AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
THE CENTER TO PROMOTE HEALTHCARE ACCESS, INC. doing business as
SOCIAL INTEREST SOLUTIONS

THIS AMENDMENT TO THE AGREEMENT, entered into this twelfth day of July, 2016, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and The Center to Promote HealthCare Access, Inc. doing business as Social Interest Solutions, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement whereby Contractor provides a local eligibility system using One-e-App Software that supports the San Mateo County Health System's role in conducting outreach, eligibility screening, enrollment and retention in local health coverage programs for eligible low-income residents on May 20, 2014; and

WHEREAS, the parties amended the Agreement on January 26, 2016; and

WHEREAS, the parties wish to amend the Agreement to increase the amount of the agreement by $145,191 to $510,341 and change the term to January 1, 2014 through June 30, 2017.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1.   Section 1 "Exhibits and Attachments" of the agreement is amended to read as follows:

The following exhibits and attachments are included hereto and incorporated by reference herein:

Exhibit A—Services
Exhibit B—Payments and rates
Exhibit C – Business Associate Addendum
Exhibit D – One-e-App License
Exhibit E- SIS Service Standards as provided in March 2013 Response to the County's RFP
Exhibit F –Change Order 1 entitled "San Mateo MAGI Medi-Cal Change 2015

Development Estimate SMO-CO-201507-1"
Exhibit G – Change Order 2 entitled "Business Requirements Document: One-e-App
System Enhancements"
Attachment I—§504 Compliance

2.   Section 3 "Payments" of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms,
conditions and specifications set forth herein and in Exhibit "A," County shall make
payment to Contractor based on the rates and in the manner specified in Exhibit "B." The
County reserves the right to withhold payment for the applicable services if, other than as
a result of any act or failure to act by County or any County employee or agent, the work
performed by Contractor materially fail to meet applicable specifications under this
Agreement, and Contractor fails to cure such breach within thirty (30) days of written
notice from County specifying the breach.   Subject to the assumptions and other
provisions set forth in Exhibit "B", in no event shall the County's total fiscal obligation
under this Agreement with respect to the services specified in Exhibit "A" exceed FIVE
HUNDRED TEN THOUSAND THREE HUNDRED FORTY ONE   DOLLARS
($510,341), other than in connection with liability for any breach by County of this
Agreement.

County shall be responsible for any excise, sales, use or other similar tax as required by
law, based upon charges or services rendered pursuant to the Agreement, if applicable,
any of which may be paid by Contractor on County's behalf and added to County's
invoice; provided, however that County shall not be obligated to pay any taxes based on
Contractor's net income or property.

**Contractor shall invoice County according to the schedule in Exhibit "B". Invoices
are due and payable within thirty (30) days of the invoice date. If County does not
pay the full amount of the invoice within five (5) days after the delivery to County
by Contractor of written notice of delinquency, County shall pay a late charge in the
amount of the lesser of (i) 1.5% per month or (ii) the highest rate allowable by law,
in each case compounded monthly to the extent allowable by law, from the date due
until paid in full. Without limiting its rights or remedies, Contractor shall have the
right to suspend or terminate entirely its Services for cause as referenced in Section
3(b) on thirty (30) days notice if payment is not received within five (5) days of the
date of delivery of the notice of delinquency.**

3.   Section 4 "Term and Termination" of the agreement is amended to read as follows:
Subject to compliance with all terms and conditions, the term of this Agreement shall be
from January 1, 2014 through June 30, 2017.

This Agreement may be terminated by either party at any time with cause by giving
written notice to the other party if the other party fails to cure a material breach of this
Agreement within thirty days of written notice specifying the breach. This Agreement

may also be terminated by County at any time as provided in Section 7 below. This Agreement may be terminated by Contractor by written notice from Contractor's authorized representative, and by County, by written notice from, the Chief of the San Mateo County Health System or his/her designee, at any time after the initial twelve (12) months of the term, without a requirement of good cause, upon sixty (60) days' written notice to the other party.

In the event of termination and provided that County has paid all amounts payable hereunder, any finished or unfinished documents, data, studies, maps, photographs, reports, and materials prepared by Contractor under this Agreement and specifically identified in Exhibit "A" as "County Materials" shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such County Materials. Subject to Section 7 below, upon termination Contractor shall be entitled to receive and retain payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

Upon termination or expiration of this Agreement for any reason, Contractor shall have no further obligation to perform services hereunder, and the rights granted to County in the One-e-App Software and other Contractor Technology shall terminate immediately and without further notice.

The obligations of each party which have been incurred prior to the effective date of termination (including, without limitation, the obligations of County under Section 2) shall continue in full force and effect notwithstanding the expiration or termination of this Agreement and whether or not an invoice has been rendered with respect thereto.

The provisions of Sections 4, 5, 6, 9, 13, 14, 19, 20, 21, 24, 25, 26 and 27 will survive termination or expiration of this Agreement for any reason.

4. Section Exhibit A of the agreement is amended to add the following paragraph:

    L. Change Order 2:
    The Contractor will provide the County with the additional services as set forth in Exhibit G in accordance with generally accepted industry practice standards. It is understood and agreed that the Services may include advice and recommendations regarding the use or operation of the One-e-App Software, but all decisions in connection with the implementation of such advice and recommendations shall be the responsibility of, and made by, the County.

5. Section Exhibit B, letter 'A' of the agreement is amended to read as follows:

    a. Between January 1, 2014 and June 30, 2016, the Contractor shall be paid a total of THREE HUNDRED THOUSAND DOLLARS ($300,000) for the basic One-e-App application and Support, TWENTY THOUSAND DOLLARS ($20,000) for

the development of the Temporary ACE Program, SIX THOUSAND DOLLARS ($6,000) for the File Transfer Process, and THIRTY NINE THOUSAND ONE HUNDRED FIFTY DOLLARS ($39,150) for Change Order 1

    b. Between July 1, 2016 and June 30, 2017, the Contractor shall be paid a total of THIRTY TWO THOUSAND THREE HUNDRED NINETY ONE DOLLARS ($32,391) for Change Order 2 as defined in Exhibit A.

    c. Between July 1, 2016 and June 30, 2017, the Contractor shall be paid a total not to exceed ONE HUNDRED FORTY FIVE THOUSAND ONE HUNDRED NINETY ONE DOLLARS ($145,191) for maintenance of the system as denoted in Exhibit B letter f.

    d. The total amount of this agreement is not to exceed FIVE HUNDRED TEN THOUSAND THREE HUNDRED FORTY ONE DOLLARS ($510,341).

6. Section Exhibit B, letter 'B' of the agreement is amended to read as follows:

    a. Between January 1, 2014 and June 30, 2016 Contractor shall invoice the County on a monthly basis in the amount of TEN THOUSAND DOLLARS ($10,000) during the term of this Agreement in an amount not to exceed THREE HUNDRED THOUSAND DOLLARS ($300,000).

    b. Between January 1, 2014 and June 30, 2016 Contractor shall invoice a onetime TWENTY SIX THOUSAND DOLLAR ($26,000) charge for the development of the Temporary ACE and File Transfer process on the first billing invoice.

    c. Between January 1, 2014 and June 30, 2016 Contractor shall invoice a onetime THIRTY NINE THOUSAND ONE HUNDRED FIFTY DOLLARS ($39,150) charge for Change Order 1 on completion of Change Order 1

    d. Between July 1, 2016 and June 30 2017 Contractor shall invoice a onetime THIRTY TWO THOUSAND THREE HUNDRED NINETY ONE DOLLARS ($32,391) charge for Change Order 2 on completion of Change Order 2 as defined in Exhibit A.

    e. Between July 1, 2016 and June 30, 2017 Contractor shall invoice for system maintenance based on the following fee schedule:

        a. The total payment will be based on the monthly report of enrollment in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids). The monthly report of enrollment is generated by SIS on the first week of the month. The number of monthly enrollees for invoice purposes will be determined by averaging the enrollee count of the three months reports prior to the invoicing month.

        b. If the total number of consumers enrolled in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids) during the past three months is greater than or equal to 20,000 enrollees per month, the Contractor shall be paid a total of NINE THOUSAND FOUR HUNDRED DOLLARS ($9,400) for that month.

c. If the total number of consumers enrolled in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids) during the past three months is greater than or equal to 15,000 but less than 20,000 enrollees per month, the Contractor shall be paid a total of EIGHT THOUSAND SEVEN HUNDRED SEVENTY DOLLARS ($8,770) for that month.

d. If the total number of consumers enrolled in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids) during the past three months is greater than or equal to 10,000 but less than 15,000 enrollees per month, the Contractor shall be paid a total of SIX THOUSAND NINE HUNDRED FIFTY DOLLARS ($6,950) for that month.

e. If the total number of consumers enrolled in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids) during the past three months is greater than or equal to 5,000 but less than 10,000 enrollees per month, the Contractor shall be paid a total of FIVE THOUSAND FIVE HUNDRED FIFTY DOLLARS ($5,550) for that month.

f. If the total number of consumers enrolled in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids) during the past three months is greater than or equal to 2,500 but less than 5,000 enrollees per month, the Contractor shall be paid a total of THREE THOUSAND SEVEN HUNDRED SIXTY FIVE DOLLARS ($3,765) for that month.

g. If the total number of consumers enrolled in a program for which the Contactor's One-E-App program serves as the enrollment system of record (this includes ACE, ACE Fee Waiver, Temporary ACE, Discounted Health Care, and Healthy Kids) during the past three months is less than 2,499 enrollees per month, the Contractor shall be paid a total of THREE THOUSAND TWO HUNDRED FORTY DOLLARS ($3,240) for that month.

7. **All other terms and conditions of the agreement dated January 26, 2016 between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By:_____
President, Board of Supervisors, San Mateo County

Date:_____

ATTEST:

By:_____
Clerk of Said Board

The Center to Promote HealthCare Access, Inc.,
dba Social Interest Solutions

John G. Caterham
President & CEO

_____
Contractor's Signature

Date: June 21, 2016

Exhibit "A"

In consideration of the payments set forth in Exhibit "B", Contractor shall provide the following services:

a. The Contractor will provide the County with the services as set forth this Exhibit A in accordance with generally accepted industry practice standards. It is understood and agreed that the Services may include advice and recommendations regarding the use or operation of the One-e-App Software, but all decisions in connection with the implementation of such advice and recommendations shall be the responsibility of, and made by, the County.

b. Notwithstanding any other provision of this Agreement, if the Contractor utilizes reasonable and diligent efforts, but is unable to meet any deadline under this Agreement, it shall not be considered to have defaulted in its obligations hereunder. The Contractor agrees to notify the County promptly in writing if it expects to encounter, or does encounter, delays. If the County fails to meet any obligations of County in a timely manner, a change order, subject to the prior written approval of the Contractor, may be required to address costs incurred by the Contractor resulting from the County delay and to set forth a revised schedule of performance of the Services.

c. The Services may be performed away from the relevant County site by the Contractor personnel.

d. The following will serve as the Contractor's Project Management Responsibilities:

    i. The Contractor will retain a project manager (San Mateo Solutions Lead) to represent the Contractor.

    ii. The Contractor will provide a minimum of two weeks advanced notification and a formal transition plan if the designated Solutions Lead will change. The parties agree that the Contractor shall use reasonable efforts to minimize changes in the Solutions Lead.

    iii. This Solutions Lead will perform the following responsibilities:

        a) Submit documentation for the Contractor's scheduled quarterly build a minimum of one month prior to the scheduled build date. These quarterly builds include new system enhancements, eligibility logic changes, fixes to reported system errors and other system modifications agreed upon by both parties. If documentation is transmitted after this date for an item, the build item will move to a future build to ensure sufficient time for client review of the impact of the change on workflows, systems, and resources.

b) Submit a list of Help Desk tickets to the County a minimum of twenty-four hours in advance of scheduled Help Ticket calls and Operations calls.

c) Submit documentation for any changes to the One-e-App database table structure a minimum of one month prior to the scheduled implementation date, unless otherwise agreed to by the County and Contractor.

d) Run and review scheduled Quality Audits reports to assess system integrity, in line with the formal Quality Audit report list agreed to by the Contractor and the County. The Contractor Project Manager must submit a report to the County of any findings biweekly and post the Quality Audit reports to the County's secured FTP location.

e) Using secure methods, provide the County with a weekly copy of the County's data from the database so queries can be run to meet local reporting needs. Provide at no additional cost reasonable ad hoc assistance to the County on database queries.

f) Oversee the Contractor's day to day operations as they relate to the County's One-e-App processes.

g) Works closely with One-e-App developers in order to execute One-e-App system changes and enhancements within tight deadlines, upon request by the County.

h) Coordinate assistance from the Contractor's Management and Deployment teams to ensure all the County's needs are met and allow for quick response and minimal turnaround time. This combined team of more than 120 persons includes business analysts, web-developers, database administrators, customer support representatives, IT specialists, policy specialists, trainers, data analysts, solution and project managers and operations staff and the Solutions Lead will have the skill set necessary to coordinate with individuals in the specified range of disciplines.

i) Inform San Mateo County's Project Manager of build items or other system changes being planned and tested by other County Project Managers. If there is risk that San Mateo County may experience interruption or broken functionality, the Contractor will coordinate with San Mateo County Project Management to reduce this risk to San Mateo County users.

j) Coordinate assistance from the Contractor's Specialty Team to meet the needs of the County, allocate appropriate resources to ensure success in One-e-App, ensure that each of the County's health coverage programs in One-e-App is fully implemented and updated to meet changes in Federal

and County regulations, and ensure that the One-e-App infrastructure is in compliance with all Federal, County and Local Security Policies.

e. **System Testing:** The Contractor will follow extensive testing and quality control mechanisms to ensure quality and robust solution delivery system to the County. The County will provide Subject Matter Experts and potential County One-e-App for the User Acceptance Testing (as described and defined below) of the software enhancements and changes with end-to-end regression testing, including interfaces, to ensure that they are ready to implement and provide feedback to the Contractor. The Contractor will follow both automated testing using cutting edge tools as well as manual testing by skilled QA personnel and as the County's Subject Matter Experts. The testing process will be as follows:

- **Internal Testing:** The internal testing will be conducted by the Contractor and will use both automated as well as manual testing process. The testing cycles will be conducted before the changes are promoted to any of the technical code environments (e.g. Development, QA, Pre-production, and Production). The Contractor will conduct a broad range of testing that includes unit testing, functional testing, performance testing, security testing, integration testing, regressing testing, data testing, and cross browser testing. All these tests will be conducted in each of the environments to make sure that the system will not only be functioning properly but will also be providing optimum performance and security to the end users and their information.

- **External Testing:** The external testing will be conducted by the County's Subject Matter Experts and the Contractor's QA personnel through the User Acceptance Testing (UAT). The Contractor will work closely with the County's One-e-App Project Specialist to schedule and conduct the UAT and help prepare test scenarios. The Contractor will also provide support during the UAT. The issues being reported during the UAT will be tracked through the Contractor's issue tracking system called Test Track Pro. The Contractor's team will analyze the issues as they come in and will work on the bugs. The suggestions and enhancements will be discussed with the County's leadership for decisions on the scope. The Contractor will send daily UAT issues report to the County leadership indicating the status of the issues. Once all the issues that were agreed upon to be addressed before go live have been fixed, the Contractor will work with the County on a revalidation UAT where the County's team will ensure that all the issues have been resolved. Upon sign off by the County's leadership on the UAT process, the changes will be promoted into production.

- **Platform testing:** The Contractor will meet the following minimum standards:

  - **Desktop/Laptops**: Computers with 512 MB RAM or higher, Adobe Acrobat Reader software to view PDF images, version 7.0 or higher, pop-up blocker off for One-e-App

  - Internet Connectivity: Access to high-speed internet (DSL, Cable, T1 Line) through a hard-wired or wireless router OR a broadband "air card" for portable internet connectivity. Please note that DSL or cable may experience slow-down after 10 users depending on what the users are doing. Air care may experience slow-downs or dropped connections as a result of the broadband provider's network utilization or other issues. The average bandwidth availability per computer in BYTES should be 30/8=3.75 Kilobytes per second to run the SOFTWARE.

  - Internet Browser: Internet Explorer version 7.0 or higher.

  - Printer: Dedicated or network printer with at least 600x600 dpi.

  - Fax: To ensure adequate speed, baud rate should be 33.4 and above and have at least 300X300 dpi.

  - Scan: Scanners must be set at a minimum of 300 dpi (dots per inch)

  - Signature Pads (Optional): For electronic signature capturing and viewing, Signature Pad and bundles SigPlusPro software from Topaz Systems, Inc.

f. **Help Desk:**
   - The Contractor's Help Desk will be staffed with a Help Desk Team that will be available to quickly address issues or concerns that are unable to be resolved by the County's Tier 1 Help Desk. The Contractor will follow "Application Support Methodology" as described in Exhibit E.
   - The Contractor will provide Second Tier Help Desk and technical assistance as detailed in Section I. "Technical Service Level" from 8:00 am to 5:00pm Pacific Standard Time.
   - On selected occasions when the County has specific events planned after hours or weekends, the Contractor will provide on-demand support at no additional cost, upon reasonable request by County and subject to availability of Contractor personnel and resources. It is anticipated that these events will occur at least one (1) Saturday every month.

- The County's end users may report system related issues by calling a toll free number, sending an email or communicating with the Contractor's support staff through online chat.
- A ticket will be opened for every issue reported, without exception.
- Concerns reported by the County will be placed in an automated ticket tracking system called Test Track Pro (TTPRO). Once a ticket is created, the County's users will receive an automated notification from TTPRO, including a ticket number and details. Once an issue is resolved, the County's users will be notified via an automated email from TTPRO. The TTPRO system allows for the following capabilities: 1)Prioritizing severity of reported issues 2) Using a checklist to guarantee follow through 3)Cutting down time by being able to reference past resolutions made from previous tickets 4) Notifying users.

- If the County's applicant is waiting for assistance, the Interactive Voice Response (IVR) call option will also be available. This option allows for the County to obtain immediate assistance if there is stoppage in the application process (i.e. errors, looping, etc.). When such situations arise, the Contractor's intercom system will announce "Family Waiting" thus notifying the Help Desk to give top priority to attending to that County's specific user to help move through the system. This will also be tracked in the Test Track Pro System.

g. **Training:** The Contractor will work closely with the County to provide ongoing end user training. The Contractor will provide up to five (5) classroom days of training for up to ten (10) students per class during each full calendar month during which Contractor provides support. The Contractor's range of service options for training and supporting users will include:
    - **A Train-The-Trainer Model:** The Contractor will train the County's "Superusers" on the features and functionality of One-e-App. These Superusers will continue to train others from their agencies which allow information regarding changes to be easily and quickly disseminated through the user network.
    - **Refresher Training Via Web Conference:** The Contractor will provide refresher trainings and Web-Ex overviews of new functionality and programs as they are introduced. Given the agile nature of One-e-App and the changing nature of programs, Web-ex trainings will enable quick and cost-efficient dissemination of information to users. These trainings are not included in the five days of classroom training.

- **Online Help Text:** One-e-App contains screen-level online help text for every screen in the application. The County will provide help text specific to the County programs.
- **Online Links for more information:** County assistors will have access to a range of informational resources through One-e-App via links to external documents and websites.

h. The Contractor will develop a process to transmit the verification files and images stored in One-e-App for the Low Income Health Program (LIHP)/ Medicaid Coverage Expansion (MCE) Programs to the Human Services Agency (HSA) Cal Win System (the "File Transfer Process"). The Contractor will work with the State CalWin Consortium and San Mateo County HSA staff to transfer these files and images to the CalWin System.

i. The contractor will develop the features required for the Temporary ACE program and will maintain the program for one year. The features will include the following:
- Changes to the One-e-App application process to support additional data elements for the program
- Changes to the One-e-App rules engine to support the eligibility for the program
- Changes to the One-e-App post CALC flow to accommodate the program
- Changes to the One-e-App search process to accommodate the new program
- Changes to the One-e-App reports to accommodate the new program
- Changes to the core 834 interfaces to accommodate the bew program

j. The Agreement is based on the following assumptions:

1. The County has an established organizational structure to support the maintenance and enhancement of San Mateo County's One-e-App system so as to make timely decisions, prepare the County's participants for adoption of this system and contribute Subject Matter Experts (SME) as scheduled for Joint Requirements Planning sessions (JRPs), Rapid Application Development sessions (RADs), User Acceptance Testing sessions (UATs), Training and others sessions that will be conducted as part of completing the requirements set forth in this Agreement.

2. Any One-e-App enhancements will be based on the process flow, database design, and hardware and software infrastructure of the current One-e-App application, whenever practical.

3. The County will work collaboratively with other counties that are implementing, or have implemented, the One-e-App application through the Contractor and Contractor will provide timely information about other Counties' efforts in this regard.
4. The County will provide appropriate information technology staff resources access to the Internet (high speed where available), and prepare the County desktops and laptops to be used to support the implementation of the One-e-App application.
5. The County will be responsible for training and supporting staff that will use One-e-App, except as set forth in this Exhibit A.
6. The County will provide Spanish translations for the application.
7. The County will provide first level help desk support for One-e-App.
8. The Contractor will support up to two, one-hour calls per month with the SIS Solutions Team Lead and County representatives to discuss One-e-App.
9. Any changes to the requirements specified herein will require an additional change order
10. The Contractor will provide up to 40 hours per year of staff time to deal with eligibility rules. The Contractor will work with SIS to identify and determine what the changes to the rules are and when they need to be made.

    k. The Contractor shall abide by the following Response and Performance Standards:

Technical Service Levels

The One-e-App production application and hardware will be available

during normal business hours unless otherwise coordinated between parties or in the event of Outages beyond the Contractor's reasonable control. Normal business hours are defined as Monday through Friday, 8:00 a.m. - 5:00 p.m. One-e-App production and support business holidays are:

New Year's Day
Martin Luther King Jr. Day
Presidents' Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Day After Thanksgiving
Christmas Day
Day After Christmas

SIS One-e-App Support Team will notify the County when the application performance is impacted.

Throughout the maintenance support process, the Contractor will record support issues, and development responses and a summary will be provided to the County.

Application Service Levels

When an issue is reported to SIS One-e-App Support Team, it will be assigned a level of severity. The Contractor recognizes that loss of functionality could adversely affect the County's members ability to obtain needed health care services. The Contractor therefore agrees to use diligent efforts to resolve issues as soon as possible, and whenever possible, within the time periods referenced below.

The four different levels of severity are:

• **Critical.** Issues that involve work stoppage are defined as follows:

-A significant number of users are unable to access the system. All users at a single location or multiple users across multiple locations.
-The system is down, or data has been lost due to as suspected failure of the One-e-App software.
-There is evidence of software malfunction that could lead to the possibility of large amounts of data being corrupted or lost.
-Loss of functionality, which creates the inability of users to perform a singular business task, which is critical but does not impair functionality in other modules or other tasks.
-Limited data loss, which adversely affects processing.

Response Standard: Critical issues will be acknowledged by SIS to the County within two (2) hours. If a workaround is available, SIS will implement the workaround within four (4) hours of receipt of the issue (during business hours), or within four (4) hours of the first business day after an issue is reported if it is reported during non-business hours. The problem will be addressed in the application as quickly as the issue can be fixed and thoroughly tested in the application.

• **High.** Severe problems that involve work slowdowns are defined as follows:

-Loss of functionality, which creates the inability of users to perform singular business task, which is not necessarily critical and does not impair functionality in other modules or other tasks. Calculation issues fall into this category since they impair the user from adequately performing their job because the client is place on an incorrect coverage program.
-Limited data loss, which does not adversely affect more than one area of the application.

Response Standard: High severity issues will be addressed in the application upon its next release, but not to exceed a one week time period. If a workaround is available, it will be given within eight (8) hours of receipt of the issue (during business hours, or on the second day after an issue is

reported if it is reported during non-business hours. High priority tickets must be resolved and fixed in the time stated above. A workaround should last no longer than a week and a permanent fix should be placed in within two to three weeks.

- **Medium.** Non-critical problems that have some impact on the user are defined as follows:

  -Loss of functionality in a limited capacity within a module that does not impair ability to perform business tasks
  -The system is operational, but the user is experiencing problems or has questions on features or results.
  -The issue has little impact on the system as a whole, and the majority of users can access and utilize the system with ease.

  Response Standard: Medium severity issues will be addressed in the application in a future release of the system. If a workaround is available, it will be given within 24 hours of receipt of the issue (during business hours), or on the third business day after an issue is reported if it is reported during non-business hours.

- **Low.** This includes problems that do not fall into the categories above and defined as follows:

  -Minor aesthetic defects, which do not adversely affect the performance of the application.

  Response Standard: Low severity issues will be addressed in the application in a future system release.

Performance Standards

Notwithstanding any online-disclaimers, any provision of this contract to the contrary or circumstances outside of SIS's control such as Public Internet availability, in providing the services described in this contract the Contractor will make the following standards:

-Response Time of Outages: The Contractor will respond within thirty minutes;

-Notice of Outages: The Contractor shall notify the County of scheduled server computer/network outages in advance (48 hours in advance, whenever possible, and will notify the County of any unscheduled outage which the Contractor believes will last longer than 30 minutes.

-Bandwidth and Storage: The Contractor will support bandwidth and storage, with updates that the County is entitled to have under this contract, plus sufficient capacity and storage for additional updates that the County may pay extra and amend this contract to have the Contractor host;

-System Backup: The Contractor will back-up the One-e-App System, at least daily, in accordance with commercially reasonable standards. One-e-App will protect the system back as documented in the "System Security Plan as documented in Exhibit E.

-Security: The Contractor will take commercially reasonable steps, including real time security monitoring, to prevent unauthorized access to the One-e-App Data Base, Content, User Content and Confidential information stored on the site. Contractor will follow its "System Security Plan" as documented in Exhibit E.

-Maintenance and Support: The Contractor will provide real-time site performance monitoring, load balancing and traffic routing. The Contractor will notify the County of any errors identified and will ensure that only competent technicians will correct software-based server errors, provide courteous user support and reply to user inquiries as indicated in response times note above. Contractor will follow its "Application Support Methodology" in Exhibit E.

