




Design Document

SCR CA-201416 DDCR 3015 – Update CalFresh
EDBC Allotment Logic

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	Prepared By	Dan DeMille
	Reviewed By	TBD

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1 OVERVIEW

When a CalFresh (CF) household is eligible for a zero-dollar allotment, C-IV denies with reason of "\$0 Allotment", while LRS is waiving the income tests and not denying or discontinuing. In this scenario, LRS should also be denying or discontinuing the benefit and not approving.

Per CRPC #2100, the CDSS suggested to use the \$0 allotment verbiage on the NOA with the status reason "Over Income". This combination of status reason and NOA verbiage helps make it clear to the customer what action is being taken, and will close a migration gap related to \$0 allotment closures.

1.1 Current Design

For Households with 3 or more people that pass the Gross and Net Income Tests, yet have net income high enough that the allotment is zero:

- C-IV waives the Gross and Net Income Eligibility test and denies/discontinues the case with a reason of \$0 Allotment and closes the CF program.
- LRS waives the Gross and Net Income Eligibility test and approves/passes the case without closing the CF program.

1.2 Requests

In LRS, for Households with 3 or more people and net income high enough that the allotment is zero in a non-prorated (full) month, implement denial/discontinuance reason of "Over Income", and NOA verbiage of "0 Allotment".

1.3 Overview of Recommendations

Updates will be made in LRS to add a new Program Reason that will deny/discontinue CF, modify EDBC to set the new Program Reason when appropriate, and update an existing NOA.

- Add a new Program Status Reason, for denial/discontinuance, of "Over Income-\$0 Allotment" to CT73 in LRS that will act like the CT73 Code 71 in C-IV, to close a CF program when the status reason is assigned.
- Update the EDBC logic so that when the CF budget effective on the last day of the month has a \$0 full month allotment amount, implement denial/discontinuance reason of "Over Income-\$0 Allotment" and NOA verbiage of "0 Allotment".
- Generate a Denial/Discontinuance NOA and add a new "0 Allotment" NOA reason.

1.4 Assumptions

1. The new EDBC logic applies to online and batch EDBC.
2. The current CF Gross Income test is working as expected and will not be modified because of this SCR.
3. The existing CF Denial and CF Discontinue Gross and Net Income NOA reasons for current "Over Income" will not be modified by this SCR.
4. This change will only affect newly generated NOAs.
5. This effort will only add the new NOA reason in English and Spanish. Threshold Languages (other than Spanish) will be added in a future SCR.
6. C-IV does not generate a Budget on the NOA with the Zero Allotment Reason. LRS will use existing Over Income Budget.
7. LRS NOA logic will not require a check that Net Exempt Income is more than the Maximum Net Income as the EDBC logic will prevent this from occurring when failed for the new 'Over Income-\$0 Allotment' reason.
8. LRS EDBC logic will only fail for households of 3 or more with the new 'Over Income-\$0 Allotment' reason as current logic prevents a household of 1 or 2 for failing for this reason.
9. For all household sizes, CF should fail for over income if the household is NOT MCE conferred due to the CF gross income is over the 200% Poverty Level.

2 RECOMMENDATIONS

2.1 Add a New Program Status Reason

2.1.1 Overview

Add a new Program Status Reason Code/Description in LRS.

2.1.2 Description of Changes

Add a new Program Status reason of "Over Income-\$0 Allotment" to CT73 in LRS that will act like the CT73 Code 71 in C-IV to close a CF program when the status reason is assigned.

2.1.3 Programs Impacted

CalFresh

2.2 Update CF EDBC Logic for Categorically Eligible with “Over Income”

2.2.1 Overview

Modify existing eligibility logic in LRS to deny or discontinue the CF benefit, on intake and approved cases, with a status reason of “Over Income” if specific criteria are met on or after the implementation date of this SCR.

2.2.2 Description of Changes

Update the CF EDBC logic so that when the CF budget effective on the last day of the month has a \$0 full month allotment amount, do the following:

- For Intake EDBC: Deny CF with the Reason of " Over Income-\$0 Allotment" and close the program.
- For Active EDBC: Discontinue the CF with Reason of " Over Income-\$0 Allotment " and close the program.

The updated EDBC logic will use a Begin Date of the date that the SCR was implemented. This means that the logic will not be applied to a benefit month prior to the effective date, only current and future benefit months.

2.2.3 Programs Impacted

CalFresh

2.2.4 Performance Impacts

N/A

2.3 LRS only: Add a new NOA Reason for Zero Dollar Allotment

2.3.1 Overview

A new NOA reason will be added for the new status reason of “Over Income-\$0 Allotment” (see Recommendation 2.1) that matches the existing NOA fragment in C-IV (RSN_CF_ZERO_DOLLAR_ALLOTMENT). This new NOA fragment will be added in English and Spanish.

Note: See Supporting Documents #2 and #3 for NOA mockups. See Supporting Documents #4 for FDD.

2.3.2 Create a new CalFresh NOA Reason Fragment

Create a new Reason Fragment for CalFresh Denials and Discontinuances for the Zero Dollar Allotment status reason. This new Fragment will be added in English and Spanish.

Language	Text	Formatting
English	Your household is entitled to zero benefits because the household's net income exceeds the level at which benefits are issued. Your household's net income is now higher than the limit of <INCOME_LIMIT> for <NUM_OF_PERS> people.	Arial size 10 font
Spanish	Su hogar tiene derecho a cero beneficios porque los ingresos netos exceden el nivel en que se emiten los beneficios. Su ingreso neto del hogar es ahora mayor que el límite de ingresos de <INCOME_LIMIT> para <NUM_OF_PERS> personas.	Arial size 10 font

2.3.3 Add a Header Reference for new CalFresh NOA Reason

Add the following existing Header Fragment for the CalFresh Zero Dollar Allotment Reason.

Note: C-IV does not generate a message with the CalFresh Zero Dollar Allotment Reason. To match C-IV, LRS will not have a message/footer for this Fragment.

NOA Action	Header/Action Fragment	Footer/Message Fragment
CF Denial	CF_DN_ACTION1 (ID: 4008)	N/A
CF Discontinuance	CF_TN_ACTION1 (ID: 4010)	N/A

2.3.4 Add Generation for new Reason Fragment

Add this new Fragment on a CalFresh NOA for the program when all of the following are true:

- The CalFresh Program is failing in the newly run EDBC for the status reason of 'Over Income-\$0 Allotment'.
 - there is no previously existing CalFresh EDBC for the current Benefit month or the previous month,
- or

there is at least one existing CalFresh EDBC for the current Benefit month and in the most recent saved CalFresh EDBC of the existing CalFresh EDBCs for that month the program had an active status

or

there is not a previously existing CalFresh EDBC for the current Benefit month and there is at least one CalFresh EDBC for the previous month and in the most recent saved CalFresh EDBC for the previous month the program had an active status

Note: See assumption #7. C-IV currently has a requirement to check if the Net Exempt Income is more than the Maximum Net Income. This is not being added to LRS as it is not required as it will be handled by EDBC logic.

2.3.5 Add Variable Population logic for new Reason Fragment

Add variable population for the new Reason Fragment in both English and Spanish.

Note: The two variables in the new Reason are numerical and do not require translations.

Variable	Population	Formatting
<INCOME_LIMIT>	Populates with the Income Limit for the Household. Income Limit Determination: Subtract one from the CalFresh Maximum Allotment (CT351_45) and then divide by the FS_THRIFTY_FOOD_PLAN_MULTIPLIER (.3d) and then round the value down (Money.roundDownSelf).	Arial Size 10 font, in a currency format. For example, "\$1,000.00"
<NUM_OF_PERS>	Populates with the Household Size from the current EDBC's CalFresh Budget. (FS_BUDGET.HH_SIZE_QTY)	Arial Size 10 font, in a numerical format. For example, "3"

Note: The INCOME_LIMIT variable populates differently based on the Household Size in C-IV. Due to existing LRS EDBC logic a household of 1 or 2 will not fail for

the new 'Over Income-\$0 Allotment' status reason. Based on this only the variable population for households of 3 or more has been included in the recommendations for LRS. See assumption #8.

2.3.6 Add Regulations for new Reason Fragment

Add the following Regulations when generating the new Reason Fragment.

Note: This matches the Regulations used for C-IV.

CalFresh Zero Dollar Amount Reason Regulations:
ACL 14-63

2.3.7 Add NOA Description and Template for new Reason Fragment

Add the following NOA Description (shown on Document List page) and Footer Reference for the new Reason Fragment:

NOA Description: CF Zero Dollar Allotment

NOA Budget: Budget used for Over Income (BUDGT_CF_APPROVAL_SAR)

Note: See Supporting Documents #5 for existing Budget.

NOA Template Reference: DFA 377.1A (3/02)

2.4 LRS only: Regression Test 'Over Income' Fragments

2.4.1 Overview

Recommendation 2.2 is updating the logic for 'Over Income' Status reason. Currently there are NOA reasons that generate for the 'Over Income' status reason. This update should not affect the existing NOA generation for 'Over Income'.

