



California Statewide Automated Welfare System

Design Document

CA-203793

MEDS: Create EW32 Transaction for Daily Batch

CalSAWS	DOCUMENT APPROVAL HISTORY	
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1 OVERVIEW

The Medi-Cal Eligibility Data System (MEDS) system tracks individual eligibility and supports the delivery of health care services for the Medi-Cal program. Depending on the transaction type, the update information in the transaction record may include new or changed eligibility and/or demographic information.

There are variety of transaction types in a single MEDS outbound batch file. The business rules used to populate a given batch file varies by transaction type. With this SCR a new transaction type of 'EW32' will be created for the Medi-Cal program to report incarceration details in CalSAWS to MEDS.

1.1 Current Design

Currently in CalSAWS, there does not exist an automated process to report the incarceration status or updates to the incarceration status of an individual in CalSAWS to MEDS in the daily MEDS outbound file. The EW32 transaction is currently online only and initiated by a worker outside of the CalSAWS.

1.2 Requests

1. Add a new transaction type of 'EW32' to the MEDS daily outbound file that will report the incarceration status and updates to the incarceration status to MEDS.
2. Add new MEDS Alerts to the existing list of MEDS Alerts in CalSAWS related to EW32.
3. Update the living arrangement detail page fields 'Name' and 'Living Arrangement Type' to be non-editable in edit mode.

1.3 Overview of Recommendations

1. Create a new streams job for the EW32 transaction to retrieve information on incarceration status and any updates to the incarceration status of an individual Active on a Medi-Cal program in CalSAWS and send this information to MEDS as part of the daily MEDS outbound file.
2. Add new MEDS Alerts to the existing list of MEDS Alerts in CalSAWS related to the EW32 transaction.
3. Update the living arrangement detail page fields 'Name' and 'Living Arrangement Type' to be non-editable in edit mode.

1.4 Assumptions

1. Workers will continue to have the option to submit an online EW32 transaction manually to MEDS when appropriate.
2. There are no changes with this SCR to the automated data collection updates (e.g., Household Status) made by the Los Angeles County Probation interface. Future changes are planned with SCR CA-50091.

2 RECOMMENDATIONS

2.1 Create a new EW32 transaction to the MEDS daily outbound file

2.1.1 Overview

The EW32 transaction will report information pertaining to incarceration (initiating suspension), reporting a release (ending suspension), and to correct previously reported suspension start and/or release dates in CalSAWS to MEDS as part of the daily MEDS outbound file for persons Active on the Medi-Cal program.

With this SCR, a new daily streams job will be created to generate and save the EW32 transaction data in the CalSAWS database, and once all the types of transactions are generated and saved, the final MEDS outbound job will retrieve the records from the database and send them to MEDS in the daily MEDS outbound file.

2.1.2 Description of Change

1. Create a new daily streams job for the EW32 transaction that will generate and save the EW32 transaction information in the CalSAWS database and send them to MEDS in the daily MEDS outbound file.
The EW32 transactions will be used to report an incarceration date (Arrival Date), report a release date (Departure Date), and to correct previously reported incarceration arrival and/or departure dates of the individual from the Living Arrangement Detail page (refer to figure 2.1.1) to MEDS in the daily outbound file.

Living Arrangements Detail

*- Indicates required fields

Next Edit Close

Change Reason

Change Reason:

Reported on PR/RE

Reported Date:

04/22/2020

View

Name: *

Living Arrangement Type: *

Incarcerated

Name of Location (Institution, Center, Shelter, Facility, etc.):

PITCHESS DETENTION CENTER NORTH FACILITY

Arrival Date: *

03/03/2020

Departure Date:

Expected Date of Release:

Next Edit Close

Figure 2.1.1 Living Arrangement Detail Page

2. Trigger the EW32 transaction when any of the following conditions are met for the individual who is in 'Active' status with a role of 'Member' on a Medi-Cal program with a 'Incarcerated' Living Arrangement Type:
 - a. A new incarceration record with an Arrival Date is entered on the Living Arrangement Detail page.
 - b. A Departure Date has been entered into an existing incarcerated Living Arrangement Detail record.
 - c. An update is made to the Arrival Date field of an existing incarceration record on the Living Arrangement Detail page.
 - d. An update has been made to the Departure Date of an existing incarceration record on the Living Arrangement Detail page.
3. The below data specific to the EW32 transactions will be sent to MEDS. Please refer to the detailed list of data elements sent in the EW32 transaction in Section 2.2.

Required Data to be sent in the transaction:

- a. Last Name: Last name of the incarcerated individual
- b. First Name: First Name of the incarcerated individual
- c. Initial: Initial or the first alphabet of the incarcerated individual
- d. Incarceration date: This date refers to the Arrival Date entered and saved on the Living Arrangement Detail page. The arrival/incarceration date is a mandatory field and will be sent as follows:
 - Data Element Number- 9345
 - Format: CCYYMMDD
 - Be greater than or equal to 01/01/2010
 - Be equal to or lesser than batch Date
 - Cannot overlap an existing incarceration period

Optional data to be sent in the transaction:

- e. Case Name
- f. District Code
- g. EW Code: Eligibility Worker (EW) Code
- h. Release date: This date refers to the Departure Date entered and saved in the Living Arrangement Detail page for an incarcerated record and it will be sent as follows:
 - Data Element Number-9350
 - Format: CCYYMMDD
 - Equal to or greater than the INCARCERATION-DATE or CORRECTION INCARCERATION DATE
 - Equal to or lesser than batch date
- i. CORRECTION INCARCERATION DATE: When the Arrival date is updated in the Living Arrangement Detail Page, the updated Arrival date will be sent in this data element and it will be sent as follows:

- Data Element Number -9360
 - Format: CCYYMMDD
 - This date must be equal to or lesser than batch date or the original arrival/incarceration date
 - If correction Incarceration Date is on a transaction, then Incarceration date should be a required field.
- j. CORRECTION RELEASE DATE: When the Departure date is updated in the Living Arrangement Detail Page, the updated Departure date will be sent in this data element and it will be sent as follows:
- Data Element Number -9365
 - Format: CCYYMMDD
 - This date must be equal to or lesser than batch date or the original departure/release date
 - If Correction release Date is on a transaction, then release date should be a required field.
4. When the Arrival/Incarcerated date is updated more than once on the Living Arrangement Detail page the last reported Correction Incarceration date to MEDS will be populated in the Incarceration date data element in the EW E32 Transaction.
 5. When the Departure/Release date is updated more than once on the Living Arrangement Detail page the last reported Correction Release date to MEDS will be populated in the release date data element in the EW32 Transaction.
 6. When an existing open period of incarceration (incarceration with no release date) is updated with a release/departure date in the Living Arrangement Detail page and a new open period of incarceration is reported and added for the individual on the same day then 2 separate EW32 transactions will be sent to MEDS.
 7. When a 'Incarcerated' living arrangement type record with a Departure/Release date is removed from the living arrangement list page a batch EW32 transaction will be triggered and sent with a Correction Release Date equal to the Incarceration/Arrival Date to MEDS.
 8. When a 'Incarcerated' living arrangement type record without a Departure/Release date is removed from the living arrangement list page A batch EW32 transaction will be triggered and sent with a Release Date equal to the Incarceration/Arrival Date to MEDS.

Note: CalSAWS will display incarcerated data received from partner systems on the Living Arrangement Detail page.

2.2 Event Streaming for EW32 Transactions

2.2.1 Overview

The EW32 transactions will be architected to leverage the “Stream Processing Architecture” and run the job during business hours.

2.2.2 Description of Changes

1. A connector will be set up to gather the individual's arrival and departure dates from the Living Arrangement Detail page for the incarcerated record type.
2. Below is the list of source tables from which connector will be gathering and sending corresponding IDs (System generated primary key for the tables) to the source topics for downstream processing. No PII data will be stored in the source topics.
 - a. LIVING_ARRGMT
3. A streaming application will monitor the source topics, process the data, and send the IDs of cases that need to be sent to MEDS to a sink topic.
4. A consumer application will process the data from the sink topic, generate EW32 transactions using the processing logic, and stage them in the MEDS transaction table for the final job to create an outbound file.

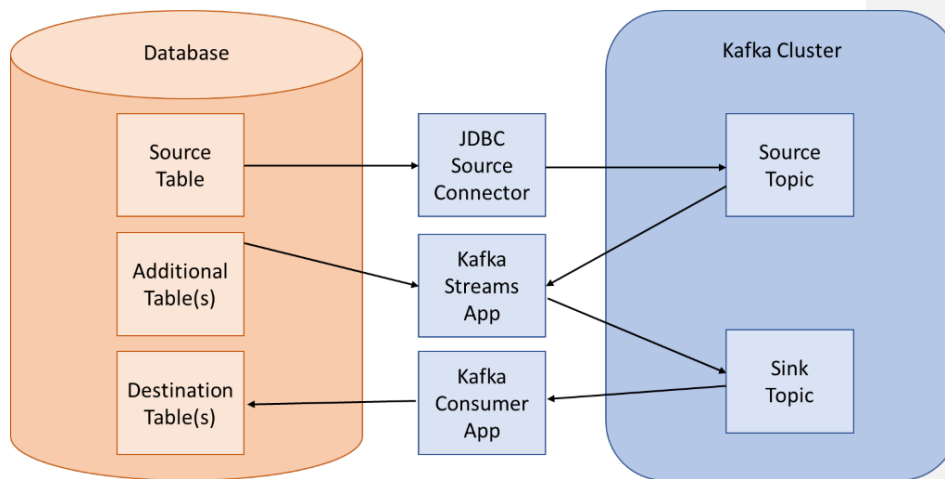


Figure 2.2.1 Streams Processing Architecture for EW32 Transaction

2.2.3 Execution Frequency

Source Connector and Streams Application will be running 24X7.
Consumer Applications will be scheduled to run every hour.

2.2.4 Key Scheduling Dependencies

Consumer Application will be set as the predecessor to the MEDS outbound writer job.

2.2.5 Counties Impacted

All counties.

The 57 Migration Counties will inherit this functionality at the time of migration.

2.2.6 Data Volume/Performance

N/A

2.2.7 Failure Procedure/Operational Instructions

The Batch/Tech Operation Support Team will evaluate errors, diagnose the issue and work with the appropriate teams to resolve the failure.

2.3 File/Record layout and Data mapping for EW32 transaction

MEDS TRANSACTION HEADER RECORD					
FIELD NAME	FIELD DESCRIPTION	TYPE	POSITION	LENGTH	REQUIRED
TRANSACTION_CODE	Transaction code	AN	1	4	Y
SOURCE_SYSTEM_ID_CHARACTER	Source ID	AN	5	2	Y
SOURCE_SYSTEM_ID_COUNTY	County code	AN	7	2	Y
FORMAT_INDICATOR	Field format indicator	AN	9	1	Y
FILLER	N/A	AN	10	24	Y
CREATION_DATE	Date component of record time stamp. YYYYMMDD	N	34	8	Y

MEDS TRANSACTION HEADER RECORD					
FIELD NAME	FIELD DESCRIPTION	TYPE	POSITION	LENGTH	REQUIRED
CREATION_TIME	Time component of record time stamp. HHMMSSST	N	42	8	Y
BATCH_NUMBER	Batch number	AN	50	3	Y
FILLER	N/A	AN	53	1	Y
MEDS_ID	Social Security Number	AN	54	9	Y
MEDS_ID_CHECK_DIGIT	SSN check digit	AN	63	1	Y
CLIENT_INDEX_NUMBER	Client Identification Number (CIN)	AN	64	9	Y
CIN_CHECK_DIGIT	CIN check digit	AN	73	1	Y
COUNTY	County code	AN	74	2	Y
AID_CODE	Aid code	AN	76	2	Y
SERIAL	Serial number	AN	78	7	Y
FAMILY_BUDGET_UNIT	Family Budget Unit (FBU)	AN	85	1	Y
PERSON_NUMBER	Person number	AN	86	2	Y
BIRTHDATE	Date of birth. YYYYMMDD	N	88	8	Y
CUSTOMER_KEY	Customer key	AN	96	9	Y
FILLER	N/A	AN	105	11	Y
VARIABLE_DATA_LENGTH	Length of key / value pair section following this field in this record	N	116	5	Y

* The AID_CODE data element in the MEDS transaction header will be sent as 'IE' for the EW32 transaction.