-Timeliness of the initial release and subsequent updates of One-e-App: Within the estimated time frames specified by the Contractor in this contract or within commercially reasonable timeframes, if those estimated time frames cannot reasonably be met due to circumstances beyond the Contractor's control.

Exhibit "B"

In consideration of the services provided by Contractor in Exhibit "A", County shall pay Contractor based on the following fee schedule:

a. The Contractor shall be paid a total of THREE HUNDREDTHOUSAND DOLLARS ($300,000) for the basic One-e-App application and Support, TWENTY THOUSAND DOLLARS ($20,000) for the development of the Temporary ACE Program and SIX THOUSAND DOLLARS ($6,000) for the File Transfer Process, as defined in Exhibit A.

b. The Contractor shall invoice the County on a monthly basis in the amount of TEN THOUSAND DOLLARS ($10,000) during the term of this Agreement and a onetime $26,000 invoice for the development of Temporary ACE and the File Transfer Process which will be sent on the first billing invoice.

c. The cost of this contract also has the following assumptions:

    i. The fees, as quoted in this scope of services, are based upon the County's and other One-e-App clients sharing the costs of maintenance and enhancement for their specific One-e-App application with other One-e-App clients. Should such sharing not take place, the fees are subject to adjustment, not to exceed $26,000.

    ii. The Contractor will monitor the database size and activity and over the course of time, we will notify the County should it become necessary to upgrade the database or add additional infrastructure to support the application. The costs for these upgrades will be the responsibility of the County.

    iii. SIS will maintain the Temporary ACE Program with no additional annual maintenance cost for one year. If the program needs to be maintained after one year then the additional annual maintenance cost for the program will need to be renegotiated.

    iv. Cost estimates are contingent on the County's timely participation, decision-making, review, testing and feedback on changes

EXHIBIT C

Attachment H
Health Insurance Portability and Accountability Act (HIPAA)
Business Associate Requirements

DEFINITIONS

Terms used, but not otherwise defined, in this Schedule shall have the same meaning as those terms are defined in 45 Code of Federal Regulations section 160.103 164.304 and 164.501. (All regulatory references in this Schedule (or Attachment) are to Title 45 of the Code of Federal Regulations unless otherwise specified.)

a. **Designated Record Set**. "Designated Record Set" shall have the same meaning as the term "designated record set" in Section 164.501.

b. **Electronic Protected Health Information**. "Electronic Protected Health Information" ("EPHI") means individually identifiable health information that is transmitted or maintained in electronic media, limited to the information created, received, maintained or transmitted by Business Associate from or on behalf of Covered Entity.

c. **Individual**. "Individual" shall have the same meaning as the term "individual" in Section 164.501 and shall include a person who qualifies as a personal representative in accordance with Section 164.502(g).

d. **Privacy Rule**. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 Code of Federal Regulations Part 160 and Part 164, Subparts A and E.

e. **Protected Health Information**. "Protected Health Information" shall have the same meaning as the term "protected health information" in Section 164.501 and is limited to the information created or received by Contractor from or on behalf of County.

f. **Required By Law**. "Required by law" shall have the same meaning as the term "required by law" in Section 164.501.

g. **Secretary**. "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his or her designee.

h. **Security Incident**. "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system, but does not include minor incidents that occur on a daily basis, such as scans, "pings", or unsuccessful random attempts to penetrate computer networks or servers maintained by Business Associate

i. **Security Rule**. "Security Rule" shall mean the Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and Part 164, Subparts A and C.

OBLIGATIONS AND ACTIVITES OF CONTRACTOR

a. Contractor agrees to not use or further disclose Protected Health Information other than (a) as permitted or required by the Agreement; (b) as necessary for the proper management and administration of Contractor's business or to carry out its legal responsibilities, provided that such use or disclosure is permitted under applicable state

and federal law; or (c) as required by law. In addition to, and not in limitation of, the foregoing, Contractor may create, use and disclose de-identified Protected Health Information as necessary to perform Contractor's obligations under the Agreement, [MB1]and as otherwise authorized by County. In addition, County agrees that Contractor may use de-identified aggregate Protected Health Information on web-sites owned or operated by Contractor and in Contractor's newsletters and articles authored by or on behalf of Contractor for purposes of referencing the total number of persons served by County, and for other purposes approved in writing by County.

b. Contractor agrees to use appropriate safeguards to prevent the use or disclosure of the Protected Health Information other than as provided for by this Schedule.

c. Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of Protected Health Information by Contractor in violation of the requirements of this Schedule.

d. Contractor agrees to report to County any use or disclosure of the Protected Health Information not provided for by this Schedule.

e. Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Contractor on behalf of County, agrees to the same restrictions and conditions that apply through this Schedule to Contractor with respect to such information.

f. If Contractor has Protected Health Information in a designated record set, Contractor agrees to provide access, at the request of County, and in the time and manner reasonably designated by County, to Protected Health Information in a Designated Record Set, to County or, as directed by County, to an Individual in order to meet the requirements under Section 164.524.

g. If Contractor has Protected Health Information in a designated record set, Contractor agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the County directs or agrees to make pursuant to Section 164.526 at the request of County or an Individual, and in the time and manner designed by County.

h. Contractor agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Contractor on behalf of, County available to the Secretary, in a time and manner designated by the Secretary, for purposes of the Secretary determining County's compliance with the Privacy Rule.

i. Contractor agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with Section 164.528.

j. Contractor agrees to provide to County or an Individual in the time and manner reasonably designated by County, information collected in accordance with Section (i) of this Schedule, to permit County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with Section 164.528.

k. Contractor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Contractor creates, receives, maintains, or transmits on behalf of County.

l. Contractor shall conform to generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of health information.

m. Contractor shall ensure that any agent to whom it provides EPHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such EPHI.

n. Contractor shall report to County any Security Incident within five (5) business days of becoming aware of such incident.

o. Contractor shall makes its policies, procedures, and documentation relating to the security and privacy of protected health information, including EPHI, available to the Secretary for purposes of the Secretary determining County's compliance with the HIPAA privacy and security regulations. County shall make such policies, procedures and documentation available to County upon reasonable written request by County and at County's sole expense, solely to the extent such policies, procedures and documentation relate to Protected Health Information; provided that County shall not disclose such policies, procedures and documentation to any third party without Contractor's prior written consent and shall use such policies, procedures and documentation for the sole purpose of Section e., Miscellaneous, below.

PERMITTED USES AND DISCLOSURES BY CONTRACTOR

Except as otherwise limited in this Schedule, Contractor may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, County as specified in the Agreement; provided that such use or disclosure would not violate the Privacy Rule if done by County.

OBLIGATIONS OF COUNTY

a. County shall provide Contractor with the notice of privacy practices that County produces in accordance with Section 164.520, as well as any changes to such notice.

b. County shall provide Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect Contractor's permitted or required uses and disclosures.

c. County shall notify Contractor of any restriction to the use or disclosure of Protected Health Information that County has agreed to in accordance with Section 164.522.

PERMISSABLE REQUESTS BY COUNTY

County shall not request Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by County, unless the Contractor will use or disclose Protected Health Information for, and if the Agreement provides for, data aggregation or management and administrative activities of Contractor.

DUTIES UPON TERMINATION OF AGREEMENT

a. Upon termination of the Agreement, for any reason, Contractor shall return or destroy all Protected Health Information received from County, or created or received by Contractor on behalf of County. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Contractor. Contractor shall retain no copies of the Protected Health Information.

b. In the event that Contractor determines that returning or destroying Protected Health Information is infeasible, Contractor shall provide to County notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible; Contractor shall extend the protections of the Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Contractor maintains such Protection Health Information.

MISCELLANEOUS

a. Regulatory References. A reference in this Schedule to a section in the Privacy Rule means the section as in effect or as amended, and for which compliance is required.

b. Amendment. The Parties agree to take such action as is necessary to amend this Schedule from time to time as is necessary for County to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act, Public Law 104-191.

c. Survival. The respective rights and obligations of Contractor under this Schedule shall survive the termination of the Agreement.

d. Interpretation. Any ambiguity in this Schedule shall be resolved in favor of a meaning that permits County to comply with the Privacy Rule.

e. Reservation of Right to Monitor Activities. County reserves the right to reasonably monitor the security policies and procedures of Contractor with respect to Protected Health Information solely as necessary to confirm that Contractor is not in material breach of any provision of this Addendum.

f. No Third Party Beneficiaries. No third party shall be deemed or considered a third-party beneficiary under this Schedule, nor shall any third party have any rights as a result of this Schedule.

g. Notice. Any notice under this Schedule will be provided in accordance with the Notices provision of the Agreement.

SOFTWARE SUBSCRIPTION SERVICE AGREEMENT

This Software Subscription Service Agreement (the "Agreement") is entered into as of _____, 201_ (the "Effective Date"), between The Center to Promote HealthCare Access, Inc., d/b/a Social Interest Solutions, a California non-profit corporation ("SIS"), and _____ a _____ ("Client").

WHEREAS, SIS and Client have entered into the agreement identified in Exhibit A, of even date herewith (the "Primary Agreement");

WHEREAS, SIS owns or has acquired certain rights in the Software and Documentation (as each is defined hereunder) and provides and sells subscriptions for subscribers to access and use the Software and Documentation; and

WHEREAS, Client desires to obtain the right to access and use the Software and Documentation, and SIS is willing to grant such right to Client subject to the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual promises of the undersigned parties and for other good and valuable consideration, the parties hereby enter into this Agreement as set forth below.

1.   DEFINITIONS

The following terms will have the corresponding meanings set forth below for purposes of this Agreement.

1.1   "Authorized Purpose" has the meaning set forth in Exhibit A.

1.2   "Authorized Sublicensee" means the third party(ies), if any, identified in Exhibit A, and such other third party(ies) as SIS may approve in writing, in its sole discretion.

1.3   "Authorized Users" means Client's employees, contractors and agents who require access to the Software and Documentation for the Authorized Purpose and who have agreed in writing to comply with the provisions of this Agreement.

1.4   "CMIA" means California's Confidentiality of Medical Information Act" codified in the California Civil Code, § 56 *et seq*.

1.5   "Derivative Works" means a work that is based upon one or more preexisting works such as a revision, modification, change, enhancement, addition, translation, abridgement, condensation, expansion, or any other form in which such preexisting work may be recast, transformed, or adapted, and if prepared without authorization of the owner of the copyright in such preexisting work, would constitute copyright infringement. For purposes hereof, Derivative Works will also include any compilation that incorporates such a preexisting work.

1.6 "Documentation" means the materials described in the attached Exhibit A that set forth or describe the functions, operations and use of the Software.

1.7 "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as added to and amended by the Health Information Technology for Economic and Clinical Health Act of 2009, Public Law 111-5, and the rules and regulations promulgated thereunder by the U.S. Department of Health and Human Services.

1.8 "Intellectual Property Rights" means any and all proprietary rights of any kind, tangible or intangible, now known or hereafter existing, including, without limitation, copyrights and neighboring rights; trade secrets; trademark; and patent and other industrial property rights, and all registrations, and applications thereof now or hereafter in force throughout the universe.

1.9 "Client's Data" means the data input, transmitted or submitted by or on behalf of Client and stored on and/or accessible through the Site and the Software.

1.10 "Primary Agreement" means the agreement identified in Exhibit A.

1.11 "Protected Health Information" has the same meaning as the term "protected health information" as defined at 45 CFR 160.103.

1.12 "Site" means the website(s) owned or operated by SIS through which Client may access and use the Software in accordance with this Agreement.

1.13 "Software" means the software program(s) listed on Exhibit A, and any and all Updates, Upgrades and Derivative Works of such Software provided by SIS to Client, if any.

1.14 "Sublicense Agreement" means an agreement between Client and an Approved Sublicensee approved in writing by SIS in SIS's sole discretion, under which Client sublicenses some or all of Client's rights under the Subscription Services.

1.15 "Subscription Services" has the meaning set forth in Section 2.1.

1.16 "Updates" means any and all releases of the Software that are generally made available by SIS to some or all of its clients without additional charge or as part of a standard maintenance program, including, without limitation, corrections and updates to the Software.

1.17 "Upgrades" means any release, option, upgrade or additional functionality for the Software that SIS elects, in its sole discretion, to license separately or to provide to any licensee(s), other than Updates.

2. SUBSCRIPTION SERVICES

2.1 **Grant.** Provided that Client is not in breach of any payment or other obligation to SIS, SIS hereby grants to Client a nonexclusive, nontransferable, limited right to (a) access the Software through the Site; (b) use the Software solely for the Authorized Purpose; and (c)

reproduce and use the Documentation, if any, solely for Client's internal use in connection with use of the Software for the Authorized Purpose (the "Subscription Services").

2.2   Authorized Users. Client's Authorized Users may access and use the Software for the Authorized Purpose in accordance with this Agreement, provided that Client will advise each Authorized User of the provisions of this Agreement prior to allowing such Authorized User to access or use the Software. Client will be liable for any breach of this Agreement by any Authorized User.

2.3   Authorized Sublicensees. Client may sublicense the rights granted under the Subscription Services to Approved Sublicensees who have executed a Sublicense Agreement provided that Client will be fully responsible for the acts and omissions of each Approved Sublicensee and liable for any breach of this Agreement by any Approved Sublicensee. SIS shall be a third party beneficiary of each Sublicense Agreement, with the right, but not the obligation, to enforce such Sublicense Agreement in SIS's own name or the name of Client as SIS deems necessary. Nothing contained in any provision of this Agreement will create any contractual relationship between SIS and any Approved Sublicensee. Client will have the right to charge fees to Authorized Sublicensees pursuant to the terms of a Sublicense Agreement approved in writing by SIS.

2.4   Passwords. Client will use, and will require that Authorized Users use, passwords to access and use the Software in accordance with SIS's written policies and instructions, as such policies and instructions may change from time-to-time upon written notice from SIS to Client. Client and each Authorized User will maintain all passwords in confidence, and will not disclose or share any password with any third party or attempt to access the Software other than by using an authorized password.

2.5   Outages. Client acknowledges that the Software may be temporarily unavailable due to maintenance or because of events beyond SIS's reasonable control. SIS will have no liability to Client or any other party due to, or as a result of, such service interruptions. SIS agrees to use commercially reasonable efforts to remedy any such service interruptions.

3.   OBLIGATIONS OF Client

3.1   Limitations and Restrictions.   Except as specifically provided in this Agreement, Client will not, directly or indirectly:

(a)   Access or use the Software or Documentation other than for the Authorized Purpose and in strict accordance with this Agreement;

(b)   Sublicense, assign, lease, pledge or otherwise transfer Client's rights in the Software or Documentation or allow any security interest, lien or encumbrance to be created in or on such rights;

(c)   Alter, modify, translate or create Derivative Works based on the Software or Documentation;

(d)   Access or use, or permit the access to or use of, the Software or Documentation in the operation of a service bureau, timesharing arrangement or otherwise for the benefit of a third party;

(e) Download, disassemble, decompile, distribute or reverse engineer the Software or otherwise attempt to derive or construct source code or other trade secrets therefrom;

(f) Remove, modify or take any other action that would obscure the copyright, trademark or other proprietary notices contained in the Software or Documentation or any copy thereof; or

(g) Permit any third party to do any of the foregoing.

3.2 Compliance with Laws. Client will comply with all applicable federal, state and local laws, statutes, rules, regulations and orders, including, without limitation, HIPAA, the CMIA and any applicable privacy and confidentiality protections under the laws of any state, with respect to access to and use of the Software, Documentation and Protected Health Information.

3.3 Security Measures. Client will institute and maintain security measures consistent with current industry standards and such additional measures, if any, specified in Exhibit A, and in any event no less than those required under applicable laws, statutes, rules, regulations and orders, to protect the Software and Documentation against unauthorized access and use, and to protect against any programs or devices such as viruses, worms, or other forms of computer sabotage being placed within the Software or any data accessed through the Software or the Site. Client will notify SIS in writing within three (3) business days of knowledge of Client or any employee, agent or Authorized Sublicensee of any security breach or virus or other computer sabotage.

3.4 Protection Against Unauthorized Use. Client will promptly notify SIS in writing of any unauthorized access to or use of the Software or Documentation or of any breach of the restrictions set forth in Section 3.1 known to Client. Client will use best efforts to immediately terminate any unauthorized access to or use of the Software or Documentation by any employee, agent, contractor or representative of Client and to retrieve any copy(ies) of the Software and/or Documentation in the possession or control of the applicable employee, agent, contractor or representative. Client will promptly notify SIS in writing of any legal proceeding initiated by Client in connection with such unauthorized access or use or with respect to any breach of this Agreement by any employee, agent, contractor or representative of Client. SIS may, at SIS's sole discretion, participate in any such proceeding and in such event, Client will provide such authority, information and assistance related to such proceeding as SIS may reasonably request to protect SIS's interests.

4. OWNERSHIP

4.1 SIS Property. Client acknowledges and agrees that the Software, Documentation and all modifications, enhancements, updates and Derivative Works thereof, tangible or intangible, involve valuable Intellectual Property Rights of SIS and that SIS owns and retains all right, title and interest, including, without limitation, all Intellectual Property Rights, therein, subject only to the limited rights specifically granted to Client under this Agreement.

4.2 Client's Data. Client agrees that SIS will have the nonexclusive, royalty-free right to access and use Client's Data as necessary for performance of this Agreement and the

Primary Agreement. Client retains all rights in Client's Data except for the limited rights specifically granted to SIS hereunder.

5. TERM AND TERMINATION

5.1 Term. This Agreement is effective on the Effective Date and will remain in effect until expiration or termination of the Primary Agreement, unless earlier terminated as provided herein.

5.2 Termination by SIS. Either party may terminate this Agreement immediately upon written notice to the other party should the other party fail to cure a material breach of this Agreement, if subject to cure, within thirty (30) days of written notice of such breach. Termination is in addition to, and not in limitation of, any other available remedy. SIS may also terminate this Agreement as provided under Section 9 below.

5.3 Effect of Termination. Upon expiration or termination of this Agreement for any reason, SIS will have no further obligation to provide the Subscription Services, all rights granted to Client hereunder will terminate immediately and without further notice and Client will promptly cease all access to and use of the Software and Documentation and destroy (and in writing certify such destruction) or return to SIS all copies of the Documentation (if any) then in Client's possession or control.

5.4 Survival. Sections 1, 4, 5.4, 6, 7, 8 and 10, and all other provisions of this Agreement that may reasonably be interpreted or construed as surviving the termination of this Agreement will survive the expiration or termination of this Agreement for any reason.

6. WARRANTIES AND DISCLAIMER

6.1 Client's Warranties. Client represents and warrants that: (a) Client will access and use, and will ensure that Authorized Users access and use, the Software and Documentation solely for the Authorized Purpose and in strict accordance with this Agreement; and (b) Client will comply with all applicable federal, state and local laws, statutes, rules, regulations and orders, including, without limitation, HIPAA, the CMIA and any applicable privacy and confidentiality protections under the laws of any state with respect to access and use of the Software and Documentation and of Protected Health Information.

6.2 Limited Warranty by SIS. SIS warrants that it controls all rights in the Software and Documentation necessary to grant to Client the rights specified in this Agreement. The warranty provided in this Section 6.2 is the sole and exclusive warranty by SIS with respect to the Software and Documentation.

6.3 Disclaimer of Warranties. SIS AND ITS SERVICE PROVIDERS DO NOT WARRANT THAT ACCESS TO OR USE OF THE SOFTWARE WILL BE UNINTERRUPTED OR ERROR FREE. EXCEPT AS SPECIFICALLY PROVIDED IN SECTION 6.2, THE SOFTWARE AND THE DOCUMENTATION ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND, INCLUDING, BUT NOT LIMITED TO: (A) ANY

IMPLIED WARRANTY OF NON-INFRINGEMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE; (B) ANY IMPLIED WARRANTY ARISING FROM COURSE OF PERFORMANCE, COURSE OF DEALING OR USAGE OF TRADE; AND/OR (C) ANY OBLIGATION, LIABILITY, RIGHT, REMEDY, OR CLAIM IN TORT, NOTWITHSTANDING ANY FAULT, NEGLIGENCE, STRICT LIABILITY OR PRODUCT LIABILITY OF SIS (WHETHER ACTIVE, PASSIVE OR IMPUTED). SIS DOES NOT WARRANT, GUARANTEE OR MAKE ANY REPRESENTATIONS REGARDING THE USE, OR THE RESULTS OF THE USE, OF THE SOFTWARE AND DOCUMENTATION IN TERMS OF ITS CORRECTNESS, ACCURACY, RELIABILITY, TIMELINESS, OR OTHERWISE. THE ENTIRE RISK AS TO THE RESULTS AND PERFORMANCE OF THE SOFTWARE AND DOCUMENTATION, INCLUDING, WITHOUT LIMITATION, LOSS OF DATA, IS ASSUMED BY THE Client. SIS HAS NOT AUTHORIZED ANYONE TO MAKE ANY REPRESENTATION OR WARRANTY WITH RESPECT TO THE SOFTWARE AND THE DOCUMENTATION.

7. **LIABILITY**

7.1 **Limitation of Liability.** IN NO EVENT WILL SIS HAVE ANY OBLIGATION OR LIABILITY FOR ANY INCIDENTAL, INDIRECT, SPECIAL, MULTIPLE, PUNITIVE OR CONSEQUENTIAL DAMAGES OR LIABILITIES (INCLUDING, BUT NOT LIMITED TO, LOSS OF PROFITS OR REVENUES, BUSINESS INTERRUPTION OR LOST OPPORTUNITIES, ERRORS OR LOSS OF USE, LOSS OR CORRUPTION OF INFORMATION OR DATA AND/OR COST OF PROCUREMENT OF SUBSTITUTE GOODS, SERVICES OR TECHNOLOGY, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE FOREGOING LIMITATION OF LIABILITY WILL APPLY REGARDLESS OF THE CAUSE OF ACTION UNDER WHICH SUCH DAMAGES ARE SOUGHT.

7.2 **Maximum Liability.** NOTWITHSTANDING ANYTHING ELSE HEREIN, AND WITHOUT LIMITATION OF THE PROVISIONS OF SECTION 7.1, SIS'S MAXIMUM CUMULATIVE LIABILITY UNDER THIS AGREEMENT AND THE PRIMARY AGREEMENT WILL NOT EXCEED THE AMOUNT ACTUALLY PAID TO SIS UNDER THE PRIMARY AGREEMENT.

8. **INDEMNITY.**

Client agrees to indemnify and hold harmless, at Client's sole expense, SIS and SIS's officers, directors, employees, licensors, licensees, attorneys, agents and independent contractors (collectively, the "Indemnitees") from and against any and all claims, costs, liabilities or expenses (including, without limitation, reasonable attorneys' fees and costs of litigation) ("Claims"): (a) arising out of or relating to any breach or alleged breach by Client of any obligation or warranty under this Agreement; (b) Client's and Authorized Users access to and use of the Software and Documentation; and/or (c) any act or omission of Client or any employee, contractor or agent of Client, and to defend SIS and the Indemnitees against any third party Claim. SIS agrees to provide prompt written notice to Client of any indemnified Claim known to SIS; provided, however, that failure to do so will not reduce or diminish Client's

obligations hereunder except to the extent Client has been adversely affected or prejudiced by such failure. SIS will reasonably cooperate with Client in defense of any third party Claim as reasonably requested by Client, at Client's sole expense. Client will not settle any indemnified Claim without SIS's prior written consent, such consent not to be unreasonably withheld or delayed. SIS will have the right, in SIS's sole discretion, to participate in defense of any third party Claim with counsel of SIS's choosing and at SIS's expense.

9. INFRINGEMENT

In the event SIS determines, in SIS's sole discretion, that the Software or Documentation, in whole or in part, infringes or may infringe any right of any other party, or is subject to a claim for infringement, SIS will, at SIS's sole option and as Client's sole remedies either (a) procure for Client the right to continue accessing and using the Software and Documentation as provided under this Agreement; (b) replace or modify the Software or Documentation as necessary so that such access and use by Client becomes non-infringing; or (c) if SIS determined that neither of the foregoing is reasonably feasible, terminate this Agreement immediately upon written notice to Client, with no further liability to Client.

10. MISCELLANEOUS

10.1 Relationship of the Parties. SIS and Client are independent contractors hereunder, and neither party will be considered or permitted to be the agent, servant, joint venturer or partner of the other party.

10.2 Notices. All notices required or permitted under this Agreement must be in writing and will be deemed given (a) upon personal delivery; (b) four (4) business days after deposit with the United States mail, certified mail, return receipt requested, postage fully prepaid; or (c) one (1) business day after deposit with recognized overnight courier. Notices shall be sent to each party at its address provided in the signature block below, or such other address as a party may provide in accordance herewith.

10.3 Assignment. This Agreement may not be assigned or transferred by either party, in whole or in part, including, without limitation, by operation of law, without the prior written consent of the other party; provided, however, that SIS may assign this Agreement to any entity that has acquired all or substantially all of SIS's assets as a successor to the business, or to any entity that has assumed responsibility for operating and maintaining the Software. Any unauthorized assignment will be void. This Agreement will be binding upon and will inure to the benefit of each party's successors and authorized assigns.

10.4 Waiver. Any failure of either party to insist upon or enforce performance by the other party of any of the provisions of this Agreement or to exercise any rights or remedies under this Agreement will not be interpreted or construed as a waiver or relinquishment of such party's right to assert or rely upon such provision, right or remedy in that or any other instance; rather the same will be and remain in full force and effect. Any waiver must be in writing and will not constitute consent to, waiver of, or excuse for any different or subsequent breach of this Agreement.

10.5 Entire Agreement. This Agreement and the Exhibit(s) included herein by reference contain the entire understanding of the parties hereto, and replaces all prior and contemporaneous written or verbal understandings or promises between the parties with respect to its subject matter. All modifications or amendments to this Agreement must be in writing and signed by the authorized representative of each party. There are no third party beneficiaries of or to this Agreement. Paragraph headings are for convenience of reference and are not a part of this Agreement.

10.6 Governing Law, Jurisdiction and Venue. This Agreement will be interpreted, construed and enforced in all respects in accordance with the laws of the state of California without reference to its choice of law rules. Jurisdiction and venue for any dispute arising under or in relation to this Agreement will exclusively rest with the state and federal courts in Alameda County, California. The prevailing party in any dispute will be entitled to an award of its reasonable attorneys' fees and costs, in addition to, and not in limitation of, other available remedies.

