/28/2017**
 Customer Response: **Client Submitted** 
 Closed
 Returned to Client

Email Notification
 Case Email Address: **Rylan.Gann@calwin.org** - Receive Email [Y/N]: **Yes - - -** [Queue Email](#)

[Received Documents...](#) [Progress Details...](#) 

The progress has been tracked and can be reviewed

Display Progress Details Summary Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) | [Switch](#) | [Reset](#) | [Add](#) | [Detail](#) | [Delete](#) | [Print](#) | [Close](#) * Required

Status Date	Status	Customer Instructions	Customer Response	Added By	Updated
08/28/2017	Closed			Dodson, Teagan	08/28/2017 07:08 PM
08/28/2017	Client Submitted			IP45325	08/28/2017 07:04 PM
08/28/2017	Open Viewed			IP45325	08/28/2017 06:53 PM
08/28/2017	Open			Dodson, Teagan	08/28/2017 06:39 PM

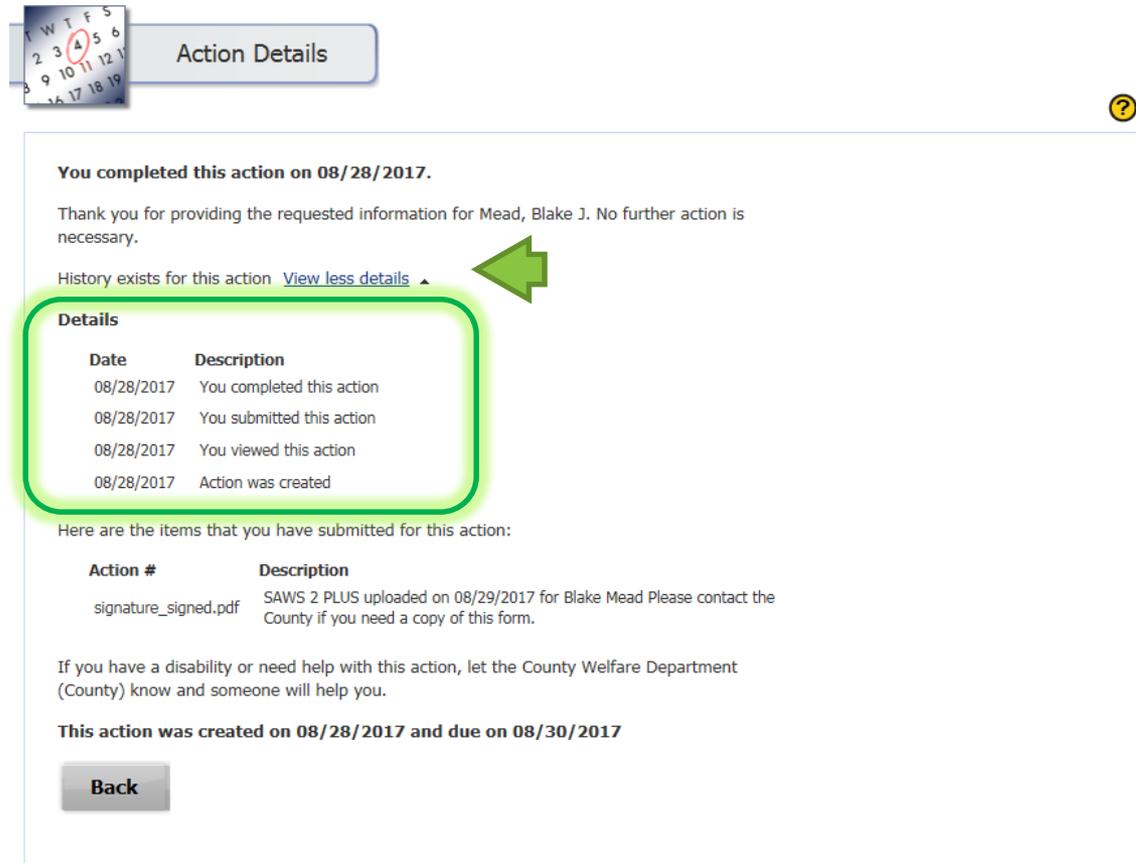
Rows Selected **1** | 4 Displayed Rows. No More Rows. [More](#)



MyBenefits CalWIN Action Solution

MyBCW Actions Details

The customer also has access to review the progress of the action



Action Details

You completed this action on 08/28/2017.