*The FAMILY_BUDGET_UNIT data element in MEDS transaction header will be sent as '0' for the EW32 transaction

* CREATION_TIME data element in the MEDS transaction header will be sent as '00000000' for the EW32 transaction

EW32: Report Incarceration and Suspension status					
FIELD NAME	FIELD DESCRIPTION	TYPE	POSITION	LENGTH	REQUIRED
LAST-NAME*	Last name	AN		20	Y
FIRST-NAME*	First name	AN		15	Y
INITIAL*	Initial	AN		1	Y
INCARCERATION-DATE	Incarceration/Arrival date of the individual	N		8	Y
CASE-NAME	Case Name	AN		18	N
DISTRICT	District Code	AN		3	N
EW_CODE	Eligibility Worker (EW) Code	AN		4	N
RELEASE_DATE	Release date of the individual	N		8	N
CORRECTION INCARCERATION DATE	Updated incarcerated/arrival date	N		8	N
CORRECTION RELEASE DATE	Updated release/departure Date	N		8	N

2.4 Add new MEDS Alerts related to EW32 Transactions into CalSAWS

2.4.1 Overview

This SCR will add new MEDS Alerts related to the EW32 transactions into CalSAWS.

2.4.2 Description of Changes

1. Add the new MEDS Alerts below to the existing list of MEDS Alerts on the MEDS Alert Admin Detail page.
 - The new MEDS Alerts will be in 'Active' status by default for all counties unless an Admin User updates the status of the Alert to 'Inactive' on the MEDS Alert Admin Detail page.
 - The Task Information section in the MEDS Alert Admin Detail page for each Alert will be available as follows:
 - a. Set the Status to 'Inactive'.
 - b. The Task Type and Task Sub-Type values will initially be set to blank. If an Admin User updates the Status field in this section to be 'Active', page validation will enforce the selection of a Task Type value. This approach will allow each county to specify a

county specific Task Type as needed rather than a prescribed Task Type.

- c. The Long Description associated to each of these tasks:
 MEDS Alert {Alert ID} – {Alert Description} has been received.
 Due Date: Default Due Date
 Default Due Date: 10 Days
 Initial Assignment: Default Assignment
 Default Assignment: MEDS Alert Task Distribution

Alert 0506

Internal Alert ID	0813
Alert Description (TITLE_DESCR)	INDIVIDUAL RELEASED FROM INCARCERATION. RE-EVALUATE
Explanation (TEXT_DESCR)	A Release Date was added to MEDS to indicate an individual is no longer incarcerated.
Automation Indicator	No
Task Creation	No
Action Type	Action
Action (ACTN_DESCR)	Confirm contact information (mailing address, residence address, etc.) is current. Determine if individual's Medi-Cal has been reactivated. If not, re-evaluate to determine if the individual is eligible for Medi-Cal benefits.

Alert 1109

Internal Alert ID	0816
Alert Description (TITLE_DESCR)	RELEASE DATE CANNOT BE EARLIER THAN INCARCERATION DATE
Explanation (TEXT_DESCR)	User has entered an Incarceration Date or Correction Incarceration Date that is greater than the Release Date on the EW32 transaction.
Automation Indicator	No
Task Creation	No
Action Type	PRI-REJ*
Action (ACTN_DESCR)	User must evaluate dates and re-enter date(s) so that the Incarceration or Correction Incarceration Date is prior to the Release Date or Correction Release Date (if also entered).

Alert 2206

Internal Alert ID	0812
Alert Description (TITLE_DESCR)	INCARCERATION PERIOD ALREADY ACTIVE ON MEDS
Explanation (TEXT_DESCR)	A transaction was submitted to add an Incarceration Date to a record with an active incarceration. If the Incarceration Date needs to be corrected, follow correct procedures.
Automation Indicator	No
Task Creation	No
Action Type	PRI-REJ*
Action (ACTN_DESCR)	N/A

Alert 2207

Internal Alert ID	0814
Alert Description (TITLE_DESCR)	NO ACTIVE INCARCERATION TO RELEASE
Explanation (TEXT_DESCR)	A transaction was submitted to add a Release Date to a record without an active Incarceration. Determine if you are updating the correct record and confirm if you also need to add an Incarceration Date
Automation Indicator	No
Task Creation	No
Action Type	PRI-REJ*
Action (ACTN_DESCR)	N/A

Commented [TT1]: From MEDS: A transaction was submitted to add a Release Date to a record without an active Incarceration. Determine if you are updating the correct record and confirm if you also need to add an Incarceration Date.

Commented [CS2R1]: Updated to the what is in MEDS

2.5 Living Arrangements Detail page**2.5.1 Overview**

The Living Arrangements Detail page allows workers to add or edit a living arrangement. With the introduction of the new EW 32 MEDS batch transaction, which sends updates about the status of an "Incarcerated" type of Living Arrangement to MEDS, it is no longer appropriate to allow

workers to edit the 'Name' or 'Living Arrangement Type' fields. These fields will be updated to be non-editable, after a record is initially created; if these fields are entered incorrectly workers will be required to remove the incorrectly added record and create a new one from the Living Arrangements List page.

2.5.2 Living Arrangement Detail Mockup

Living Arrangements Detail

* - Indicates required fields

Save and Return Cancel

Change Reason

New Change Reason: *

- Select -

Change Reason:
Participant Provided - Verbal

New Reported Date: *

Reported Date:
01/17/2021

View

Name: *
Test, Test 38F

Living Arrangement Type: *
Incarcerated

Name of Location (Institution, Center, Shelter, Facility, etc.):

Folsom County Prison

Arrival Date: *
01/17/2021

Departure Date:

Expected Date of Release:

Save and Return Cancel

Figure 2.1.1 – Mockup Name

2.5.3 Description of Changes

1. Update fields to be non-editable text when the page is in Edit mode:
 - a. 'Name'
 - b. 'Living Arrangement Type'

2.5.4 Page Location

- Global: Eligibility
- Local: Customer Information
- Task: Living Arrgmt

2.5.5 Security Updates

N/A

2.5.6 Page Mapping

N/A

2.5.7 Page Usage/Data Volume Impacts

N/A

3 REQUIREMENTS

3.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.20.1.2	The LRS shall trigger automated requests for LRS Data exchange of information with other systems, based on information captured during the application registration, application evaluation, intake, case maintenance, and referral processes.	Create a new transaction type 'EW32' to report incarceration information of individuals in CalSAWS to MEDS.
2.20.1.6	The LRS shall parse and display interface Alerts by system-related and User-related errors and generate reports for analysis and corrective actions by CONTRACTOR and for review by COUNTY.	Add new MEDS Alerts to the CalSAWS system

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-212145

Postpartum Care Extension

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tisha Mutreja
	Reviewed By	Renee Gustafson, Chad Quan, Appalaraju Indala, Suneetha Minnekanti, Geetha Ramalingam, Prashant Goel, William Baretsky

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08/17/2021	0.1	Original Draft	Tisha Mutreja
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10/19/2021	0.3	Added skip reasons for Batch EDBC and Batch MAGI	Tisha Mutreja
11/1/2021	0.4	Removed reference of MEDS changes from the design and added assumption that the changes will be addressed with future SCR	Tisha Mutreja
11/9/2021	0.5	Journal information, Elect Functionality and CT_184 added to Current Design Added Elect functionality in sections 1.2, 1.3, 1.4, 2.2.2.5 Added recommendation 2.2.2.6	Tisha Mutreja
11/23/2021	0.6	Added new definition of pregnancy for Medi-Cal (2.2.2.3). Added Preg End Date/Due Date cutoff of Jan 31, 2022, for new 365-day PP calculation. Pregnancies prior qualify only for 60-day PP rules.	Tisha Mutreja
12/02/2021	0.7	Rearranged aid code 76 rules to clarify that only PP person has continuous residency requirement.	Renee Gustafson
12/07/2021	0.8	Merged versions and grammar edits	Renee Gustafson
01/03/2022	0.9	Updated section 2.9.3 to clarify the start of postpartum month variable.	Phong Xiong
01/06/2022	1.0	Removed PRUCOL NOAs from section 2.8	Phong Xiong

01/11/2022	1.1	Content Revision – Update the variable population logic in section 2.9.3.	Phong Xiong
01/11/2022	1.2	Content Revision - Update 2.2.2.3 and 2.2.2.4 to include retroactive eligibility highlighted in yellow.	Tisha Mutreja

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1 OVERVIEW

The purpose of this document is to satisfy the functional specifications in support of changes with CalHEERS Change Request 182474, MEDIL I21-13 and ACWDL 21-15.

The purpose of this change is to extend the postpartum care period for currently eligible and newly eligible pregnant individuals and broaden the scope of coverage to full-scope benefits during both the pregnancy and postpartum periods, effective April 1, 2022.

The postpartum coverage period for individuals receiving pregnancy-related and postpartum care services as of April 1, 2022, will expand to include an additional ten months of coverage following the current 60-day postpartum period for a total of 365 days, without requiring a mental health diagnosis.

Individuals will maintain coverage through their pregnancy and 365 days extended postpartum coverage period regardless of income changes, citizenship, or immigration status.

1.1 Current Design

CalSAWS currently defines postpartum coverage as below –

An individual is eligible for 60-day postpartum aid code 76 benefits if they meet all the following requirements:

- The individual is still within the '60-Day Postpartum Period'.
- The individual received Medi-Cal (MC) including CalWORKs, Foster Care, Refugee Cash Assistance, and SSI (does not include Dialysis, TB, TPN, or MSP) in the month of birth/pregnancy termination.
- The pregnancy did not end in a retro Medi-Cal month.
- The individual is not eligible for zero-SOC full or restricted Medi-Cal for the EDBC benefit month or has a Non-Compliance for 'Failed to Provide Income' or is a 'Spouse of FTP Income' or for 'TMC Reporting'
- The individual is not on aid code 44 or 48 (200% - Pregnancy) for the EDBC benefit month.

Note: Aid code 76 is a secondary aid code and CalSAWS does not send secondary aid codes in a Disposition per current eHIT requirements.

MC EDBC considers an individual is pregnant between the Date Reported and Pregnancy End Date, if the Pregnancy End Date exists; else, between the Date Reported and Due Date.

For Retro months, the MC EDBC considers an individual pregnant as Due Date minus 9 months.