10.7 Injunctive Relief. Client acknowledges that disclosure or use of SIS's Confidential Information or access to or use of the Software or Documentation in breach of the provisions of this Agreement would irreparably injure SIS, which injury could not adequately be compensated by money damages. Accordingly, Client agrees that SIS may seek and obtain injunctive relief from the breach or threatened breach of any provision of this Agreement, in addition to other legal remedies and without requirement to post bond.

10.8 Force Majeure. No party to this Agreement will be deemed in breach of this Agreement to the extent it is prevented from performing any of its obligations, other than payment obligations, by reason of severe weather and storms; earthquake or other natural occurrences; strike or other labor unrest; power failure; nuclear or other civil or military emergencies; acts of legislative, judicial, executive, or administrative authorities, or any other circumstances that are not within its reasonable control. Without limitation of the foregoing, Client acknowledges that SIS will have no liability for erroneous transmissions and loss of service or access resulting from communications or other failures by telecommunications service providers and other third parties.

10.9 Severability. If any provision of this Agreement is deemed by a court of competent jurisdiction to be invalid, void, or illegal, the remaining provisions will not be affected, impaired or invalidated in any way and such other provisions will remain in full force and effect.

10.10 Counterparts. This Agreement may be executed in any number of counterparts and by facsimile or .pdf attached to an email that together will be deemed originals and constitute one and the same instrument.

IN WITNESS WHEREOF, SIS and Client have executed this Agreement by their duly authorized representatives as of the date first written above.

THE CENTER TO PROMOTE HEALTHCARE ACCESS, INC., d/b/a Social Interest Solutions	Client
	Entity Name
By_____	By_____
Print Name	Print Name
Title	Title
Address	Address
Address	Address

EXHIBIT A

Primary Agreement:

Authorized Purpose:

Documentation:

Software:

Security Measures:

Social Interest Solutions

System Security Plan

TABLE OF CONTENTS

1. INTRODUCTION

Social Interest Solutions (SIS)'s goal is to provide a highly secure environment for the users to process applications and protect the client data in the SIS systems. SIS uses HIPAA as a minimum standard in consideration of our security, but also follows the NIST, HITECH, FIPS, FIPs, PCI and other standards. SIS also complies with the security requirements set forth by every state in which we operate (This accommodates requirement 131 under the Security Features section in Appendix D). SIS's security approaches have been reviewed by a number of independent third parties as well as by jurisdictions (states and counties) with whom we work. In addition, SIS constantly monitors industry standards, practices and security violations for information we can learn about making the technical environment even more secure for our clients and the applicants they support.

To achieve this type of security level, SIS enforces strict security policies and procedures in all levels of access. The network and application level security and associated security tools used to help SIS maintain this high-level of security are described below:

2. DESCRIPTION OF THE BUSINESS PROCESS

SIS is a mission-driven organization that provides innovative solutions to bridge the gap between people and services by using cutting edge technology. SIS's experience providing access to necessary health and social services programs for people in need started in the late 1990's with the development for the State of California of an electronic Single Point of Entry system - called Health-e-App - for Medicaid for Children and Pregnant Women and the state S-CHIP program.

Building on the success of Health-e-App, which provided significant improvements over California's paper Joint Application for Medicaid and S-CHIP, SIS has extended its capabilities across five states (California, Arizona, Indiana, Maryland and Florida) for a broad range of health and social services programs. While Health-e-App was developed and implemented to support two state programs, SIS's next generation products have expanded its program base to a wide range of federal, state and county-based public programs as well as privately-funded programs. These programs include:
- Medicaid
- S-CHIP
- County Indigent Care and Coverage Initiative Programs (e.g., Healthy San Francisco, ACE, Adult Well, CMSP, Medi-Cruz, MAP, Healthy Indiana Program, Healthy Howard, and a number of others)
- Children's Expansion Programs (e.g., Healthy Kids in California)

- County and Health Center Sliding Fee Programs (e.g., Pima County Access Program (PCAP), HealthCare Connect (HCC-Maricopa County), and Santa Cruz Health Connect (SCHC)
- Hospital Charity Care (Health Advantage)
- Kaiser Permanente Child Health Plan and Kaiser Bridge Program
- California KIDS Program
- EPSDT
- Medicare Cost Sharing
- Medicare Part D
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Nutrition for Women, Infants and Children (WIC)
- Temporary Assistance to Needy Families (TANF)
- Earned Income Tax Credit (EITC)
- Free and Reduced School Lunch Program
- Unemployment Assistance Program
- California Low Cost Auto Insurance Program
- Utility Subsidy Programs
- Energy and Weatherization Assistance Programs
- Prescription Drug Discount Programs
- California Low Cost Telephone Assistance Program

SIS solutions provide a universal single electronic application for all of the programs listed above. For the programs listed above, SIS solutions provide an extensive range of features and functions, including:

- Preliminary eligibility determination
- Identification of required supporting documents
- Selection of providers and medical homes
- Determination of required premium amounts
- Final eligibility and enrollment determination
- Membership and Benefit Cards (for many county programs)
- Electronic delivery of application information and supporting documents to various eligibility and enrollment systems, health plans, patient billing systems and patient management systems (wherever possible)
- Electronic receipt of final eligibility and enrollment information from other eligibility systems wherever possible
- Pre-populated and error checked application that can be submitted to the final eligibility agency where electronic information delivery is not possible
- Electronic document repository
- Electronic renewal and change to the applications for most of the programs
- Generation of notices and letters for various scenarios such as renewal reminders, approval and denial notices

In addition to providing seamless and efficient solutions to applicants through Universal One Stop Access to a broad range of programs and services, SIS solutions also provide a wide range of features and tool sets for assistors, eligibility workers and program administrators to support them in managing the application and eligibility process. These features include:

- Sophisticated and customized Workflow Process Management
- Required Business Intelligence to support decision making process
- Extensive Case Management and Outreach Management tools
- Management Reports
- Application and Person Tracking Tools
- Notices and Letters
- Proactive Alerts and Notifications

2.4 DESCRIPTION OF OPERATIONAL/SYSTEM ENVIRONMENT AND SPECIAL CONSIDERATIONS

System Architecture

The system architecture for SIS systems is based on a Service Oriented Architecture that employs the Microsoft Windows DNA platform. Summarized below is the high level description of the architecture:

- Service Oriented Architecture (SOA) based on Microsoft Windows DNA platform
- Follows MITA guidelines for system architecture
- Operates on an enterprise middleware that uses an Enterprise Service Bus (ESB)
- System architecture developed using Microsoft .NET Framework and Microsoft Windows Communication Foundation (WCF)
- Physical and logical N-Tier architecture
- Architecture that supports high availability and failover capabilities

Network Architecture

SIS solutions reside on a highly secured and scalable network. The network architecture uses server farms and load balancing to support high volume and high concurrent transactions. The systems are hosted in a highly secured and state of the art data center that has a guaranteed 99.999% of availability. Following are some of the high level features of the SIS network:

- Employs secured communications through Secured Socket Layer (SSL) and uses a Cisco ASA 5520 Firewall
- Employs network load balancer and server farms through Big IP Network Load Balancer and Cisco 3750 Content Switch
- Supports high availability and failover capabilities
- Uses virtualization for ad-hoc scalability
- Hosted in a highly secured and state of the art datacenter
- Hosted in a private cloud computing environment

The network architecture for SIS is depicted in the below diagram:

Diagram 1

Hosting Environment

The SIS solutions hosting environment is highly secured and state of the art and guarantees 99.999% of uptime. The hosting environment has a lot of features that provides a stable and secured environment for the SIS systems. Some of those features are described below:

- **Physical Security:** Access to the facility is highly secured and is controlled through 24/7 on-site professional security personnel, a 24/7 state of the art operations command center and a highly secured entry point that not only has a strict identity check for the authorized personnel, but also goes through a biometric scan for further identification. Apart from these features the facility also has the following features to make it highly secured:
  - No Public access to building
  - No signage, non-descript building
  - 90-minute riot glass protection
  - Physical monitoring systems tracks and records access throughout the facility
  - Anti-pass back and tail gating systems
  - Reinforced mantrap walls
  - Mandatory pre-approved Client lists
  - Mandatory sign/out procedures
  - Security breach alarms
  - CCTV and digital archive
  - Reinforced multi layered walls and armor coated windows
  - Redundant monitoring capabilities

- **Operations Command Center:** The facility has a 24/7 operations command center that is used by highly skilled individuals. The command center uses high-resolution screens with fully integrated audio/video systems which are integrated with the security cameras throughout the building as well as the network and server monitoring tools. This allows the command center staff to monitor every activity at every corner of the facility all day and night. Some of the features of the command center are described below.
  - Command consoles for control of local and remote systems
  - Secure environment, highly restricted access
  - Staffed 24 x7 to handle all aspects of problem resolution, provisioning, and client services
  - Monitoring and controlling environmental systems
  - Network/systems monitoring and management
  - Alarm monitoring and management
  - Scalable to accommodate increase in client support needs
  - Redundant power and cooling

- **Power:** To achieve 99.999% availability standard, the data center has abundant and redundant power supply. Not only does the facility have a dedicated substation from Sacramento Municipal Utility District (SMUD), but it also has massive generator and battery units that allows the facility to sustain for weeks in case of a power failure.

- **Cooling:** The required temperature level is always is maintained in the facility to avoid disasters caused by heat. The facility has implemented Data grade HVAC controlled

environmental conditions with 24/7/365 environmental monitoring systems. Some of the other features that help the facility to maintain the temperatures are described below.

- o 24" raised floor for maximum cooling for high wattage power density
- o Seismically braced
- o Heavy duty support system glued and tapped into foundation
- o Cool air is distributed through perforated floor tiles at a set point of 72 degrees
- o No combustible materials located under flooring
- o 24' ceiling height designed as cooling reservoir

- **Earth Quake Stability:** The Data Center has achieved optimum earth quake stability where all systems are engineered to 1997 Uniform Building Code. The facility also complies with or exceeds state and local seismic requirements for the region and had achieved a Zone 4 standard.

- **Fire Detection and Suppression:** The facility has implemented sophisticated fire detection and suppression mechanisms through the following features.
  - Intelligent smoke and thermal (heat) detectors
  - Integrated with internal and external monitoring systems
  - Allows system control panel to pinpoint fire location
  - Fire Suppression
  - Double Interlock pre-action dry stand pipe fire suppression system
  - Water held outside critical equipment areas until multiple inputs to pre-action sprinkler valves confirm existence of a fire in the area.
  - Assures critical equipment will not be exposed to water due to accidental damage to sprinkler head
  - High temperature fusible sensors on fire sprinkler heads

- **Network:** The data center's network is highly secured and has redundant telecommunication and Internet service providers to achieve maximum availability and failover capability. Some of these features are described below.
  - o Dual-entry; diverse-path fiber directly on SONET rings
  - o On-demand Internet bandwidth
  - o Utilize HP Open View
  - o Network monitoring
  - o System monitoring
  - o Transit/peer arrangements for Internet services from multiple Tier-1 global Internet backbone providers
  - o Multiple Internet Service Providers in place for redundancy
  - o Redundant bandwidth to meet available Service Level Agreements
  - o Fully redundant II-Tier network design

2.5 SYSTEM SECURITY LEVEL

System Security Description	Response Data
Security Level:	Medium
Information Type:	Web based authentication, userID/password, encrypted through SSL certificates

2.6 E-AUTHENTICATION LEVEL

E-Authentication Levels (indicate only one)	Response Data
System/Application has web-based access for individuals to conduct transactions:	Type 1
RACF/Top Secret/Active Directory or equivalent is used to authenticate individuals for all web-based transactions:	
No web-based transactions by individuals (proceed to section 3):	

E-Authentication Assurance Levels (indicate only one)	Response Data
Select one E-Authentication assurance level type from the following: Type 1, Type 2, Type 3 or Type 4.	Type 1

2.7 APPLICABLE LAWS OR REGULATIONS

Summarized below are the applicable laws and regulations that SIS follows for the system security plan:

- Health Insurance Portability and Accountability Act (HIPAA)
- Health Information Technology for Economic and Clinical Health (HITECH)
- National Institute of Standards and Technology (NIST) Guidance
- Federal Information Processing Standards (FIPS)
- Payment Card Industry Standards (PCI)
- Fair Information Practice Principles (FIPs)

2.8 RULES OF BEHAVIOR (ROB)

SIS has established the rules that describe information system user responsibilities and expected behavior with regard to information and information system usage. These rules are included in the Information Systems Security policy.

2.9   REVIEW OF SECURITY CONTROLS

The following security controls have been reviewed:
- Access Control
- Awareness and Training
- Audit and Accountability
- Certification, Accreditation and Security Assessment
- Configuration Management
- Contingency Planning
- Identification and Authentication
- Incident Response
- Maintenance
- Media Protection
- Physical and Environmental Protection
- Planning
- Personnel Security
- Risk Assessment
- System and Services Acquisition
- System and Communications Protection
- System and Information Integrity
- E-Authentication

The details of these controls are described in section 3. Section 3 also accommodates the following requirements:

- Requirement 78 under the Hosting Solution section in Appendix D
- Requirement 105 under the Electronic Content Management (ECM) Integration section in Appendix D

2.10 PLANNING FOR SECURITY IN THE SDLC

During the SDLC, security for SIS gets planned with a team that consists of the following:

- SIS Executive Management
- SIS Security team members
- SIS IT Infrastructure team members
- SIS Technical Architects

The team meets frequently to discuss various aspects of system and environmental security of SIS. The team works together to compare the security policies of SIS with the latest guidance from the security standards mentioned above to make sure that SIS security policy includes all

the applicable items. The outcomes of those discussions are included in the core SIS security policy and checklist and any net new item is implemented in the system by the SIS technical team. Periodic security assessments are conducted throughout the testing phase of each project and appropriate remediation are implemented. The process continues even after the go live and is be a part of the system maintenance activities.

3 SECURITY CONTROLS DETAIL AND COMMENT

3.1 ACCESS CONTROL (AC) FAMILY

Access Control Policy and Procedures	SIS follows a strict Access Control policy that gets reviewed and updated periodically. The policy addresses the following and more: • Purpose • Scope • Roles and responsibilities • Management • Commitment and coordination among organizational entities and compliance • Formal and documented procedures to facilitate the implementation of the access control policy and associated access controls The response above accommodates requirement 132 under the Security Features section in Appendix D. The encryption mechanisms described in this section also addresses requirement 79 under the Hosting Solution section in Appendix D.
Account Management	User accounts are managed by System Administrators. The system enforces unique user accounts per individual.
Strong Password Policy	The system enforces strong password policies that includes the following: • Complex passwords(Using at least 8 characters; 1 capital letter, 1 number and 1 special character) • System accounts require more complex passwords. (Using at least 10 characters; 1 capital letter, 1 lower case letter, 1 number and 1 special character) • Password Expiration(defined based on the system) • Passwords not to be stored in clear text, written, or provided in e-mail • Authentications should only occur over secured protocols

Encryption of Passwords	All passwords are encrypted while stored
Access Enforcement	The system enforces authenticated access to the system based on the user roles and responsibilities assigned by the System Administrator
Information Flow Enforcement	The system enforces assigned authorizations for controlling the flow of information within the system and between interconnected systems in accordance with applicable policy.
Separation of Duties	The system enforces separation of duties through assigned access authorizations.
Least Privilege	The system enforces the most restrictive set of rights/privileges or accesses needed by users (or processes acting on behalf of users) for the performance of specified tasks.
Login Attempts	The system allows 5 consecutive unsuccessful log in attempts. After the 5th attempt the account gets locked and the user has to contact the System Administrator to unlock the account
System Use Notification	The system displays an approved, system use notification message before granting system access
Session Timeouts	The system automatically times out user sessions after 20 minutes of inactivity for trained users such as Assistors and State Workers. The system alerts the consumers at every 5 minutes of inactivity to notify them that their session will be timed out unless they indicate to the system that they intend to continue. If the consumer doesn't indicate to the system that he or she needs to continue, then the session gets timed out.

Forced Session Timeouts when the User Leaves the Site	The system tracks when the user leaves the site and navigates to another site that is outside the SIS system domain by typing the URL of that site on the same browser session as the SIS system. In that event the system forcefully times out the user from their session. Without this forceful timeout the SIS system session would still remain active for 20 minutes. If the user were using the computer at a public place such as a library then another person would be able to come in, click the browser back button and directly access the user's SIS system session. This is an additional security measure that meets or exceeds some of the tightest security protocols in the industry
Data Masking on Session Timeouts	The system masks the data of the SIS page that the user may have left open before visiting another site by typing the URL of that site on the same browser session as SIS system. This is an additional security measure that meets or exceeds some of the tightest security protocols in the industry
Supervision and Review of Access Control	There are several controls in place to review and supervise the user's access to the system
Actions without Identification or Authentication	There are minimal to no actions in the system that can be performed without identification or authentication. In the event such actions are allowed they are documented
Remote Access	Remote access to the system goes through a very tight and extensive approval process. All remote session activities are monitored and logged
Restricted Access to Database	The application log-in accounts have limited access to the database objects. They have read/write access to only selected objects and have no delete or drop access. Update access to limited sets of administrative tables are restricted to only administrative users
No SQL Log Ins	The application communicates with the database through integrated windows log-ins. No SQL log-ins are allowed to connect to the database

Prevention of Access from Other Countries	The system does not allow anyone outside the United States to access the application
Disabling of Save Password Feature	Save password features are disabled when possible and never used when available
On boarding Procedures	On boarding procedures to ensure minimal access levels are granted
Off boarding Procedures	Off boarding procedures to ensure accounts and access levels are removed in a timely manner
Controlled Access to Hosting Environment	Biometric and RF-ID badge controlled access to the datacenter
Encryption	Extensive encryption mechanisms for the data is implemented in the system that includes: • Encryption of data in motion; using secure protocols such as; https, SFTP, FTPS, or SSH. • At rest encryption • Encryption of all confidential data that contains PHI using a FIPS 140-2 Level 1 certified AES-128 or Triple-DES encryption2 algorithm
Wireless Access Restrictions	The wireless access to the system are authorized, monitored and controlled. Limited access is provided for guest wireless access
Use of external information systems	Specific terms and conditions are established for authorized individuals to: (i) access the information system from an external information system; and (ii) process, store, and/or transmit organization-controlled information using an external information system.
Information Security Program Plan	The information security program plan is represented in the SIS security policy. SIS's security policy is an organization level and enterprise-wide security policy and includes the information security program plan for SIS.

Senior Information Security Officer	The technology co-director for Social Interest Solutions serves as the senior Information Security Office for the core SIS solution.
Information Security Resources	Apart from the senior Information Security Officer, the core SIS solution will also have a team of Information Security resources that will include several key members of the SIS technical and security team
Plan of Action and Milestones Process	The plans of action and milestones for the security program and the associated organizational information systems are maintained in the SIS security policy. The remedial information security actions to mitigate risk to organizational operations and assets, individual and other organizations are also documented in the security policy
Information System Inventory	The SIS security team maintains a complete inventory of information systems. Each item in the inventory is tagged with unique identifiers. If an item needs to be assigned to a specific individual (such as laptops and projectors), it is tracked and maintained in the inventory as well.
Information Security Measures and Performance	The performance measurement plan for SIS includes the information security measures and performance tracking. As the projects proceeds, these measures will be tracked and evaluated accordingly
Enterprise Architecture	SIS's enterprise architecture is described in section 2.7 of this document. The architecture is also described in details in the SIS System Design Document
Critical Infrastructure Plan	Critical infrastructures are identified by the SIS security team and a protection plan for those critical infrastructure items have been documents in the security policy
Risk Management Strategy	The risk management strategy for SIS is defined in the Risk Management Plan

Security Authorization Process	SIS follows strict authorization process for allowing access to critical application and infrastructure components. Each access is requested in writing with the reason of the request as well as the timeframe of the required access. The authorization is done by selective management personnel. After hours and weekend authorization can only be done by the technology co-director of the SIS technology team. The authorization for for the physical access to the SIS hosting data center is controlled by only the executive Management team
Mission/Business Process Definition	The mission and business purpose of this project is defined in the introductions section

3.2 AWARENESS AND TRAINING (AT) FAMILY

Security Awareness and Training Policy	The Information Security policy for the organization includes policies that address security awareness and training for the staff. The policy gets reviewed frequently and is updated as needed
Security Awareness	Security awareness training is provided to all information system users (including managers and senior executives) before authorizing access to the system, when required by system changes, and periodically thereafter
Security Training	All personnel in the organization go through periodic security training. All the training activities are documented

3.3 AUDIT AND ACCOUNTABILITY (AU) FAMILY

Audit and Accountability Policy and Procedures	The Information Security policy for the organization includes policies and procedures that address audit and accountability. The policy gets reviewed frequently and is updated as needed
Monitoring of the auditable events	There are extensive set of monitoring tools that monitor the auditable events as defined by the Information Security policy. Specific events also trigger alert messages to the management for review and ensure no inappropriate events occurred. Some

	of those tools and activities are mentioned below:
	- All permissions changes and administrative activity is logged and retained, - All VPN and remote activities are logged using Event sentry and Observe IT. - All Database activity is logged and retained using IBM's Guardium. - All Web server activity is logged and retained. - All activity within the application is logged and retained using the application's auditing and logging system
Audit Tables	Each table in the database is associated with an audit table that stores each and every interaction for each record (insert, update and delete). The audit record also stores the date and timestamp, user who made the changes and other audit information
Tracking and documentation of events	The system produces audit records that contain sufficient information to establish what events occurred, the sources of the events, and the outcomes of the events
Storage Capacity	Sufficient storage capacity is allocated to store audit record
Response to Audit Processing Failures	The system alerts the management in the event of an audit processing failure and takes the actions to be taken as defined in the security policy (e.g., shut down information system, overwrite oldest audit records, stop generating audit records)
Audit Report Analysis	Audit reports (that are outside the automated alerts) are regularly reviewed and analyzed by the security team for indications of inappropriate or unusual activity. The team investigates suspicious activity or suspected violations. Findings from the analysis are sent to the management team for necessary actions.
Access Control for Audit Reports	The system protects audit information and audit tools from unauthorized access, modification, and deletion through strict access control mechanism.
Retention of Audit Reports	The audit records are retained for the time frame defined in the security policy to provide support for after-the-fact

	investigations of security incidents and to meet regulatory and organizational information retention requirements.
Code Change Tracking	All changes to the code is tracked through in house Change Management tools that use Microsoft Team Foundation Server as the base
Application and Network Vulnerability Scanning	Regular and frequent application and network vulnerability scanning is done and issues are remediated. Ad-hoc scanning is also done when the system goes through major changes

3.4 CERTIFICATION, ACCREDITATION AND SECURITY ASSESSMENTS (CA) FAMILY

Certification, Accreditation, and Security Assessment Policies and Procedures	The Information Security policy includes policies and procedures for Certification, Accreditation, and Security Assessment. These policies and procedures are reviewed periodically and changes are made if needed
Security Assessments	Regular and frequent assessment of the security controls in the system are conducted to determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements for the system
Connection to Other Systems	All connections from the system to other information systems outside of the accreditation boundary are authorized through the use of system connection agreements. These system connections are monitored on an ongoing basis.
Security Certification	Assessment of the security controls in the system are conducted regularly and frequently to determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements for the system.
Plan of Action and Milestones	Plan of action and milestones for the system are developed and reviewed periodically that document the organization's planned, implemented, and evaluated remedial actions to correct deficiencies noted during the assessment of the security controls and to reduce or eliminate known

	vulnerabilities in the system.
Security Accreditation	The organization authorizes (i.e., accredits) the information system for processing before operations and updates the authorization periodically or when there is a significant change to the system. The Co-Director of Application Solutions signs and approves the security accreditation.
Continuous Monitoring	Security controls in the system are monitored on an ongoing basis.

3.5 CONFIGURATION MANAGEMENT (CM) FAMILY

Configuration Management Policy and Procedures	The Information System Security Policy includes the policies and procedures for Configuration Management. These policies and procedures are reviewed frequently and changes are made as necessary
Baseline Configuration	A current baseline configuration of the information system is maintained by the security team.
Configuration Change Control	Strict configuration change control is followed. Each configuration change gets approved by the Co-Director of Application Solutions. Changes are documented and stored in version control
Monitoring Configuration Changes	Changes to the information system are monitored by conducting security impact analyses to determine the effects of the changes
Access Restrictions for Change	The senior management team approves individual access privileges and enforces physical and logical access restrictions associated with changes to the information system. All changes are recorded.
Configuration Settings	Mandatory configuration settings for information technology products employed within the information system are established. The security settings of information technology products are configured to the most restrictive mode consistent with operational requirements. Each configuration setting is documented

Least Functionality	The IT infrastructure team configures the information system to provide only essential capabilities and specifically prohibits and/or restricts the use of the functions, ports, protocols, and/or services as defined in the Information Systems policy
Information System Component Inventory	The IT infrastructure team develops, documents, and maintains a current inventory of the components of the information system and relevant ownership information
Encryption	All non-console administrative access is encrypted. Encryption technologies such as SSH, VPN, or SSL/TLS (transport layer security) for web-based management and other non-console administrative access are employed. Sensitive configuration information is also encrypted in the configuration files

3.6   CONTINGENCY PLANNING (CP) FAMILY

Contingency Planning Policy and Procedures	The Information System Security Policy includes policies and procedures for Contingency Planning. These policies and procedures are reviewed periodically and are updated as needed
Contingency Plan	A contingency plan is developed for the information system addressing contingency roles, responsibilities, assigned individuals with contact information, and activities associated with restoring the system after a disruption or failure. Senior management team reviews and approves the contingency plan. The copies of the plan are distributed to key contingency personnel
Contingency Training	Personnel are trained in their contingency roles and responsibilities with respect to the information system. Refresher training is provided at least annually
Contingency Plan Testing and Exercises	The security team periodically tests and/or exercises the contingency plan for the information system to determine the plan's effectiveness and the organization's readiness to execute the plan. The team also reviews the contingency plan test/exercise results and initiates corrective actions
Contingency Plan Update	The contingency plan is updated if necessary as a result of periodic reviews

Alternate Storage Site	Daily tape back ups are taken for all systems and are shipped to an offsite storage facility
Alternate Processing Site	An alternate processing site will be established for SIS for resumption of information system operations for critical mission/business functions when the primary processing capabilities are unavailable.
Telecommunications Services	Primary and alternate telecommunications services established to support the information system and necessary agreements have been established to permit the resumption of system operations for critical mission/business functions when the primary telecommunications capabilities are unavailable.