Thank you for providing the requested information for Mead, Blake J. No further action is necessary.

History exists for this action [View less details](#) ▲

Details

Date	Description
08/28/2017	You completed this action
08/28/2017	You submitted this action
08/28/2017	You viewed this action
08/28/2017	Action was created

Here are the items that you have submitted for this action:

Action #	Description
signature_signed.pdf	SAWS 2 PLUS uploaded on 08/29/2017 for Blake Mead Please contact the County if you need a copy of this form.

If you have a disability or need help with this action, let the County Welfare Department (County) know and someone will help you.

This action was created on 08/28/2017 and due on 08/30/2017

Back



Request Information from Client

MyBenefits CalWIN Action Solution

CalWIN Request Information from Client Action

In this scenario the county will create a “Request Information from Client” Action for a utility bill.

Maintain Case Actions

Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#)

* Required

Case ✓

Number: 1B11Y35 Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

Effective Begin Date: 08/28/2017 Effective End Date:
Action #: 10,014
* Action Type: Request Information from Client ▼ * Due Date: 08/31/2017 
* Program: Food Stamps ▼ Name:
Customer Instructions: Please send us a copy of your utility bill

* Status: Open Status Date: 08/28/2017
Customer Response:

Email Notification

Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - - [Queue Email](#)

[Received Documents...](#) [Progress Details...](#)



MyBenefits CalWIN Action Solution

CalWIN Request Information from Client Action

In this example the County will also add an additional document for the customer to review.

Maintain Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case

Number: 1B11Y35 Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

View Format Freeze Detach

Effective Begin Date	Form Name	Date Given	Effective End Date
08/28/2017		08/28/2017	

1 Displayed Rows.

* Effective Begin Date: Effective End Date:

* Form Name: Date Signed:

* Date Given: Date Returned:

* Purpose:

Document Description:

Document Type

- Blank Form
- Upload
- Client Correspondence

CF 285
CF 285 R & R
CF 31 CF Supp Medical Ded-BCW

le chosen [View](#)

[Correspondence in Queue...](#) [Printed Correspondence...](#)

[Queue Email](#)

[Received Documents...](#) [Progress Details...](#)



MyBenefits CalWIN Action Solution

CalWIN Request Information from Client Action

The worker will complete the required fields and attach the document.

Maintain Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case

Number: 1B11Y35 Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

View Format Freeze Detach

Effective Begin Date	Form Name	Date Given	Effective End Date
08/28/2017	AR 3 Mid Year Status Rpt	08/28/2017	

1 Displayed Rows.

* Effective Begin Date: Effective End Date:
* Form Name: AR 3 Mid Year Status Rpt-BCW Date Signed:
* Date Given: Date Returned:

* Purpose: Review
Document Description:

Document Type

Blank Form
 Upload No file chosen
 Client Correspondence

Email Notification
Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - -



MyBenefits CalWIN Action Solution

MyBCW Actions Overview

The customer's MyBCW Overview and Action Inbox pages are instantly updated with new Action.

MyBenefits Overview

Welcome to MyBenefits CalWIN Overview. This page has information about your benefits, such as program status. The View Details button will show you more access to benefit amounts and history, reporting/renewal status, and how to contact a county representative.

Blake M - Benefit Overview

You have **1 Action(s)**

Action Inbox

Action Needed **Submitted**

Below is a list of actions that you need to complete for the past six months.

Action #	Case #	Task	Status	Create Date	Due Date	Action
10014	xxxxY35	Information needed	Action is needed	08/28/2017	08/31/2017	Details

MyBenefits CalWIN Action Solution

Actions Overview

The Action Details page will provide instructions to complete the Action and also display the **Documents to Review** section. Selecting Start will navigate the customer through the steps to upload the document.

Action Details

This action needs to be completed by **08/31/2017**.

We need some information from you. Please review the Instructions below.