The existing Medi-Cal Postpartum Discontinuance sweep job looks for all cases where a Medi-Cal individual on 76 aid code will be reaching the 60th day of postpartum during the batch month. The sweep sets up the MC program to run

Medi-Cal in Batch EDBC for the following month to re-evaluate the individual for Medi-Cal and creates the following journal:

Journal Category: Eligibility

Journal Type: Batch EDBC

Short Description: Batch EDBC ran for [MONTH/YEAR].

Long Description: Batch EDBC ran for [MONTH/YEAR]. Batch EDBC processed for the Medi-Cal program for the following reasons: <Batch Eligibility Sweep Code Short Decode>

Batch Eligibility Sweep Code (CT_942) is as follows:

Code Num Identif	Short Decode Name	Long Decode Name
PP	Medi-Cal Post Partum 60 Day Discontinuance	Medi-Cal Post Partum 60 Day Discontinuance

CalSAWS does not display postpartum-related information on any MAGI-related pages since this information does not exist in eHIT.

The 'Evaluation Criteria' section on the MAGI Determination Detail Page displays when CalHEERS determines an individual 'Pregnant' on the MAGI Determination but does not have Postpartum information.

MAGI Determination Detail
Close

Name:
 Postpartum,Individual

Evaluation Criteria

Pregnant: Yes	Aged: No	Deceased: No
Lawful Presence: Yes	Qualified Non-Citizen: No	Five Year Bar Exempt/Met: No
PRUCOL: No	PRUCOL - INS Acknowledgement:	Tax Status: No
Other Insurance: No	Immigration Eligibility:	

Figure 1.1.1 MAGI Determination Detail Page - Evaluation Criteria

Currently, there are 4 different NOAs (Medi-Cal Approved Restricted Scope w/ SOC, Medi-Cal Denied PRUCOL STATUS NURSING, Medi-Cal Denied PRUCOL STATUS RENAL, and Medi-Cal Approved Postpartum Medical) that contain references to "60 days postpartum" or "60-day postpartum" which are hardcoded into the NOA itself.

CalSAWS allows the user to elect either MAGI or Non-MAGI Medi-Cal benefits when an individual is found eligible to both MAGI Medi-Cal and Non-MAGI Medi-Cal.

CalSAWS elects MAGI Medi-Cal benefits when an individual is found eligible to both MAGI Medi-Cal and Non-MAGI Medi-Cal during Batch EDBC if the EDBC was run with "RE" Run Reason or if the elected benefit in the prior EDBC was MAGI Medi-Cal. CalSAWS elects Non-MAGI Medi-Cal during Batch EDBC if the EDBC was run with a Run Reason other than "RE" and the elected benefit in the prior EDBC was Non-MAGI Medi-Cal; when the EDBC Run Reason is other than "RE" and there was no prior EDBC with an elected benefit, Medi-Cal EDBC rules will make the EDBC Read-Only for "Cannot Elect Benefits."

If MAGI Medi-Cal benefit is elected over Non-MAGI, EDBC rules fails all of the other Non-MAGI budgets with the reason of 'Elect MAGI' and vice-versa.

Also, aid code 76 Short Decode Name is displayed on the OPA Page, Manual EDBC Page and EDBC Override Page as '76 - 60-Day Postpartum' (CT184_76). While the "Code Descr" for aid code 76 is not displayed anywhere in the system, it has a typo with a cut-off sentence.

Short Decode Name	Long Decode Name	Code Descr	NOA Grouping (Reference Column 3)	LA County Legacy (Reference Column 21)
76 - 60-Day Postpartum	60 Day Postpartum - Pregnancy Related Services	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begi	60 Day Postpartum	60 Day Postpartum program

1.2 Requests

1. With CH-182474, CalHEERS will update MAGI Medi-Cal 60 days postpartum rules to 365 days postpartum (365-day period after the pregnancy ends and any remaining days in the month in which the 365th day falls).
CalSAWS will update the Non-MAGI Medi-Cal EDBC rules to extend postpartum care coverage from 60 days to 365 days and will protect an individual from losing Medi-Cal coverage during pregnancy.
2. With CH-182474, CalHEERS will update eHIT to send the 'Postpartum Period' (Number of days) and 'Postpartum End Date' to CalSAWS in a Determination of Eligibility Response (DER).
CalSAWS will display the Postpartum information received by CalHEERS on a DER on the MAGI Determination Detail Page.
3. Update two of the NOAs referencing 60 days postpartum to 365 days postpartum.
4. Update Batch EDBC and Batch MAGI to add new skip reason to skip Medi-Cal programs at the end of postpartum if the renewal is within 2 months from the current month.
5. Update Elect functionality to allow a pregnant/postpartum individual to receive aid code 76 even when MAGI is elected between MAGI and Non-MAGI Medi-Cal benefits.

1.3 Overview of Recommendations

1. Update the MAGI Determination Detail Page Evaluation criteria section to display 'Postpartum Period' and 'Postpartum End Date'.
2. Update the Medi-Cal EDBC rules to grant aid code 76 to all pregnant individuals who are not on a full scope, zero share of cost/premium aid code, or if the pregnant individual is being discontinued for one of the non-allowable reasons. Update the Medi-Cal EDBC rules to grant aid code 76 to all postpartum individuals in 365-day postpartum period if the postpartum individual retained California residency during the 365-day postpartum and is either not on a full scope zero share of cost/premium aid code, or if the postpartum individual is being discontinued for one of the non-allowable reasons.
3. Update the Medi-Cal EDBC rules to consider the individual pregnant for the month of Pregnancy End Date, if exists, else for the month of the Pregnancy Due Date.
4. Update Elect functionality to allow a pregnant/postpartum individual to receive aid code 76 even when MAGI is elected between MAGI and Non-MAGI Medi-Cal benefits
5. Update 2 NOA fragments.
 - a. Add variable population updates to each of the fragments.
6. Update the existing Postpartum Batch EDBC sweep to pick up cases at the end of 365 days instead of 60 days.
7. Add a new Postpartum Batch MAGI sweep.
8. Update Batch EDBC to skip Medi-Cal programs from processing at the end of postpartum if the renewal is within 2 months from the current month.

9. Update Batch MAGI to skip Medi-Cal programs from sending EDR at the end of postpartum if the renewal is within 2 months from the current month.

1.4 Assumptions

1. Fields not mentioned to be modified within the Online Description of Changes will retain their current functionality.
2. One-time batches to evaluate pregnant/postpartum individuals within 365 days of postpartum coverage will be addressed with SCR CA-230841. The SCR will provide lists of any processing exceptions to the County for follow-up.
3. CalSAWS will not set the RE Due Date to the postpartum period end date. The user would need to manually edit the RE Due Date, if needed.
4. There will be no updates to the current CalSAWS Medi-Cal Auto-Test logic. Individuals discontinued from cash-based MC may be auto-tested to MC with 38, 7J or TMC aid codes or they may remain Pending on Medi-Cal. If the individual is pending on MC, and the user runs Medi-Cal EDBC and the individual qualifies for aid code 76, the eligibility will be granted.
5. Medi-Cal EDBC rules assume that pregnant/postpartum individual met Share of Cost (SOC) anytime during the pregnancy when determining the postpartum protection.
6. eHIT technical changes will be implemented with SCR CA-229919 for eHIT schema version 18.
7. There are no eHIT updates to send secondary aid codes in a Disposition to CalHEERS.
8. The existing NOA fragments updated in this effort do not have any updates to their generation conditions.
9. The existing NOA fragments are updated only in their current languages available. No other languages are added for the fragments.
10. MEDS Alerts for Postpartum Care Extension will be added with SCR CA-235963.
11. CA-236644 will update the MAGI RE process for an individual on both MAGI and aid code 76.
12. DHCS clarified that individuals whose 60-day postpartum coverage ended prior to April 1, 2022, do not qualify to receive the extended postpartum coverage for that pregnancy. This means any individual whose pregnancy ended prior to January 31, 2022 (or Due Date if the End Date is not yet populated) do not qualify for the extended 365-day postpartum rules because their 60-day postpartum end date is March 31, 2022, or prior.
13. The two PRUCOL NOAs mentioned in section will not be updated in this SCR and will be re-evaluated for a separate effort.

2 RECOMMENDATIONS

2.1 MAGI Determination Detail Page

2.1.1 Overview

Update the MAGI Determination Detail Page to display postpartum information received from CalHEERS via eHIT.

2.1.2 Description of Changes

The screenshot shows a web form titled "MAGI Determination Detail" with a "Close" button in the top right corner. Below the title bar, there is a "Name:" field with the value "Postpartum,Individual". The main section is titled "Evaluation Criteria" and contains a table of fields and their values.

Evaluation Criteria		
Pregnant: Yes	Postpartum End Date: 08/09/2021	Postpartum Period: 365
Aged: No	Deceased: No	
Lawful Presence: Yes	Qualified Non-Citizen: No	Five Year Bar Exempt/Met: No
PRUCOL: No	PRUCOL - INS Acknowledgement:	Tax Status: No
Other Insurance: No	Immigration Eligibility:	

Figure 2.1.2 Updated MAGI Determination Detail Page - Evaluation Criteria

1. Move the columns "Aged" and "Deceased" to next row.
2. Add the new columns "Postpartum End Date" and "Postpartum Period" after column "Pregnant" in the same row.
 - a. "Postpartum End Date" will display end date received in PostpartumEndDate via eHIT in Format: MM/DD/YYYY
 - b. "Postpartum Period" will display number of days received in PostpartumPeriodCode via eHIT

2.1.3 Page Location

- **Global:** MAGI Determination List
- **Local:** MAGI Determination Summary
- **Task:** MAGI Determination Detail

2.1.4 Security Updates

No change.

2.1.5 Page Mapping

Update Page Mapping to display new fields.

2.1.6 Page Usage/Data Volume Impacts

No Impacts.

2.2 Eligibility Rules Update

2.2.1 Overview

Update the Medi-Cal EDBC rules to grant aid code 76 to all pregnant individuals who are not on a full scope, zero share of cost/premium aid code, or if the pregnant individual is being discontinued for one of the non-allowable reasons. Update the Medi-Cal EDBC rules to grant aid code 76 to all postpartum individuals in 365-day postpartum period if the postpartum individual retained California residency during the 365-day postpartum and is either not on a full scope zero share of cost/premium aid code, or if the postpartum individual is being discontinued for one of the non-allowable reasons.

Update the Medi-Cal EDBC rules to consider the individual pregnant for the month of Pregnancy End Date, if exists, else for the month of the Pregnancy Due Date.