3.7 IDENTIFICATION AND AUTHENTICATION (IA) FAMILY

Identification and Authentication Policy and Procedures	The Information System Security Policy includes the policies and procedures for Identification and Authentication. These policies are reviewed periodically and are updated as needed
User Identification and Authentication	Every user in the system is authenticated and identified
Device Identification and Authentication	The information system identifies and authenticates specific devices before establishing a connection.
Identifier Management	Each user is uniquely identified in the system. The user accounts get disabled after certain period of inactivity that is configured by the Client system administrators
Authenticator Management	The system goes through strict authentication mechanisms for both users and other systems or services it communicates with. The service and system authentication employs x-509 security certificates

3.8 INCIDENT RESPONSE (IR) FAMILY

Incident Response Policy and Procedures	All information technology security incidents must be reported to the Security team and must include as much of the below information as is possible; • Identifying information - User IP Address, User hostname, Username, Person's name, picture, audit logs or screenshots. • What object that was accessed or policy that was broken. This can also include destination IP Address, File Name, or other object identifier. • How was the policy broken? What methods were used? What was the perceived intent? Screenshots with timestamps, surveillance records, audit trails or other factors which can establish the time of the incident
Incident Response Training	All personnel are trained by security team to ensure that all information technology security incidents occurring within his/her department are reported to the ITS Team Officer immediately and the collection of the above data will be thorough, but will not prevent the immediate reporting of the incident.
Incident Response Testing and Exercises	The security team tests intrusion detection software and hardware appliances with simulated intrusion events annually to prepare for actual intrusion incident.
Incident Handling	The security team has a process for the intake of incidents, proper evaluation of severity and assignment/escalation.
Incident Monitoring	The security team tracks and documents information system security incidents on an ongoing basis in the organization's incident tracking system.
Incident Reporting	The team promptly reports incident information to management team and/or external authorities as appropriate.

3.9 MAINTENANCE (MA) FAMILY

System Maintenance Policy and Procedures	The IS team follows documented software and hardware maintenance processes as detailed in the IS Policy document.
Controlled Maintenance	The IS team follows regularly scheduled maintenance calendar and performs maintenance as planned and detailed in the scheduled plan.
Maintenance Tools	The IS team maintains and ensures the currency of the maintenance delivery tools on an ongoing basis.
Maintenance Personnel	Maintenance is relegated to authorized personnel only. User permissions restrict the access of maintenance activities by unauthorized personnel.
Timely Maintenance	Software and hardware necessary for completion of maintenance is acquired ahead of time, if needed.

3.10 MEDIA PROTECTION (MP) FAMILY

Media Protection Policy and Procedures	The IS policy details the guidelines for protection of unauthorized access to media of all types.
Media Access	Access to media is controlled by user level permissions to prevent unauthorized access.
Media Storage	Physical media is protected by mechanical barriers as well as virtual/logical access barriers.
Media Transport	Media transport is performed by secured, certified carriers, and prevents unauthorized manipulation.
Media Sanitization and Disposal	Digital and physical media is cleared and sanitized prior to disposal or re-purposing.

3.11 PHYSICAL AND ENVIRONMENTAL PROTECTION FAMILY (PE) FAMILY

Physical and Environmental Protection Policy and Procedures	SIS environment is protected from physical and environmental failures. The process and controls are documented in datacenter operations policy.

Physical Access Authorizations	The datacenter maintains physical record of authorized personnel for access of physical systems.
Physical Access Control	The data center is not accessible to the public at large. Authorized users must pass biometric scan, ID verification and proximity badge access prior to entry. Business offices are only accessible to authorized employees and contractors and are secured mechanically.
Access Control for Display Medium	Access to system devices that display sensitive information is controlled to prevent unauthorized individuals from viewing the information.
Monitoring Physical Access	Physical access to the information systems is controlled and monitored to detect intrusion and other security breaches.
Visitor Control	Datacenter visitors are positively identified prior to authorization to gain access to systems.
Access Records	Physical record logs as well as proximity badge records are kept for access of datacenter systems.
Power Equipment and Power Cabling	Power distribution units and other power equipment are maintained and protected from malfunction.
Emergency Shutoff	The datacenter is equipped with quick disconnect/shutoff mechanisms in the case of an emergency.
Emergency Power	The datacenter provides emergency backup power through generators for extended periods of power outage.
Emergency Lighting	The datacenter is equipped with emergency lighting in the case of primary lighting failure.
Fire Protection	The datacenter employs the use of fire suppression system in the case of a fire.
Temperature and Humidity Controls	The datacenter is equipped with environmental monitoring and mitigation capabilities to monitor humidity and temperature levels.
Water Damage Protection	The datacenter is equipped with moisture detection systems to prevent moisture intrusion.

Delivery and Removal	The datacenter monitors and logs the delivery and removal of equipment from the premises.
Alternate Work Site	Alternate work sites for maintaining management and security continuity is available to authorized/necessary personnel.

3.12 PLANNING (PL) FAMILY

Security Planning Policy and Procedures	The SIS organization maintains a current IS policy which details security planning policies and procedures.
System Security Plan	The IS team documents and maintains the security plan for IS that details security requirements and controls. Management review and approval maintains currency of the plan.
System Security Plan Update	The security plan is reviewed and updated at least annually to ensure currency and relevancy.
Rules of Behavior	Staff is provided mandatory rules and policies associated with security related behavior.
Privacy Impact Assessment	Systems are regularly evaluated for privacy impact.
Security-Related Activity Planning	The IS team coordinates security-related activities (e.g. intrusion tests, maintenance) to minimize impact to systems and individuals.

3.13 PERSONNEL SECURITY (PS) FAMILY

Personnel Security Policy and Procedures	The IS and HR team jointly maintains security and privacy policies for personnel.
Personnel Screening	The IS team follows policy guidelines to identify individuals requiring access to information and systems prior to granting access.
Personnel Termination	Upon termination of personnel, a strict off-boarding policy is followed that includes decommissioning secured access and user credentials.

Personnel Transfer	When personnel roles and duties are transferred or re-assigned, security and access credentials are re-evaluated.
Access Agreements	All personnel; internal and external contractors and business partners are required to comply with and affirm user agreements addressing security policies.
Third-Party Personnel Security	Third party supplier and vendors are required to agree and affirm access and security policies.
Personnel Sanctions	Personnel who do not comply with security policies are handled with corrective action, up to immediate termination.

3.14 RISK ASSESSMENTS (RA) FAMILY

Risk Assessment Policy and Procedures	Risk assessment and analysis processes are documented in the IS policy.
Security and Risk Assessment/Categorization	The IS policy details security risks into categorized types and severity levels based on potential impact to the systems and business operations.
Risk Assessment Update	The Risk assessment and categorization documentation is updated as needed for currency and validity.
Vulnerability Scanning	The IS Security team performs regular scans for vulnerability to systems and applications.

3.15 SYSTEM AND SERVICES ACQUISITION (SA) FAMILY

System and Services Acquisition Policy and Procedures	Acquisition of services and systems is documented in the IS Policy.
Allocation of Resources	The IS team allocates resources to ensure systems are updated regularly. Capacity planning is performed for expansion and growth.
Life Cycle Support	The Agile system development life cycle methodology is employed which also includes security considerations.

Acquisitions	Security requirements are explicitly communicated to potential suppliers or business partners prior to any acquisitions.
Information System Documentation	The IS policy is available to all personnel.
Software Usage Restrictions	Software usage is controlled within the organization.
User Installed Software	User access to install software is controlled via user and group level permissions. Only authorized personnel are allowed to install 3rd party software.
Security Engineering Principles	The design and implementation of information systems is performed following security engineering principles.
External Information System Services	External IS providers are required to follow adequate security controls in accordance with applicable standards and laws.
Developer Security Testing	The testing team tests and evaluates developed code prior to implementation in production.

3.16 SYSTEM AND COMMUNICATIONS PROTECTION (SC) FAMILY

System and Communications Protection Policy and Procedures	The IS policy documents systems information communications guidelines and practices.
Application Partitioning	User level functionality is separated from systems management level functions.
Information Remnant	Shared systems are protected from unauthorized access by unauthorized users.
Denial of Service Protection	Denial of service attacks are guarded against using security standards.
Boundary Protection	Edge systems and internal systems alike are protected from intrusion and attacks.
Transmission Integrity	Information that is transmitted is protected and its integrity ensured.

Transmission Confidentiality	Information that is transmitted is protected and its confidentiality ensured.
Network Disconnect	Network connection is automatically terminated at the end of an authorized connection.
Cryptographic Key Establishment and Management	When required, cryptographic keys are managed by automated methodologies in accordance with security standards and best practice.
Use of Cryptography	Cryptographic mechanisms follow security best practices.
Public Access Protections	Publicly available access is controlled via system security.
Collaborative Computing	Remote collaborative computing access is denied by default and access is given based on business need and after the proper approval obtained.
Public Key Infrastructure Certificates	Public key certificates are acquired from appropriate, approved, certificate service providers.
Voice Over Internet Protocol	Voice over IP (VoIP) services are controlled within the environment.
Session Authenticity	The systems provide mechanisms for ensuring sessions are authenticated.

3.17 SYSTEM AND INFORMATION INTEGRITY (SI) FAMILY

System and Information Integrity Policy and Procedures	The IS Policy provides process and guidelines for ensuring systems and information integrity.
Flaw Remediation	The IS Security team identifies and documents security flaws within the incident tracking tool.
Malicious Code Protection	Malicious code protection is implemented in the systems.
Information System Monitoring Tools and Techniques	Systems monitoring tools are used to prevent attacks, intrusions, and downtime caused by other factors.

Security Alerts and Advisories	Security alerts are provided by various industry wide security alerting agencies.
Spam Protection	Spam filters are employed within the system.
Information Input Restrictions	Only authorized personnel are allowed access to input data and information into the system.
Information Accuracy, Completeness, Validity, and Authenticity	Data validity and authenticity is checked by the system to ensure accuracy.
Error Handling	Errors are identified to help mitigate any vulnerabilities that can be used for intrusion or attacks.
Information Output Handling and Retention	Data that is output from the system is handled in accordance with applicable laws as well as federal and local requirements.

3.18 E-AUTHENTICATION (EA) FAMILY

Eavesdropping resistance	The information systems utilize eavesdropping resistant protocols to make it impractical for an attacker to carry out an off-line attack where he/she records an authentication protocol run, then analyses it on his/her own system for an extended period, for example by systematically attempting to try every password in a large dictionary, or by brute force exhaustion.
Password Guessing Resistance	The information system protects against password guessing by requiring use of high-entropy passwords and limiting the number of unsuccessful authentication attempts, or by controlling the rate at which attempts can be carried out.
Hijacking resistance	The information system uses an authentication and transfer protocol combination which is resistant to hijacking if the authentication is bound to the transfer in a manner that prevents an adversary capable of inserting, deleting, or rerouting messages from altering the contents of any information sent between the claimant and the relying party without being detected.

Verifier impersonation resistance	The information system uses a secure authentication protocol that is resistant to verifier impersonation, if the impersonator does not learn the value of any token when acting as the verifier.
Man-in-the-middle resistance	The information system uses authentication protocols that are resistant to a man-in-the-middle attack when both parties (e.g., claimant and verifier) are authenticated to the other in a manner that prevents the undetected participation of a third party.

SOCIAL INTEREST SOLUTIONS INC.

Software Implementation and Project Management Methodology

TABLE OF CONTENTS

1. INTRODUCTION

Social Interest Solutions (SIS) has extensive experience of software implementation and project management. The experience includes more than 10 years of software implementation and project management for One-e-App and other SIS systems as well as years of experience that the SIS management team possesses through their work in the industry. The specific experiences for the SIS management team are described in the resumes that are provided in the proposal. SIS has implemented One-e-App and several other systems in 5 States and 15 California counties. In each of the implementations SIS has provided efficient and effective project management with thoughtful and creative approaches. The description provided above on the implementation and project management accommodates requirement 17 in the System Implementation Practices section of Appendix D.

PROJECT MANAGEMENT APPROACH

SIS follows a project management approach that includes a proactive and collaborative management approach with the development team and the client leadership. Following the agile development methodology, the project management of SIS is based on the following:

- Joint Application Development (JAD) sessions with the client Subject Matter Experts
- Working prototype based development approach
- Regular and frequent meetings with client and development teams ensuring that everyone is on the same page requirements and design
- Regular and frequent project performance check by the executive management with the client project team
- Effective issue escalation and resolution process
- Use of automated toolsets (defined in the Technical Architecture, System Configuration and Design section) to manage projects

Through the above mentioned project management approach, SIS has provided numerous successful implementations and ongoing maintenance projects. SIS's approach doesn't only provide effective management but also makes it cost effective for the clients since the approach is based on achieving results through creative approaches rather than relying on extensive documentations. Active partnership and engagement from the clients also ensures adequate transparency to the clients.

The description above accommodates requirement 18 in the System Implementation Practices section of Appendix D.

This document provides detailed plans, processes, and procedures for managing and controlling the life cycle activities Social Interest Solutions. It describes the processes and approaches for managing (i.e., planning, monitoring, and controlling) the project. The information in this document provides the basis

for communication and understanding among project team members and all other stakeholders.

2. PROJECT SCOPE

5.1. Scope Statement

The scope statement for SIS includes the high level scope of the project and also includes a detailed requirements document and traceability matrix.

5.2. Scope Management

The scope management for SIS happens through close monitoring of any scope changes and discussion with major stakeholders and executive management team. The following processes are followed for the scope management process:

- The SIS Project Team meets every week to discuss potential scope changes
- The Impact of the changes to the project scope and timeline is discussed
- Risks and policy decisions for any change are integrated into the risk and issue management log
- Any major change to the scope and timeline is discussed with the Client Management team
- Issues that need to be escalated are identified
- Escalated issues are discussed with the Steering Committee
- Remediation plan is discussed and implemented
- The specific change is included into the project plan

5.3. Work Breakdown Structure (WBS)

Based on the requirements and scope of the project a project plan with specific work breakdown structures is created by the SIS project manager. The plan and the WBS are discussed with the clients.

6. OVERALL PROJECT MANAGEMENT APPROACH

As described above, the overall project management approach follows the Industry Software Development Life Cycle (SDLC) as well as the agile development methodology. The project plan and schedule is developed keeping the timeline and tasks agreed upon with the clients.

6.1. Project Governance

SIS team works very closely with the clients on defining a governance structure for each project. The governance structure includes specific personnel and groups within SIS and the Clients and also includes specific Issue escalation and decision making process.

6.2. Estimating

The effort estimates for the project are done by calculating the number of hours spent on each task by the assigned resources. Cost is then calculated by taking the total number of hours spent by each resource and multiplying by the hourly bill rate.

6.3. Schedule Management

The overall schedule for the project adheres to the dates in the project plan. Tasks are scheduled logically to support the deliverables and requirements. Changes to the schedule are discussed by the project management team and items that have major potential impacts are then discussed with the client leadership.

6.4. Staff Management

The staffing for the project is defined by SIS executive management based on the project scope. Please refer to the Staffing section of the proposal for specific staffing considerations for San Mateo.

6.5. Financial Management

The SIS Finance Manager along with the SIS project manager and the executive management team provide oversight and management of the project finances.

6.6. Performance Measurement

The SIS project team manages and generates the IT Dashboard reports every week that provide progress reports on major tasks due within the quarter and ensuring that they are progressing as scheduled. The reports are discussed in regular dialogs between the SIS project manager and the executive management team. The dashboard is also discussed in weekly or bi-weekly client calls with the client team.

7. COMMUNICATION MANAGEMENT

Understanding that there are too many moving parts, the SIS project team tries to ensure an effective communication management plan for both internal and external stakeholders. Summarized below are the details of those communication management plans:

- **Internal Communication Management** – The communication management within the internal stakeholders team happens through the following processes:
  - Weekly project management meetings
  - Ongoing ad-hoc phone, email and in-person communications

- **External Communication Management** – The communication management within the external stakeholders team happens through the following processes:
  - Weekly or Bi-weekly client meetings
  - Ongoing ad-hoc phone, email and in-person communications

This accommodates requirement 28 in the System Implementation Practices section in Appendix D.

8. RISK MANAGEMENT

The SIS project team develops a Risk Management Plan. According to this plan, the risk management for this project happens through the following process:
- Potential risks and issues are identified through several process
- Risks and issues are tracked in the Risk and Issue log
- Risks and issues are discussed with the Client leadership
- Risk mitigation strategy is discussed and documented
- Risks and issues that need to be escalated are identified
- Any unresolved risk and issue is flagged for potential risk to the project

9. QUALITY MANAGEMENT

SIS employs the use of a project management tool to track the tasks against scheduled start and end dates. Tasks at risk of falling behind schedule are identified to stakeholders and management so that the proper course of action can be decided on and implemented as appropriate.

10. CHANGE MANAGEMENT

The change management process for this project is described below:
- The SIS Project Team meets every week to discuss potential changes
- The Impact of the changes to the project scope and timeline is discussed
- Risks and policy decisions for any change are integrated into the risk and issue management log
- Any major change to the scope and timeline is discussed with the Client leadership
- Remediation plan is discussed and implemented
- The specific change is included into the project plan

11. CONFIGURATION MANAGEMENT (CM)

All the changes and updated to the project plan and other artifacts are managed by strict change

control and access control mechanisms. Please refer to the Technical Architecture, System Configuration and Design section for the details of the SIS configuration management methodology.

12. DEVELOPMENT APPROACH

AZ-HIX uses an agile development methodology that follows the SDLC framework. Please refer to the Technical Architecture, System Configuration and Design section for the details of the SIS development approach.

13. REQUIREMENTS MANAGEMENT

Requirements are output from the various Rapid Application Development (RAD) and special Workgroup sessions that address not only software development and infrastructure requirements, but also business operations requirements. The requirements out of the RAD sessions are applied into the project plan as new tasks or changes to existing tasks.

14. RECORDS MANAGEMENT

All records in relation to the management of the SIS projects are stored in the SIS document repository.

15. SOFTWARE PROCESS IMPROVEMENT (SPI)

The software process improvement for SIS happens through tight coordination and collaboration amongst all the stakeholders as well as continuous monitoring and evaluation of the process. The team evaluates any improvements that are needed and figures out a plan to implement those improvements. Specifics of those changes are documented and shared with the stakeholders.

The project management approach mentioned in this section accommodates requirements 19, 20, 21, 22 and 24 under the System Implementation Practices section in Appendix D.

IMPLEMENTATION APPROACH

System Development Build Process

Social Interest Solutions has implemented a formal build and delivery process for Development. The objectives of these controls are to ensure that the changes are delivered to QA and include the required version changes and fixes for bugs previously reported by QA. Upon fix, the bugs are immediately reported to the QA team for testing.

User Acceptance Testing (UAT)

Once approved by QA, CRs are transitioned to the "In Staging Ready for client testing" state for acceptance testing by Clients an/or appropriate parties. All CRs are validated and approved by Solutions Management before the release is considered ready for the production environment. Third party/in house deployment, content management, and version control tools. provide a full audit trace of the deployed items.

System Development Bug Tracking

Each client reported defect found during the QA and UAT processes is recorded in our bug tracking tool with a bug entry. This record is associated to the corresponding Change Request (CR) and assigned back to Development team with a note of "failed testing" or specific error type. After correction, the corresponding test case is executed again and the process repeated until the test is successful. The goal of this control is to ensure that all defects found during QA and UAT are corrected before the software version is released to the production environment.

Separation of Duties

The Development and QA teams by default do not have access to deploy to the production environment. When an item is fully approved by Solutions Management and is ready for deployment, the Project Lead moves the items using third party and in house tools which track the deployed items.

Software Configuration and Versioning

The software build process is performed in Visual Studio and tracked/stored in Microsoft Team Foundation Suite. All source code is stored in Visual SourceSafe which handles versioning and archival. Software packages are deployed via RepliWeb, a third party file deployment, scheduler and access control utility.

Quality Assurance (QA)

After development and unit testing is completed, the Project Leads transitions the corresponding changes to the "Ready for Testing in Dev" state for formal testing by the QA team. QA validates each new feature using both automated scripts and manual testing to accurately test according to the user requirements. When a test case fails, QA returns the change to the Project Lead for debugging and correction.

The test cases are re-executed until successful. Test results are reported. Once approved by QA and management, changes are moved to the staging environment and retested. After the process is completed in the staging environment the change is transitioned to the "Ready for Client testing in Staging" state for final acceptance testing. QA testing continues until testing is confirmed in the production environment. Visual SourceSafe provides a full audit of the changes and e-mail is used to track the approvals.

Automated Regression Suite

Social Interest Solutions' QA team is using Worksoft's Certify to automate the testing and validation of the platform. Test scripts are developed to allow for the execution of an increasingly complete set of regression tests for all new versions of the applications.

This automation increases the speed, repeatability, completeness, and reliability of regression testing, while freeing up QA resources to focus on the new features of each software version.

Change Management

Once changes for a given build are approved by The Solutions Management, the Project Leads move changes to the higher environments and QA performs testing all the way to production.

All Information Systems infrastructure changes, including software releases, are discussed via e-mail or one of numerous Infrastructure, Build, and Client internal meetings per week and require formal approval.

Emergency Change Management

A procedure exists that pre-authorizes emergency changes and requires these changes to be documented, reviewed, and approved shortly after an emergency situation is resolved. Changes which are specific to a single application or single user and have no impact on the entire system are

preapproved, but are still subject to review. When appropriate, emergency fixes will be applied in all lower environments as soon as possible.

This accommodates requirement 27 in the System Implementation Practices section in Appendix D.

Data Conversion Management

SIS follows an extensive conversion management approach for any data conversion that may be needed as a part of an implementation. This approach included the following:

- Working with the clients on the scope of the data conversion
- Developing logical mapping between the client data and the One-e-App database
- Developing logical mapping of new attributes and entities to include migrated functionality.
- Determining equivalent data type for each of the attributes to be mapped.
- Physical implementation of the logical model for the net new data structures into the One-e-App database.
- Establishing a process for receiving the data that needs to be converted
- Developing Scripts and Data Transformation Packages to the data into the One-e-App database
- Extensive backend and front end validation of the converted data by the SIS and the client teams

Formal processes exist to verify that records uploaded into the production systems are properly validated and approved. All data loads are requested, reviewed by project leads, and follow a process, which is subject to management review.

This accommodates requirement 29 under Data Conversion section in Appendix D

Post Implementation Review

After deployment, Application Solutions management prepares a Build Report for major releases of Social Interest Solutions' web applications. The goals of the post implement review stage are to assess the success of the releases and to feed Social Interest Solutions' continuous improvement process, by leveraging experience and lessons learned. The report includes the following information:

- Build Report that displays the defects corrected throughout the Software Development Life Cycle (SDLC) process (Requirements, Development, QA, UAT, Internal Deployment, and Customer Deployment).
- Discussion of any potential build shortcomings and recommended solutions in terms of product features, technology, development process, project management, and so forth
- Review of the key factors that influenced the project (positively or negatively)

Exhibit 8 – Application Support Methodology

SIS Application Support Methodologies

SIS strives to provide a seamless user experience to the end users and hence takes user support very seriously. SIS has a skilled and experienced application support team that provides second tier helpdesk and technical assistance from 8:00 AM to 5:00 PM pacific time where end users can report system related issues by calling a toll free number, sending an email or communicating with support staff through online chat. SIS also allows users to leave messages in the support message box after hours. On selected occasions when clients have specific events planned after hours or weekends, SIS can provide on-demand support.

SIS uses an automated issue tracking system called Test Track Pro. The issues reported by users to a support representative are entered into Test Track Pro. The email sent to the SIS issue tracking system automatically creates a ticket. The users get automated notification from Test Track Pro with a ticket number. The SIS support staff work closely with the development team to resolve the issues and once the issues are resolved, the users are notified via automated email from Test Track Pro. If the user didn't agree with the fix that SIS team made, then the ticket could also be re-opened by the user.

The client leadership have access to a weekly online issue report that presents the status of each issue reported during that week, the nature of the issues, the priority levels of the issues and the current status of the issues. SIS also sets up weekly or bi-weekly calls with the client project managers and leadership to discuss specific issues to make sure that the users are well supported.

SIS follows a strict response standard for the issue resolutions as described below:

- **Critical.** Issues that involve work stoppage and impact a significant number of users are defined as critical issues. These issues are acknowledged by SIS within two (2) hours. If a workaround is available, SIS implements the workaround within four (4) hours of receipt of the issue (during business hours), or within four (4) hours on the first business day after an issue is reported if it is reported during non-business hours. The problem is then addressed in the application as quickly as the issue can be fixed and thoroughly tested in the application.
- **High.** Severe problems that involve work slowdowns or loss of functionality is treated as high level issues. These issues are addressed in the application upon its next release, but not to exceed a one week time period. If a workaround is available, it is given within eight (8) hours of receipt of the issue (during business hours), or on the second business day after an issue is reported if it is reported during non-business hours.
- **Medium.** Non-critical problems that have some impact on the user are defined as medium level issues. These issues are addressed in the application in a future release of the system. If a workaround is available, it is given within 24 hours of receipt of the issue (during business hours), or on the third business day after an issue is reported if it is reported during non-business hours.

Exhibit 8 – Application Support Methodology

- **Low.** This includes problems that do not fall into the categories above and are minor aesthetic defects, which do not adversely affect the performance of the application. These issues are addressed in the application in a future system release.

SIS also follows a process of allowing users to report emergencies. These issues are issues that create work stoppages while the clients are being served by a user. The IVR system of the SIS help desk allows the users to indicate such situations if they are not talking to a support staff. When such situation arises the SIS intercom system announces emergencies being reported and the team members are instructed to drop everything and attend the specific user call to help them move through the system. This allows SIS to stay true to its goal of making the user experience in the system as seamless and efficient as possible.