Instructions: Please send us a copy of your utility bill

History exists for this action [View Details](#)

If you have a disability or need help with this action, let the County Welfare Department (County) know and someone will help you.

This action was created on **08/28/2017** and due on **08/31/2017**

Back **Start**

Documents to review

Here are the documents from the county to assist you with this action.

[AR 3 Mid Year Status Rpt- BCW](#)

Here is the AR3 form we discussed

MID-YEAR STATUS REPORT
For CalWORKs and CalFresh

RECIPIENT'S NAME: _____ CASE NUMBER (if available): _____ SOCIAL SECURITY NUMBER (OPTIONAL): _____

Use this form to report mandatory or voluntary changes that have occurred since your last redetermination/certification (RD/RC).

If you are reporting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc. If you're having problems getting the proof and need help, call the county.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks; paid invoices, etc. If you're having problems getting the proof and need help, call the county.

If you are reporting an address change, please provide proof of expenses such as, a copy of your lease/rental agreement or lease; rent receipt for your new address; copies of utility deposits, etc.

MANDATORY INFORMATION

If you receive CalWORKs, report the information marked CW. If you receive CalFresh, report the information marked CF. The change of address and voluntary information sections are for all households/assistance units.

CW My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____

CW Someone in my household is running from the law to avoid a felony conviction; running from the law, to avoid custody or confinement after a felony conviction; or has been found by a court to be in violation of probation or parole.
Name of person: _____

CW/CF Someone moved into or out of my household. (Attach a separate sheet for additional persons.)

1. Did the person move In Out? (check one)

2. Name (First, Middle, Last): _____

3. Date of Birth (mm/dd/yyyy): _____

4. Relationship to you: _____

5. Regularly purchase and prepare together? Yes No (check one)

CW/CF I have moved, changed my phone number or have a new mailing address.

New home address: _____

New mailing address (if different from your home address): _____

New phone number (_____) _____

I receive free rent at this new address. I receive free utilities at this new address.
 My rent amount is \$ _____ per month. My utilities are \$ _____ per month.

See other side

AR 3 (RD/RC) COMMERCIAL FORM PAGE 1 OF 2



MyBenefits CalWIN Action Solution

CalWIN Action Status

When the customer **views** an Action in MyBCW the system will instantly update the status in CalWIN.

Search for Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case #: Action #:
Action Type: Status:
Program:

Date Range: From: To:

[Search](#)

Search Results:

View Format [Freeze](#) [Detach](#)

Case Id	Action #	Effective Begin Date	Action Type	Status	Status Date	Due Date	Individual	Program
1B11Y35	10014	08/28/2017	Request Information fr	Open Viewed	08/28/2017	08/31/2017		Food Stamps
1B11Y35	10013	08/28/2017	Signature Needed	Closed	08/28/2017	08/30/2017	Mead, Blake J	Food Stamps
1B11Y35	10012	08/01/2017	Request Information fr	Closed	08/01/2017	08/01/2017		Food Stamps

3 Displayed Rows. No More Rows. [More](#)



MyBenefits CalWIN Action Solution

MyBCW Upload Documents Workflow

The Submit Documents Detail page allows the customer to upload document(s) requested by the County.

Submit Documents Detail

Please identify your documents to help us process your request.

Step 1: Select a Household Member and Document information.

This document is for Document type

This document is a

✓ File upload complete.

Step 2: Choose a File(s) or Drag and Drop File(s).

The maximum file size for upload is **5 MB**.
Accepted files: xls,xlsx,bt,pdf,doc,docx,rtf,htm,gif,jpe,jpeg,jpg,png,tif,tiff,bmp



or Drag and Drop files here.

An uploaded file will be listed so that you will have an opportunity to remove the file.

Note: Uploaded documents which are password protected cannot be viewed by your worker. Please, remove any password protection associated with the document.

Step 3: Verify the list is complete and select Next to continue.

Utility Bill.pdf
Blake Mead
Expenses
Utility bill
[Delete](#)

Exit ✕

Next →



MyBenefits CalWIN Action Solution

MyBCW Thank You Page

The customer receives a confirmation number and has the ability print a copy of the submitted document.



Thank you, your document(s) has been submitted

Thank you for using MyBenefits CalWIN.