2.4.2 Regression Text 'Over Income' NOA Reason Fragments

Regression Test existing NOA reason fragments for net and gross income and confirm that they still generate for the 'Over Income' status reason.

List of existing LRS Gross and Net Income fragments:

- CF_DN_EXCD_PRO_NET_INC_LMT_F027 (ID: 7223)
- CF_TN_EXCD_PRO_NET_INC_LMT_F027 (ID: 7224)

- CF_TN_EX_PROGROSS_INC_F026 (ID: 6027)
- CF_DN_EXCD_PGRS_INC_LMT_F026 (ID: 6026)

2.5 Automated Regression Test

2.5.1 Overview






Create new automated test scripts to verify the EDBC status, status reason, and NOA fragment for \$0 Allotment.

2.5.2 Description of Change

Create new automated test scripts for the following program configurations, Run EDBC, and verify that the correct status, status reason, and NOA fragment are generated.

1. Create a case with a CalFresh program with 3 applicants. Add income for the household such that they pass the Gross and Net Income Tests, but still receive a \$0 Allotment at intake.
2. For an active ongoing case with a CalFresh program with 3 applicants, add income for the household such that they pass the Gross and Net Income Tests, but still receive a \$0 Allotment for the same month as the most recently approved EDBC.
3. For an active ongoing case with a CalFresh program with 3 applicants, add income for the household such that they pass the Gross and Net Income Tests, but still receive a \$0 Allotment for the month after the most recently approved EDBC.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	CalFresh EDBC	Consortium Request for Research and Analysis (CRPC) : CDSS Tracking # 2100	 CRPC 2100 for DDCR 3015.doc
2	NOA	CalFresh Zero Allotment Denial NOA Mockup (mockup excludes the NA Back 9 that will generate on the back of the first page)	 CF_Denial_NOA_Mo ckup.pdf
3	NOA	CalFresh Zero Allotment Discontinuance NOA Mockup (mockup excludes the NA Back 9 that will generate on the back of the first page)	 CF_Discontinuance _NOA_Mockup.pdf
4	NOA	CalFresh Zero Allotment Reason Fragment FDD	 NOA_CF_ZERO_ALL OT_FDD.docx
5	NOA	Existing Over Income Budget	 CalFresh Budget.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.6	The LRS shall identify and evaluate eligibility by person and by case/program.	
2.8.1.21	The LRS shall automate eligibility determination and benefit calculation for certain individual and case changes.	
2.18.3.11	The LRS shall generate notices and NOAs in accordance with COUNTY-specified case and individual trigger conditions.	

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
3015	Modify existing LRS functionality...	

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Design Document

CA SCR 205512 CIV SCR 101423 – Update Office
Location on System-Generated Benefit Reduction,
Payment Reduction, And Offset Transactions

CalACES	DOCUMENT APPROVAL HISTORY	
	Prepared By	Eric Wu
	Reviewed By	Jyothirmayi Chavata, Kapil Santosh, Sidhant Garg

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
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APPROVAL DATE	APPROVED VERSION	APPROVER

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1 OVERVIEW

This SCR is to use the correct office location for recovery account transactions with type 'Benefit Reduction', 'Payment Reduction' or 'Offset'.

1.1 Current Design

When the system creates benefit reduction, payment reduction, and offset transactions, their office locations are set to be the county's main office. For example, for Los Angeles County, the system is defaulting the office location to 'Probation Madera Office' which is a CIV baseline default office location.

1.2 Request

Update the system to use the office location of the latest worker who is assigned to the program when creating a recovery account transaction with type 'Benefit Reduction', 'Payment Reduction', or 'Offset'.

1.3 Overview of Recommendations

This system change request will update Issuance Batch to do the following when creating benefit reduction transactions, payment reduction transactions, offset transactions, and their receipts:

Use the office of the latest worker who is the assigned to the program for the location field of the transactions and receipts.

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 Issuance Batch

2.1.1 Overview

This enhancement is to update Issuance Batch to use the correct office for the location field when generating transactions and receipts due to benefit reductions, payment reductions, and offsets. Issuance Batch will not change the location of any manually created transactions and receipts.

2.1.2 Description of Changes

When the batch creates receipts and Recovery Account transaction with type 'Benefit Reduction', 'Payment Reduction', or 'Offset' for an issuance, use

the office of the latest worker who is assigned to the program for the location field.

2.1.3 Execution Frequency

No Change.

2.1.4 Key Scheduling Dependencies

No Change.

2.1.5 Counties Impacted

All 40 CalACES counties.

2.1.6 Data Volume/Performance

No Change.

2.1.7 Failure Procedure/Operational Instructions

No Change.

2.1.8 Programs Impacted

N/A

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
N/A			

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.11.3.2	The LRS shall identify and track the following recording and posting details: a. Posting date; b. Accrual month; c. Receipt number; d. TTC account number; e. Journal voucher number; f. Recording and posting locations; g. Invoice number; and h. Vendor ID.	This Requirement is met by enhancing Issuance Batch to the correct office when setting the location of benefit reduction transactions, offset transactions, and receipts.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
N/A		

5 MIGRATION IMPACTS

Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
N/A					

6 OUTREACH

None.

7 APPENDIX


None.

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Design Document

CA-208374/CIV 104094 - Update Electronic Theft
Replacement and Reporting

	DOCUMENT APPROVAL HISTORY	
	Prepared By	Greg Deogracia, Eric Wu
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08/06/2019	1.0	Initial Draft of the Design Document Containing Report Requirements.	Greg Deogracia

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1 OVERVIEW

This document describes the requirement changes to Update Electronic Theft Replacement and Reporting per CFL 18/19-79.

1.1 Current Design

On the Issuance Detail page, County staff can replace Cash Benefits that are lost due to Electronic Theft by clicking the [Replace] button. The system automatically populates the Status Reason field as "EBT Theft - AB 2035". All replacements are reported on the monthly 'Temp 2035' Report (Scheduled / State) in the C-IV system. The 'TEMP 2035' Report does not exist in the LRS system.

1.2 Request

The request for reporting is to create two reports based on CFL 18/19-79 requirements that instructs counties to now report Electronic Theft replacements due to Skimming (AB 2035) and Electronic Theft replacements due to Scams (AB 2313) separately.

1.3 Overview of Recommendations

- 1) Update Issuance Detail Page when the [Replace] button is clicked:
 - a. Update Status Reason of 'EBT Theft-AB 2035' to 'EBT Theft'.
 - b. Add new drop-down field 'Electronic Theft Type' with options of Select (no value), 'AB 2035 - Skimming', and 'AB 2313 - Scam'. This field is required when replacing cash benefit because of electronic theft and will be used to separate replacements due to skimming from scams on reports.
- 2) The existing 'Temp 2035' report will be discontinued with historical records remaining accessible. The 'Temp 2035' will then be replaced with a 'TEMP 2035 EBT THEFT - Skimming' and 'TEMP 2313 EBT THEFT- Scam' report. The new reports will be based on the design of the original 'TEMP 2035' report.

Note: The existing EBT Replacement Report is running correctly to capture all other **NON-EBT SCAM OR SKIMMING** cash replacements, for example the GR and CF issuance replacements.

1.4 Assumptions

- No Impact to other Fiscal Reports
- The data set size of any one report worksheet will not exceed 65,500 rows.

- Additionally, as noted in COUNTY FISCAL LETTER (CFL) NO. 18/19-79, such reimbursements are limited to once in any thirty-six-month period.
- This design doesn't change CalFresh Policy on electronic theft and has no impact on CalFresh Program policy or procedures.

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2 RECOMMENDATIONS

This section will outline the specific recommendations to implement two reports;

- TEMP 2035 EBT THEF T - Skimming
- TEMP 2313 EBT THEFT - Scam' Reports

2.1 Issuance Detail

2.1.1 Overview

- a. The Issuance Detail Page allows users to create a cash benefit replacement by clicking [Replace] when the original issuance is lost due to electronic theft. Replacements due to electronic theft will have status reason 'EBT Theft-AB 2035'.
- b. However, a status reason varies depending on status in the system. For example, an electronic theft replacement begins with status 'Pending Deputy Approval' and status reason 'EBT Theft-AB 2035' then can go through following stages:
 - i. When the replacement is approved, status is 'Ready For Issuance', and no status reason.
 - ii. When the replacement is submitted to be issued, status is 'Submitted', and status reason is 'System'.
 - iii. When the replacement is issued, status is 'Issued', and status reason is 'System'.
- c. Therefore, status reason is not an optimal indicator for reporting purpose. This SCR is to add a new field 'Electronic Theft Type' for counties to identify skimming or scam for CFL 18/19-79 report requirements.