The problem escalation process described above accommodates the answer to the following requirements:

- Requirement 128 under the System Support section in Appendix D

Exhibit 9 – Sample Project Plan

Exhibit 9 – Sample Project Plan

Implementation of One-e-App in San Mateo County

Overview

Based on requirement 23 under the System Implementation Practices section in Appendix D, we have provided high level project plans for the Implementation of One-e-App in San Mateo County. As indicated in the "System Pricing Amount Description/Comments" section in Appendix D, there are several tasks that will not be needed for SIS to go through for the implementation of the base One-e-App system. These tasks are related to understanding the business process, program rules and other requirements or San Mateo, setting up the infrastructure to host the solution, develop the system, integrate with other County systems such as HPSM and SMMC and more. Since One-e-App is already in productive use in San Mateo for 10 years, all of these things will be on Day 1 of this project. Hence there will NOT be any work involved for these tasks from SIS end which means that there will be ZERO cost for all these tasks, where as any other vendor will need to go through these steps and perform these tasks to get the base application ready.

The only items that SIS will need to work on are the items that are additional enhancements to the base system as called out in this proposal. Keeping this in mind, we have provided two high level work plans in this document. One is for the base One-e-App system (Table 1) where it indicates the tasks that would be usually performed by any vendor to set up a system like One-e-App. The other one is our estimated timeline for the additional enhancements that we need to develop (Table 2).

Table 1 - High Level Project Plan for Implementing Base One-e-App System

Base One-e-App Work Plan and Projected Timeline	Timeline
Project Steps	
Project Startup and Administration	Already accomplished by SIS
Set up Project Governance Structure	Already accomplished by SIS
Confirm Project Scope	Already accomplished by SIS
Identify Subject Matter Experts	Already accomplished by SIS
Set up Ongoing Project Calls	Already accomplished by SIS
Conduct AS-IS Requirement Analysis	Already accomplished by SIS

Exhibit 9 – Sample Project Plan

Conduct Business Process Reengineering	Already accomplished by SIS
System Design	Already accomplished by SIS
Establish Business Process Models	Already accomplished by SIS
Review Architectural Diagrams	Already accomplished by SIS
Prepare Integration Plan with Other County Systems	Already accomplished by SIS
Define System Security Plan	Already accomplished by SIS
Define Test Plan(s) and Traceability Matrix	Already accomplished by SIS
Define Logical Data Model	Already accomplished by SIS
Define Data Flow Diagrams	Already accomplished by SIS
Finalize Data User Agreement(s)	Already accomplished by SIS
Establish Development and Test Environments	Already accomplished by SIS
Establish Hosting Environment	Already accomplished by SIS
Finalize Translations and Accessibility Plan for Screens & Questions	Already accomplished by SIS
Discuss and Document Eligibility Rules	Already accomplished by SIS
Create System Design Document	Already accomplished by SIS
Create Database Design Document	Already accomplished by SIS
Create Physical Data Model	Already accomplished by SIS
Create Data Management Plan	Already accomplished by SIS
Create Data Conversion Plan	Already accomplished by SIS
Interface Design	Already accomplished by SIS
Schedule and Conduct Technical Meetings	Already accomplished by SIS
Create Interface Control Documents for the Interfaces with the County Systems (HPSM and SMMC)	Already accomplished by SIS
Discuss and Document Authentication Mechanism for these Services	Already accomplished by SIS
Obtain Access to the Test Environments for Interface Systems	Already accomplished by SIS

Exhibit 9 – Sample Project Plan

System and Interface Development	Already accomplished by SIS
System Development	Already accomplished by SIS
Develop Base Eligibility System Front End Screens	Already accomplished by SIS
Develop Base Eligibility System Business Rules	Already accomplished by SIS
Develop Base Eligibility System Business Logic	Already accomplished by SIS
Develop Translations & Accessibility for Screens and Questions	Already accomplished by SIS
Interface Development	Already accomplished by SIS
Develop Interface with HPSM	Already accomplished by SIS
Develop Interface with SMMC	Already accomplished by SIS
Pre-Operational Readiness Review	Already accomplished by SIS
Create/Evaluate Contingency Plan	Already accomplished by SIS
Create/Evaluate Test Case Specifications for System and Interface Testing	Already accomplished by SIS
Create/Evaluate Implementation Plan	Already accomplished by SIS
Create/Evaluate User Manuals	Already accomplished by SIS
Create/Evaluate Operations and Maintenance Manuals	Already accomplished by SIS
Create/Evaluate Training Plan	Already accomplished by SIS
System Testing	Already accomplished by SIS
Conduct Unit Testing	Already accomplished by SIS
Conduct Integration Testing	Already accomplished by SIS
Conduct End-to-End Testing	Already accomplished by SIS
Conduct Load and Concurrency Testing	Already accomplished by SIS
Conduct Security Testing	Already accomplished by SIS
Review Security Testing Results	Already accomplished by SIS
Implement Security Scan Remediation	Already accomplished by SIS

Exhibit 9 – Sample Project Plan

Conduct Accessibility Testing	Already accomplished by SIS
Conduct Cross-Browser Testing	Already accomplished by SIS
Interface Testing	Already accomplished by SIS
Conduct Unit Testing	Already accomplished by SIS
Conduct Integration Testing	Already accomplished by SIS
Conduct Load and Concurrency Testing	Already accomplished by SIS
Conduct Security Testing	Already accomplished by SIS
Review Security Testing Results	Already accomplished by SIS
Implement Security Scan Remediation	Already accomplished by SIS
Create Test Summary Report	Already accomplished by SIS
Create Defect Report	Already accomplished by SIS
Obtain Stakeholders' Buy Off on Test Results	Already accomplished by SIS
User Acceptance Testing (UAT)	Already accomplished by SIS
Finalize Test Scenarios and UAT Participants	Already accomplished by SIS
Develop UAT Plan and Coordination	Already accomplished by SIS
Conduct UAT	Already accomplished by SIS
Document Test Results	Already accomplished by SIS
Discuss Issues and Finalize Pre- and Post-Implementation Fixes	Already accomplished by SIS
Implement Pre-Implementation Fixes to the system and interfaces	Already accomplished by SIS
Revalidation Testing	Already accomplished by SIS
Develop Revalidation Testing Plan and Coordination	Already accomplished by SIS
Conduct Revalidation Testing on Issues Reported	Already accomplished by SIS
Document Test Results	Already accomplished by SIS
Obtain Stakeholders' Buy Off on Test Results	Already accomplished by SIS

Exhibit 9 – Sample Project Plan

Training and Go Live	Already accomplished by SIS
Conduct User Training	Already accomplished by SIS
Develop Go Live Check List	Already accomplished by SIS
Install Software in Production Environment	Already accomplished by SIS
Implement Interfaces in Production Environment	Already accomplished by SIS
Complete Data Migration	Already accomplished by SIS
Implement customer support mechanisms	Already accomplished by SIS
Set up Administrative User Accounts	Already accomplished by SIS
Conduct Production System and Interface Validation	Already accomplished by SIS
Complete Go Live Check List	Already accomplished by SIS
Post-Implementation Evaluation	Already accomplished by SIS
Develop and Submit Project Closeout Report to County Leadership	Already accomplished by SIS

Table 2 - High Level Project Plan for Implementing Additional Enhancements

One-e-App Work Plan and Projected Timeline for Additional Enhancements	Timeline in Weeks													
Project Steps	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Project Startup and Administration														
Set up Project Governance Structure														
Confirm Project Scope														
Identify Subject Matter Experts														
Set up Ongoing Project Calls														
Requirement Gathering and System Design														
Conduct Requirement Analysis for Additional Enhancements														
Prepare Requirements Document														
Finalize Translations and Accessibility Plan for Additional Screens & Questions														
Create Design Documents for Additional														

Exhibit 9 – Sample Project Plan

Task																					
Enhancements			▓																		
Interface Design																					
Schedule and Conduct Technical Meetings	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓							
Create Interface Control Documents for the Interfaces with the Additional Systems	▓																				
Obtain Access to the Test Environments for Interface Systems		▓																			
System and Interface Development																					
System Development																					
Develop Additional Enhancements			▓	▓	▓	▓	▓														
Develop Translations & Accessibility for Screens and Questions			▓	▓	▓	▓	▓														
Interface Development																					
Develop Interface with Additional Systems			▓	▓	▓	▓	▓														
Pre-Operational Readiness Review																					
Create/Evaluate Contingency Plan								▓	▓												
Create/Evaluate Test Case Specifications for System and Interface Testing								▓	▓												
Create/Evaluate Implementation Plan								▓	▓												
Create/Evaluate Training Plan								▓	▓												
System Testing																					
Conduct Unit Testing								▓													
Conduct Integration Testing									▓												
Conduct End-to-End Testing									▓												
Conduct Load and Concurrency Testing									▓												
Conduct Security Testing									▓												
Review Security Testing Results									▓												
Implement Security Scan Remediation									▓												
Conduct Accessibility Testing									▓												
Conduct Cross-Browser Testing									▓												
Interface Testing																					
Conduct Unit Testing								▓													
Conduct Integration Testing									▓												
Conduct Load and Concurrency Testing									▓												
Conduct Security Testing									▓												
Review Security Testing Results									▓												
Implement Security Scan Remediation									▓												
Create Test Summary Report									▓												
Create Defect Report									▓												
Obtain Stakeholders' Buy Off on Test Results									▓												

Exhibit 9 – Sample Project Plan

User Acceptance Testing (UAT)																	
Finalize Test Scenarios and UAT Participants										■							
Develop UAT Plan and Coordination										■							
Conduct UAT											■						
Document Test Results											■						
Discuss Issues and Finalize Pre- and Post-Implementation Fixes											■						
Implement Pre-Implementation Fixes to the system and interfaces											■						
Revalidation Testing																	
Develop Revalidation Testing Plan and Coordination												■					
Conduct Revalidation Testing on Issues Reported													■				
Document Test Results													■				
Obtain Stakeholders' Buy Off on Test Results																	
Training and Go Live																	
Conduct User Training															■		
Develop Go Live Check List															■		
Implement Additional Enhancements in Production Environment																■	
Implement Additional Interfaces in Production Environment																■	
Conduct Production System and Interface Validation																■	
Complete Go Live Check List																■	
Post-Implementation Evaluation																	
Develop and Submit Project Closeout Report to County Leadership																■	

ATTACHMENT I
Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

☐ a. Employs fewer than 15 persons.

☒ b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person:	John Caterham
Name of Contractor(s):	**Social Interest Solutions**
Street Address or P.O. Box:	**1333 Broadway, Suite 605**
City, State, Zip Code:	**Oakland, CA 94612**

I certify that the above information is complete and correct to the best of my knowledge

Signature:	*[signature]*
Title of Authorized Official:	President & CEO
Date:	4/10/2014

*Exception: DHHS regulations state that: "If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

SAN MATEO MAGI MEDI-CAL CHANGE
2015 DEVELOPMENT ESTIMATE SMO-CO-201507-1

SOCIAL INTEREST SOLUTIONS
3841 NORTH FREEWAY BLVD, SUITE 210
SACRAMENTO, CA 95834

09/08/2015
V.2

Proposed Change

San Mateo is requesting eligibility changes to One-e-App to further align its programs with MAGI Medi-Cal. The proposed approach is to enhance San Mateo with One-e-App on specific additional terms regarding features and functionality. This will include modifying the user interface (UI), rules engine, database and schema.

The proposed change is to provide San Mateo assister(s) using One-e-App with an agreed upon method to complete applications which require enhancements to eligibility engine based on additional income (exceptions possible), determinations regarding whose income is counted in the household and family size incorporations between the existing tax filer and tax dependent selections already available.

Requirements

In Scope for San Mateo ACE FeeWaiver-Restricted MC Alignment Change Order	San Mateo ACE FeeWaiver-Restricted MC Alignment Requirements ID #	Requirement
Y	SMO-ACE/AMC RS-1	Modify the current Tax Information (RFTHI) page and tie the information for the new eligibility requirements
Y	SMO-ACE/AMC RS-2	Incoporate new tax related questions as defined and related to tax dependency for eligiblity outcome.
Y	SMO-ACE/AMC RS-3	Update all descriptions as applicable to existing Tax Information
Y	SMO-ACE/AMC RS-4	Update current eligibility to determine new MAGI based eligibilty determination
Y	SMO-ACE/AMC RS-5	Update application summary to display tax related questions as defined and related to tax dependency for eligiblity outcome
Y	SMO-ACE/AMC RS-6	Modify the 834 file to incorporate CIN, RENEWAL DATE and STATUS to be provided to HPSM
Y	SMO-ACE/AMC RS-7	Healthy Kids program to include Restricted Medical for any undocumented Health Kids members under 266% of FPL during eligibility.

Y	SMO-ACE/AMC RS-8	Modify the current demographic to add and capture new information for ITIN, question and response if ITIN number is known and ITIN number field to enter information when applicable for application submission
Y	SMO-ACE/AMC RS-9	Modify the current demographic to add and capture response for question, "Are you a full time Student?".

Eligibility Changes (SMO-ACE/AMC RS-1 through SMO-ACE/AMC RS-6)

Fees: $33000
Additional Annual Maintenance: None

(SMO-ACE/AMC RS-1 through SMO-ACE/AMC RS-5)

- Modify the current Tax Information (RFTHI) page (see figure 1) and tie the information for the new eligibility requirements as based on the scenarios provided in the steps in determining MAGI-based eligibility guidelines as provided (see Appendix A).
  - Include any new additional information based on changes to the application summary pages.
  - (Assumption: Data will enter San Mateo with One-e-App via user information to be input, currently existing data feed or new data feed.)

(SMO-ACE/AMC RS-6)
- Modify the 834 file to incorporate CIN, RENEWAL DATE and STATUS to be provided to HPSM.

Eligibility Changes (SMO-ACE/AMC RS-7)

Fees: $3300
Additional Annual Maintenance: None

As part of the planning process for the Healthy Kids to Medical transition it is necessary to have all children enrolled into Restricted Medical for them to transition next year. This requires modifying Healthy Kids program to include Restricted Medical for any undocumented Health Kids members under 266% of FPL during eligibility.

Healthy Kids eligible programs would continue to route as existing use, which is for automatic approval at the Certified Enrollment Counselor level except for the AB495/CHIM applications processed by Community Based Certified Enrollment Counselors which is routed to the Healthy Kids Liaison.

The Restricted Medical eligible program would route to the current Medical Workload for further dissemination by the Office Assistance and Benefit Analyst to complete.

UI Changes (SMO-ACE/AMC RS-8 through SMO-ACE/AMC RS-9)

Fees: $2850
Additional Annual Maintenance: None

(SMO-ACE/AMC RS-8)

- Modify the current demographic (Tell Us More About) page (see figure 2), to add and capture new information for ITIN, question and response if ITIN number is known and ITIN number field to enter information when applicable for application submission (see figure 2) .
    o Enabling/Disable of the new ITIN questions by displaying based existing "yes/no" required responses to the existing ITIN field information selections as entered by the assister(s).
        ▪ (Assumption: Data will enter San Mateo with One-e-App via user information to be input.)
    o Provide a validation message alert/prompt to the assister(s) for ITIN known question are mandatory required data entries before allowing ability to navigate forward in the application submission.
        ▪ (Activate such validation if (Do you know your ITIN?) information response is "yes" and ITIN field number is not entered.   If response is "no" to same question, no validation is needed)

(SMO-ACE/AMC RS-9)
- Modify the current demographic (Tell Us More About) page (see figure 3), to add and capture response for question, "Are you a full time Student?".
    o Provide a validation message alert/prompt to the assister(s) for "Are you a full time Student?" question as mandatory response before allowing ability to navigate forward in the application submission.

FIGURE 2

Tell us about the other person in the household   ☐ Notes

Is this person applying for benefits? ◉ Yes ○ No

✚ First Name	[_____]
Middle Name	[_____] ☐ None
Last Name	[_____]
Suffix	[-----Select One----- ▾]
Do you use any other names?	○ Yes ○ No
Gender	○ Male ○ Female
Date of Birth	[__][__][__] 🗓

Have CIN [_____ ▾]
CIN [_____]
MC Status [_____ ▾]
MC Renewal Date [__][__][__] 🗓

Place of Birth (Select the one that applies)
California County [San Mateo ▾] or
US State [-----Select One----- ▾] or
Other Country [-----Select One----- ▾]

Have MRN [-----Select One----- ▾] [?]
MRN [_____] [?]
SSN ○ Yes ○ No [?]
Do you know your SSN? ○ Yes ○ No [?]
SSN/Pseudo SSN [__][__][__] [?]

ITIN ◉ Yes ○ No
Do you know your ITIN? ◉ Yes ○ No
ITIN [__][__][__]

Are you Hispanic or Latino? ○ Yes ○ No [?]

What is your race?
(You may select up to 2 races with which you most closely identify) [?]
Please specify Other Asian Race [_____]

[_____ ▾]

US Citizen ◉ Yes ○ No [?]
Are you a Legal Permanent Resident? ○ Yes ○ No [?]

Date Legal Permanent Status Received [__][__][__] [?]
Prucol Alien ○ Yes ○ No [?]

Date of Entry to U.S [__][__][__] [?]

Are You a Full-Time Student? ◉ Yes ○ No

What is this person's relationship to you? [_____ ▾]

Marital Status [Never Married ▾] [?]

Spouse's First Name [_____] [?]

Spouse's Middle Name [_____] None [?]

Spouse's Last Name [_____] [?]

Suffix [-----Select One----- ▾] [?]

Figure 3

Tell us about the other person in the household   ☐ Notes

Is this person applying for benefits? ⦿ Yes ○ No

+ First Name	[_____]
Middle Name	[_____] ☐ None
Last Name	[_____]
Suffix	------Select One------ ▾
Do you use any other names?	○ Yes ○ No
Gender	○ Male ○ Female
Date of Birth	[__][__][__] 📅

Place of Birth *(Select the one that applies)*

California County	San Mateo ▾ or
US State	------Select One------ ▾ or
Other Country	------Select One------ ▾

Are you Hispanic or Latino? ○ Yes ○ No [?]

What is your race?
(You may select up to 2 races with which you most closely identify) [?]   [_____] ▾
Please specify Other Asian Race   [_____]

Have CIN	[_____] ▾
CIN	[_____]
MC Status	[_____] ▾
MC Renewal Date	[__][__][__] 📅
Have MRN	------Select One------ ▾ [?]
MRN	[_____] [?]
SSN	○ Yes ○ No [?]
Do you know your SSN?	○ Yes ○ No [?]
SSN/Pseudo SSN	[__][__][__] [?]
ITIN	⦿ Yes ○ No
Do you know your ITIN?	⦿ Yes ○ No
ITIN	[__][__][__]
US Citizen	⦿ Yes ○ No [?]
Are you a Legal Permanent Resident?	○ Yes ○ No [?]
Date Legal Permanent Status Received	[__][__][__] [?]
Prucol Alien	○ Yes ○ No [?]
Date of Entry to U.S	[__][__][__] [?]
Are You a Full-Time Student?	⦿ Yes ○ No
What is this person's relationship to you?	[_____] ▾
Marital Status	Never Married ▾ [?]
Spouse's First Name	[_____] [?]
Spouse's Middle Name	[_____] ☐ None [?]
Spouse's Last Name	[_____] [?]
Suffix	------Select One------ ▾ [?]

Figure 1

Tax Information

All wording will be updated as described on the "Household Size Flow Chart" example on page 4 of this document.

Create New External Link to IRS web page to help users determine if a tax dependents income is countable in the household.

Is this person the Primary Tax Filer? ● Yes ○ No

Did this person file taxes last year? ● Yes ○ No

What was this person's tax filing status last year? ----Select One---- ▼

Was this person claimed as a dependent on any tax return last year? ● Yes ○ No

Does this person plan to file taxes this year? ● Yes ○ No

What will this person's tax filing status be this year? ----Select One---- ▼

Is this person expected to be claimed as a dependent on any tax return for the benefit year? ● Yes ○ No

Who claims this person as a tax dependent? ----Select One----

Is this person claimed by a non-custodial parent? ● Yes ○ No

Is this person expected to be required to file taxes this year? ● Yes ○ No

For the last question on the Tax Page, "Is this person expected to be required to file taxes this year?" If Yes is marked for this person they are expected to be required to file taxes this year then income counts for all (except for exceptions below). If answer is no then income is not counted at all.

View Application Summary | Get Help
Report a Bug/Make a Suggestion

1. For children 19 and under the income of the stepparent/tax filer and siblings will not count toward that HH member.

2. If system identifies the HH member is aged 20 to under 21 it will open question:

   a. Are you a full-time student? Yes   No

   If Yes, then the income of the stepparent/tax filer and siblings will not count toward that HH member.

   If No then all tax household income will count.

3. If the individual is a tax dependent add the following question:

Does the individual meet one of the following exceptions?
(Parent = Natural, Biological or Step)

1. Someone other than the spouse or child (biological,
adopted, or step; minor or adult) of the taxpayer.
2. Under the age of 19 or under 21 if a full time student who
expects to be claimed as a tax dependent and is living
with both parents but whose parents do not expect to file
a joint tax return.

3. Under age 19 or under age 21 if full time student and the
taxpayer is the individual's non-custodial parent.

If yes to any of these Non-filer rules apply.

For each individual in the demographic page we will ask NEW question: Do you live in the home?

4. We will remove "Unmarried Partner" as marital status, Girlfriend/Boyfriend, Tax Dependent
    and Tax Filer from the drop down on the demographic page for relationships to PI.

5. Remaining relationships will only matter if Non-filer rules apply.

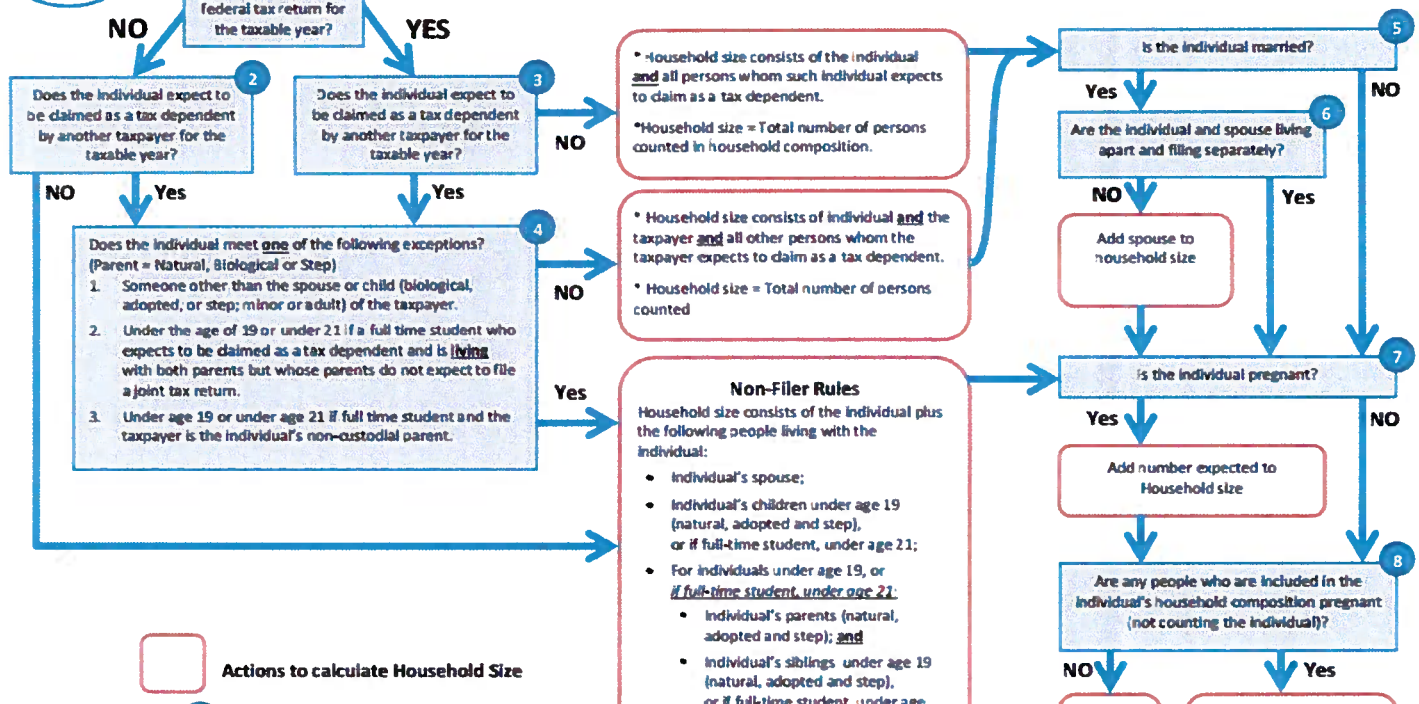**This is the chart we will be using and which will determine eligibility:**