Update Elect functionality to allow a pregnant/postpartum individual to receive aid code 76 even when MAGI is elected between MAGI and Non-MAGI Medi-Cal benefits

2.2.2 Description of Changes

1. Update Medi-Cal EDBC rules, effective April 2022 benefit month, to extend postpartum coverage from 60 days to 365 days. Calculate 365 days postpartum coverage for the latest pregnancy record in the EDBC benefit month, regardless of Pregnancy verification status, as below:
 - a. If Pregnancy End Date exists and is on or after January 31, 2022, calculate Postpartum End Date = Pregnancy End Date + 365 days, else
If Pregnancy End Date does not exist and Pregnancy Due Date is on or after January 31, 2022, calculate Postpartum End Date = Due Date + 365 days
 - b. The individual's postpartum period begins first of the month following pregnancy end date if exists, else first of the month following pregnancy due date

Note: If an individual's 365th postpartum day falls within any day of the benefit month, the postpartum coverage will be provided for the entire benefit month

2. Update the existing pregnancy rules for the Medi-Cal program to consider the individual pregnant for the month of Pregnancy End Date, if exists, else for the month of the Pregnancy Due Date.
3. Update Medi-Cal EDBC postpartum rules to grant 365-day postpartum aid code 76 benefits when all the following are true:
 - a. The individual is still within the '365-Day Postpartum Period' in the EDBC benefit month
 - b. The individual received Medi-Cal including CalWORKs, Foster Care, Kin-Gap, Adoption Assistance Program (AAP), Refugee Cash Assistance, and SSI (does not include Dialysis, TB, TPN, or MSP) in the month of birth/pregnancy termination

Technical Note:

- Includes OPA records, if exists
 - Includes retroactive months
- c. The individual is eligible to non-zero SOC, premium or limited/restricted scope primary Medi-Cal (either MAGI and/or Non-MAGI), other than MAGI Pregnancy aid codes (M0, M7, M8, M9) for the EDBC benefit month
Note: MAGI Pregnancy aid codes M7 and M9 are full scope. CalSAWS has M9 designated as Limited Scope aid code. CA-239628 will update M9 to a Full Scope aid code,
OR
The individual is not eligible to Medi-Cal in the EDBC benefit month for a non-allowable reason
The below reasons are allowable:
 - i. Calif. Residence
 - ii. Deceased
 - iii. Duplicate Application
 - iv. Gets CW

- v. Gets FC
- vi. Gets KG
- vii. Gets AAP
- viii. Gets SSI
- ix. Gets SSI/SSP
- x. Inter-County Transfer
- xi. On Aid Another Case
- xii. Requested Disc. – Written
- xiii. Written Withdrawal

d. The individual maintained Continuous California residency during postpartum period

An individual does not meet Continuous California residency if any of the following is true:

- i. The individual has an out-of-state physical address for an entire benefit month during postpartum period
- ii. The individual has a Residency record indicating the individual was a non-resident address for an entire benefit month during postpartum period
- iii. The individual has a Medi-Cal person status of "Calif. Residence" during postpartum period

Note: Aid code 76 can be concurrent with SOC, premium or limited/restricted scope Medi-Cal primary aid code.

For MAGI Aid codes in a EDBC benefit month, check for the latest DER available.

4. Update Medi-Cal EDBC rules to protect an individual on aid code 76 when an individual is pregnant or in the postpartum period (postpartum individual maintains Continuous California residency and received Medi-Cal in the month of birth/pregnancy termination) when any of the following are true:

a. The individual changed from either Active MEM or Ineligible MEM to Discontinued or Active FRI in the EDBC for a non-allowable reason, or

The individual is not eligible to Medi-Cal in the EDBC benefit month for a non-allowable reason

The below **discontinuance** reasons are allowable:

- i. Calif. Residence
- ii. Deceased
- iii. Duplicate Application
- iv. Gets CW
- v. Gets FC
- vi. Gets KG
- vii. Gets AAP
- viii. Gets SSI
- ix. Gets SSI/SSP
- x. Inter-County Transfer
- xi. On Aid Another Case
- xii. Requested Disc. – Written

- xiii. Written Withdrawal, Or
- b. The individual changed from having a primary aid code to **only secondary aid code with** no primary aid code except when the loss of primary is due to Gets SSI/SSP or Gets SSI, Or
- c. The individual is eligible to non-zero SOC, premium or **limited/restricted scope primary Medi-Cal (either MAGI and/or Non-MAGI), other than MAGI Pregnancy aid codes (M0, M7, M8, M9) for the EDBC benefit month**

Note: MAGI Pregnancy aid codes M7 and M9 are full scope. CalSAWS has M9 designated as Limited Scope aid code. CA-239628 will update M9 to a Full Scope aid code.

Technical Note: Aid codes T1 and T3 are premium full scope MAGI Medi-Cal

Note: For recommendation 2.2.2.3 and 2.2.2.4, EDBC in MAGI-only mode may grant aid code 76 concurrently with MAGI

- 5. Update "Elect" functionality to allow a pregnant/postpartum individual to receive aid code 76 even when MAGI is elected between MAGI and Non-MAGI Medi-Cal benefits.

6. Update Aid Code 76 (CT184_76) to reference 'Postpartum' instead of '60-Day Postpartum':

Short Decode Name	Long Decode Name	Code Descr	NOA Grouping (Reference Column 3)	LA County Legacy (Reference Column 21)
76 - Postpartum	Postpartum - Pregnancy Related Services	Postpartum Program. Provides Medi-Cal to eligible individuals with non-zero SOC, premium or restricted scope who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning.	Postpartum	Postpartum program

2.3 Postpartum Batch MAGI Sweep

2.3.1 Overview

Add a Postpartum Batch MAGI sweep to reevaluate Medi-Cal for postpartum individuals at the end of 365 days of Postpartum coverage.

2.3.2 Description of Change

1. Add a Batch EDR Run Reason Code for Postpartum EDR Sweep (CT_2813)

Code	Short Decode Name	Long Decode Name	Reporting Indicator
TBD	End of Postpartum Re-evaluation	End of Postpartum Re-evaluation Eligibility Determination Request	Y

2. Add a new Batch MAGI Postpartum Sweep job to send EDRs when a Medi-Cal individual's postpartum is ending and they are in a MAGI or Mixed MAGI/Non-MAGI case -
 - a. Identify the targeted population that meet all the following conditions:
 - i. At least one individual's Postpartum End Date is in the current month
*Calculate 365 days postpartum coverage as below:
For the individual's latest pregnancy record, if a Pregnancy End Date exists and is on or after January 31, 2022, calculate the Postpartum End Date = Pregnancy End Date + 365 days, else
If the Pregnancy End Date does not exist and Pregnancy Due Date is on or after January 31, 2022, calculate the Postpartum End Date = Due Date + 365 days
Note: If an individual's 365th postpartum day falls within any day of the benefit month, the postpartum coverage will be provided for the entire benefit month.
 - ii. At least one individual is active on a MAGI Medi-Cal aid code (CT_184 REFER_TABLE_20_DESCR = 'Y')
 - b. Insert a record in CH_TRANSACTION to send an EDR for each identified individual for come-up month based on the Medi-Cal program assigned to the most recent EDR. If there is no prior EDR, then assign the Medi-Cal program for the EDR based on the Medi-Cal program assigned to the most recent DER. Include the new Batch EDR Run Reason Code from Recommendation 2.3.2.1 and set the EDR Run Reason Code as 'CO'.

2.3.3 Execution Frequency

Monthly prior to the 10-day cut off batch starting March 2022.

2.3.4 Key Scheduling Dependencies

Run before Batch MAGI

2.3.5 Counties Impacted

All counties

2.3.6 Data Volume/Performance

No measurable amount of data volume or performance change.

2.3.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc....)

2.4 Postpartum Batch EDBC Sweep

2.4.1 Overview

Update the Postpartum Batch EDBC sweep to reevaluate Medi-Cal for Postpartum individuals at the end of 365 days of Postpartum coverage.

2.4.2 Description of Change

1. Update Batch Eligibility Sweep Code (CT942_PP) Short and Long Decode Names to display '365 Day re-evaluation' instead of '60 day discontinuance'.

Code Num Identif	Short Decode Name	Long Decode Name
PP	Medi-Cal Postpartum 365 Day Re-evaluation	Medi-Cal Postpartum 365 Day Re-evaluation

- 2.

3. Update the existing Postpartum Batch EDBC Sweep job (FindMCPPostPartumDiscontinuance) to process Batch EDBC for Medi-Cal cases with a Postpartum individual at the end of 365 days of Postpartum coverage instead of 60 days.
 - a. Identify the targeted population that meet all the following conditions:
 - i. At least one individual's Postpartum End Date is in the current month
 *Calculate 365 days postpartum coverage as below:
 For the individual's latest pregnancy record, if a Pregnancy End Date exists and is on or after January 31, 2022, calculate the Postpartum End Date = Pregnancy End Date + 365 days, else
 If the Pregnancy End Date does not exist and Pregnancy Due Date is on or after January 31, 2022, calculate the Postpartum End Date = Due Date + 365 days
Note: If an individual's 365th postpartum day falls within any day of the benefit month, the postpartum coverage will be provided for the entire benefit month.
 - ii. If at least one individual is active on a MAGI Medi-Cal aid code (CT_184 REFER_TABLE_20_DESCR = 'Y'), a DER was received from the MAGI Postpartum Sweep batch, or
 If at least one individual is active on a Non-MAGI Medi-Cal aid code
 - b. Insert a record in SYS_TRANSACTION for Batch EDBC processing with the MC program of each identified individual for the come-up month.
 Set the Type_Code = 'BE' , Sub_Type_Code = 'PP',
 Run_Type_Code = 'SP'.
 - i. If there is a DER from the MAGI Postpartum Sweep batch for the case, use the MC Program for the Postpartum individual which may not necessarily be the same program assigned to the MAGI Postpartum Sweep DER.

2.4.3 Execution Frequency

No change

2.4.4 Key Scheduling Dependencies

Run a day after Postpartum Batch MAGI sweep. Run on Batch 10-day.

2.4.5 Counties Impacted

All counties

2.4.6 Data Volume/Performance

No measurable amount of data volume or performance change.

2.4.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc....)

2.5 Batch EDBC

2.5.1 Overview

Add new Batch EDBC skip reason to skip Medi-Cal programs from processing at the end of postpartum if the Medi-Cal renewal is within 2 months from the current month.

2.5.2 Description of Change

1. Add new Not Processed Reason (CT_707) to track Medi-Cal program skips from EDBC processing at the end of postpartum if the renewal is within 2 months from the current month.

Code Num Identif	Short Decode Name	Long Decode Name
TBD	End of Postpartum during renewal	End of postpartum if the renewal is within 2 months from the current month

2. Update the Batch EDBC skip logic to skip Medi-Cal Programs with the Not Processed Reason mentioned in 2.5.2.1, when the below are true:
 - a. EDBC was initiated from 'Postpartum Batch EDBC Sweep'
 - b. RE Due Date is on or before two months from the current batch month

For example:

Current date is 10/20/2021

Current batch month is 10/2021

Any Medi-Cal program in the case with a RE Due Date 12/2021 or prior will be skipped

Note: This skip reason will be available in the 'Batch Eligibility Report'

2.5.3 Execution Frequency

Not Applicable

2.5.4 Key Scheduling Dependencies

Not Applicable

2.5.5 Counties Impacted

All counties

2.5.6 Data Volume/Performance

No measurable amount of data volume or performance change.

2.5.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc....)

2.6 Batch MAGI

2.6.1 Overview

Add new skip reason to skip Medi-Cal programs from sending EDR at the end of postpartum if the renewal is within 2 months from the current month.