2.1.2 Issuance Detail Page Mock-up

Issuance Detail

*- Indicates required fields

Affidavit
Replace
Edit
Close

Control Number: 0000000000	Category: Supplemental Benefit	Benefit/Service Month: 05/2019
Case Number: CASE000	Case Name: CASE PERSON	Program: CalWORKs

Payee Information

Payee: * PAID PERSON	Payee Address: 000 STREET CITY,ST 00000	Reference:
--------------------------------	--	-------------------

Basic Information

Issuance Method: EBT	Immediacy: Rush	Payment Amount: 937.00	Invoice Number:
Issue Date: 05/01/2019	Available Date: 05/01/2019	Account Number: 0000000000	
Status: Issued	Status Reason: System		

Financial Information

Pay Code:	
Aid Code: 33 - CW-Zero Parent (Fed)	Fund Code: CZ
EDBC: 0000000000	Authorized Worker: 00000

Status History

Status	Reason	Date	Authorized By
Issued	System	05/01/2019 7:27:39 AM	System
Submitted	System	05/01/2019 7:27:39 AM	System
Ready For Issuance	New	05/01/2019 7:27:38 AM	STAFF001

Pay Code History

Affidavit History

Affidavit
Replace
Edit
Close

Last Updated On 05/01/2019 9:38:42 PM By: [540400](#)

This [Type 1](#) page took 0.38 seconds to load.

Figure 2.1.1 – Issuance Detail Page with Replace button

Issuance Detail

*- Indicates required fields

Affidavit Save Cancel

Control Number:
Case Number:
[CASE000](#)
Program:
 CalWORKs

Category:
 Supplemental Benefit
Case Name:
 CASE PERSON
Sub-Category:
 Replacement Benefit

Benefit/Service Month:
 05/2019

Payee Information

Payee: *
 PAID PERSON

Payee Address:
 000 STREET
 CITY, ST 00000

Reference:

Secondary Payee:

Basic Information

Issuance Method: *
 EBT

Immediacy: *
 Rush

Payment Amount: *
 937.00

Invoice Number:

Issue Date:
 07/17/2019

Available Date:
 05/01/2019

Account Number:
[0000000000](#)

Status: *
 Pending Deputy Approval

Status Reason:
 EBT Theft

Electronic Theft Type: *
 Select
 AB 2035 - Skimming
 AB 2313 - Scam

Related Issuance:
[0000000001](#)

Financial Information

Pay Code: *
 Electronic Theft Replacement Cash Benefits

Aid Code:
 99 - Electronic Theft Replacement
 Cash Benefit

Fund Code:

EDBC:
[0000000000](#)

Authorized Worker:
[00000](#)

Affidavit Save Cancel

Last Updated On 05/01/2019 9:38:42 PM By: [000000](#)

Figure 2.1.2 – Issuance Detail Page With Electronic Theft Type Create Mode(After [Replace] is clicked)

Issuance Detail

*- Indicates required fields
Affidavit
Disapprove
Close

Control Number: *	Category: Supplemental Benefit	Benefit/Service Month: 05/2019
Case Number: CASE000	Case Name: CASE PERSON	
Program: CalWORKs	Sub-Category: Replacement Benefit	

Payee Information

Payee: * PAID PERSON	Payee Address: 000 STREET CITY, ST 00000	Reference:
--------------------------------	---	-------------------

Basic Information

Issuance Method: EBT	Immediacy: Rush	Payment Amount: 937.00	Invoice Number:
Issue Date: 07/17/2019	Available Date:	Account Number: 0000000000	
Status: * Pending Deputy Approval	Status Reason: EBT Theft	Electronic Theft Type: AB 2035 - Skimming	
Related Issuance: 0000000001			

Financial Information

Pay Code: Electronic Theft Replacement Cash Benefits	
Aid Code: 99 - Electronic Theft Replacement Cash Benefit	Fund Code:
EDBC: 0000000000	Authorized Worker: 00000

Status History

Status	Reason	Date	Authorized By
Pending Deputy Approval	EBT Theft	07/17/2019 2:08:04 PM	0000000000

Affidavit
Disapprove
Close

Last Updated On 07/17/2019 2:08:04 PM By: [00000](#)

This Type 1 page took 0.90 seconds to load.

Figure 2.1.3 – Issuance Detail Page With Electronic Theft Type View Mode

Issuance Detail

*- Indicates required fields

Affidavit Save Cancel

Control Number:	Category: Supplemental Benefit	Benefit/Service Month: 05/2019
Case Number: CASE000	Case Name: CASE PERSON	
Program: CalWORKs	Sub-Category: Replacement Benefit	

Payee Information

Payee: * PAID PERSON	Payee Address: 000 STREET CITY, ST 00000	Reference:	Secondary Payee:
--------------------------------	---	-------------------	-------------------------

Basic Information

Issuance Method: * EBT	Immediacy: * Rush	Payment Amount: * 937.00	Invoice Number:
Issue Date: 07/17/2019	Available Date: 05/01/2019	Account Number: 0000000000	
Status: * Pending Deputy Approval	Status Reason: EBT Theft		
Related Issuance: 0000000001			

Financial Information

Pay Code: * 1st Time Benefits Not Received	
Aid Code: 99 - Electronic Theft Replacement Cash Benefit	Fund Code:
EDBC: 0000000000	Authorized Worker: 00000

Affidavit Save Cancel

Last Updated On 05/01/2019 9:38:42 PM By: [000000](#)

Figure 2.1.4 – Issuance Detail Page Without Electronic Theft Type Create Mode(After [Replace] button clicked)

2.1.3 Description of Changes

- 1) Update Issuance Status Reason 'EBT Theft-AB 2035' to read 'EBT Theft'
- 2) In Basic Information section, add a new drop-down field 'Electronic Theft Type' which will be editable only when [Replace] is clicked (Create Mode).

a. available options are:

- Select (no value)
- value 'SK' and description 'AB 2035 – Skimming'
- value 'SC' and description 'AB 2313 – Scam'

b. This field is **only** available for edit in create mode.

c. For LRS, this field is only displayed for edit with default value Select and is **mandatory** when [Replace] button is clicked and Pay Code in 'Financial Information' section of the page is set as one of following:

- EO - Electronic Theft Replacement Cash Benefits
- TB - Lost/Stolen EBT Benefits

When Pay Code is not set to one of the above, the 'Electronic Theft Type' is not visible in Create Mode. (see Figure 2.1.3 as an example)

d. For C-IV, this field is only displayed for edit with default value Select and is **mandatory** when [Replace] button is clicked and Pay Code in 'Financial Information' section of the page is set as following:

- ET - Electronic Theft Replacement Cash Benefits (ETRCB)

When Pay Code is not set to the above, the 'Electronic Theft Type' is not visible in Create Mode. (see Figure 2.1.3 as an example)

e. Display validation message 'Electronic Theft Type - Field is required. Please select a value.' when users submit this field empty for both LRS and C-IV.

f. This field is available for view only when having a non-blank value. Also, for all issuances created before the implementation of this SCR, this field is not visible because it is blank.

Note: System test and development team will ensure 'Electronic Theft Type' maintain its value as an issuance detail is updated by users or the system (batch and interface).

2.1.4 Page Location

No Change.

2.1.5 Counties Impacted

All CalACES Counties.

2.1.6 Security Updates

No Change.

2.1.7 Page Mapping

'Electronic Theft Type' is mapped to 'Electr_Thft_Type_Code' of 'Issuance_Detl' table. Please add below statement as column's comment:

This column stores electronic theft type of a benefit replacement. 'SK' indicates a cash benefit replacement due to skimming. 'SC' indicates a cash benefit replacement due to scam. This field is null when a replacement is not due to electronic theft.

2.2 Data Change Request

- 1) In Catgry table, insert a new record with below attributes:
CATGRY_NAME: Electronic Theft Type
REFER_TABLE_IND: N
- 2) In Code_Detl table, insert two new records as below:

CODE_NUM_IDENTIF	CATGRY_ID	SHORT_DECODE_NAME	LONG_DECODE_NAME	BEG_DATE	END_DATE
SK	(ID of new Catgry record above)	AB 2035 - Skimming	AB 2035 - Skimming	1/1/1000	12/31/9999
SC	(ID of new Catgry record above)	AB 2313 - Scam	AB 2313 - Scam	1/1/1000	12/31/9999

2.3 Database Change Request

- 1) Add a nullable column 'Electr_Thft_Type_Code' with data type VARCHAR2(3 Byte) on 'Issuance_Detl' table and the default value are null. This field is to identify electronic theft type of a cash benefit replacement.
'SK' indicates a cash benefit replacement due to skimming.
'SC' indicates a cash benefit replacement due to scam.
This field is null when a replacement is not due to electronic theft.
- 2) Set default value to null for existing records when creating this column.

2.4 Implement a Report - TEMP 2035 EBT THEFT - Skimming

2.4.1 Overview

Report Description: A county reimbursement claim for Electronic Benefit Transfer (EBT) replacement due to electronic theft – Skimming.

Implement the TEMP 2035 EBT THEFT - Skimming layout per the attached (TEMP 2035 EBT THEFT - Skimming.xls) file.