DHCS Guide for Calculating MAGI Medi-Cal Individual Household Size
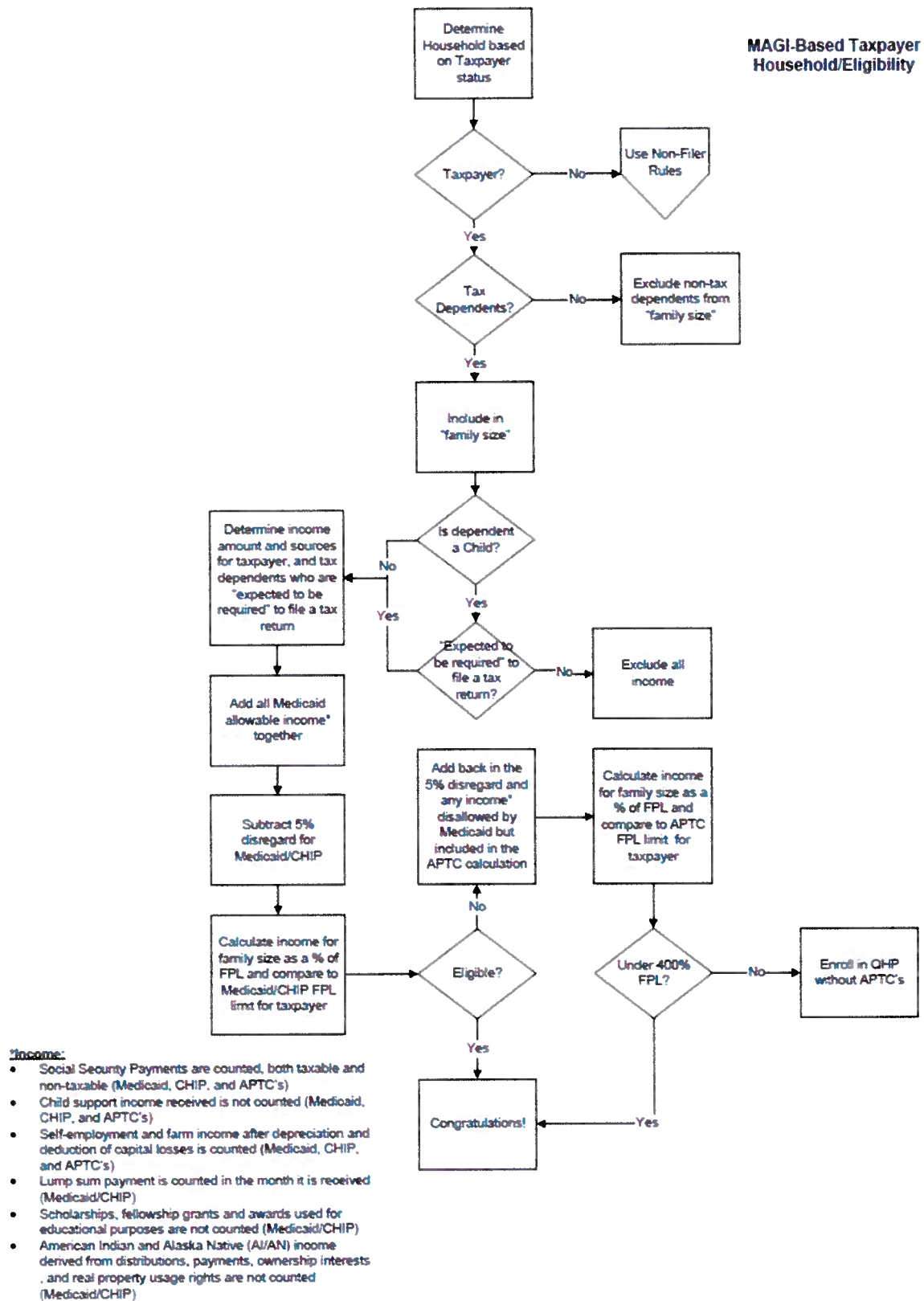
Household Size Flow Chart

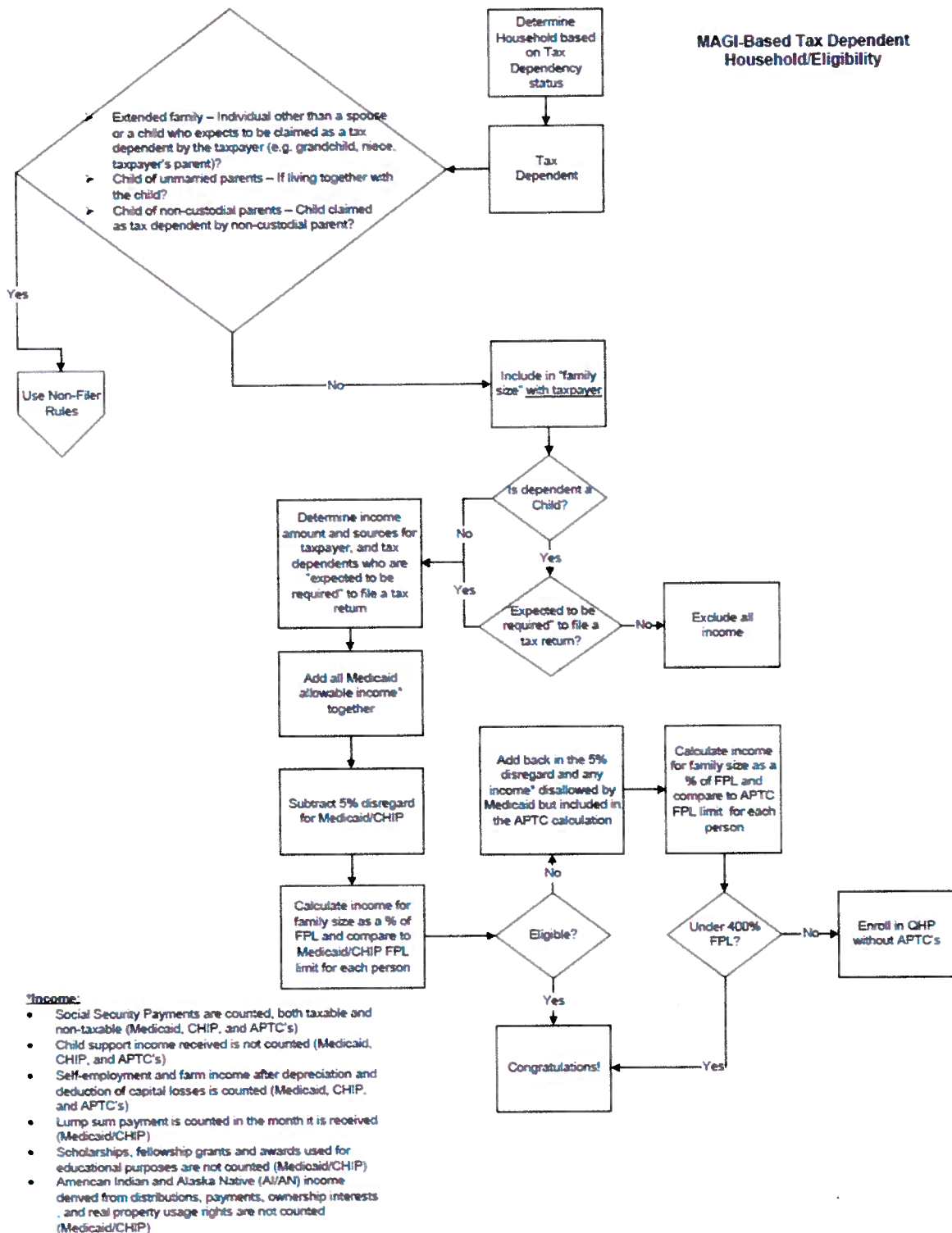Based on § 435.603(f) of the final Medicaid regulations.

Instructions:
- Person-based; Complete for each individual since there could be different household sizes within same applicant family.
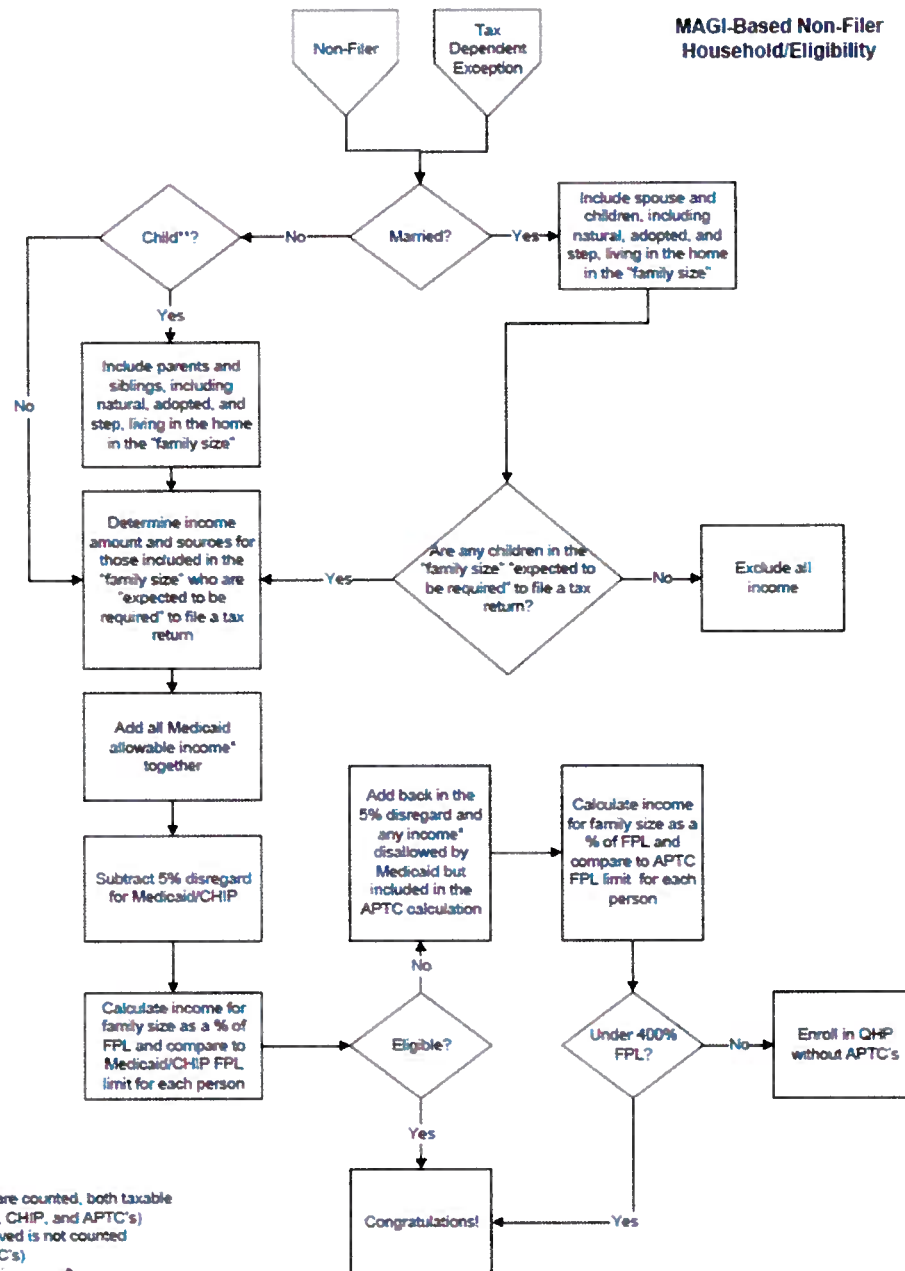- Use *Key Characteristics Table* and *Household Diagram Worksheets* on next two pages to prepare for this flow chart

Appendix A

MAGI-Based Taxpayer Household/Eligibility

Flowchart:

Determine Household based on Taxpayer status → Taxpayer? — No → Use Non-Filer Rules

Taxpayer? — Yes → Tax Dependents? — No → Exclude non-tax dependents from "family size"

Tax Dependents? — Yes → Include in "family size" → Is dependent a Child? — No → Determine income amount and sources for taxpayer, and tax dependents who are "expected to be required" to file a tax return

Is dependent a Child? — Yes → "Expected to be required" to file a tax return? — No → Exclude all income

"Expected to be required" to file a tax return? — Yes → Determine income amount and sources...

Determine income... → Add all Medicaid allowable income* together → Subtract 5% disregard for Medicaid/CHIP → Calculate income for family size as a % of FPL and compare to Medicaid/CHIP FPL limit for taxpayer → Eligible? — Yes → Congratulations!

Eligible? — No → Add back in the 5% disregard and any income* disallowed by Medicaid but included in the APTC calculation → Calculate income for family size as a % of FPL and compare to APTC FPL limit for taxpayer → Under 400% FPL? — No → Enroll in QHP without APTC's

Under 400% FPL? — Yes → Congratulations!

*Income:
- Social Security Payments are counted, both taxable and non-taxable (Medicaid, CHIP, and APTC's)
- Child support income received is not counted (Medicaid, CHIP, and APTC's)
- Self-employment and farm income after depreciation and deduction of capital losses is counted (Medicaid, CHIP, and APTC's)
- Lump sum payment is counted in the month it is received (Medicaid/CHIP)
- Scholarships, fellowship grants and awards used for educational purposes are not counted (Medicaid/CHIP)
- American Indian and Alaska Native (AI/AN) income derived from distributions, payments, ownership interests, and real property usage rights are not counted (Medicaid/CHIP)

So

MAGI-Based Tax Dependent Household/Eligibility

Determine Household based on Tax Dependency status

Tax Dependent

- Extended family – Individual other than a spouse or a child who expects to be claimed as a tax dependent by the taxpayer (e.g. grandchild, niece, taxpayer's parent)?
- Child of unmarried parents – If living together with the child?
- Child of non-custodial parents – Child claimed as tax dependent by non-custodial parent?

Yes → Use Non-Filer Rules

No → Include in "family size" with taxpayer

Is dependent a Child?

No → Determine income amount and sources for taxpayer, and tax dependents who are "expected to be required" to file a tax return

Yes → "Expected to be required" to file a tax return?

Yes → (Determine income amount and sources...)

No → Exclude all income

Add all Medicaid allowable income* together

Subtract 5% disregard for Medicaid/CHIP

Calculate income for family size as a % of FPL and compare to Medicaid/CHIP FPL limit for each person

Eligible?

No → Add back in the 5% disregard and any income* disallowed by Medicaid but included in the APTC calculation → Calculate income for family size as a % of FPL and compare to APTC FPL limit for each person

Under 400% FPL?

No → Enroll in QHP without APTC's

Yes → Congratulations!

Eligible? Yes → Congratulations!

Income:
- Social Security Payments are counted, both taxable and non-taxable (Medicaid, CHIP, and APTC's)
- Child support income received is not counted (Medicaid, CHIP, and APTC's)
- Self-employment and farm income after depreciation and deduction of capital losses is counted (Medicaid, CHIP, and APTC's)
- Lump sum payment is counted in the month it is received (Medicaid/CHIP)
- Scholarships, fellowship grants and awards used for educational purposes are not counted (Medicaid/CHIP)
- American Indian and Alaska Native (AI/AN) income derived from distributions, payments, ownership interests, and real property usage rights are not counted (Medicaid/CHIP)

MAGI-Based Non-Filer Household/Eligibility

Income:
- Social Security Payments are counted, both taxable and non-taxable (Medicaid, CHIP, and APTC's)
- Child support income received is not counted (Medicaid, CHIP, and APTC's)
- Self-employment and farm income after depreciation and deduction of capital losses is counted (Medicaid, CHIP, and APTC's)
- Lump sum payment is counted in the month it is received (Medicaid/CHIP)
- Scholarships, fellowship grants and awards used for educational purposes are not counted (Medicaid/CHIP)
- American Indian and Alaska Native (AI/AN) income derived from distributions, payments, ownership interests, and real property usage rights are not counted (Medicaid/CHIP)

Child:
"Child" defined as under age 19. State option to also include individuals age 19 and 20 who are full time students

APPENDIX A (flow chart above)

Presented below is a summary of the key steps in determining MAGI-based eligibility for Insurance Affordability Programs, followed by nine household examples that range from simple to more complex as to be incorporated in the modification of the eligibility rules in One-e-App.

Key Steps of a MAGI-Based Eligibility Determination

The key steps of a MAGI-Based Eligibility Determination are:

A. Construct a Medi-Cal Household for each applicant

B. Determine the Medi-Cal household income for each household

C. Determine whether or not each individual is eligible for Medi-Cal or potentially eligible for Covered California APTC/CSR

The following is a summary of the subordinate steps under each of these three of the steps.

A. CONSTRUCT A MEDI-CAL/ CHIP HOUSEHOLD FOR EACH APPLICANT

1. **Does the individual expect to file a federal tax return for the taxable year?**

   a) If **no**, continue to Step 2

   b) If **yes**, continue to Step 3

2. **Does the individual expect to be claimed as a tax dependent by another taxpayer for the taxable year?**

   1. If **yes**, continue to **Step 4**

   2. If **no**, follow **Non-Filer Rules**: the household composition consists of the individual plus the following people if living with the individual:

      i. The individuals spouse

      ii. The individual's natural, adopted, and step children under age 19, or under age 21 if a full time student; and

      iii. In the case of individuals under the age of 19 or, under age 21 if a full time student, the individual's natural, adopted, and step parents and natural, adoptive, and step siblings under age 19, or under age 21 if a full time student.

Continue to Step **7**

3. **Does the individual expect to be claimed as a tax dependent by another taxpayer for the taxable year?**

   a) **If no,** the household composition consists of the individual <u>and</u> all persons whom such individual expects to claim as a tax dependent.

   - Continue to **Step 5**

   b) **If yes,** continue to **Step 4**

4. **Does the individual meet <u>one</u> of the following exceptions?**
   (Parent = Natural, Biological or Step)

   i. The individual is someone other than a spouse or child (biological, adopted, or step) of the taxpayer.

   ii. The individual is a child (under age 19 or, under age 21 if a full-time student) living with both parents who expects to be claimed by one parent as a tax dependent, but whose parents do not expect to file a joint tax return.

   iii. The individual is a child (under age 19 or, under age 21 if a full-time student) and the taxpayer is the individuals non-custodial parent.

   a) **If no,** the household composition consists of individual <u>and</u> the taxpayer <u>and</u> all other persons whom the taxpayer expects to claim as a tax dependent.

   - Continue to **Step 5**

   b) **If yes,** follow **Non-Filer Rules:** the household composition consists of the individual plus the following people if living with the individual:

   i. The individuals spouse

   ii. The individual's natural, adopted, and step children under age 19, or under age 21 if a full time student; and

   iii. In the case of individuals under the age of 19 or, under age 21 if a full time student, the individual's natural, adopted, and step parents and natural, adoptive, and step siblings under age 19, or under age 21 if a full time student.

   Continue to **Step 7**

5. **Is the individual married?**

   a) If yes, continue to **Step 6.** b)

   If no, continue to **Step 7.**

6. **Are the individual and spouse living apart and filing separately?** a)

   If no, add spouse to household composition and continue to **Step 7.** b)   If yes,

   continue to **Step 7.**

7. **Is the any individual pregnant?**

   a) If no, continue to **Step 8.**

   b) If yes, add the number of expected unborn children and continue to **Step 8.**

8. **Are any people who are included in the individual's household composition pregnant (not counting the individual)?**

   a) If no, No Additional Changes...household composition is complete.

   b) If yes, add number expected to the household size for each pregnant person...household composition is complete.

B. DETERMINE THE MEDI-CAL HOUSEHOLD INCOME FOR EACH HOUSEHOLD

1) **Determine the MAGI-based income of each member of the individual's household, using the "Whose Income Counts" tool.**

2) **Recall that, for purposes of Medi-Cal eligibility, the following income rules apply, regardless of the rule applied for purposes of determining Covered California eligibility:**

   a) An amount received as a lump sum is counted as income only in the month received.

   b) Scholarships, awards, or fellowship grants used for education purposes and not for living expenses are excluded from income.

   c) Certain distributions, payments, and student financial assistance for American Indians/Alaska Natives are excluded from income.

3) **Calculate the Medi-Cal Household Income for each household using the following guidelines:**

   a) Household income =
   the sum of the MAGI-based income of everyone included in the household composition of the applicant whose income is counted.

   b) Do not count as income actually available cash support, exceeding nominal amounts, provided by the tax filer ...
   as California did not exercise this federal income counting option.

C. DETERMINE WHETHER OR NOT EACH INDIVIDUAL IS ELIGIBILE FOR MEDI-CAL OR POTENTIALLY ELIGIBLE FOR COVERED CALIFORNIA

1) **Compare the individual's household income to the Medi-Cal income eligibility standard.**

   1. If equal to or less than the income standard for Medi-Cal, enroll in Medi-Cal as appropriate.

   2. If in excess of the income standard for Medi-Cal, individuals may be eligible for unsubsidized health insurance coverage through Covered California.

Eligibility Scenarios – Part 1

Household Examples

Table of Examples

Note that all examples below are based on the following 2013 FPL Calculation Chart

Household size	Annual FPL	MNL	% MNL	Monthly FPL Values							
				100%	120%	133%	135%	150%	185%	200%	250%
1	11490	600	63%	958	1149	1274	1293	1437	1772	1915	2394
2	15510	750	59%	1293	1551	1720	1745	1939	2392	2585	3232
2 Adults	15510	934	73%	1293	1551	1720	1745	1939	2392	2585	3232
3	19530	934	58%	1628	1953	2165	2198	2442	3011	3255	4069
4	23550	1100	57%	1963	2355	2611	2650	2944	3631	3925	4907
5	27570	1259	55%	2298	2757	3056	3102	3447	4251	4595	5744
6	31590	1417	54%	2633	3159	3502	3554	3949	4871	5265	6582
7	35610	1550	53%	2968	3561	3947	4007	4452	5490	5935	7419
8	39630	1692	52%	3303	3963	4393	4459	4954	6110	6605	8257
9	43650	1825	51%	3638	4365	4838	4911	5457	6730	7275	9094

Eligibility Scenarios – Part 1

10	47670	1959	50%	3973	4767	5284	5363	5959	7350	7945	9932
Add	4020	14	N/A	335	402	446	453	503	620	670	838

Eligibility Scenarios – Part 1

Example 1: Single Adult (Joe)

- Joe is a single adult individual who lives alone and is applying for a health subsidy program.

- Joe expects to file a tax return and does not expect to be claimed by anyone as a tax dependent.

- Joe does not indicate that he is disabled on the application.

- Joe earns $1,250/month ($15,000/year).

- There are no other sources of income.

- Relevant Medi-Cal income standards include:

  - 138% FPL for the new adult expansion group, Tax

Household = Joe

Joe

A. **Construct a Medi-Cal Household for Joe**

   (DHCS HHComp Guide Steps – 1,3,5,7,8)

   Joe is a taxpayer and he is not a tax dependent so his household is the same as the tax household.

   Joe's Medi-Cal household = Joe's tax household = Joe (household size of one)

B. **Determine Medi-Cal Household Income for Joe's Household**

   - Potential sources of income

     - Joe earns $1,250/month with projected annual income of $15,000.

   - Is Joe a child or expected to be claimed as a tax dependent? No.

   - Joe's MAGI-based income of $1,250/month is 131% FPL.

Household Member	Income	Count?	MAGI Income
Joe	$1,250/month	Yes	$1,250/month
Medi-Cal Income Total			$1,250/month

C. **Determine Joe's Eligibility for Medi-Cal or Potential Eligibility for Covered California**

   Joe's Medi-Cal income is 131% FPL. The income standard for the new adult expansion group is 138% FPL and Joe's income is equal to or less than 138% FPL. He is eligible for MAGI-based Medi-Cal.

Eligibility Scenarios – Part 1

Example 2: Single Adult Who Claims a Disability (Jim)

- Jim is a single adult individual who lives alone.

- He expects to file a tax return and does not expect to be claimed by anyone as a tax dependent.

- He applies for a health subsidy program and claims he is disabled on the application, but he has not been found disabled pursuant to Federal rules.

- Jim earns $4,500/month in wages ($54,000/year). There are no other sources of income.

- Relevant Medi-Cal income standards include:

  - 138% FPL for the new adult expansion group, Tax

Household = Jim

Jim

A. **Construct a Medi-Cal Household for Jim**

(DHCS HHComp Guide Steps – 1,3,5,7,8)

Jim is a taxpayer and not a tax dependent so his household is the same as the tax household. Jim's

Medi-Cal household = Jim's tax household = Jim (household size of one)

B. **Determine Medi-Cal Household Income for Jim's Household**

- Potential sources of household income

- Jim earns $4,500/month with projected annual income of $54,000.

- Is Jim a child or expected to be claimed as a tax dependent? No.

- Jim's MAGI-based income of $4,500/month is 470% FPL.

Household Member	Income	Count?	MAGI Income
Jim	$4,500/month	Yes	$4,500/month
Medi-Cal Income Total			$4,500/month

C. **Determine Jim's Eligibility for Medi-Cal or Potential Eligibility for Covered California**

Jim's Medi-Cal income is 470% FPL. The income standard for the new adult expansion group is 138% FPL and Jim's Medi-Cal income exceeds that amount. He is ineligible for that category or any other MAGI-based category and he is not eligible for advanced premium tax credits and cost sharing reductions through Covered California. Jim is referred to purchase non-subsided health insurance through Covered California. Because Jim claims a disability but has not yet been determined disabled, upon his request, Jim would be referred to her County Department of Social Services for purposes of submitting a disability determination package.

Eligibility Scenarios – Part 1

Example 3: Single Parent and Child (Susan and Daughter Eileen)

- Susan (age 40) is the parent of five month old Eileen who lives with her.

- Susan expects to claim Eileen as a tax dependent.

- Susan earns $1,700/month ($20,400/year). There are no other sources of income.

- Relevant Medi-Cal income standards include:

  - 138% FPL for the new adult expansion group,
  - 109% FPL for parents/caretaker relatives group,
  - 208% FPL for infants up to age one in the children's group, and
  - 266% FPL for infants up to age one in the optional targeted low income children group. Tax

Household = Susan (taxpayer) and Eileen (claimed tax dependent).

1. Susan

A. Construct a Medi-Cal Household for Susan

(DHCS HHComp Guide Steps – 1,3,5,7,8)

Susan: Susan is a taxpayer and not a tax dependent so her household is the same as the tax household.

Susan's Medi-Cal household = tax household = Susan and Eileen (household size of two)

B. Determine Medi-Cal Household Income for Susan

Susan's household = Susan and Eileen

- Potential sources of household income:

  - Susan earns $1,700/month or $20,400/year

  - Eileen's income if any? None.

- Susan's MAGI-based income is $1,700/month or 132% FPL for two.

Household Member	Income	Count?	MAGI Income
Susan	$1,700/month	Yes	$1,700/month
Eileen	$0	No	
Medi-Cal Income Total			$1,700/month

Eligibility Scenarios – Part 1

C. **Determine Susan's Eligibility for Medi-Cal or Potential Eligibility for Covered California**

Susan's Medi-Cal income is 132% FPL. Because Susan is the parent of a minor under age 18 (Eileen) and Eileen resides with Susan, Susan is evaluated first for the Parents/Caretaker Relative Group. She is found not eligible because her income exceeds the 109% FPL income standard for that group. Susan is then evaluated for eligibility under the new adult expansion group and found eligible for this group because her income is at or below 138% FPL.