2.6.2 Description of Change

1. Update the Batch MAGI skip logic to skip Medi-Cal Programs with the Not Processed Reason mentioned in 2.5.2.1, when the below are true:
 - a. EDR was initiated from 'Postpartum Batch MAGI Sweep'
 - b. RE Due Date is on or before two months from the current batch month

For example:

Current date is 10/20/2021

Current batch month is 10/2021

Any Medi-Cal program in the case with a RE Due Date on 12/2021 or prior will be skipped

Note:

- This skip reason will be available in the Automated Action 'Batch EDBC MAGI Medi-Cal Skipped: Review Reason' for the counties that opted-in
- This skip reason will also be available in the 'Batch MAGI Skipped Report'

2.6.3 Execution Frequency

Not Applicable

2.6.4 Key Scheduling Dependencies

Not Applicable

2.6.5 Counties Impacted

All counties

2.6.6 Data Volume/Performance

No measurable amount of data volume or performance change.

2.6.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc....)

2.7 eHIT Update

2.7.1 Overview

Update eHIT to receive and save postpartum information by CalHEERS.

2.7.2 Description of Change

1. Update eHIT to receive and save "PostpartumEndDate" and "PostpartumPeriodCode".

2.7.3 Interface Partner

CalHEERS

2.7.4 eHIT Schema Version

eHIT Version 18

2.8 Update NOA Reason Fragment with Postpartum Verbiage

2.8.1 Overview

The 60-day postpartum period is referenced in the Medi-Cal Approval for Restricted Scope and SOC NOA. This effort will update the verbiage of the NOA to change from “60 days postpartum” to “365 days postpartum” effective starting April 2022 benefit month.

Reason Fragment & ID: MC_AP_RESTRICT_MC_WITH_SOC_M130 (ID: 6560)

State Form/NOA: MC 239

Current NOA Template: MC_NOA_TEMPLATE (ID: 3028)

Current Program(s): Medi-Cal

Current Action Type: MC_AP_RESTRICT_MC_WITH_SOC_M130 generates for Approvals

Current Fragment Level: Person

Currently Repeatable: Yes, per applicable person.

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: None

Existing Languages:

Reason Fragment	Languages
MC_AP_RESTRICT_MC_WITH_SOC_M130	English, Spanish, Russian, Korean, Tagalog, Chinese, Cambodian, Armenian, and Vietnamese

2.8.2 NOA Verbiage

Update Fragment XDP

The NOA fragment will be updated to have any reference to “60 days postpartum” to “365 days postpartum”.

Updated Languages: None

NOA Mockups/Examples: See Supporting Documents #3

Fragment ID	Description	Existing Text	Updated Text	Formatting*
6560	Static	“...Pregnancy care may be provided prenatally and up to 60 days postpartum.”	“...Pregnancy care may be provided prenatally and up to <PostPartumPeriodDays> days postpartum.”	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

Note: Only the sentences in the fragment that are updated with this effort are shown in the table above. All other verbiage in the fragment will remain the same and are not shown.

2.8.3 NOA Variable Population

Update Fragment Variable Population

This SCR is adding a new variable to the Reason Fragment listed above. Please see table below:

Variable Name	Population	Formatting*
PostPartumPeriodDays	Populates with the number of days of the postpartum period. It will populate as “365” if the benefit is April 2022 or after. If the benefit month is before April 2022, it will populate as “60”. Technical Note: This will be a NOA constant and static variable.	Arial Font Size 10

*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: N/A

2.8.4 NOA Generation Conditions

N/A, the aforementioned reason fragments do not require any Generation Condition updates.

2.9 Update Medi-Cal Approval Postpartum Reason Fragment

2.9.1 Overview

The Medi-Cal Approval Postpartum reason fragment will have its references to the 60-day postpartum period updated to 365-day postpartum period effective starting April 2022 benefit month.

Reason Fragment & ID: MC_AP_POST_PARTUM_APPROVED_M141, ID: 6566

State Form/NOA: MC 239

Current NOA Template: MC_NOA_TEMPLATE (ID: 3028)

Current Programs: Medi-Cal

Current Action Type: Approval

Current Fragment Level: Person

Currently Repeatable: Yes, per applicable person.

Include NA Back 9: Yes

Current Forms/NOAs Generated with this NOA: None

Existing Languages: English and Spanish

2.9.2 NOA Verbiage

Update Fragment XDP

The NOA Fragment XDP will be updated as described in the table below.

Updated Languages: English and Spanish

NOA Mockups/Examples: See Supporting Documents #4

Description	Existing Text	Updated Text	Formatting*
Static	<p>Medi-Cal benefits are approved for: <Person's Name> You are eligible to receive Medi-Cal at no share of cost only for the month (s) of <Postpartum Months> under the 60-Day Postpartum Program. Postpartum Medi-Cal pays for medical care you receive as a result of your recent pregnancy. It does not pay for any other medical care. Your provider of medical service is aware that this coverage pays for medical services related to your pregnancy or postpartum needs.</p>	<p>Medi-Cal benefits are approved for: <Person's Name> You are eligible to receive Medi-Cal at no share of cost only for the month (s) of <Postpartum Months> under the <PostPartumPeriodDays>-Day Postpartum Program. Postpartum Medi-Cal pays for medical care you receive as a result of your recent pregnancy. It does not pay for any other medical care. Your provider of medical service is aware that this coverage pays for medical services related to your pregnancy or postpartum needs.</p>	<p>Arial Font Size 10</p>

*English only, Spanish and threshold will generate based on project standards for that language.

2.9.3 NOA Variable Population

Update Fragment Variable Population

The existing Fragment contains 2 existing variables. Of the existing variables, only the Postpartum Month variable will be updated with this SCR. This SCR is also adding a new variable. Please see table below:

Variable Name	Population	Formattin g*
PostPartumMonths	<p>Populates with the postpartum (PP) months.</p> <p>Technical Note: Rules update to createMcApprovePostPartumReasons in ReasonHelper.java</p> <p>The postpartum begin month will be the first of the month following the Pregnancy End date. If the Pregnancy End date is not available, use the Pregnancy Due date.</p> <p>The postpartum end month will be the month of the date described in section 2.2.2, item 1(a).</p> <p>Ex: Pregnancy End Date (or Due Date if Pregnancy End Date does not exist) = 05/20/2022</p> <p>PP Begin Date = 06/01/2022 PP Begin Month = 06/2022</p> <p>PP End Date = 05/20/2022 + 365 days = 05/20/2023</p> <p>PP End Month = 05/2023</p> <p>Displays on NOA: "06/2022 through 05/2023"</p>	Arial Font Size 10
PostPartumPeriodDays	<p>Populates with the number of days of the postpartum period. It will populate as "365" if the benefit is April 2022 or after. If the benefit month is before April 2022, it will populate as "60".</p>	Arial Font Size 10

	Technical Note: <i>This will be a NOA constant and static variable.</i>	
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*English only, Spanish and threshold will generate based on project standards for that language.

Variables Requiring Translations: N/A

2.9.4 NOA Generation Conditions

N/A, the aforementioned reason fragments does not require any Generation Condition updates.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility	ACWDL 21-15	 21-15.pdf
2	Eligibility	MEDIL I21-13	 MEDIL I21-13.pdf
3	NOA	Medi-Cal Approved Restricted Scope w/ SOC	NOA_MC_AP_Restricted_Scope_EN.pdf NOA_MC_AP_Restricted_Scope_SP.pdf NOA_MC_AP_Restricted_Scope_RU.pdf NOA_MC_AP_Restricted_Scope_KO.pdf NOA_MC_AP_Restricted_Scope_TG.pdf NOA_MC_AP_Restricted_Scope_CH.pdf NOA_MC_AP_Restricted_Scope_CA.pdf NOA_MC_AP_Restricted_Scope_AE.pdf NOA_MC_AP_Restricted_Scope_VI.pdf
4	NOA	Medi-Cal Approved Postpartum Medical	NOA_MC_AP_Postpartum_EN.pdf NOA_MC_AP_Postpartum_SP.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.4.3.2	The LRS shall determine an applicant's/participant's eligibility for a program or programs.	CalSAWS will display the information received via eHIT on MAGI Determination Detail Page and update rules to extend postpartum coverage from 60 days to 365 days.

CalsAWS

California Statewide Automated Welfare System

Design Document

CA-220040

ACL 20-145, 20-126 Eliminate ESAP SAR 7
Requirement, Update ESAP NOAs

CalSAWS	DOCUMENT APPROVAL HISTORY	
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2021-03-01	.01	Initial Draft	Paul Galloway
2021-07-26	.02	Fiscal updates for Overpayment Adjustment and Skip Issuance logic	Sidhant Garg
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2021-10-18	1.03	Design clarification for Section 2.9.2 Description of change. Remove reference to program specific cases.	Vallari Bathala
2021-11-08	1.04	Design Clarification for Section 2.11 to add 'Korean' to list of languages for the CF 34 Form; Updates to Supporting Documents section.	Connor Gorry
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2021-12-21	1.07	Design clarification in sections 2.14.2 & 2.15.2 for the packets to include the NA Back 9. Also correcting the forms listed for the ESAP CF RE Packet for Migration Counties.	Phong Xiong

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2022-01-03	1.08	Design Clarification for Client Correspondence adding Assumption #16, stating that the VRC will be added in Central Print. Design Clarification for Fiscal in section 2.8.2, detailing additional scenarios for changes in reporting type.	Connor Gorry, Sidhant Garg
2022-01-06	1.09	Content Revision 4 Clarified in section 2.9.2 that batch job selection criteria applies to the RE due month.	Paul Galloway
2022-01-07	1.10	Content Revision 4 Removing threshold languages for sections 2.11, 2.12, 2.13, 2.14, and 2.15.	Phong Xiong
2022-01-17	1.11	Design Clarification added an assumption noting that BenefitsCal changes for LA in 2.17.8 cannot be tested at this time.	Paul Galloway

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1 OVERVIEW

California's Elderly Simplified Application Project (ESAP) Demonstration Project was implemented in 2017 through All County Letter (ACL) 17-34, 17-53, and 17-53E to improve CalFresh (CF) access among the State's population of older adults and people with disabilities with low-income. It waived the recertification interview requirement, reduced client-provided verifications, and extended the certification period to 36 months. It did not eliminate the periodic reporting requirement for ESAP households.

ESAP policies have been updated by ACL 20-145 and clarified by Consortium Request for Policy Clarification (CRPC) #2107 and #2242.

ACL 20-145 states that requiring ESAP households to complete a SAR 7 report is an unnecessary burden on them and the CWD. Starting March 1, 2022, ESAP households will no longer have to complete a SAR 7 at the 12th and 24th month of their 36-month certification period. They will still be required to report gross monthly income over the Income Reporting Threshold (IRT), so they will receive a SAR 2 at the 12th and 24th month to remind them of this requirement. While they are ESAP, they are not required to complete a recertification interview.

ACL 20-145 removes the requirement that only Non-Assistance CalFresh (NACF) households are eligible to ESAP. Public Assistance CalFresh (PACF) households can now convert to ESAP if all household members are elderly and/or disabled (E/D) with no earned income. CDSS confirmed in CRPC 2242:

"FNS did not impose any requirements that the HH be classified as NACF, nor did it prohibit participation in the ESAP for households that participate in other public assistance programs."

An updated response to CRPC 2107 on 9/8/2020 clarified that all members of the household (eligible and ineligible) must meet ESAP requirements for the household to be ESAP eligible. It states:

"ESAP eligibility is strictly for households that contain only elderly and/or disabled members with no earned income.... the household may only be eligible for ESAP if the household that contains an ineligible household member such as a non-citizen can declare that the entire household are elderly and/or disabled with no earned income."