2.4.2 TEMP 2035 EBT THEFT – Skimming – Mockups

DRAFT

2.4.2.1 Summary Worksheet

	A	B	C	D	E	F	G	H	I
1			STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY					CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
2									
3									
4			COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT THEFT BY SKIMMING - AB 2035 (2012)		County		Date (Month Year)		
5									
6									
7					San Bernardino		12/2018		
8									
9									
10									
11									
12									
13									
14									
15									
16									
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EBT THEFT BY PROGRAM							
1	Select the Program Name	CalWORKs Cash Assistance	TCVAP Cash Assistance	RCA Cash Assistance	CAPI Cash Assistance	SUAS Cash Assistance	GA/GR Cash Assistance
2	Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month	\$0	\$0	\$0	\$0	\$0	\$0
3	Recoveries of Aid for Prior AB 2035 issuances:	\$0	\$0	\$0	\$0	\$0	\$0
4	Prior Month Positive Adjustments:	\$0	\$0	\$0	\$0	\$0	\$0
5	Prior Month Negative Adjustments:	\$0	\$0	\$0	\$0	\$0	\$0
6	Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5):	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Number of Payments Issued:	0	0	0	0	0	0

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1030 to 1036, inclusive, of the Government Code; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director _____ Date _____

COUNTY AUDITOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1030 to 1036, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor _____ Date _____

Last Modified 06/13/2013

Figure 2.1.2.1 - 1 Summary Worksheet

2.4.2.2 Issuances Worksheet

TEMP 2035 - Skimming												
San Bernardino												
Report Month: 12/2018												
Run Date: JAN-02-19 06:51 PM												
Summary												
Issuances												
Totals Issuances: 0 Amount: \$0.00												
Reporting Column	Program	Object	Department Object	Case Number	Case Name	Payee Name	Control Number	Benefit Month	Availability Date	Transaction Date	Authorizing Worker ID	Amount

TEMP 2035 Skimming | **Issuances** | Recoveries of Aid | Prior Month Adjustments

Figure 2.1.2.2 - 1 Issuances Worksheet

2.4.2.3 Recoveries of Aid Worksheet

TEMP 2035 - Skimming											
San Bernardino											
Report Month: 12/2018											
Run Date: JAN-02-19 06:51 PM											
Summary											
Recoveries of Aid											
Totals Transactions: 0 Amount: \$0.00											
Reporting Column	Program	Case Number	Case Name	Payee Name	Transaction Number	Account Number	Benefit Month	Transaction Date	Authorizing Worker ID	Amount	

TEMP 2035 Skimming | Issuances | **Recoveries of Aid** | Prior Month Adjustments

Figure 2.4.2.3 - 1 Recoveries of Aid Worksheet

2.4.2.4 Prior Month Adjustments Worksheet

Figure 2.4.2.4 - 1 Prior Month Adjustments Worksheet

***Note: C-IV version of Report will display the C-IV logo in the worksheets and LRS logo will display in the LA County version as required.**

2.4.3 Base Criteria

- An Electronic Theft Replacement Cash Benefit (ETRCB) is determined to be issued and claimed when there is a transaction date within the report month in Fiscal History and the Pay Code is 'ET', 'EO' or 'TB'.
- Query to include CalFresh program with the 'ET', 'EO' or 'TB' pay code to identify SUAS EBT THEFT Repayments.
- All LRS Programs use AID_CODE 99 with the exceptions of RCA (Original issuance aid code = 01) and TCVAP (Original issuance aid code = 1V or R1). Whereas all C-IV Programs use AID_CODE 99.
- The 'Electr_Thft_Type_Code' value of the issuance is 'SK' for 'AB 2035 – Skimming' or 'SC' for 'AB 2013 – Scam' based on the particular report section in the document.
- The Pay Code of the claimed transaction is one of the following:

Pay_Code	Category ID	Short Description	CalACES/ C-IV
ET	623	Electronic Theft Replacement Cash Benefits (ETRCB)	C-IV

Pay_Code	Category ID	Short Description	CalACES/ C-IV
EO	623	Electronic Theft Replacement Cash Benefits	LRS
TB	623	Lost/Stolen EBT Benefits	LRS

Table 2.1.3 - 1 Base Criteria

2.4.4 Report Attributes

Attribute	Description/Value
Name	TEMP 2035 EBT THEFT – Skimming
Report Type	Scheduled
Report Format	Excel
Data Reference	Production Database
Archiving	N/A
Frequency	This report will run on the 1st business day of each month with the same dependencies as the existing TEMP 2035 report in C-IV

Table 2.4.4 - 1 Report Attributes

2.4.5 Report Summary

Report Title:

COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT)
REPLACEMENT DUE TO ELECTRONIC THEFT BY SKIMMING - AB 2035 (2012)

2.1.5.1 Summary Header Description

Column Header	Field Description and use in C-IV	Field Description and use in LRS
CalWORKs Cash Assistance	Contains; Cal-Learn, CalWORKs, Homeless Permanent, Homeless Temporary, Immediate Need, Welfare to Work and Diversion program information	Contains; Cal-Learn, CalWORKs, Homeless Permanent, Homeless Temporary, Immediate Need, Welfare to Work and Diversion program information.
TCVAP Cash Assistance	As this Program is not tracked in C-IV. Column will not contain information for C-IV reports.	Contains: Trafficking and Crime Victims Assistance Program. Program of RCA with an Original Issuance Aid Code = 1V or replacements for original issuances with Aid Code = R1.
RCA Cash Assistance	Contains; Refugee Cash Assistance program information	Contains; Refugee Cash Assistance program information. Program of RCA with an Original Issuance Aid Code = 01.
CAPI Cash Assistance	Contains; Cash Assistance Program for Immigrants program information	Contains; Cash Assistance Program for Immigrants program information.
SUAS Cash Assistance	Contains; State Utility Assistance Subsidy program information for CalFresh program.	Contains; State Utility Assistance Subsidy program information for CalFresh program.
GA/GR Cash Assistance	Contains; GA = County Administered General Assistance/General Relief and GM = General Assistance (Managed) in counties that choose to distribute assistance. Note; GA/GR data is not to be included in State Reimbursement report.	Contains; County Administered GA General Assistance/General Relief in counties that chose to distribute assistance and GW for GROW program information. Note; GA/GR data is not to be included in State Reimbursement report.

Table 2.4.5.1 - 1 Summary Header Descriptions

2.4.5.2 Summary Line Description

Summary Line Name	Field Description
Line 1 > Select the Program Name	This line of the automated report will be populated with data to be selected in the State report. Values are described in column one of Table 2.1.5.1 - 1.
Line 2 > Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month	This line will populate the total dollar amount of actual expenditures associated with the theft of EBT cash benefits by skimming claimed during the report month. Dollar amounts will be rounded down to the nearest whole dollar.
Line 3 > Recoveries of Aid Prior AB 2035 issuances	This Line will populate the total dollar amount of recovery account transactions posted in the month for ETRCB recovery accounts. Dollar amounts will be rounded down to the nearest whole dollar.
Line 4 > Prior Month Positive Adjustments.	This line will populate the total dollar amount of positive adjustment transactions for ETRCB issuances claimed during the report month. Dollar amounts will be rounded down to the nearest whole dollar.
Line 5 > Prior Month Negative Adjustments.	This line will populate the total dollar amount of negative adjustment transactions for ETRCB issuances claimed during the report month. Dollar amounts will be rounded down to the nearest whole dollar.
Line 6 > Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5)	This line will populate the total amount of expenditures (Line 2) plus the total amount of prior month positive adjustments (Line 4) minus Recoveries of Aid (Line 3) minus prior month negative adjustments (Line 5).
Line 7 > Total Number of Payments Issued.	This line will populate the total number of payments issued and claimed during the report month for ETRCB issuances.

Table 2.4.5.2 - 2 Summary Line Descriptions

2.4.6 Report Worksheet Field Level Definition

All report worksheets contain details providing backup information to the summary page and will present a common header.

Field Name	Field Description
Title	TEMP 2035 - Skimming
<County Name>	Specified county for which the report was generated
Report Month:	Date of Report Month formatted as; mm/yyyy
Run Date:	Date and time the report was generated with the format as MON-dd-yy HH:MM AM/PM

Table 2.4.6 - 1 Worksheet Header Descriptions

2.4.6.1 Report Worksheet – Issuances

Title: Issuances

- The report will contain a detail sheet to provide backup information for Line 2 of the Summary Page.
- A Totals line will show “Issuances” as the total number of Issuances in the Report Month and the “Amount” will show the total amount formatted as \$00.00 for the Report Month.
- The Summary field will provide a URL link to the Summary Page.
- Below are the column names included in the Issuances Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2035 EBT THEFT – Skimming Summary Page for these entries: <ul style="list-style-type: none">• CalWORKs• TCVAP• RCA• CAPI• SUAS• GA/GR
Program	The decoded program type associated to the Issuance.