2. Eileen

A. **Construct a Medi-Cal Household for Eileen**

(DHCS HHComp Guide Steps – 1,2,4,5,7,8)

Because Eileen is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is living with both parents but whose parents do not expect to file a joint tax return. **No**

c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because none of the exceptions apply, Eileen's household is the same as the household of the taxpayer who expects to claim her as a tax dependent.

Eileen's Medi-Cal household = Susan's household = Susan and Eileen (household size of two)

B. **Determine Medi-Cal Household Income for Eileen**

Eileen's household = Susan and Eileen

- Potential sources of household income:

  - Susan earns $1,700/month or $20,400/year

  - Eileen's income if any? None.

- Susan's (and therefore Eileen's) MAGI-based income is $1,700/month or 132% FPL for a household size of two.

Household Member	Income	Count?	MAGI Income
Susan	$1,700/month	Yes	$1,700/month
Eileen	$0	No	
Medi-Cal Income Total			$1,700/month

Eligibility Scenarios – Part 1

C. Determine Eileen's Eligibility for Medi-Cal or Potential Eligibility for Covered California

Eileen's Medi-Cal income is 132% FPL. She is evaluated as an infant in the children's group where the income standard is 208% FPL for infants up to age one. Her income does not exceed that standard so she is enrolled in that program.

Eligibility Scenarios – Part 1

Example 4: Non-Custodial Parent Claiming Child as Tax Dependent (Jill and Katy)

- Jill (age 40) is the parent of seven year old Katy who lives with her.

- Katy is not expected to file a tax return and is expected to be claimed as a tax dependent by her non-custodial father.

- Jill earns $1,800/month ($21,600/year). There are no other sources of income.

- Jill is a tax filer, and is not claimed as a tax dependent of anyone else.

- Relevant Medi-Cal income standards include:

  - 138% FPL for the new adult expansion group,
  - 109% FPL for the parents/caretaker relative group,
  - 133% FPL for children ages 6-19 years in the children's group, and
  - 266% FPL for children age 6-19 in the optional targeted low income children group. Jill's tax

household: Jill

Katy's tax household: Non-custodial parent

1. Jill

A. Construct a Medi-Cal Household for Jill

(DHCS HHComp Guide Steps – 1,3,5,7,8)

Jill is a tax filer and not a tax dependent so her household is the same as her tax household. Jill's

Medi-Cal household = Jill's tax household = Jill (household size of one)

B. Determine Medi-Cal Household Income for Jill's Household

Jill's household = Jill

- Potential sources of household income

  - Jill currently earns $1,800/month with projected annual income of $21,600.

    - Jill's MAGI-based income is $1,800/month or 188% FPL for one.

Household Member	Income	Count?	MAGI Income
Jill	$1,800/month	Yes	$1,800/month
Medi-Cal Income Total			$1,800/month

Eligibility Scenarios – Part 1

C. **Determine Jill's Eligibility for Medi-Cal or Potential Eligibility for Covered California**

Jill's Medi-Cal income is 188% FPL. Because Jill is the parent of a minor under age 18 (Katy) and exercises care and control of Katy, Jill is evaluated first for the parents/caretaker relative group, then the new adult expansion group. Jill's income of 188% FPL exceeds the income standard for both the parent/caretaker relative and new adult expansion groups. Because Jill is not pregnant, she is evaluated for Covered California APTC/CSR. If Jill was pregnant, she would be evaluated for coverage under the pregnant women group.

2. Katy

A. **Construct a Medi-Cal Household for Katy**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Katy is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

    a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

    b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **No**

    c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **Yes**

Because Katy falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing her household. She is included in her household along with any of the following people living with her:

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, her mother Jill**

  - Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 - **None**

Katy's Medi-Cal household = herself and her mother Jill (household size of two).

B. **Determine Medi-Cal Household Income for Katy**

Katy's Household = Katy and Jill

- Potential sources of household income

  - Jill currently earns $1,800/month with projected annual income of $21,600.

  - Katy's income if any? None

- Jill's (and therefore Katy's) MAGI-based income is $1,800/month or 139% FPL for two.

Eligibility Scenarios – Part 1

Household Member	Income	Count?	MAGI Income
Jill	$1,800/month	Yes	$1,800/month
Katy	$0	No	
Medi-Cal Income Total			$1,800/month

C. **Determine Katy's Eligibility for Medi-Cal or Potential Eligibility for Covered California**

Katy's Medi-Cal income is 139% FPL. She is evaluated for the children's group (age 6-19) where the income standard is 133% FPL. Because her income exceeds that standard, she is evaluated for the optional targeted low income child (OTLIC) group where the income standard is 266% FPL. Because Katy's income is at or below 266% FPL, she is enrolled in the OTLIC group.

Eligibility Scenarios – Part 1

Example 5: Single Parent with children but the custodial and non-custodial parent each claims a child as a tax dependent (Sharon with children Lana and Luke)

- Sharon is a 45 year old unmarried woman with 12 year old daughter Lana and 5 month old son Luke living with her.

- Sharon claims Lana as her tax dependent

- Luke's absent, non-custodial father claims him as his tax dependent.

- Sharon earns $2,000 per month (projected income of $24,000/year).

- Luke receives $200/month in child support income (projected annual income of $2,400/year.) Child support income is exempt under MAGI rules.

- Lana receives $300/month in child support income (projected annual income of $3,600/year). Child support income is exempt under MAGI rules.

- The children are not expected to file tax returns.

- There are no other sources of income.

- Relevant Medi-Cal income standards include:

  - 109% FPL for the parents/caretaker relatives group,
  - 138% FPL for the new adult expansion group,
  - 208% FPL for infants under age one group, and
  - 133% FPL for children ages 6-18 in the children's group.

Sharon's tax household = Sharon and Lana.

Luke's tax household = Non-custodial parent.

1. Sharon

A. Construct a Medi-Cal Household for Sharon.

(DHCS HHComp Guide Steps – 1,3,5,7,8)

Sharon is a tax filer and is not a tax dependent. Her Medi-Cal household is the same as her tax household.

Sharon's Medi-Cal household = Sharon's tax household = Sharon and Lana. Luke is not Sharon's tax dependent so he is not in her household.

Eligibility Scenarios – Part 1

B. Determine Medi-Cal Household Income for Sharon

Sharon's Medi-Cal household = Sharon and Lana

- Potential sources of household income:

  - Sharon earns $2,000/month or $24,000/year

  - Lana income if any? Lana receives $300 from child support, but that income is tax exempt and not counted.

- Sharon's MAGI-based income is $2,000/month or 155% FPL for two.

Household Member	Income	Count?	MAGI Income
Sharon	$2,000/month	Yes	$2,000/month
Lana	$300/month	No	
Medi-Cal Income Total			$2,000/month

C. Determine Sharon's Eligibility for Medi-Cal or Potential Eligibility for Covered California

Sharon's Medi-Cal household income is 155% FPL. Her income exceeds the Medi-Cal income standard of 109% FPL for the parent/caretaker relative group and also exceeds the income standard of 138% FPL for the new adult expansion group. She is ineligible for Medi-Cal and referred to Covered California for an APTC/CSR determination.

2. Lana

A. Construct a Medi-Cal Household for Lana

(DHCS HHComp Guide Steps – 1,2,4,5,7,8)

Because Lana is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **No**

c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because none of the exceptions apply, Lana's household is the same as the household of the taxpayer who expects to claim her as a tax dependent.

Lana's Medi-Cal household = Sharon's Medi-Cal household = Sharon and Lana (Household size of two)

Eligibility Scenarios – Part 1

B. **Determine Medi-Cal Household Income for Lana**

Lana's Medi-Cal household = Sharon and Lana

- Potential sources of household income:

  - Sharon earns $2,000/month or $24,000/year

  - Lana income if any? Lana receives $300 from child support, but that income is tax exempt and not counted.

- Sharon's MAGI-based income is $2,000/month or 155% FPL for two.

Household Member	Income	Count?	MAGI Income
Sharon	$2,000/month	Yes	$2,000/month
Lana	$300/month	No	
Medi-Cal Income Total			$2,000/month

C. **Determine Lana's Eligibility for Medi-Cal or Potential Eligibility for Covered California**

Lana's household income is 155% FPL. Her income exceeds the 133% FPL income standard for children ages 1-18 in the Children's Group. She is therefore enrolled in the OTLIC program where the income standard is 266% FPL.

3. Luke

A. **Construct a Medi-Cal Household for Luke**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Luke is not a tax filer and is expected to be claimed as a tax dependent, determine whether he meets one of the following exceptions:

  a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

  b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **No**

  c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **Yes**

Because Luke falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing his household. He is included in his household along with any of the following people living with him:

- For individuals under age 19, or if full-time student, under age 21:

Eligibility Scenarios – Part 1

- Individual's parents (natural, adopted and step) - **Yes, his mother Sharon**
- Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **Yes, sister Lana**

B. Determine Medi-Cal Household Income for Luke

Luke's household = Luke, Lana, and Sharon

- Potential sources of income:
  - Sharon earns $2,000/month or $24,000/year
  - Lana receives $300 from child support, but that income is tax exempt and not counted.
  - Luke receives $200/month from child support, but that income is tax exempt and not counted.
- Sharon's MAGI-based income is $2,000/month or 123% FPL for three.

Household Member	Income	Count?	MAGI Income
Sharon	$2,000/month	Yes	$2,000/month
Lana	$300/month	No	
Luke	$200/month	No	
Medi-Cal Income Total			$2,000/month

C. Determine Luke's Eligibility for Medi-Cal or Potential Eligibility for Covered California

Luke's household income is 123% FPL and he is enrolled in the children's group for infants under age one where the income standard is 208% FPL.

Eligibility Scenarios – Part 1

Example 6: Married Couple; No Children; Disability Claimed (Betty and Al)

- Betty and Al are married.
- Betty, age 40, and Al, age 45, file a joint return. Neither is claimed as tax dependents by anyone else.
- Betty earns $228/month or projected annual income of $2,736.
- Betty indicates that she is disabled on the application.
- Al earns $1,500/month or projected annual income of $18,000.
- There are no other sources of income.
- Relevant Medi-Cal income standards include:
  - 138% FPL for the new adult expansion group

Betty's tax household: Betty and Al

Al's tax household: Al and Betty

1. Betty

A. **Construct a Medi-Cal Household for Betty**

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

Betty is a tax filer and not a tax dependent. Her Medi-Cal household is the same as her tax household.

Betty's Medi-Cal household = Betty's tax household = Betty and Al (household size of two)

B. **Determine Medi-Cal Household income for Betty**

Betty's Medi-Cal household = Betty and Al

- Potential sources of income:
  - Betty earns $228/month or $2,736/year
  - Al earns $1,500/month or $18,000/year
- Betty's MAGI income is $228/month.
- Al's MAGI income is $1,500/month.
- Betty and Al's total MAGI income is $1,728/month or 134% FPL.

Eligibility Scenarios – Part 1

Household Member	Income	Count?	MAGI Income
Betty	$228/month	Yes	$228/month
Al	$1,500/month	No	$1,500/month
Medi-Cal Income Total			$1,728/month

C. **Determine Betty's eligibility for Medi-Cal or Potential Eligibility for Covered California APTC/CSR**

Betty's Medi-Cal income is 134% FPL. She is evaluated for the new adult expansion that has an income standard of 138% FPL. She is eligible for that program. Because she has claimed a disability but has not yet been determined disabled, upon her request, Betty would be referred to her County Department of Social Services for purposes of submitting a disability determination package.

2. Al

A. **Construct a Medi-Cal Household for Al.**

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

Al is a tax filer and not a tax dependent. His Medi-Cal tax household is the same as his tax household.

Al's Medi-Cal household = Al's tax household = Al and Betty (household size of two)

B. **Determine Medi-Cal Household income for Al**

Al's Medi-Cal Household = Al and Betty

- Potential sources of income:
  - Betty earns $228/month or $2,736/year
  - Al earns $1,500/month or $18,000/year
- Betty's MAGI income is $228/month.
- Al's MAGI income is $1,500/month.
- Betty and Al's total MAGI income is $1,728/month or 134% FPL.

Household Member	Income	Count?	MAGI Income
Betty	$228/month	Yes	$228/month
Al	$1,500/month	No	$1,500/month
Medi-Cal Income Total			$1,728/month

Eligibility Scenarios – Part 1

C. **Determine Al's Eligibility for Medi-Cal or Potential Eligibility for Covered California APTC/CSR**

Al's Medi-Cal income is 134% FPL. He is evaluated for the new expansion adult group that has an income standard of 138% FPL. Because his Medi-Cal household income is at or below 138% FPL, he is eligible as a new adult expansion group.

Example 7: Three Generation Household
(Mary Lewis and Family)

- Mary Lewis is an unmarried working grandmother who lives with daughter Samantha and Samantha's daughter Joy.

- Mary claims her daughter Samantha and granddaughter Joy as tax dependents.

- Samantha is age 20 and is a full-time student.

- Joy is age 2.

- Mary earns $4,500/month ($54,000/year)

- Samantha earns $300/month ($3,600/year)

- There are no other sources of income

- Relevant Medi-Cal income standards include:

  - 138% FPL for the new adult expansion group,
  - 109% FPL for the parent/caretaker relative group,
  - 142% FPL for the children's group age 1-6, and
  - 266% FPL for the optional targeted low income children group ages 1-6.

- Filing threshold: Tax dependents with more than $5,800 per year of earned income must file.

- Although Joy is a deprived child due to the absence of her father, deprivation is not a considered when determining the eligibility of Joy's single parent.

Mary's Tax Household = Mary (taxpayer) + Samantha (claimed dependent) + Joy (claimed dependent).

1. Mary

A. **Construct a Medi-Cal Household for Mary**

(DHCS HHComp Guide Steps – 1,3,5,7,8)

Mary is a taxpayer and she is not a tax dependent, so her household is the same as the tax household.

Mary's Medi-Cal Household = Mary's tax household = Mary + Samantha + Joy (household size of three).

B. **Determine Medi-Cal Household Income for Mary**

Eligibility Scenarios – Part 1

Mary's household = Mary + Samantha + Joy

- Potential sources of income:
    - Mary earns $4,500 per month with projected annual income of $54,000

Eligibility Scenarios – Part 1

- - Samantha earns $300 per month with projected annual income of $3,600.

  - Using the 'Whose Income Counts" tool (Steps A & B) Samantha's income is "Not Counted"

- Mary's MAGI-based income = $4,500 per month or 277% FPL for three.

Household Member	Income	Count?	MAGI Income
Mary	$4,500/month	Yes	$4,500/month
Samantha	$300/month	No	
Joy	$0	No	
Medi-Cal Income Total			$4,500/month

C. **Determine Mary's Eligibility for Medi-Cal or Potential Eligibility for Covered California-CSR.**

Mary's Medi-Cal income is 277% FPL. Her income exceeds the Medi-Cal income standard for the new adult expansion adult group that is 138% FPL. Therefore, Mary is not eligible for Medi-Cal based on MAGI, but she may be eligible for advanced premium tax credits and cost sharing reductions through Covered California.

2. Samantha

A. **Construct a Medi-Cal Household for Samantha**

(DHCS HHComp Guide Steps – 1,2,4,5,7,8)

Because Samantha is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

    a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

    b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is living with both parents but whose parents do not expect to file a joint tax return. **No**

    c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because none of the exceptions apply, Samantha's household is the same as the household of the taxpayer who is claiming her as a dependent.

Samantha's Medi-Cal Household = Mary's household = Mary + Samantha + Joy (household size of three)

B. **Determine Medi-Cal Household Income for Samantha**

Samantha's household = Mary, Samantha, and Joy

Eligibility Scenarios – Part 1

Samantha's income determination and amount is the same as Mary's (277% FPL for three).

- Using the 'Whose Income Counts" tool (Steps A & B) Samantha's income is "Not Counted". Even though Samantha has $300 income, it is not counted because she is the child of another member of the household and is not required to file a tax return.

Household Member	Income	Count?	MAGI Income
Mary	$4,500/month	Yes	$4,500/month
Samantha	$300/month	No	
Joy	$0	No	
Medi-Cal Income Total			$4,500/month

C. **Determine Samantha's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Samantha's Medi-Cal income is 277% FPL. She is evaluated under the parents/caretaker relative group that has an income standard of 109% FPL. Her income exceeds that standard. Her income also exceeds the income standard of 138% FPL for the new adult expansion group. Samantha is not eligible for Medi-Cal based on MAGI, but she may be eligible for advanced premium tax credits and cost sharing reductions through Covered California.

3. Joy

A. **Construct a Medi-Cal Household for Joy**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Joy is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

- a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer?
  Yes, Grandmother

- b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **No**

- c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because Joy falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing her household. She is included in her household along with any of the following people living with her:

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, mother Samantha**

Eligibility Scenarios – Part 1

- Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **None**

Joy's Medi-Cal Household = herself + her mother = Joy + Samantha (household size of two.)

B. **Determine Medi-Cal Household Income for Joy**

Joy's Medi-Cal Household = Samantha + Joy (household size of two)

- Potential sources of income:

  - Samantha earns $300 per month with projected annual income of $3,600/year. Although Samantha is not required to file taxes, her income counts because the income exemption would only apply if she were in the household of her parent

  - Joy has no income.

- Samantha's MAGI-based income = $300 per month or 23% FPL for two.

Household Member	Income	Count?	MAGI Income
Samantha	$300/month	Yes	$300/month
Joy	$0/month	No	
Medi-Cal Income Total			$300/month

C. **Determine Joy's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Joy's Medi-Cal income is 23% FPL. The Medi-Cal income standard for children ages 1-6 in the children's group is 142% FPL. Therefore, Joy is eligible for enrollment in the children group, age 1-6.

Example 8: Married Couple with Mutual and Separate Children Filing Separate Tax Returns (David's and Jennifer's Family)

- David and Jennifer are married and are expected to file separate tax returns.

- David and Jennifer live with their mutual children Anne age three and Emily age four.

- David's separate son Josh (age twelve) also lives with them.

- David is expected to claim Josh and Emily as his tax dependents.

- Jennifer is expected to claim Anne as her tax dependent.

- David earns $2,500/month or projected annual income of $30,000

- Jennifer earns $1,800/month or projected annual income of $21,600

- There are no other sources of income and none of the children has income.

- Jennifer indicates on the application that Anne has a disability.

- Relevant Medi-Cal income standards include:

  - 109% FPL for the parent/caretaker relative group,
  - 138% FPL for the new adult expansion group,
  - 142% FPL for the children's group age 1-6, and
  - 266% FPL for the optional targeted low income children group ages 1-6. David's

tax household: David, Josh, and Emily

Jennifer's tax household: Jennifer and Anne

1. David

A. Construct a Medi-Cal Household for David

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

David is a tax filer and is not claimed as a tax dependent so his household is his tax household plus his spouse Jennifer because he is married and living with her.

David's Medi-Cal household = David's tax household + Jennifer = David, Josh, Emily and Jennifer (Household size of 4)

B. Determine Medi-Cal household income for David

David's household: David, Josh, Emily and Jennifer

- Potential sources of income:

Eligibility Scenarios – Part 1

- David earns $2,500/month
- Jennifer earns $1,800/month
- Josh and Emily do not have income
- Using the 'Whose Income Counts" tool, Josh and Emily are David's children and would file a return if they had income. Their income would be counted but since they have no income, and would not therefore be required to file taxes, their income is "Not Counted".
- David's MAGI income is $2,500.
- Jennifer's MAGI income is $1,800
- Total household MAGI income is $4,300 or 219% FPL for a family of four.

Household Member	Income	Count?	MAGI Income
David (Husband)	$2,500/month	Yes	$2,500/month
Josh	0$	No	
Emily	0$	No	
Jennifer (Wife)	$1,800/month	Yes	$1,800/month
Medi-Cal Income Total			$4,300/month

C. **Determine David's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

David's Medi-Cal household income is 219% FPL. Because he is the parent of Josh, Anne, and Emily, David is first evaluated for the parent/caretaker relative group. His income exceeds the 109% FPL income standard for that group as well as the 138% FPL income standard for the new adult expansion group. Therefore, David is determined not eligible for MAGI Medi-Cal and he is evaluated for Covered California APTC/CSR.

2. Josh

A. **Construct a Medi-Cal Household for Josh**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Josh is not a tax filer and is expected to be claimed as a tax dependent, determine whether he meets one of the following exceptions:

a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **Yes**

Eligibility Scenarios – Part 1

---

    c.   Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because Josh falls into one of the tax dependent exceptions as noted above, the following <u>non-filer rules</u> are followed in constructing his household. He is included in his household along with any of the following people living with him:

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, father David and step-mother Jennifer**

  - Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **Yes, half-sisters Anne and Emily**

Josh's Medi-Cal household = Josh, David, Jennifer, Anne, and Emily (Household size of 5)

B. Determine Medi-Cal household income for Josh

Josh's household: Josh, David, Jennifer, Anne, and Emily

- Potential sources of income:

  - David earns $2,500/month

  - Jennifer earns $1,800/month.

  - Using the 'Whose Income Counts" tool, Anne, Josh, and Emily are children of a member of the household and would file a return if they had income. Their income would be counted but since they have no income, and would not therefore be required to file taxes, their income is "Not Counted".

- David's MAGI income is $2,500/month.

- Jennifer's MAGI income is $1,800/month.

- Total MAGI household income is $4,300 or 187% FPL for a family of five.

Household Member	Income	Count?	MAGI Income
Josh	0$	No	
Father David	$2,500/month	Yes	$2,500/month
Step Mother Jennifer	$1,800/month	Yes	$1,800/month
Anne	0$	No	
Emily	0$	No	
Medi-Cal Income Total			$4,300/month

Eligibility Scenarios – Part 1

C. **Determine Josh's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Josh's Medi-Cal income is 187% FPL. His income exceeds the income standard (133% FPL) for the children's group age 6-19, but he is eligible for the optional targeted low income children group where the income standard is 266% FPL.

3. Emily

A. **Construct a Medi-Cal Household for Emily**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Emily is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

    a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

    b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **Yes**

    c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because Emily falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing her household. She is included in her household along with any of the following people living with her:

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, mother Jennifer and father David**

  - Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **Yes, Josh (half sibling) and Anne (natural sibling).**

Emily's household = Emily, father David, mother Jennifer, stepbrother Josh, and natural sister Anne (Household size of 5)

B. **Determine Medi-Cal household income for Emily**

Emily's household = Emily, father David, mother Jennifer, stepbrother Josh, and natural sister Anne

- Potential sources of income:

  - Jennifer earns $1,800/month

  - David earns $2,500/month

  - Using the 'Whose Income Counts" tool, Anne, Josh, and Emily are children of a member of the household and would file a return if they had income. Their income

Eligibility Scenarios – Part 1

would be counted but since they have no income, and would not therefore be required to file taxes, their income is "Not Counted".

- Jennifer's MAGI income is $1,800.

- David's MAGI income is $2,500.

- Total MAGI household income is $4,300 or 187% FPL for a family of five.

Household Member	Income	Count?	MAGI Income
Emily	0$	No	
Father David	$2,500/month	Yes	$2,500/month
Mother Jennifer	$1,800/month	Yes	$1,800/month
Stepbrother Josh	0$	No	
Sister Anne	0$	No	
Medi-Cal Income Total			$4,300/month

C. **Determine Emily's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Emily's income of 187% FPL exceeds the income standard of 142% FPL for the children's group, but she is eligible for the optional targeted low income children group because her income is at or below 266% FPL.

4. Jennifer

A. **Construct a Medi-Cal Household for Jennifer**

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

Jennifer is a tax filer and is not claimed as a tax dependent so her household is her tax household plus her spouse David because she is married and living with him.

Jennifer's Medi-Cal household = Jennifer's tax household + David = Jennifer, Anne, and David (Household size of 3)

B. **Determine Medi-Cal household income for Jennifer**

Jennifer's household = Jennifer, Anne, and David

- Potential sources of income:
  - Jennifer earns $1,800/month
  - David earns $2,500/month

- Using the 'Whose Income Counts" tool, Anne is Jennifer's child and would file a return if she had income. Her income would be counted but since she has no income, and would not therefore be required to file taxes, her income is "Not Counted".

- Jennifer's MAGI income is $1,800.

- David's MAGI income is $2,500.

- Total MAGI household income is $4,300 or 264% FPL for three.

Household Member	Income	Count?	MAGI Income
Jennifer (Wife)	$1,800/month	Yes	$1,800/month
Anne	0$	No	
David (Husband)	$2,500/month	Yes	$2,500/month
Medi-Cal Income Total			$4,300/month

C. Determine Jennifer's Eligibility for Medi-Cal or Potential Eligibility for Covered California.

Jennifer's Medi-Cal household income is 264% FPL. Because she is the parent of Anne and Emily, Jennifer is first evaluated for the parent/caretaker relative group. Her income exceeds the 109% FPL income standard for that group as well as exceeds the income standard of 138% FPL for the new adult expansion group. Therefore, Jennifer is determined not eligible for MAGI Medi-Cal and she is evaluated for Covered California APTC/CSR.

5. Anne

A. Construct a Medi-Cal Household for Anne

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

Because Anne is not a tax filer and is expected to be claimed as a tax dependent, determine whether she meets one of the following exceptions:

a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **Yes**

c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because Anne falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing her household. She is included in her household along with any of the following people living with her:

Eligibility Scenarios – Part 1

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, mother Jennifer and father David**

  - Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **Yes, Josh (half sibling) and Emily (natural sibling).**

Anne's household = Anne, father David, mother Jennifer, stepbrother Josh, and natural sister Emily (Household size of 5)

B. Determine Medi-Cal household income for Anne

Anne's household: Anne, father David, mother Jennifer, stepbrother Josh, and natural sister Emily

- Potential sources of income:

  - Jennifer earns $1,800/month

  - David earns $2,500/month

- Using the 'Whose Income Counts" tool, Anne, Josh, and Emily are children of a member of the household and would file a return if they had income. Their income would be counted but since they have no income, and would not therefore be required to file taxes, their income is "Not Counted".

- Jennifer's MAGI income is $1,800.

- David's MAGI income is $2,500.

- Total MAGI household income is $4,300 or 187% FPL for a family of five.