1.1 Current Design

An ESAP household in CalSAWS is a NACF household where all members aided in the CF program are elderly and/or disabled with no earned Income. Currently CF ESAP households:

- have a 36-month certification period,
- have a reporting type of Semi-Annual Reporting Annually (SARA),
- submit SAR 7's in the 12th and 24th months of the recertification period.
- have a recertification appointment scheduled for them at the time the RE packet is generated:
 - Los Angeles County automatically schedules an appointment via batch job when the RE packet is generated.

- C-IV Counties schedule appointments manually when the packet is generated.

1.2 Requests

- Remove the SAR 7 reporting requirement from CalSAWS for ESAP households effective March 1, 2022.
- Inform all ESAP households they will no longer be required to submit SAR7 reports by sending them a one-time notification form - CF 34 CalFresh Notice of Change: Semi-Annual Reporting Eliminated.
- Update the existing ESAP forms CF 377.2B and CF 377.2C to the latest versions.
- Send the SAR2 form to ESAP households at the 12th and 24th month of their recertification period to remind them of the requirement to report mid-period income changes that exceed the IRT.
- Stop auto-scheduling RE interviews and sending appointment letters for ESAP households (LA County only).
- Include the CF 377.2B in the RE Packet for ESAP households.
- Update the definition of an ESAP household to include PACF households, and to require all household members (including ineligible ones) to be E/D with no earned income.

1.3 Overview of Recommendations

1. Add a new reporting type "Semi-Annual Reporting – No Report" (SARN) to CalSAWS for CF ESAP households.
2. Update EDBC to set the reporting type to SARN when the benefit month is March 2022 or later, the Meets ESAP Criteria is 'Yes', and the Recertification Period is greater than 24 months long. (See Assumption #1)
3. Add new Batch Run Reasons for running Batch EDBC to set CF ESAP households to the new reporting type.
4. Update EDBC logic for setting the Meets ESAP Criteria indicator to:
 - a. Require all persons in the household, even if they are ineligible, to be E/D with no earned income.
 - b. Remove the requirement that the household be NACF.
5. Hide the SAR Due Month field on the Case Summary CF program block and CF Detail page when the reporting type is SARN.
6. Add new "CalFresh Notice of Change: Semi-Annual Reporting Eliminated" CF 34 (12/20) to CalSAWS.
7. Update "CalFresh Notice of Expiration of Certification for Households with Only Elderly and/or Disabled Members" CF 377.2B (12/20) per ACL 20-126.
8. Update "CalFresh Notice of Expiration of Certification for Households with Only Elderly and/or Disabled Members" CF 377.2C (12/20) per ACL 20-145.
9. Update CalSAWS to not auto-schedule an RE interview and not send an RE appointment letter for ESAP households (LA County only).
10. Create two new ESAP CF RE Packets (one for Los Angeles County, one for the Migration Counties) that do not include the CF 29 and do include CF 377.2B.

11. Update the SAR 2 batch job to send it to ESAP households at the 12th and 24th months of their recertification period in addition to the current batch job functionality.
12. Create the ESAP CF RE Packet batch job for Los Angeles County and Migration Counties. This job will generate the same journal entry for packet generation as the existing jobs.
13. Update the CF 377.2 batch job to not send the form to ESAP households.
14. Update the CF 377.2B batch job to send the form when a case has a CW and CF program with the same redetermination/recertification due month and the CF program is ESAP.
15. Update the CF 377.2C batch job to send the form if the previous reporting type was SARN and the current reporting type is not SARN.
16. Update the Overpayment Adjustment and Skip Issuance logic to consider the new SARN reporting type.

1.4 Assumptions

1. The ESAP indicator is set on CF households with each EDBC run (since CA-54952/CIV-12413 in 2018). It indicates if the household is ESAP-eligible for the benefit month. Per CRPC 2242, full ESAP status is only conferred on a household at application or recertification. The new SARN reporting type will only be granted to ESAP households at application/recertification, or in the middle of a recert period if the household has already had ESAP status conferred on it which EDBC determines by the length of the recert period.
2. Once ESAP households are set to the new reporting type, no other change is needed to stop generating SAR 7's for them since that logic is driven by the reporting type and this new type will not generate a SAR 7.
3. No change is needed to the SAR 7 discontinuance job because it looks for past due SAR 7 packets in Issued/Sent status and no new packets will be generated to ESAP households.
4. This change will not affect the generation of the SAR 7 for any other program on the case besides the CF ESAP Household.
5. This change will not affect the scheduling of RE appointments for other programs on the same case as the ESAP HH.
6. SCR CA-230192 will run batch EDBC for all CF ESAP households to set the new reporting type for the benefit month of 3/2022. Batch EDBC skips cases where the most recent EDBC is Manual or overridden. Workers will need to work the Batch Skip report to set the new reporting type on these cases or they will continue to receive SAR 7 packets in the future and could be discontinued for failure to complete it.
7. SCR CA-221837 will generate and send the new "CalFresh Notice of Change: Semi-Annual Reporting Eliminated (CF 34)" to all ESAP households.
8. Fields not mentioned to be modified within the description of changes will retain their current functionality and logic.
9. Only Los Angeles County has automatic scheduling of RE interview appointments, so the batch update to turn off appointment scheduling for ESAP RE interviews does not affect former C-IV counties.

10. SCR CA-216551 (DDID 2150 – Migrate CalWIN County Batch Jobs: Batch RE Appointment Scheduling for CW/CF) is also targeted for Release 22.01. It will exclude ESAP households from auto-scheduling of RE Appointments, but it will schedule RE appointments for the CW program on a CW/CF combo case when the RE for both CW and the ESAP CF programs are due in the same month.
11. SCR CA-224050 (Update the RE Date Report to Include Additional Information) in release 21.07 added an ESAP indicator to the CW and CF Details sheet of the RE Date Report to remind workers to schedule an appointment if needed since ACL 20-145 says an appointment should be scheduled if the person will be denied.
12. The existing SAR 2 functionality will not be changed by this SCR. The SAR 2 will be updated to the latest state version and to generate using EDBC logic with CA-219921. The ESAP SAR 2 Batch Job created with this SCR will only involve sending the Form for ESAP Households on the 12th and 24th months.
13. SAR 2 and other Forms generated via Run EDBC will be updated with the 'Print Preview' functionality with CA-223587.
14. This SCR is not making changes to the CalWORKs (CW) program.
15. This SCR is not changing the existing functionality when an ESAP HH no longer meets ESAP requirements and becomes a SAR reporting HH.
16. The GEN 1365 will be included in the packet during the bundling process and the Voter Registration Card will be included at the Print Center.
17. SCR CA-239226 will implement the threshold languages for the CF 34, CF 377.2B, 377.2C, and the ESAP packets from sections 2.14 and 2.15. The current threshold languages will be turned off for the 377.2B and CF 377.2C. Only the English versions of the 3 forms and 2 packets will be implemented in this effort.
18. The BenefitsCal changes for the new RE packet for Los Angeles in Section **2.17.8 Update BenefitsCal Forms Batch Job to post new ESAP Packet** cannot be tested until a future release when **SCR CA-232095 "BenefitsCal: CalSAWS updates for Los Angeles Migration to BenefitsCal"** is delivered.

2 RECOMMENDATIONS

2.1 Eligibility: Add New Reporting Type for ESAP

2.1.1 Overview

Add a new reporting type "Semi-Annual Reporting - No Report" (SARN) for CF ESAP programs. This type will indicate that the households are still categorized as semi-annual reporting (SAR) households, but they are not required to complete a SAR 7.

2.1.2 Description of Changes

1. Add a new Reporting Type Code to Code Table 542, as follows:

Field	Value
CATGRY_ID	542
SHORT_DECODE_NAME	Semi-Annual Reporting - No Report
LONG_DECODE_NAME	Semi-Annual Reporting - No Report
CODE_DESCR	SN
ORDER_BY_NUM	0
BEG_DATE*	01/01/2022
END_DATE	12/31/9999
CW	N
DV	N
FC	N
FS	Y
IN	N
KG	N
MC	N
RC	N
EICT	
Periodic Report Frequency	
NB	

Field	Value
DC	N

**Note: EDBC will not set this reporting type on any households prior to the benefit month 3/2022.*

2.1.3 Programs Impacted

CF

2.2 Eligibility: Set ESAP reporting type to “No Report”

2.2.1 Overview

Update CF EDBC logic to set the reporting type to SARN on all CF ESAP households starting with the 3/2022 benefit month. CF households with this reporting type will not receive SAR 7 reports. This will not change existing Recertification dates for these households.

2.2.2 Description of Changes

1. Set the reporting type to SARN when the following are all true:
 - a. The program is CalFresh.
 - b. The 'Meets ESAP Criteria' indicator is Yes.
 - c. The Redetermination period is already greater than 24 months, or EDBC is establishing an ESAP 36-month RE period at the start of a new Application/Recertification period.
 - d. The benefit month is March 2022 or later.

2.2.3 Programs Impacted

CF

2.2.4 Performance Impacts

No EDBC performance impacts anticipated.

2.3 Eligibility: ESAP Changes for PACF and Ineligible Persons

2.3.1 Overview

EDBC identifies ESAP-eligible households during each CF EDBC run. Currently in CalSAWS, the “Meets ESAP Criteria” indicator is only set to Yes when both the following are true:

- the household is on Non-Assistance CalFresh (NACF) and is not aided on any other Public Assistance program; and,
- all the aided members of the CF household meet the ESAP requirement of being elderly and/or disabled (E/D) with no earned income.

This SCR is removing the requirement that a household must be NACF and is adding a new requirement that all members of the household must be ESAP eligible for the household to meet ESAP criteria.

Example 1: Under current logic, a household with only elderly and/or disabled members who have no earned income and are receiving CW and CF would have Meets ESAP Criteria set to No. With this change, household can meet ESAP criteria even while they are receiving CW.

Example 2: Under current logic, a CF household with 1 eligible member who is 65 years old and has no income and 1 ineligible non-citizen who has opted out and has no income but is not E/D can have Meets ESAP Criteria set to Yes because we only consider the eligible member. With this change, the household would no longer meet ESAP criteria because now all the members of the household must be E/D with no earned income.

2.3.2 Description of Changes

1. Remove the requirement that a CF household must be NACF when EDBC determines if the household Meets ESAP Criteria.
2. Update the logic that currently requires only Active or Pending Members in the CF household to be E/D with no earned income to now require all Active or Pending persons *regardless of their role* to be E/D with no earned income in order to meet ESAP criteria.

2.3.3 Programs Impacted

CF

2.3.4 Performance Impacts

No EDBC performance impacts anticipated.

2.4 Eligibility: CTCR's for Batch EDBC processing

2.4.1 Overview

Insert new Batch Run Reasons to be used in the Batch EDBC run.

2.4.2 Description of Change

1. Insert a new entry in CT744 (EDBC Run Reason Code):

Field	Value
CATGRY_ID	744
CODE_NUM_IDENTIF	E7
SHORT_DECODE_NAME	End SAR 7 reporting on ESAP
LONG_DECODE_NAME	End SAR 7 reporting on ESAP
CODE_DESCR	
ORDER_BY_NUM	0
BEG_DATE*	1/1/1900
END_DATE	12/31/9999
REFER_TABLE_1_DESCR – REFER_TABLE_17_DESCR	N

2. Insert a new entry in CT942 (Batch Eligibility Sweep Codes):

Field	Value
CATGRY_ID	942
CODE_NUM_IDENTIF	E7
SHORT_DECODE_NAME	End SAR 7 reporting on ESAP
LONG_DECODE_NAME	End SAR 7 reporting on ESAP
CODE_DESCR	
ORDER_BY_NUM	0
BEG_DATE*	1/1/1900
END_DATE	12/31/9999

2.5 Online: Case Summary

2.5.1 Overview

When the 'Reporting Type' is SARN, the CalFresh section within the Case Summary page will not display the 'SAR Due Month' field.