Column Name	Field Description
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Issuance.
Case Name	The Case Name of the Case associated to the Issuance.
Payee Name	The name of the Payee associated to the Issuance. The name will be formatted as the first name, last name.
Control Number	The Control Number of the issuance (i.e. warrant number, service payment issuance number).
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Availability Date	The availability date of the Issuance formatted as "mm/dd/yyyy".
Transaction Date	The transaction date of the Issuance formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Issuance.
Amount	The dollar amount of the Issuance formatted as \$00.00.

Table 2.4.6.1 - 1 Issuances Worksheet Descriptions

2.4.6.2 Report Worksheet – Recoveries of Aid

Title: Recoveries of Aid

- The report will contain a detail sheet to provide backup information for Line 3 of the Summary Page.
- A Totals line will show "Transactions" as the total number of transactions in the Report Month and the "Amount" will show the total amount formatted as \$00.00 for the Report Month.
- The Summary field will provide a URL link to the Summary Page.
- Below are the column names included in the Recovery of Aid Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2035 EBT THEFT – Skimming Summary Page for these entries: <ul style="list-style-type: none"> • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Recoveries of Aid.
Case Number	The Case Number of the Case associated to the Recoveries of Aid.
Case Name	The Case Name of the Case associated to the Recoveries of Aid.
Payee Name	The name of the Payee associated to the Recovery of Aid. The name will be formatted as the first name, last name.
Transaction Number	The Transaction Number of the recovery transaction.
Account Number	The Recovery Account Number associated to the recovery transaction.
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Transaction Date	The transaction date of the Recovery of Aid formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Recovery of Aid.
Amount	The dollar amount of the Recovery of Aid formatted as \$00.00.

Table 2.4.6.2 - 1 Recoveries of Aid Worksheet Descriptions

2.4.6.3 Report Worksheet – Prior Month Adjustments

Title: Prior Month Adjustments

- The report will contain a detail sheet to provide backup information for Lines 4 and 5 of the Summary Page.
- A 'Totals' line will show 'Adjustments' as the total number of Adjustments in the Report Month and the 'Amount' will show the Total amount formatted as \$00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.
- Below are the column names included in the Prior Month Adjustments Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2035 EBT THEFT – Skimming Summary Page for these entries: <ul style="list-style-type: none"> • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Prior Month Adjustments.
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Prior Month Adjustments.
Case Name	The Case Name of the Case associated to the Prior Month Adjustments.
Payee Name	The name of the Payee associated to the Prior Month Adjustments. The name will be formatted as the first name, last name.
Adjustment Type	Indicates the type of adjustment. The possible values will be "Positive" and "Negative". "Positive" adjustment transactions are counted towards Line 4. "Negative" Adjustment Transactions are counted towards Line 5 of the Summary Page.
Control Number	The Control Number of the recovery transaction.
Benefit Month	The benefit month of the Prior Month Adjustments formatted as "mm/yyyy".
Availability Date	The availability date of the adjustment formatted as "mm/dd/yyyy".
Transaction Date	The transaction date of the Prior Month Adjustments formatted as "mm/dd/yyyy".

Column Name	Field Description
Authorizing Worker ID	The Worker ID number of the authorizing worker associated to the Prior Month Adjustments.
Amount	The dollar amount of the Prior Month Adjustments formatted as \$00.00.

Table 2.4.6.3 - 1 Prior Months Adjustments Worksheet Descriptions

DRAFT

2.4.7 Report Location

- Global Navigation: Reports
- Local Navigation: Scheduled
- Task: State
- Report Search: TEMP 2035 EBT THEFT – Skimming
- Report Description: County Reimbursement Claim For EBT Replacement Due To Electronic Theft By Skimming

2.4.8 Security Update

Security Right	Right Description	Right to Group Mapping
TEMP2035EBTTHEFT–Skimming	TEMP 2035 EBT THEFT – Skimming;	C-IV/LRS: State Reports LRS: LRS Reports Access – State Reports.

Table 2.4.8 - 1 Security Right Update

Security Group	Group Description	Group to Role Mapping
State Reports	State Reports	N/A – Group to Role mappings will not be modified.
LRS Reports Access - State Reports	Report access for state reports	N/A – Group to Role mappings will not be modified.

Table 2.4.8 - 2 Security Group Update

2.5 Implement a Report - TEMP 2313 EBT THEFT - Scam

2.5.1 Overview

Report Description: A county reimbursement claim for Electronic Benefit Transfer (EBT) replacement due to electronic theft – Scam.

Implement the TEMP 2313 EBT THEFT - Scam layout per the attached (TEMP 2313 EBT THEFT - Scam.xls) file.

2.5.2 TEMP 2313 EBT THEFT – Scam – Mockups

DRAFT

2.5.2.1 Summary Worksheet

	A	B	C	D	E	F	G	H	I	J
1			STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY				CALIFORNIA DEPARTMENT OF SOCIAL SERVICES			
2										
3										
4			COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT) REPLACEMENT DUE TO ELECTRONIC THEFT THEFT BY SCAMS - AB 2313 (2018)		County		Date (Month Year)			
5										
6					San Bernardino		12/2018			
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
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EBT THEFT BY PROGRAM							
1	Select the Program Name	CalWORKs Cash Assistance	TCVAP Cash Assistance	RCA Cash Assistance	CAPI Cash Assistance	SUAS Cash Assistance	GA/GR Cash Assistance
2	Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by scams in current claiming month	\$0	\$0	\$0	\$0	\$0	\$0
3	Recoveries of Aid for Prior AB 2313 issuances:	\$0	\$0	\$0	\$0	\$0	\$0
4	Prior Month Positive Adjustments:	\$0	\$0	\$0	\$0	\$0	\$0
5	Prior Month Negative Adjustments:	\$0	\$0	\$0	\$0	\$0	\$0
6	Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5):	\$0	\$0	\$0	\$0	\$0	\$0
7	Total Number of Payments Issued:	0	0	0	0	0	0

COUNTY WELFARE DIRECTOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the public welfare programs in said county; that I have not violated any of the provisions of Sections 1030 to 1036, inclusive, of the Government Code; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

Signature of County Welfare Director _____ Date _____

COUNTY AUDITOR'S CERTIFICATION

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1030 to 1036, inclusive, of the Government Code; that the amounts reported herein are in accordance with authorizations for the above-referenced public assistance programs made by the county; that the amounts of the aid payments, aid repayments and adjustments reflected herein have been made according to law and the rules and regulations of the California Department of Social Services.

Signature of County Auditor _____ Date _____

Last Modified 06/13/2019

Figure 2.5.2.1 - 1 Summary Worksheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	
1	 TEMP 2313 - Scam													
2	San Bernardino													
3	Report Month: 12/2018													
4	Run Date: JAN-02-19 06:51 PM													
5													Summary	
6	Issuances													
7														
8	Totals				Issuances:				0	Amount:				\$0.00
9														
10	Reporting Column	Program	Object	Department Object	Case Number	Case Name	Payee Name	Control Number	Benefit Month	Availability Date	Transaction Date	Authorizing Worker ID	Amount	
11														
12														
13														
14														
15														
16														
17														
18														

TEMP 2313 SCAM Issuances Recoveries of Aid Prior Month Adjustments + < >

2.2.2.3 Recoveries of Aid Worksheet

[illegible]

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2.5.2.4 Prior Month Adjustments Worksheet

TEMP 2313 - Scam

San Bernardino
Report Month: 12/2018
Run Date: JAN-02-19 06:51 PM

Prior Month Adjustments

Totals Adjustments: 0 Amount: \$0.00

Reporting Column	Program	Object	Department	Case Number	Case Name	Payee Name	Adjustment Type	Control Number	Benefit Month	Availability Date	Transaction Date	Authorizing Worker ID	Amount

TEMP 2313 SCAM | Issuances | Recoveries of Aid | **Prior Month Adjustments**

Figure 2.5.2.4 - 1 Prior Month Adjustments Worksheet

***Note: C-IV version of Report will display the C-IV logo in the worksheets and LRS logo will display in the LA County version as required.**

2.5.3 Base Criteria

- An Electronic Theft Replacement Cash Benefit (ETRCB) is determined to be issued and claimed when there is a transaction date within the report month in Fiscal History and the Pay Code is 'ET', 'EO' or 'TB'.
- Query to include CalFresh program with the 'ET', 'EO' or 'TB' pay code to identify SUAS EBT THEFT Repayments.
- All LRS Programs use AID_CODE 99 with the exceptions of RCA (Original issuance aid code = 01) and TCVAP (Original issuance aid code = 1V or R1). Whereas all C-IV Programs use AID_CODE 99.
- The 'Electr_Thft_Type_Code' value of the issuance is 'SK' for 'AB 2035 – Skimming' or 'SC' for 'AB 2013 – Scam' based on the particular report section in the document.
- The Pay Code of the claimed transaction is one of the following:

Pay_Code	Category ID	Short Description	CalACES/ C-IV
ET	623	Electronic Theft Replacement Cash Benefits (ETRCB)	C-IV

Pay_Code	Category ID	Short Description	CalACES/ C-IV
EO	623	Electronic Theft Replacement Cash Benefits	LRS
TB	623	Lost/Stolen EBT Benefits	LRS

Table 2.5.3 - 1 Base Criteria

2.5.4 Report Attributes

Attribute	Description/Value
Name	TEMP 2313 EBT THEFT – Scam
Report Type	Scheduled
Report Format	Excel
Data Reference	Production Database
Archiving	N/A
Frequency	This report will run on the 1st business day of each month with the same dependencies as the existing TEMP 2035 report in C-IV

Table 2.5.4 - 1 Report Attributes

2.5.5 Report Summary

Report Title:

COUNTY REIMBURSEMENT CLAIM FOR ELECTRONIC BENEFIT TRANSFER (EBT)
REPLACEMENT DUE TO ELECTRONIC THEFT BY SCAM - AB 2313 (2018).