Household Member	Income	Count?	MAGI Income
Anne	0$	No	
Father David	$2,500/month	Yes	$2,500/month
Mother Jennifer	$1,800/month	Yes	$1,800/month
Stepbrother Josh	0$	No	
Sister Emily	0$	No	
Medi-Cal Income Total			$4,300/month

C. Determine Anne's Eligibility for Medi-Cal or Potential Eligibility for Covered California.

Anne's Medi-Cal income is 187% FPL. Her Medi-Cal income exceeds the income standard for the Children's Group for ages 1-6 (142% FPL) but she is eligible for the optional targeted low income child group because her income is below 266% FPL.

Eligibility Scenarios – Part 1

Example 9: Married Couple (Pregnant Wife) Filing Separate Tax Returns Living with Mutual and Separate Children (Lucy's and Buck's Family)

- Lucy and Buck are married.

- Lucy and Buck live with their mutual child, two year old daughter Shana, and with Lucy's separate six year old son Seth.

- Lucy is pregnant with triplets.

- The application indicates that Buck has already been determined disabled under federal rules.

- Lucy and Buck file separate tax returns.

- Buck claims Shana as a tax dependent.

- Seth is claimed as a tax dependent by his non-custodial father Buck.

- Lucy earns $3,000/month ($36,000/year)

- Buck earns $1,200/month ($14,400/year).

- There are no other sources of income and Shana and Seth have no income.

- Lucy is a tax filer and is not a tax dependent of anyone else.

- Buck is a tax filer and is not a tax dependent of anyone else.

- Relevant Medi-Cal income standards include:

    - 109% FPL for the parent/caretaker relative group,
    - 138% FPL for the new adult expansion group,
    - 213% FPL for the pregnant women group,
    - 142% FPL for the children's group age 1-6,
    - 133% FPL for the children's group for children age 6-19, and
    - 266% FPL for the optional targeted low income children group ages 1-6. Lucy's

tax household: Lucy

Buck's tax household: Buck and Shana

Seth's tax household: Non-custodial parent

Eligibility Scenarios – Part 1

1. Lucy

A. Construct a Medi-Cal Household for Lucy:

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

Lucy is a tax filer and not a tax dependent so her household is the same as her tax household plus her spouse Buck because she is married and living with him. In addition Lucy is pregnant, expecting triplets. Her three unborn children are also included in her household.

Lucy's household = Lucy's tax household plus her spouse and three unborn children = Lucy, spouse Buck, and three unborn children (Household size of 5)

B. Determine Medi-Cal Income for Lucy

Lucy's household = Lucy, Buck, and three unborn children (Household size of 5)

- Potentials sources of income

  - Lucy earns $3,000/month ($36,000/year).

  - Buck earns $1,200/month ($14,400/year).

- Is any member of the household a child or tax dependent of another member of the household and is not expected to file a tax return? No.

  - Lucy's MAGI income is $3,000.

- Buck's MAGI income is $1,200/month.

- Lucy's and Buck's total MAGI income is $4,200/month is 187% FPL for a household size of 5.

Household Member	Income	Count?	MAGI Income
Lucy	$3,000/month	Yes	$3,000/month
Spouse Buck	$1,200/month	Yes	$1,200/month
Unborn child #1	0$	No	
Unborn child #2	0$	No	
Unborn child #3	0$	No	
Medi-Cal Income Total			$4,200/month

C. Determine Lucy's Eligibility for Medi-Cal or Potential Eligibility for Covered California.

Lucy is evaluated for the parents/caretaker relatives group because she is the parent of Seth. Her household income of 183% FPL exceeds the 109% FPL income standard for that group as well as exceeds the income standard of 138% FPL for new adult expansion group. Lucy is

Eligibility Scenarios – Part 1

however, however, eligible for the pregnant women's group because her income is at or below 213% FPL.

2. Buck:

A. Construct a Medi-Cal Household for Buck

(DHCS HHComp Guide Steps – 1,3,5,6,7,8)

Buck is a tax filer and not a tax dependent so his household is the same as his tax household plus his spouse Lucy because he is married and living with her. In addition his spouse Lucy is pregnant, expecting triplets. Lucy and Buck's three unborn children are also included in his household.

Buck's household = Buck's tax household plus his spouse and three unborn children = Buck, Shana, Lucy, and three unborn children (Household size of 6)

B. Determine Medi-Cal Income for Buck

Buck's household = Buck, Shana, Lucy, and three unborn children (Household size of 6)

- Potentials sources of income'
  - Lucy earns $3,000/month ($36,000/year).
  - Buck earns $1,200/month ($14,400/year).
- Is any member of the household a child or tax dependent of another member of the household and is not expected to file a tax return?
  - Yes. Shana is Buck's child and is not expected to file a tax return. If she had any income, it would not be counted. .
- Lucy's MAGI income is $3,000.
- Buck's MAGI income is $1,200/month.
- Lucy's and Buck's total MAGI income is $4,200/month is 160% FPL for a household size of 6.

Household Member	Income	Count?	MAGI Income
Lucy	$3,000/month	Yes	$3,000/month
Spouse Buck	$1,200/month	Yes	$1,200/month
Shana (Buck's Child)	0$	No	
Unborn child #1	0$	No	
Unborn child #2	0$	No	
Unborn child #3	0$	No	
Medi-Cal Income Total			$4,200/month

Eligibility Scenarios – Part 1

C. **Determine Buck's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Because Buck (who is disabled) has a child (Shana) he is evaluated for both the parents/caretaker relative program and the new adult expansion groups. His household income of 160% FPL exceeds the 109% and 138% FPL income standard for those respective coverage groups. He is referred to the Covered California for an APTC determination. However, because Buck has been determined disabled and not eligible for any MAGI programs, he is referred to
the county for a non-MAGI determination.

3. Seth

A. **Construct a Medi-Cal Household for Seth**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Seth is not a tax filer and is expected to be claimed as a tax dependent, determine whether he meets one of the following exceptions:

   a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

   b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **Yes, mother Lucy and step-father Buck**

   c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **Yes**

Because Seth falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing his household. He is included in his household along with any of the following people living with him:

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, mother Lucy and step-father Buck**

  - Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **Yes, half-sister Shana**

Seth's household = Seth, mother Lucy, Lucy's three unborns, stepfather Buck, and half-sister Shana. (Household size of 7)

B. **Determine Medi-Cal Income for Seth**

Seth's household = Seth, mother Lucy, Lucy's three unborns, stepfather Buck, and half-sister Shana (Household size of 7)

- Potentials sources of income'

  - Lucy earns $3,000/month ($36,000/year)

Eligibility Scenarios – Part 1

- Buck earns $1,200/month ($14,400/year).

- Is any member of the household a child or tax dependent of another member of the household and is not expected to file a tax return? Yes. Seth is Lucy's child and is not expected to file a tax return. If he had any income, it would not be counted. .

- Lucy's MAGI income is $3,000.

- Buck's MAGI income is $1,200/month.

- Lucy's and Buck's total MAGI income is $4,200/month is 142% FPL for a household size of 7.

Household Member	Income	Count?	MAGI Income
Seth	0$	No	
Mother Lucy	$3,000/month	Yes	$3,000/month
Stepfather Buck	$1,200/month	Yes	$1,200/month
Half Sister Shana	0$	No	
Unborn child #1	0$	No	
Unborn child #2	0$	No	
Unborn child #3	0$	No	
Medi-Cal Income Total			$4,200/month

C. **Determine Seth's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Seth's Medi-Cal income is 142% FPL. He is evaluated for the children's Group where the income standard is 133% FPL for children ages 6-18. His income exceeds that income standard of 133% FPL, but is at or below the income standard for the optional targeted low income child (OTLIC) group, which is 266% FPL. Seth is enrolled in OTLIC.

4. Shana

A. **Construct a Medi-Cal Household for Shana**

(DHCS HHComp Guide Steps – 1,2,4,7,8)

Because Shana is not a tax filer and is expected to be claimed as a tax dependent, determine whether he meets one of the following exceptions:

a. Someone other than a spouse or a biological, adopted, or step child of the taxpayer? **No**

b. Under the age of 19 or under 21 if a full time student who expects to be claimed as a tax dependent and is <u>living</u> with both parents but whose parents do not expect to file a joint tax return. **Yes**

Eligibility Scenarios – Part 1

c. Under age 19 or under age 21 if full time student and the taxpayer is the individual's non-custodial parent. **No**

Because Seth falls into one of the tax dependent exceptions as noted above, the following <u>non- filer rules</u> are followed in constructing her household. She is included in her household along with any of the following people living with her:

- For individuals under age 19, or if full-time student, under age 21:

  - Individual's parents (natural, adopted and step) - **Yes, mother Lucy and father Buck**

  - Individual's siblings under age 19 (natural, adopted and step), or if full-time student, under age 21 – **Yes, half-brother Seth**

Shana's household = Shana, mother Lucy, Lucy's three unborns, father Buck, and half-brother Seth (Household size of 7)

B. Determine Medi-Cal Income for Shana

Shana's household = Shana, mother Lucy, Lucy's three unborns, father Buck, and half-brother Seth (Household of 7)

- Potentials sources of income'

  - Lucy earns $3,000/month ($36,000/year).

  - Buck earns $1,200/month ($14,400/year).

- Is any member of the household a child or tax dependent of another member of the household and is not expected to file a tax return?

  - Yes. Shana is Buck's child and is not expected to file a tax return. If she had any income, it would not be counted.

- Lucy's MAGI income is $3,000.

- Buck's MAGI income is $1,200/month.

- Lucy's and Buck's total MAGI income is $4,200/month. In computing the FPL amount, a household size of seven is used. The FPL for seven with $4,200 income is 142% FPL.

San Mateo County	MAGI MEDI-CAL CHANGE 2015 DEVELOPMENT ESTIMATE SMO-CO-201507-1

Household Member	Income	Count?	MAGI Income
Shana	0$	No	
Mother Lucy	$3,000/month	Yes	$3,000/month
Father Buck	$1,200/month	Yes	$1,200/month
Half Brother Seth	0$	No	
Unborn child #1	0$	No	
Unborn child #2	0$	No	
Unborn child #3	0$	No	
Medi-Cal Income Total			$4,200/month

C. **Determine Shana's Eligibility for Medi-Cal or Potential Eligibility for Covered California.**

Shana's Medi-Cal income is 142% FPL. Shana is evaluated for the Children's Group for children ages 1-6 with an income standard of 142% FPL. Her income is at or below 142% FPL, she is enrolled in in the Children's Group for children age 1-6.

| San Mateo County | MAGI MEDI-CAL CHANGE 2015 DEVELOPMENT ESTIMATE SMO-CO-201507-1 |

MAGI-Based Medi-Cal
Whose Income Counts in the Income Calculation?

START HERE

✓ Iterate on each ***person*** in a **household**.
✓ Pre-condition: Household composition for the applicant has been identified.
✓ Use the outcome table at the bottom of the page to record the outcome for each person

A — Is the person's natural, adopted, or step parent included in the household?

- Yes
- NO

B — Is the person a tax dependent? (In the household under evaluation)
- NO
- Yes

Is the person expected to be required to file taxes for the taxable year in which coverage is requested?*
- NO
- Yes

D — Is the person expected to be required to file taxes for the taxable year in which coverage is requested?*
- Yes
- NO

MAGI-based income is **NOT COUNTED**
CFR 42-435.603 (d)(2)(i)

MAGI-based income is **COUNTED**
CFR 42-435.603 (d)(1)

MAGI-based income is **NOT COUNTED** in HH of Taxpayer
CFR 42-435.603 (d)(2)(ii)

Household income = the sum of the MAGI-based income of everyone included in the household composition of the applicant whose income is counted.

Do not count as income actually available cash support, exceeding nominal amounts, provided by the tax filer ... as California did not exercise this federal income counting option.

Business Requirements Document: One-e-App System Enhancements

Submitted to: San Mateo County Health System

Prepared by: Social Interest Solutions

The information below has been reviewed and is approved for execution by the undersigned.

Customer

San Mateo County Health System   05/3/16

_____   _____
                                                                       Date

Project Manager

Carrie Hermle   05/03/16

_____   _____
                                                                       Date

Version Control

Version	Date	Author	Reason for Change(s)
1.0	03/21/2016	Brandi Rhoads	Initial Draft
3.1	04/09/2016	Navneet Singh	Update the document with more information after meeting with Client
4.0	04/11/2016	Carrie Hermle	Additional updates based on feedback provided.
4.1	05/03/16	Carrie Hermle	Struck out scope that was not/will not be completed per agreement. Work completed includes, Remove Healthy Kids C-CHIP Logic (#1), Extend enrollment period of ACE FW (#4) and the one item completed for #3, add column in the renewal file that is sent to the Health Plan of San Mateo to would allow filtering by program (item 3.5).
4.2	05/09/16	Carrie Hermle	Per James request, deleted sections of the document for scope that will not be completed.

Table of Contents

Purpose

The purpose of this document is to describe the detailed requirements for the enhancements requested by San Mateo County to the existing One-e-App (OeA) system. These enhancements will be implemented over a two month period from March 2016 through April 2016.

There are three primary business drivers necessitating these changes including the following (#2 is intentionally omitted):

3. Implementation of the County Children's Health Initiative Program (C-CHIP) eligibility and enrollment functionality tothe California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) with Release 16.2 on March 7th, 2016. Implementation of Access and Care for Everyone Fee Waiver Program (ACE FW) eligibility and enrollment functionality in the California Work Opportunity and Responsibility to Kids Information Network (CalWIN). – Requirement 3.5 Only-

4. Replication and extension of previously performed manual manipulation of renewal dates.

The changes to the OeA system described in detail in this document are required to fully operationalize these alterations to the business environment.

Assumptions

- All OeA modifications required (including rules, screens, reports, interfaces, etc.) are described in this document.
- User interface requirements/screen definitions are provided only for screens that are modified or new due to this enhancement request. All other screens will remain as-is.
- OeA San Mateo System currently has members enrolled for the Healthy Kids C-CHIP program.
- OeA San Mateo System currently has members enrolled for ACE Fee Waiver program.

References

Reference ID	Reference Definition	Reference Link
1	CalHEERS Release Notes – Release 15.9	http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/AB1296/CalHEERS_Release_Notes_15.9.pdf
2	CalHEERS Release Notes – Release 16.2	http://hbex.coveredca.com/toolkit/webinars-briefings/downloads/16%202_CalHEERS_Release_Notes_Final.pdf

Acronyms

Term/Acronym	Definition
ACE	Access and Care for Everyone Program
ACE FW	Access and Care for Everyone Fee Waiver Program
CAA	Certified Application Assistor
CalHEERS	California Healthcare Eligibility, Enrollment, and Retention System
CalWIN	California Work Opportunity and Responsibility to Kids Information Network
FPL	Federal Poverty Limit
C-CHIP	County Children's Health Insurance Program
HPSM	Health Plan of San Mateo
OeA	One-e-App
SIS	Social Interest Solutions

As-Is/To-Be Processes

As discussed above in the Purpose section, there are three primary business drivers necessitating changes to OeA including the following (#2 is intentionally omitted):

1. Implementation of C-CHIP eligibility and enrollment functionality in CalHEERS.
3. Implementation of ACE FW eligibility and enrollment functionality in CalWIN. – Requirement 3.5 Only – Ability to Filter at the Program Level to Differentiate ACE & ACE FW
4. Replication previously performed manual manipulation of renewal dates.

This section will describe the As-Is and To-Be Processes at a high-level for each of these items.

Implementation of C-CHIP Eligibility and Enrollment Functionality in CalHEERS

The C-CHIP program is a health insurance program that offers affordable and comprehensive medical, dental, and vision insurance for uninsured children age 0-19 whose household income is above 266% and up to 322% of the Federal Poverty Level (FPL). C-CHIP is only available in three counties: San Mateo, San Francisco, and Santa Clara. As of February 1, 2016 there are approximately 63 Healthy Kids C-CHIP members in San Mateo County.

As-Is Process

Historically, OeA contained eligibility and enrollment functionality for the Healthy Kids C-CHIP program in San Mateo County. When a family meets with a Certified Application Assistor (CAA), the CAA evaluates the family's criteria including age and income of all household members. If the CAA believes a child will be eligible for the C-CHIP program, the CAA begins the application process in OeA in order to complete eligibility and enrollment for C-CHIP.

The As-Is eligibility rules for the Healthy Kids Program are documented in Table 1. Please note that Healthy Kids C-CHIP is a sub-set of those eligible for Healthy Kids. They account for documented children from 266-322% of the FPL.

Table 1 – Healthy Kids Eligibility Rules (As-Is)

Eligibility Criteria	
Household	**Included as Family Members** Household size is determined by Tax Household **Excluded as Family Members** Children 21 and older need to apply separately if they are not claimed as tax dependents
Age	<19
Unborn Policy	Expectant mothers can apply for HK up to three months prior to their expected date of delivery.
Residency	
County	Child must live at an address with a **San Mateo County** zip code.
Citizenship Status	
US Citizen Qualified Alien/ Legal Permanent Resident	Only US Citizen or Legal Permanent Resident children provide proof of citizenship or legal residence status. A copy of this verification must be turned in with the completed application.
Undocumented	Child claiming undocumented status is born in a foreign country. Examples of acceptable proof of birth place include: - Birth Certificate - Passport for country of birth If members cannot provide either of the above mentioned documents, they can use the self-declarations forms provided by Healthy Kids.
Income/Deduction Requirements	
FPL Range for Eligibility	**For US Citizen/LPR:** - **266% - 400%** **NOTE: For range 322%-400%**, member must instead apply for Covered California unless they meet the 9.5% exception. **For Undocumented:** **0% - 400%** Acceptable proof of income is one item dated within the last 45 days that shows the member's and/or other applicable family member's income.
Asset Limits	None
Allocations	Only parent/ward relationships are considered.

Other Coverage	Other coverage information is not collected. However, other medical coverage is not allowed with this program.

To-Be Process

CalHEERS has been updated to include eligibility and enrollment functionality for C-CHIP with Release 16.2 on March 7th, 2016. San Mateo county CAA's are receiving training on this functionality March 10th, 2016.

Beginning March 11th, 2016, when a family meets with a CAA, the CAA will still evaluate the family's criteria including age and income of all household members. However, if the CAA believes a child will be eligible for the C-CHIP program, the CAA will begin the application process in CalHEERS via the Covered California website in order to complete eligibility and enrollment for C-CHIP.

The To-Be eligibility rules for the Healthy Kids Program are documented in Table 2. Please note that Healthy Kids C-CHIP is a sub-set of those eligible for Healthy Kids. They account for documented children from 266-322% of the FPL who will now be referred to Covered California.

Table 2 – Healthy Kids Eligibility Rules (To-Be)

Eligibility Criteria	
Household	**Included as Family Members** Household size is determined by Tax Household **Excluded as Family Members** Children 21 and older need to apply separately if they are not claimed as tax dependents
Age	<19
Unborn Policy	Expectant mothers can apply for HK up to three months prior to their expected date of delivery.
Residency	
County	Child must live at an address with a **San Mateo County** zip code.
Citizenship Status	
US Citizen Qualified Alien/ Legal Permanent Resident	Only US Citizen or Legal Permanent Resident children provide proof of citizenship or legal residence status. A copy of this verification must be turned in with the completed application.
Undocumented	Child claiming undocumented status is born in a foreign country. Examples of acceptable proof of birth place include: - Birth Certificate - Passport for country of birth If members cannot provide either of the above mentioned documents, they can use the self-declarations forms provided by Healthy Kids.
Income/Deduction Requirements	

FPL Range for Eligibility	**For US Citizen/LPR:** - **266% - 400%** **NOTE: For range 266%-322%**, member must instead apply for Covered California. **For range 322.01%-400%**, member must instead apply for Covered California <u>unless</u> they meet the 9.5% exception. **For Undocumented:** **0% - 400%** Acceptable proof of income is one item dated within the last 45 days that shows the member's and/or other applicable family member's income.
Asset Limits	None
Allocations	Only parent/ward relationships are considered.
Other Coverage	Other coverage information is not collected. However, other medical coverage is not allowed with this program.

Provide Ability to Filter at the Program Level to Differentiate ACE & ACE FW

The ACE FW program provides healthcare primarily to undocumented adults age 19 or over with household income under 138% of the FPL. As of February 1st, 2016, there are 15,883 ACE FW participants.

As-Is Process

Currently not able to filter at a level of granularity that differentiates between ACE and ACE Fee Waiver.

To-Be Process

Beginning February 1st, provide a column in the renewal file that is sent to the Health Plan of San Mateo monthly on the first business day of the month that would allow filtering by program at a level of granularity that would differentiate ACE from ACE FW (or any other version of ACE including temporary ACE, etc.).

Replicate Previously Performed Manual Manipulation of Renewal Dates

In 2015, the renewal date for ACE FW participants who reported they were enrolled in restricted Medi-Cal were manually manipulated and extended to April 30, 2016. In addition, these participants were prohibited from completing a renewal in OeA since this was not necessary.

As-Is Process

In 2015, these individuals did not need to complete the annual renewal process as this was done manually from the back-end of OeA. However, beginning 90 days prior to April 30, 2016 these individuals began receiving renewal notices for the next year. Because renewal functionality was prohibited for these individuals, they would call the Social Interest Solutions (SIS) technical support desk with the assistance of a CAA to have this restriction removed.

To-Be Process

In 2016, these individuals will not need to complete the annual renewal process as this will be manually done from the back-end of OeA.

Requirements List

The following requirements must be implemented to transition between the As-Is and To-Be processes and fully operationalize the alterations to the business environment.

Table 3.0 – Requirement Header

#	Requirement Headers	Linked Requirement Number#
1	Implementation of C-CHIP Eligibility and Enrollment Functionality in CalHEERS	1.1, 1.2
3	Implementation of ACE FW Eligibility and Enrollment Functionality in CalWIN	3.5
4	Replicate Previously Performed Manual Manipulation of Renewal Dates	4.1, 4.2.4.2.1

Table 4.1 – Detail Requirements Table

Requirement ID	Requirement Definition	Use Case ID	Req. Type	Priority
1.1	Eligibility Rules for Healthy Kids C-CHIP Program (Documented children with FPL between 266.01 to 322%) should be turned off effective March 11th, 2016.	UC 1.0	Calc/ Eligibility	High
1.2	Update verbiage on pop-up that appears when an individual is found not eligible for programs in OeA: "It appears you will not qualify for these benefit programs. Please visit the Covered California website by clicking on the link below. You may be eligible for C-Chip or an Advance Premium Tax Credit (APTC) to reduce the cost of your health insurance. <Covered California link here>".	UC 1.0	Functional	Medium

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Requirement ID	Requirement Definition	Use Case ID	Req. Type	Priority
3.5	Beginning February 1st, provide a column in the renewal file that is sent to the Health Plan of San Mateo monthly on the first business day of the month that would allow filtering by program at a level of granularity that would differentiate ACE from ACE FW (or any other version of ACE including temporary ACE, etc.).	N/A	Interface	High
4.1	Extend enrollment period of ACE FW to April 30th, 2017 for members with following criteria: • Currently enrolled in ACE FW Approved for Restricted Medi-Cal (based on the Medi-Cal status question on the demographic page having approved selected from the drop down and not as calculated by OeA)	N/A	Data	High
4.2	Prevent renewal for members with the following criteria by defaulting the answer to "No" on the question "Do you want to Apply?" on the opt-out screen and not allowing edits ("gray-out" radio buttons): • Currently enrolled in ACE FW Approved for Restricted Medi-Cal (based on the Medi-Cal status question on the demographic page having approved selected from the drop down and not as calculated by OeA)	N/A	Functional	High
4.2.1	Default the "Opt Out Reason" to "Other" on the opt-out screen for those that meet the following criteria: • Currently enrolled in ACE FW Approved for Restricted Medi-Cal (based on the Medi-Cal status question on the demographic page having approved selected from the drop down and not as calculated by OeA)	N/A	Functional	High

Use Cases Scenario

The changes addressed in this document fit within one primary use case (#1 intentionally omitted):

- Use Case 2.0: Renew Coverage for Programs Using OeA

The use case is described in detail in this section.

Use Case 2.0: Renew Coverage for Programs Using OeA

Use Case 2.0: Renew Coverage for Programs Using OeA	
Summary:	This use case will describe the process of applying for program(s) using OeA.
Actors:	• OeA • CAA • Member
Assumptions:	• Member is at an enrollment center with a CAA.
Pre-conditions:	• Member is eligible and enrolled in a program contained in OeA.
Triggers:	• Enrollment period ends within 90 days.
Basic Course of Events:	1. Select renew/modify an application. 2. Search for application. 3. Confirm/update member's household information including income and other requested information. 4. Receive preliminary eligibility. 4.1. A pop-up will appear asking if each member of the household would like to apply for the program they have been determined preliminarily eligible for. 5. Provide additional information (if required). 6. Receive program eligibility information. 7. Sign and submit application. 8. Print fax coversheet and provide documents and/or upload documents to OeA.
Alternative Paths:	None
Exception Paths:	At Step 4.1 – For those individuals who had their renewal date manually extended, they will not be able to select "yes" to apply for the program. If the application needs to be modified, the CAA must call the SIS technical support desk to remove this restriction.
Post-conditions:	The member has submitted an application.
Related Use Cases	Before:	None
	After:	None

User Interface Requirements/Screen Definitions

The following section describes required edits to screens in order to implement the changes in this document. Please note that not all screens, fields, or controls are documented. Only those that require changes appear in this section.

Use Case 2.0: Renew Coverage for Programs Using OeA

Screen Mock-Up

Control Type Definitions

Field or Label	Action	Resulting Action	Control Type	Validations
Do You Want to Apply?	Default to "No".	Not able to change selection.	Radio Button	Action/Resulting Action only applicable for individuals with manual extension of renewal date.
Opt Out Reason	Default to "Other".	"Other" Selected.	Drop-Down	Action/Resulting Action only applicable for individuals with manual extension of renewal date.
Do Member have "CIN"?	Default to "Select One"	"Yes" selected	Drop-Down	Action/Resulting Action only applicable for members have CIN.

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Field or Label	Action	Resulting Action	Control Type	Validations
MC Status?	Default to "Select One"	"Denied Over Assets" selected	Drop-Down	Action/Resulting Action only applicable for individuals who denied for Medical due to over assets.