2.5.2 Case Summary Mockup

▼ CalFresh			
Worker:	Vicky Blair	Primary Applicant/Recipient:	ASHBY, DONALD 50F
Worker ID:	19DP34602M	Language:	English
Program Status:	Active	Phone Number:	(909)426-5351
RE Due Month:	02/2022 Re-Evaluate	Email:	johndoe@calsaws.org
Reporting Type:	Semi-Annual Reporting - No Report	Payee:	ASHBY, DONALD 50F
Reporting Type Reason:	Elderly/Disabled	Application Date:	05/20/2019
Aid Code:	09 - CalFresh		
Meets ESAP Criteria:	Yes		

Figure 2.1.1 – Case Summary Mockup

2.5.3 Description of Changes

1. Do not display the 'SAR Due Month' field in the CalFresh section on the Case Summary page when the 'Reporting Type' is the new SARN type (CT542 Code SN).

2.5.4 Page Location

- **Global:** Case Info, Eligibility, Empl. Services, Child Care
- **Local:** Case Summary
- **Task:** Case Summary

2.5.5 Security Updates

No security updates.

2.5.6 Page Mapping

N/A

2.5.7 Page Usage/Data Volume Impacts

No performance impacts.

2.6 Online: CalFresh Detail

2.6.1 Overview

When the 'Reporting Type' is SARN, the CalFresh Detail page will not display the 'SAR Due Month' field.

2.6.2 CalFresh Detail Mockup

CalFresh Detail

*- Indicates required fields

[View History](#) [Issuance Method](#) [Edit](#) [Close](#)

Date: *
05/01/2021

Program Information		
Status: * Active	Status Reason:	Source: * CMIPS II
Application Date: * 05/20/2019	RE Begin Month: 06/2019	RE Due Month: * 02/2022
SSI/SSP Reversal Month:		
Reporting Type: Semi-Annual Reporting - No Report	Reporting Type Reason: Elderly/Disabled	
Public Assistance Indicator: Y		
Automatically Reassign When Activated: No		

Figure 2.1.1 – CalFresh Detail Mockup

2.6.3 Description of Changes

1. Do not display the 'SAR Due Month' field on the CalFresh Detail page when the 'Reporting Type' is the new SARN type (CT542 Code SN).

- **Global:** Case Info, Eligibility, Empl. Services, Child Care
- **Local:** Case Summary
- **Task:** Case Summary

2.6.4 Security Updates

No security updates.

2.6.5 Page Mapping

N/A

2.6.6 Page Usage/Data Volume Impacts

No performance impacts.

2.7 Fiscal: Overpayment Adjustment Logic

2.7.1 Overview

Overpayment Adjustment logic is used to calculate the Benefit Reduction amount which is then displayed on the EDBC Summary page for a benefit month. This enhancement is to update the Overpayment Adjustment logic to consider the new SARN reporting type.

2.7.2 Description of Change

1. Update the Benefit Reduction logic to treat programs with the new SARN reporting type the same as SAR/SARA reporting types.
2. Update the Benefit Reduction logic for determining the Overpayment Adjustment Amount of a future Benefit Month as follows:
 - a. If there is a change in Reporting Type in the Reporting Period and the EDBC Benefit Month is not the first month of the Reporting Period, the Overpayment Adjustment Amount will be set to the Benefit Reduction Amount from the latest Accepted and Saved EDBC from the prior Reporting Period.
 - b. If there is a change in Reporting Type in the Reporting Period and the EDBC Benefit Month is the first month of the Reporting Period, the Overpayment Adjustment Amount will be set based on the Cause Code Percentage for the associated Recovery Account.
 - c. If there is no change in Reporting Type in the Reporting Period, the Overpayment Adjustment Amount will be set based on the Cause Code Percentage of the associated Recovery Account for which the Recoupment occurred from the latest Accepted and Saved EDBC from the period begin month if one exists.

2.7.3 Security Updates

No security updates.

2.7.4 Page Mapping

N/A

2.7.5 Page Usage/Data Volume Impacts

No performance impacts.

2.8 Fiscal: Issuance Batch

2.8.1 Overview

Issuance Batch is responsible for creating an Issuance record for each authorization that is subject to be paid on a Monthly/Nightly basis. This enhancement is to update the skip issuance logic to consider the new SARN reporting Type.

2.8.2 Description of Change

1. Update the skip issuance logic to account for the new SARN reporting type. The skip issuance logic will check for a completed RE at every 36th for the Recertification (RE) Due Month of a SARN reporting type program.
2. Update the Skip issuance Grace Period logic to check for Reporting Type changes from SARN to SAR 7, SAR7 to SARN, SARA to SARN or SARN to SARA. The Skip Issuance Grace Period will be from the month the change occurred through the next SAR Due Month or RE Due Month, whichever is first.
3. Update the Skip Issuance Grace Period logic to give grace period for SARN reporting type until the RE due date which will be once every 36 months for the SARN reporting type.

NOTE: This is to ensure no benefits are skipped due to periodic reporting skip reasons.

2.8.3 Execution Frequency

No Change.

2.8.4 Key Scheduling Dependencies

No Change.

2.8.5 Counties Impacted

All CalSAWS Counties

2.8.6 Data Volume/Performance

No Change.

2.8.7 Failure Procedure/Operational Instructions

No Change.

2.9 Batch: Recertification Appointments Batch jobs PB19C902 and PB19C909

2.9.1 Overview

Batch job PB19C902 attempts to schedule an appointment. If successful, the job will also send the RE packet and create a journal for the case.

If PB19C902 is not successful, batch job PB19C909 picks up the cases the next day and creates appointments. For successfully created appointments, an RE packet is generated, and a journal is logged. For unsuccessful appointments, a task is generated for workers to manually create the appointment and send the RE packet.

Update the Recertification Appointments Batch jobs to exclude CF ESAP Households.

2.9.2 Description of Change

Update the Recertification Appointments Batch jobs when processing upcoming recertifications so that this job will no longer schedule appointments or send out RE packets when all the following are true **for the month when the RE is due:**

- a. The Program is CalFresh and there is not a CW program with an RE due in the same month on the same case.
- b. The Program is Active.
- c. Meets ESAP Criteria is 'Yes'.
- d. The current reporting type is SARN (CT 542 Code SN).

(Note: For ESAP households getting skipped due to this change, the RE Packet without an appointment will still be sent out. See below:

[Correspondence: Add ESAP CF RE Packet Batch Job for L.A. County](#))

2.9.3 Execution Frequency

Monthly.

2.9.4 Key Scheduling Dependencies

None.

2.9.5 Counties Impacted

Los Angeles County.

2.9.6 Data Volume/Performance

Batch job PB19C902 processes approximately 40,000 records

Batch job PB19C909 processes approximately 50,000 records

2.9.7 Failure Procedure/Operational Instructions

Batch Support Operations staff will evaluate transmission errors and failures and determine the appropriate resolution (i.e., manually retrieving the file from the directory and contacting the external partner if there is an account or password issue, etc.).

2.10 Batch: API Update for New Reporting Type

2.10.1 Overview

Create a new version of the program API (v2) with business logic to determine and return the SAR Due Date based on program reporting type.

2.10.2 Description of Change

1. Update the program API to return the SAR Due Date based on the reporting type of the program as follows:
 - a. If reporting type is "Semi-Annual Reporting" (CT542 Code MS):
 - i. Subtract 6 months from the RE Due Date. If that returns a date in the past, there is no SAR Due Date.
 - ii. If the result from the previous step is in the future, keep subtracting 6 months from it until the result is no longer in the future. The SAR Due Date will be the last result that was in the future.
 - b. If reporting type is "Semi-Annual Reporting Annually" (CT542 Code SA):
 - i. Subtract 12 months from the RE Due Date. If that returns a date in the past, there is no SAR Due Date.
 - ii. If the result from the previous step is in the future, keep subtracting 12 months from it until the result is no longer in the future. The SAR Due Date will be the last result that was in the future.
 - c. Reporting type is "Semi-Annual Reporting - No Report" (CT542 Code SN - *new value added by this SCR*):
 - i. There is no SAR due date.

2.11 Corr.: CF Notice of Change: Semi-Annual Reporting Eliminated (CF 34)

2.11.1 Overview

The CF 34 is used to inform ESAP households they will no longer be required to complete a Semi-Annual Report (SAR 7) form. The form currently does not exist in CalSAWS. Add the CF 34 to the Template Repository.

State Form: CF 34 (12/20)

Programs: CalFresh

Attached Forms: NA Back 9

Forms Category: Form

Template Repository Visibility: All Counties

Languages:

English, Spanish, Arabic, Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Lao, Mandarin, Other Chinese Language, Russian, Tagalog/Filipino, Vietnamese

2.11.2 Description of Change

1. Create the CF 34 Form XDP.

Form Header: Standard CalSAWS Header (Header 1)

Form Footer: Standard CalSAWS Footer (Footer 1)

Form Title: CalFresh Notice of Change: Semi-Annual Reporting Eliminated

Form Number: CF 34

Include NA Back 9: Yes

Imaging Form Name: CF Notice of Change: SAR Eliminated

Imaging Document Type: Notification/NOA

Form Mockups/Examples: See Supporting Documents #1

2. Add the following variable population:
 - a. Use the existing form header population logic to populate the header fields.
 - b. Use the existing NA Back 9 population logic to populate the Legal Aid and Hearing addresses.
3. Add an entry in the Batch Sweep Codes Table (CT 942) for the CF 34. This will be used as part of the one-time mass mailer being implemented by SCR **CA-221837**.

4. Add the following barcodes to the form:

Tracking Barcode	BRM Barcode	Imaging Barcode
N	N	Y

5. Add the form to Template Repository. The required document parameters are: Case Number, Customer Name, Program, Language. If you'd like, or we can split it up however works well

Figure 2.6.1 – Document Parameters Page

6. Add the following print options and mailing requirements:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Y	Y	Y	Y	Y	Y

Mailing Options	Option for CF 34
Mail-To (Recipient)	When generated through the batch process, the CalFresh Primary Applicant. When generated through Template Repository, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalFresh Worker's Office/District Office Address
Mail-back-to Address	N/A
Outgoing Envelope Type	Standard Mail Envelope
Return Envelope Type	N/A

Additional Options	Option for CF 34
Special Paper Stock	N/A
Enclosures	No
CW/CF Electronic Signature (IVR/Text)	No
Check to Sign	No
Post to Self Service Portal	Yes

2.12 Corr.: CF Notice of Expiration of Certification for Households with Only Elderly and/or Disabled Members (CF 377.2B)

2.12.1 Overview

The current version of the CF 377.2B in CalSAWS is 06/17. Update the form to the 12/20 version.