2.5.5.1 Summary Header Description

Column Header	Field Description and use in C-IV	Field Description and use in LRS
CalWORKs Cash Assistance	Contains; Cal-Learn, CalWORKs, Homeless Permanent, Homeless Temporary, Immediate Need, Welfare to Work and Diversion program information.	Contains; Cal-Learn, CalWORKs, Homeless Permanent, Homeless Temporary, Immediate Need, Welfare to Work and Diversion program information.
TCVAP Cash Assistance	As this Program is not tracked in C-IV. Column will not contain information for C-IV reports.	Contains: Trafficking and Crime Victims Assistance Program. Program of RCA with an Original Issuance Aid Code = 1V or replacements for original issuances with Aid Code = R1.
RCA Cash Assistance	Contains; Refugee Cash Assistance program information.	Contains; Refugee Cash Assistance program information. Program of RCA with an Original Issuance Aid Code = 01.
CAPI Cash Assistance	Contains; Cash Assistance Program for Immigrants program information.	Contains; Cash Assistance Program for Immigrants program information.
SUAS Cash Assistance	Contains; State Utility Assistance Subsidy program information for CalFresh program.	Contains; State Utility Assistance Subsidy program information for CalFresh program.
GA/GR Cash Assistance	Contains; GA = County Administered General Assistance/General Relief and GM = General Assistance (Managed) in counties that choose to distribute assistance. Note; GA/GR data is not included in State Reimbursement report.	Contains; County Administered GA General Assistance/General Relief in counties that chose to distribute assistance and GW for GROW program information. Note; GA/GR data is not included in State Reimbursement report.

Table 2.5.5.1 - 1 Summary Header Descriptions

2.5.5.2 Summary Line Description

Summary Line Name	Field Description
Line 1 > Select the Program Name	This line of the automated report will be populated with data to be selected in the State report. Values are described in column one of Table 2.2.5.1 - 1.
Line 2 > Total reimbursement amount for actual expenditures associated with the theft of EBT cash benefits by skimming in current claiming month	This line will populate the total dollar amount of actual expenditures associated with the theft of EBT cash benefits by skimming claimed during the report month. Dollar amounts will be rounded down to the nearest whole dollar.
Line 3 > Recoveries of Aid Prior AB 2035 issuances	This Line will populate the total dollar amount of recovery account transactions posted in the month for ETRCB recovery accounts. Dollar amounts will be rounded down to the nearest whole dollar.
Line 4 > Prior Month Positive Adjustments.	This line will populate the total dollar amount of positive adjustment transactions for ETRCB issuances claimed during the report month. Dollar amounts will be rounded down to the nearest whole dollar.
Line 5 > Prior Month Negative Adjustments.	This line will populate the total dollar amount of negative adjustment transactions for ETRCB issuances claimed during the report month. Dollar amounts will be rounded down to the nearest whole dollar.
Line 6 > Total Net Obligations for Reimbursement (Sum Lines #2 and #4, less Lines #3 and #5)	This line will populate the total amount of expenditures (Line 2) plus the total amount of prior month positive adjustments (Line 4) minus Recoveries of Aid (Line 3) minus prior month negative adjustments (Line 5).

Summary Line Name	Field Description
Line 7 > Total Number of Payments Issued.	This line will populate the total number of payments issued and claimed during the report month for ETRCB issuances.

Table 2.5.5.2 - 1 Summary Line Descriptions

2.5.6 Report Worksheet Field Level Definition

All report worksheets contain details providing backup information to the summary page and will present a common header.

Field Name	Field Description
Title	TEMP 2313 – Scam
<County Name>	Specified county for which the report was generated
Report Month:	Date of Report Month formatted as; mm/yyyy
Run Date:	Date and time the report was generated with the format as MON-dd-yy HH:MM AM/PM

Table 2.5.6 - 1 Worksheet Header Descriptions

2.5.6.1 Report Worksheet – Issuances

Title: Issuances

- The report will contain a detail sheet to provide backup information for Line 2 of the Summary Page.
- A Totals line will show “Issuances” as the total number of Issuances in the Report Month and the “Amount” will show the total amount formatted as \$00.00 for the Report Month.
- The Summary field will provide a URL link to the Summary Page.
- Below are the column names included in the Issuance Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2313 EBT THEFT – Scam Summary Page for these entries: <ul style="list-style-type: none"> • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Issuance.
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Issuance.
Case Name	The Case Name of the Case associated to the Issuance.
Payee Name	The name of the Payee associated to the Issuance. The name will be formatted as the first name, last name.
Control Number	The Control Number of the issuance (i.e. warrant number, service payment issuance number).
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Availability Date	The availability date of the Issuance formatted as "mm/dd/yyyy".
Transaction Date	The transaction date of the Issuance formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Issuance.
Amount	The dollar amount of the Issuance formatted as \$00.00.

Table 2.5.6.1 - 1 Issuances Worksheet Descriptions

2.5.6.2 Report Worksheet – Recoveries of Aid

Title: Recoveries of Aid

- The report will contain a detail sheet to provide backup information for Line 3 of the Summary Page.

- A Totals line will show "Transactions" as the total number of transactions in the Report Month and the "Amount" will show the total amount formatted as \$00.00 for the Report Month.
- The Summary field will provide a URL link to the Summary Page.
- Below are the column names included in the Recovery of Aid Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2313 EBT THEFT – Scam Summary Page for these entries: <ul style="list-style-type: none"> • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Recoveries of Aid.
Case Number	The Case Number of the Case associated to the Recoveries of Aid.
Case Name	The Case Name of the Case associated to the Recoveries of Aid.
Payee Name	The name of the Payee associated to the Recovery of Aid. The name will be formatted as the first name, last name.
Transaction Number	The Transaction Number of the recovery transaction.
Account Number	The Recovery Account Number associated to the recovery transaction.
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Transaction Date	The transaction date of the Recovery of Aid formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Recovery of Aid.
Amount	The dollar amount of the Recovery of Aid formatted as \$00.00.

Table 2.5.6.2 - 1 Recoveries of Aid Worksheet Descriptions

2.5.6.3 Report Worksheet – Prior Month Adjustments

Title: Prior Month Adjustments

- The report will contain a detail sheet to provide backup information for Lines 4 and 5 of the Summary Page.
- A 'Totals' line will show 'Adjustments' as the total number of Adjustments in the Report Month and the 'Amount' will show the Total amount formatted as \$00.00 for the Report Month.
- The Summary field will provide a URL link to the Summary Page.
- Below are the column names included in the Prior Month Adjustments Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2313 EBT THEFT – Scam Summary Page for these entries: <ul style="list-style-type: none">• CalWORKs• TCVAP• RCA• CAPI• SUAS• GA/GR
Program	The decoded program type associated to the Prior Month Adjustments.
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Prior Month Adjustments.
Case Name	The Case Name of the Case associated to the Prior Month Adjustments.
Payee Name	The name of the Payee associated to the Prior Month Adjustments. The name will be formatted as first name, last name.

Column Name	Field Description
Adjustment Type	Indicates the type of adjustment. The possible values will be "Positive" and "Negative". "Positive" adjustment transactions are counted towards Line 4. "Negative" Adjustment Transactions are counted towards Line 5 of the Summary Page.
Control Number	The Control Number of the recovery transaction.
Benefit Month	The benefit month of the Prior Month Adjustments formatted as "mm/yyyy".
Availability Date	The availability date of the adjustment formatted as "mm/dd/yyyy".
Transaction Date	The transaction date of the Prior Month Adjustments formatted as "mm/dd/yyyy".
Authorizing Worker ID	The Worker ID number of the authorizing worker associated to the Prior Month Adjustments.
Amount	The dollar amount of the Prior Month Adjustments formatted as \$00.00.

Table 2.5.6.3 - 1 Prior Months Adjustments Worksheet Descriptions

2.5.7 Report Location

- Global Navigation: Reports
- Local Navigation: Scheduled
- Task: State
- Report Search: TEMP 2313 EBT THEFT – Scam
- Report Description: County Reimbursement Claim For EBT Replacement Due To Electronic Theft By Scam

2.2.8 Security Update



Security Right	Right Description	Right to Group Mapping
TEMP2313EBTTHEFT–Scam	TEMP 2313 EBT THEFT – Scam;	C-IV/LRS: State Reports LRS: LRS Reports Access – State Reports.