Confirmation

Please print a copy of this page and keep for your records. Your tracking information is:

Confirmation Number: 000166112
Date: 8/30/2017
Time: 9:45 AM

[Print/Save Confirmation Page](#) 

Email Confirmation

Provide an email address, then select the Send Confirmation Button. The confirmation notification will be sent to the specified email address for your records.

Send Confirmation to Logon Email Address shawn.barker@dxc.com
 Send Confirmation to Specified Email Address

Email Address

Retype Email Address

[Send Confirmation Email](#)

[Exit](#) [Next](#)

MyBenefits CalWIN Action Solution

CalWIN Search for Case Actions

CalWIN is instantly updated with the status of the Action, Client Submitted.

Search for Case Actions Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case #: Action #:
Action Type: Status:
Program:

Date Range: From: To:

[Search](#)

Search Results:

[View](#) [Format](#) [Freeze](#) [Detach](#)

Case Id	Action #	Effective Begin Date	Action Type	Status	Status Date	Due Date	Individual	Program
1B11Y35	10014	08/28/2017	Request Information fr	Client Submitted	08/28/2017	08/31/2017		Food Stamps
1B11Y35	10013	08/28/2017	Signature Needed	Closed	08/28/2017	08/30/2017	Mead, Blake J	Food Stamps
1B11Y35	10012	08/01/2017	Request Information fr	Closed	08/01/2017	08/01/2017		Food Stamps

3 Displayed Rows. No More Rows. [More](#)



MyBenefits CalWIN Action Solution

CalWIN Actions Documents List

The Imaged Documents List allows the county to view all of the documents submitted by the customer.

Imaged Document List

Jump: [Go >](#)

[View History](#) |
 [View Deleted](#) |
 [Search Comments](#) |
 [Maintain Comments](#) |
 [Case Overview](#) |
 [Run EDBC](#) |
 [PR Details](#) |
 [Held Changes](#)

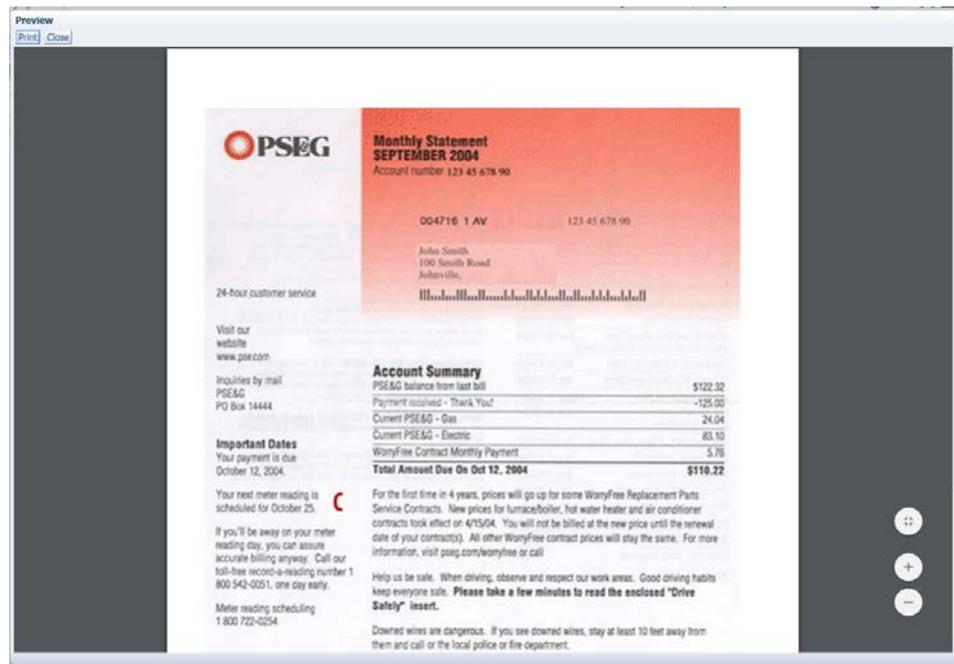
[Save](#) |
 [Switch](#) |
 [Reset](#) |
 [Add](#) |
 [Detail](#) |
 [Delete](#) |
 [Print](#) |
 [Close](#)

* Required

Documents	Date Submitted	Document Type	Person	Scope
Utility Bill.pdf	08/30/2017 09:...	Utility bill	Blake Mead	Individual

Rows Selected 1 | 1 Displayed Rows. No More Rows. [More](#)

[Download...](#) |
 [View](#)



MyBenefits CalWIN Action Solution

CalWIN Actions Details

The County confirmed Blake completed the Action and will now update the Action Status to Closed.