Table 2.5.8 - 1 Security Right Update

Security Group	Group Description	Group to Role Mapping
State Reports	State Reports	N/A – Group to Role mappings will not be modified.
LRS Reports Access - State Reports	Report access for state reports	N/A – Group to Role mappings will not be modified.

Table 2.5.8 - 2 Security Group Update

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
CA-208374 CIV 104094	Reports	Update Electronic Theft Replacement and Reporting	CA-208374 - TEMP 2035 EBT THEFT – Skimming Mockup.xls  CA-208374 - TEMP 2035 EBT THEFT - Ski
CA-208374 CIV 104094	Reports	Update Electronic Theft Replacement and Reporting	CA-208374 - TEMP 2313 EBT THEFT – ScamMockup.xls  CA-208374 - TEMP 2313 EBT THEFT - Sca

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.24.1.11	The LRS shall support all reports required by federal, State, and local laws, rules, regulations, ordinances, guidelines, directives, policies, and procedures, including statistical, operational, workload, and fiscal reports.	The two new reports being introduced are mandated by the state as described in the requirement. Implementation will meet requirement 2.24.1.11.

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
N/A		

5 MIGRATION IMPACTS

SCR Number	Functional Area	Description	Impact	Priority	Address Prior to Migration?
N/A					

6 OUTREACH

N/A

DRAFT




Design Document

CA-209232/CIV-104457

Add Full/Restricted Scope Verbiage for Young
Adult Expansion Non-MAGI NOAs

Version 1.0

	DOCUMENT APPROVAL HISTORY	
	Prepared By	Nithya Chereddy
	Reviewed By	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
07/24/2019	1.0	Initial version	Nithya Chereddy
08/16/2019	1.1	Edited and re-formatted	Renee Gustafson
08/22/2019	1.2	Added Spanish translations	Nithya Chereddy

DRAFT

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1 OVERVIEW

CA-206941 and CIV-103662 implemented the CalHEERS eHIT: Medi-Cal Eligibility Rules Update for Young Adult Expansion. These System Change Requests (SCRs) updated The Systems to grant full scope Medi-Cal to eligible young adults 19-25 years of age, inclusive, regardless of citizenship or immigration status. The purpose of this SCR is to update The Systems Non-MAGI Medi-Cal NOA verbiage for Young Adult Expansion (YAE).

1.1 Current Design

When The Systems grant Non-MAGI Medi-Cal to individuals, The Systems generate a NOA that explains the eligibility for the Non-MAGI Medi-Cal approval, change, or discontinuance and the scope of Medi-Cal coverage. The LRS Non-MAGI Medi-Cal NOA verbiage has references to receiving full or restricted scope because an individual is either under age 19 (for full scope) or age 19 or over (for restricted scope); the C-IV Non-MAGI Medi-Cal NOA verbiage does not have the age 19 references.

1.2 Requests

Update The Systems Non-MAGI Medi-Cal NOAs with the verbiage provided by Department of Health Care Services (DHCS) for the YAE.

1.3 Overview of Recommendations

1. **LRS:** Effective date the existing Non-MAGI Medi-Cal full and restricted scope fragments to populate if the NOA is generated prior to Young Adult Expansion Start Date or the benefit month is prior to the Young Adult Expansion effective date.
2. Populate the new full and restricted scope fragments provided by DHCS on the Non-MAGI Medi-Cal NOA if the NOA is generated on or after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion effective date.
3. **C-IV:** Add the MAGI Regulations fragment when the newly added fragments populate on the NOA. Fragment verbiage is provided in 2.1.2.5.
4. **C-IV:** Order the newly added message and the MAGI Regulations message to populate on the NOA following the currently populated Aid code category message.

1.4 Assumptions

1. The SCR will be implemented with the ability to modify the start date and benefit month effective date based on DHCS guidance. As of the design of this SCR, DHCS provided the start date of 11/20/2019, and the effective date of the policy change as 01/01/2020.
2. The Systems will be updated with the new MAGI Medi-Cal fragments for Young Adult Expansion in Release 19.11 with CA-209109 and CIV-104415.

3. The newly added Non-MAGI fragments will be available only in English and Spanish with this effort. Threshold language fragments will be added with the SCRs CA-209956 and CIV-104826 in a future release.
4. The existing NOAs will continue to generate in the threshold languages if all fragments on the NOA are available in that language (existing framework in LRS and C-IV).
5. To be consistent with The Systems current NOA formatting, the DHCS-provided verbiage is updated slightly.

C-IV:

- Replaced "You" or "Your" with the person's name.
Example: Good news! ~~You~~ <Person>'s Medi-Cal changed...
- Removed the regulations verbiage (the last paragraph in the DHCS provided verbiage) as the existing fragment with regulations verbiage will be used.

LRS:

- Added the person's name at the beginning of the 'retro restricted scope', 'restricted scope' and 'restricted to full scope' fragments
 - Added the following to the 'full scope to restricted scope' fragment after the first paragraph.
Here's why:
{Person},
 - Updated the page reference in the Regulations to reference the correct page for the "Your Hearing Rights" form.
6. **LRS:** Per existing system functionality, GEN 1365 is added to all envelopes mailed to the customer.
 7. **C-IV:** Per existing system functionality, GEN 1365 will be attached to the NOA if the Primary language is other than English or Spanish and "Correspondence in English" is Yes.
 8. **C-IV:** When an individual is approved for or changes to certain aid codes, C-IV currently does not generate a NOA. This SCR will not expand the list of aid codes which generate a NOA.

Example: A NOA is currently not generated if the aid code is 5X - TMC - Expanded

2 RECOMMENDATIONS

2.1 Description of Changes

2.1.1 Effective Date Existing Fragments (LRS only)

1. Effective date the following NOAs to generate prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date:
 - M129 - MC_AP_RESTRICT_MC_NO_SOC_M129
 - M134A - MC_AP_RESTRICT_RETRO_MC_M134
 - M159C - MC_CH_ALIEN_STATUS_VERIF_FAIL_M159
 - M160C - MC_CH_FULL_TO_RESTR

Supporting Documents #1 through #4 have the updated FDDs for LRS. The updates are highlighted.

Example:

- The NOA is generated before the Young Adult Expansion Start Date
- The NOA Benefit Month begin date is prior to 01/01/2020

Note: The trigger condition to check for NOA generation date will be removed if the trigger becomes invalid after the DHCS provides the final YAE start date.

2.1.2 Add New Non-MAGI Fragments

1. Generate the following new fragments on the approval or change NOA if the NOA is generated on or after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion Effective Date.

Example:

- The NOA is generated on 11/20/2019 or later for the benefit month begin date of 01/01/2020 or later

2.1.2.1 Restricted-Scope Retro Approval

1. Add the following verbiage and variable population for the new retro restricted scope fragment.

C-IV	LRS
<p>You asked us to check if <Person> could get Medi-Cal to cover <Person>'s bills for any of the three months before <Person> applied. <Person> qualified for restricted scope Medi-Cal in <BenefitMonth> because <Person> is 26 or older and you did not send us proof of <Person>'s U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask <Person>'s medical provider. You may get or may have already received other notices about <Person>'s eligibility for other time periods. This notice is only telling you that <Person> got Medi-Cal coverage for <BenefitMonth>.</p> <p>If you have proof of <Person>'s citizenship and immigration status that you can give us now, or want to let us know you are having problems getting <Person>'s document, please call your county worker at the number listed on this notice. <Person>'s benefits may change from restricted scope to full scope when you provide us with <Person>'s documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p>	<p><Person></p> <p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <BenefitMonth> because you are 26 or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get or may have already received other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for <BenefitMonth>.</p> <p>If you have proof of your citizenship and immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

2.1.2.1.1 Variable Population

System	Variable Name	Data population
C-IV & LRS	Person	Name of the person associated to the action
C-IV & LRS	BenefitMonth	The approved retro month in the format of MM/YYYY
LRS	Regulation	California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50501, 50601, 50653, 50701, and 50731, 14007.8

2.1.2.1.2 Trigger conditions

1. **C-IV:** Populate the restricted scope retro approval fragment on the NOA when all the following conditions are true:
 - a. Program is Medi-Cal
 - b. Approved EDBC is for a Retro month
 - c. Individual aid code approval action is created (ACTN_INDIVIDUAL_MC_AID_CODE_APPROVAL)
 - d. Individual's aid code is Non-MAGI Restricted Scope (See supporting document #9)
 - e. NOA is generated on or after the Young Adult Expansion Start Date
 - f. Benefit month is on or after the Young Adult Expansion Effective Date
2. **LRS:** Update the trigger conditions per the highlighted changes in supporting document #5 for the newly added retro restricted scope approval fragment.