Maintain Case Actions

Jump: [Go >](#)

[View History](#) | [View Deleted](#) | [Search Comments](#) | [Maintain Comments](#) | [Case Overview](#) | [Run EDBC](#) | [PR Details](#) | [Held Changes](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#) * Required

Case ✓

Number: 1B11Y35 Name: Mead, Blake J [Alerts...](#) [Programs](#)
Status: Open Status Date: 08/05/2014 Pending Alerts: 23 [Archived?](#) [PR Cycle](#)

Action **Provided Documents**

Effective Begin Date: 08/28/2017 Effective End Date:
Action #: 10,014
* Action Type: Request Information from Client * Due Date: 08/31/2017 
* Program: Food Stamps Name:
Customer Instructions: Please send us a copy of your utility bill

* Status: **Client Submitted** Status Date: 08/28/2017
Customer Response:

- Client Submitted
- Closed**
- Returned to Client



Email Notification

Case Email Address: Rylan.Gann@calwin.org - Receive Email [Y/N]: Yes - - - [Queue Email](#)

[Received Documents...](#) [Progress Details...](#)



Lessons Learned

Case Action Implementation

Build the Foundation for a Successful Launch

During the project development process, DHA focused on educating both staff and customers on the features and benefits of the MyBenefits CalWIN Portal

- Bureau Champions
- Training Tools and Job Aids
- Marketing to Customers

Create a Robust, Long-Term Training Strategy

- Know your audience (the “techies”, the hands-on learners, the sceptics)
- Variety of training materials and methods

Available to all CalWIN Counties in training and production

Solution Impact

Keep At It! Celebrate the Successes

- While time savings is of great importance, it does not fully describe the true impact to the customer of being able to complete their county business without leaving their home, or without having to use the few spare dollars they have to buy a bus ticket to and from the office to complete paperwork.
- Positive Impact

Case Comment:

“5/3/17 2:56pm- Customer called stating her daughter has a doctor’s appointment today at 3pm but her Medi-Cal is discontinued for no payment of premium. She expressed frustration with the process of restoring eligibility. Stated she did make the payment and has called to check on payment verification several times. The doctor’s office wants \$191 up front if the issue isn’t resolved in time. She has been waiting for 6 months for the appointment and doesn’t have the money to pay up front. Sent customer a Case Action for her to attach verification of payment. Customer submitted proof through MyBCW. Made correction, re-evaluated benefits, authorized Medi-Cal. Submitted transaction to MEDS so child can be seen by doctor immediately. Customer was very appreciative.”

Email from worker:

“Hello. I thought you’d want to know I used the Case Action on Friday afternoon to send a customer their incomplete change report. They were able to complete the missing questions and send it back to me during the phone call, and I was able to process it right away and restore their benefits so they could buy groceries. They wouldn’t have had any food over the weekend without it.”

Success Measures

Measureable Analytics

- The majority of Actions being processed are the Signature type, with those more than doubling from April to May 2017.
- In May 2017, 57% of the Actions sent for Signature were successfully submitted. Out of these submissions, 55% were submitted the very same day, 88% were submitted within six days or less, and 90% were submitted before the end of the month resulting in no delay of benefits.
 - February - 32% increase from January
 - March - 78% increase from January
 - April - 62% increase from January
 - May - 252% increase from January (over 100% increase from April to May).
- Over 1600 Case Actions sent in August 2017 – 600% increase from May to August



Thank you

Ashley Arnold (Sacramento County) - ArnoldAsh@saccounty.net

Yolanda Banuelos (WCDS) - Yolanda.Banuelos@CALWIN.ORG



Questions and Discussion