2.1.2.2 Restricted-Scope Approval

1. Add the following verbiage and variable population for the new restricted scope fragment.

C-IV	LRS
<p><Person> has been approved for only restricted scope Medi-Cal because <Person> is 26 or older and you did not send us proof of <Person>'s U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because <Person> is above the age limit, <Person> only qualifies for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask <Person>'s medical provider.</p> <p><Person>'s eligibility for restricted scope Medi-Cal begins <BeginDate>. <Person>'s Medi-Cal coverage will continue unless <Person> is found no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.</p> <p>If you have proof of <Person>'s citizenship or immigration status that you can give us now, or want to let us know you are having problems getting <Person>'s document, please call your county worker at the number listed on this notice. <Person>'s benefits may change from restricted scope to full scope when you provide us with <Person>'s documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p>	<p><Person></p> <p>You have been approved for only restricted scope Medi-Cal because you are 26 or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are above the age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p> <p>Your eligibility for restricted scope Medi-Cal begins <BeginDate>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

2.1.2.2.1 Variable Population

System	Variable Name	Data population
C-IV & LRS	Person	Name of the person associated to the action
C-IV & LRS	BeginDate	Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019
LRS	Regulation	California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50501, 50601, 50653, 50701, 50731, 14007.8

2.1.2.2.2 Trigger conditions

1. **C-IV:** Populate the restricted scope approval fragment on the NOA when all the following conditions are true:
 - a. Program is Medi-Cal
 - b. Approved EDBC is not for a Retro month
 - c. Individual aid code approval action has been created (ACTN_INDIVIDUAL_MC_AID_CODE_APPROVAL)
 - d. Individual's aid code is Non-MAGI Restricted Scope (See supporting document #9)
 - e. NOA is generated on or after the Young Adult Expansion Start Date
 - f. Benefit month is on or after the Young Adult Expansion Effective Date
2. **LRS:** Update the trigger conditions per the highlighted changes in supporting document #6 for newly added restricted scope approval fragment.

2.1.2.3 Full scope to restricted scope

1. Add the following verbiage and variable population for the new full scope to restricted scope change fragment.

C-IV	LRS
<p>Important change to <Person>'s benefits. <Person>'s Medi-Cal changed to restricted scope on <BeginDate>.</p> <p><Person>'s Medi-Cal is changing from full scope to restricted scope because <Person> is 26 or older and you did not send us proof that <Person> is a U.S. citizen or has satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide proof. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that <Person> is above that age limit, <Person>'s Medi-Cal will change to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope, call <Person>'s medical provider.</p> <p>If you have proof of <Person>'s citizenship or immigration status that you can give us now, or want to let us know you are having problems getting <Person>'s document, please call your county worker at the number listed on this notice. <Person>'s benefits may change from restricted scope to full scope when you send us <Person>'s documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p>	<p>Important change to your benefits. Your Medi-Cal changed to restricted scope on <BeginDate>.</p> <p>Here's why: {Person},</p> <p>Your Medi-Cal is changing from full scope to restricted scope because you are 26 or older and you did not send us proof that you are a U.S. citizen or have satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide proof. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are above that age limit, your Medi-Cal will change to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full scope Medi-Cal starting the month your restricted benefits began.</p>

<p>If you give us acceptable proof within one year, <Person>'s Medi-Cal may change back to full scope Medi-Cal starting the month <Person>'s restricted benefits began.</p> <p>In the meantime, <Person>'s restricted scope Medi-Cal coverage will continue unless <Person> is found no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.</p>	<p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
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2.1.2.3.1 Variable Population

System	Variable Name	Data population
C-IV & LRS	Person	Name of the person associated to the action
C-IV & LRS	BeginDate	Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019
LRS	Regulation	California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50601, 50653, 50701, 50731, 14007.8.

2.1.2.3.2 Trigger conditions

1. **C-IV:** Populate the full scope to restricted scope change fragment on the NOA when all the following conditions are true:
 - a. Program is Medi-Cal
 - b. Approved EDBC is not for a Retro month
 - c. Individual's aid code changed from MAGI or Non-MAGI full scope to Non-MAGI restricted scope from previous EDBC to current EDBC. (See supporting document #9)
 - d. NOA is generated on or after the Young Adult Expansion Start Date
 - e. Benefit month is on or after the Young Adult Expansion Effective Date
2. **LRS:** Update the trigger conditions per the highlighted changes in supporting document #7 for newly added full to restricted scope change fragment.

2.1.2.4 Restricted scope to full scope

1. Add the following verbiage and variable population for the new restricted scope to full scope change fragment.

C-IV	LRS
<p>Good news! <Person>'s Medi-Cal changed to full scope on <BeginDate>.</p> <p><Person>'s Medi-Cal is changing from restricted scope to full scope because you were able to prove <Person>'s U.S. citizenship or satisfactory immigration status or <Person> is under 26 years old. <Person>'s Medi-Cal coverage will continue unless <Person> is found to be no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.</p> <p><Person>'s eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while <Person> had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p>	<p><Person></p> <p>Good news! Your Medi-Cal changed to full scope on <BeginDate>.</p> <p>Your Medi-Cal is changing from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are under 26 years old. Your Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

2.1.2.4.1 Variable Population

System	Variable Name	Data population
C-IV & LRS	Person	Name of the person associated to the action
C-IV & LRS	BeginDate	Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019
LRS	Regulation	California Code of Regulations, Title 22, Section(s) 51056, 50159, 50173, 50601, 50653, 50701, 50731, 14007.8.

2.1.2.4.2 Trigger conditions

1. **C-IV:** Populate the restricted scope to full scope change fragment on the NOA when all the following conditions are true:
 - a. Program is Medi-Cal
 - b. Approved EDBC is not for a Retro month
 - c. Individual's aid code changed from MAGI or Non-MAGI restricted scope to Non-MAGI full scope from previous EDBC to current EDBC. (See supporting document #9)
 - d. NOA is generated on or after the Young Adult Expansion Start Date
 - e. Benefit month is on or after the Young Adult Expansion Effective Date
2. **LRS:** Update the trigger conditions per the highlighted changes in supporting document #8 for newly added restricted to full scope change fragment.

2.1.2.5 Regulations (C-IV only)

The newly added fragments will not have any regulations associated to them. Regulations associated to the aid code category message will populate in the MSG_MAGI_APPROVAL_OR_CHANGE_REGULATION fragment.

Fragment Verbiage: <Regulations> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the back of the first page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.

2.1.2.5.1 Variable Population

Variable Name	Data Population
Regulations	Regulations associated to the aid code category message

2.1.2.5.2 Trigger Conditions


1. Populate the MSG_MAGI_APPROVAL_OR_CHANGE_REGULATION fragment on the NOA when all the following conditions are true:
 - a. Any of the following fragments are added to the NOA.
 - o Restricted scope retro approval fragment
 - o Restricted scope approval fragment
 - o Full to restricted scope change fragment
 - o Restricted to full scope change fragment
 - b. A message associated to the aid code category exists and the message has regulations attached to it. (See supporting document #9 for messages associated to the full scope and restricted scope aid codes.)

2.1.2.6 Message ordering (C-IV only)

1. Populate the newly added fragments and MSG_MAGI_APPROVAL_OR_CHANGE_REGULATION message on the NOA in the following order.
 - a. Aid code approval action message (ACTN_INDIVIDUAL_MC_AID_CODE_APPROVAL)
 - b. Message associated to the aid code approval if exists
 - c. Newly added restricted scope/full scope Message
 - d. MSG_MAGI_APPROVAL_OR_CHANGE_REGULATION

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Correspondence	Existing Non-MAGI - Restricted Scope - Retro NOA	 NOA_M134A_6564_FDD.docx
2	Correspondence	Existing Non-MAGI - Restricted Scope – Approval NOA	 NOA_M129A_6559_FDD.docx
3	Correspondence	Existing Non-MAGI - Full Scope to Restricted Scope NOA	 NOA_M159C_6573_FDD.docx
4	Correspondence	Existing Non-MAGI - Restricted Scope to Full Scope NOA	 NOA_M160C_6325_FDD.docx
5	Correspondence	New Non-MAGI - Restricted Scope - Retro NOA	 NOA_M134A_6564_FDD - Retro Restrict
6	Correspondence	New Non-MAGI - Restricted Scope – Approval NOA	 NOA_M129A_6559_FDD - Restricted Sco
7	Correspondence	New Non-MAGI - Full Scope to Restricted Scope NOA	 NOA_M159C_6573_FDD Full to Restrict
8	Correspondence	New Non-MAGI - Restricted Scope to Full Scope NOA	 NOA_M160C_6325_FDD - Restricted to I
9	Correspondence	C-IV – Aid codes and corresponding fragments	 Aid Codes and corresponding fragi

Number	Functional Area	Description	Attachment
10	Correspondence	Spanish Translations	 Spanish Translations for SCR

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.7	The LRS shall generate notices and NOAs in accordance with COUNTY-specified case and individual trigger conditions.	LRS will generate the NOAs with the updated verbiage with respect to Young Adult Expansion scenarios.

5 APPENDIX

5.1 'The Systems' Definition

'The Systems' refers to both LRS and C-IV systems.

For instance, if the document mentions the below:

- Update The Systems to...

That implies:

- Both LRS and C-IV Systems will be updated with the same changes.