State Form: CF 377.2B

Current Programs: CalFresh

Current Attached Form(s): NA Back 9

Current Forms Category: Forms

Existing Languages: English, Spanish, Armenian, Cambodian, Cantonese (Chinese), Farsi, Korean, Mandarin (Chinese), Other Chinese Language, Russian, Tagalog/Filipino, Vietnamese

2.12.2 Description of Change

1. Update the CF 377.2B to the 12/20 version.

Updated Languages: English, Spanish, Arabic, Armenian, Cambodian, Cantonese (Chinese), Farsi, Hmong, Korean, Lao, Mandarin (Chinese), Other Chinese Language, Russian, Tagalog/Filipino, Vietnamese

Form Mockups/Examples: See Supporting Documents #2

2. **Turn off the following threshold languages:** Spanish, Armenian, Cambodian, Cantonese (Chinese), Farsi, Korean, Mandarin (Chinese), Other Chinese Language, Russian, Tagalog/Filipino, Vietnamese

2.13 Corr.: CF Notice of Expiration of Certification for Households with Only Elderly and/or Disabled Members (CF 377.2C)

2.13.1 Overview

The current version of the CF 377.2C in CalSAWS is 03/18. Update the form to the 12/20 version.

State Form: CF 377.2C

Current Programs: CalFresh

Current Attached Form(s): NA Back 9

Current Forms Category: Forms

Existing Languages: English, Spanish, Cantonese (Chinese), Mandarin (Chinese), Other Chinese Language, Russian

2.13.2 Description of Change

1. Update the CF 377.2C to the 12/20 version.

Updated Languages: English, Spanish, Arabic, Armenian, Cambodian, Cantonese (Chinese), Farsi, Hmong, Korean, Lao, Mandarin (Chinese), Other Chinese Language, Russian, Tagalog/Filipino, Vietnamese

Form Mockups/Examples: See Supporting Documents #3

2. **Turn off the following threshold languages:** Spanish, Cantonese (Chinese), Mandarin (Chinese), Other Chinese Language, Russian

2.14 Corr.: ESAP CF Recertification Packet for Los Angeles County

2.14.1 Overview

The current CalFresh Recertification Packet includes the CF 29 (CalFresh Recertification Appointment Letter). The recertification interview requirement is waived for ESAP households. Therefore, the CF 29 should be removed from the packet. Create a new ESAP CF RE Packet for Los Angeles County for NACF and PACF households that does not include the CF 29, but includes the CF 377.2B.

State Form: N/A

Programs: CalFresh

Attached Forms: N/A

Forms Category: Application

Template Repository Visibility: Los Angeles County

Languages: English, Spanish, Armenian, Cambodian, Cantonese, Farsi*, Korean, Mandarin, Other Chinese Language, Russian, Tagalog/Filipino, Vietnamese

*As with other CF RE Packets, the ESAP RE Recertification for Farsi will use an English cover sheet.

2.14.2 Description of Change

1. Create the ESAP CF RE Packet XDP. The packet contains the following forms in the following order:

Form
CF 377.2B
Cover Letter

Note: The ESAP CF RE Packet will follow the current process of 'pre-stuffed' RE Packets, with only the Cover Letter and CF 377.2B being generated out of CalSAWS. The remainder of the forms will be pre-stuffed at the print center.

Form Header: N/A – has a coversheet

Form Title: ESAP CalFresh Recertification Packet

Form Number: ESAP CF RE Packet

Include NA Back 9: Y

Imaging Form Name: ESAP CF Recertification Packet

Imaging Document Type: Customer Reporting

Form Mockups/Examples: See Supporting Documents #4

2. Add the packet to Template Repository. The packet has the following required form inputs:
 - a. Case Number
 - b. Customer Name
 - c. Program
 - d. RE Month
 - e. Language

Figure 2.3.2.1 – Document Parameter Page

- f. Add validation on the Document Parameters page to prevent the generation of the packet from Template Repository when a ESAP CF RE Packet in any status except 'Not Applicable' for the same RE Month exists. The validation message will state: 'RE Month - RE packet has been sent for this RE Due Month. Reprint if another one is needed.'
3. Add population logic for the packet. The packet will use the existing population logic for the cover letter and the CF 377.2B to populate the form in the packet.
4. Add the packet name for the ESAP CF Recertification Packet for Los Angeles County to the Redetermination Bundle Names Codes Table (CT 10448).
Note: The values from this codes table are used when constructing the bundle names for the packets. The packets are in mailing priority 04 for LA County.

5. Add the following form control for the packet:

Tracking Barcode	BRM Barcode	Imaging Barcode
Y	Y	Y

6. Add the following print options for the packet:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Y	Y	Y	Y	Y	Y

7. Add the following mailing options for the packet:

Mailing Options	Option for RE Packet
Mail-To (Recipient)	When generated through the batch process, the CalFresh Primary Applicant. When generated through Template Repository, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalFresh Worker's Office/District Office Address
Mail-back-to Address	BRM Address
Outgoing Envelope Type	Full Size Flat Mail
Return Envelope Type	BRM
Special Paper Stock	N/A
Enclosures	N/A
Electronic Signature	Yes
Check to Sign	No
Post to SSP	Yes

8. Create a Customer Reporting entry with the following information when the packet is generated and saved:

Field to Populate	Population for RE Packet
Type	CF
Submit Month - when generated from Template Repository	RE Month from Document Parameters page
Submit Month - when generated through Batch	Current CalFresh Program RE Due Date
Program	CF
Status	Customer Reporting Tracking Status
Status Date	Date of the latest Status Date

2.15 Corr.: ESAP CF Recertification Packet for Migration Counties

2.15.1 Overview

Create a new ESAP CF RE Packet for the Migration Counties that does not include the CF 29 and SAR 7A but includes the CF 377.2B.

State Form: N/A

Programs: CalFresh

Attached Forms: N/A

Forms Category: Application

Template Repository Visibility: Migration Counties

Languages: English, ~~Spanish~~

2.15.2 Description of Change

1. Create the ESAP CF RE Packet XDP. The packet contains the following forms in the following order:

Form
Coversheet
MC 200
CF 377.2B
CF 37
EBT 2216
PUB13
PUB 275
PUB 388
VRC (added at Print Center)

Form Header: N/A – has a coversheet

Form Title: ESAP CalFresh Recertification Packet

Form Number: ESAP CF RE Packet

Include NA Back 9: Y

Imaging Form Name: ESAP CF Recertification Packet

Imaging Document Type: Customer Reporting

Form Mockups/Examples: See Supporting Documents #5

2. Add the packet to Template Repository. The packet has the following required form inputs:
 - a. Case Number
 - b. Customer Name
 - c. Program
 - d. RE Month
 - e. Language

Figure 2.3.2.1 – Document Parameter Page

- f. Add validation on the Document Parameters page to prevent the generation of the packet from Template Repository when a ESAP CF RE Packet in any status except 'Not Applicable' for the same RE Month exists. The validation message will state: 'RE Month - RE packet has been sent for this RE Due Month. Reprint if another one is needed.'
3. Add population logic for the packet. The packet will use the existing population logic for the cover letter and the CF 377.2B to populate the form in the packet.
4. Add the packet name for the ESAP CF Recertification Packet for Migration Counties to the Redetermination Bundle Names Codes Table (CT 10448).

Note: The values from this codes table are used when constructing the bundle names for the packets. The packets are in mailing priority 05 for Migration Counties.

5. Add the following form control for the packet:

Tracking Barcode	BRM Barcode	Imaging Barcode
Y	Y	Y

6. Add the following print options for the packet:

Blank Template	Print Local without Save	Print Local and Save	Print Central and Save	Reprint Local	Reprint Central
Y	Y	Y	Y	Y	Y

7. Add the following mailing options for the packet:

Mailing Options	Option for RE Packet
Mail-To (Recipient)	When generated through the batch process, the CalFresh Primary Applicant. When generated through Template Repository, the individual selected on the 'Customer Name' dropdown on the Document Parameters page.
Mailed From (Return)	CalFresh Worker's Office/District Office Address
Mail-back-to Address	BRM address
Outgoing Envelope Type	6"x9" Flat Mail Envelope
Return Envelope Type	BRM
Special Paper Stock	N/A
Enclosures	N/A
Electronic Signature	Yes
Check to Sign	No
Post to SSP	Yes

8. Create a Customer Reporting entry with the following information when the packet is generated and saved:

Field to Populate	Population for RE Packet
Type	CF
Submit Month - when generated from Template Repository	RE Month from Document Parameters page
Submit Month - when generated through Batch	Current CalFresh Program RE Due Date
Program	CF
Status	Customer Reporting Tracking Status
Status Date	Date of the latest Status Date

9. Create a Journal entry with the following information when the packet is generated and saved:

Field to Populate	Population for RE Packet
Case Id	The case associated to the CF RE Packet
Type	Document
Short Description	ESAP CF RE Packet
Long Description	<p>The following forms were included for the {redeterDate} RE: CF Coversheet with BRM and NVRA, CF 377.2B, CF 37, EBT 2216, NA 1273, PUB 13, PUB 275, PUB 388 and VRC.</p> <p>Note: The <redeterDate> will be populated with the RE Due Month. If the packet is generated through Template Repository, it will be populated with the date entered in the 'RE Month' field. If the packet is generated through batch, it will be populated with the current RE Due Month of the program.</p>
Created by	Batch or User
Updated by	Batch or User

2.16 Corr.: Create new SAR 2 Batch Job for ESAP Households

2.16.1 Overview

Currently, the SAR 2 batch job (PB00R539) sends out the SAR 2 (Reporting Changes for Cash Aid and CalFresh) when the IRT is established or changes. For ESAP households, the SAR 2 is required to be sent out on the 12th and 24th months of their recertification period.

Create a new Batch Job to send out the SAR 2 to the ESAP household (whether NACF or PACF) on the 12th and 24th month of their recertification period.

Note: The existing SAR 2 Batch Job will be turned off with future SCR **CA-219921**, which will transition the SAR 2's generation logic trigger via EDBC – when an IRT is established, changes, or at Recertification for SAR, SARA, and SARN households. This new Batch Job will remain in place after that change and continue to generate the SAR 2 for ESAP households. The CalFresh column will always be populated with the CF Income, HH Size, and IRT Limit Amount for ESAP Households; If the case is PACF and also has Active CalWORKs or Refugee Cash Assistance Program (see Recommendation 2.3), the CW Income, AU Size, and IRT Limit Amount will also be populated in the CalWORKs column.

2.16.2 Description of Change

1. Create a new ESAP SAR 2 batch job to send out the SAR 2 when all the following conditions are met:

- a. The program is CalFresh.
- b. The program is Active.
- c. The Meets ESAP Criteria is set to 'Yes'.

Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'Yes' on the most recent program detail record.

- d. The current reporting type is 'Semi-Annual Reporting - No Report'.
- e. The batch date falls on the 1st business day of 12th or 24th month of the CalFresh recertification period.
 - i. This will be calculated by counting backwards from the REDETER due month (like with SAR reports) which may result in the first SAR 2 in a recert period being sent earlier than 12 months if the period is not exactly 36 months. For example:

Scenario 1: An ESAP Household with an initial 34-month RE window will have a SAR 2 generated at its 10th and 22nd months.

Scenario 2: An ESAP Household with an initial 31-month RE window will have a SAR 2 generated at its 7th and 19th months.

2. For each record returned from the driving query, insert a record into the system transaction table with the following transactional values:

Field to Populate	Population for SAR 2
Case Id	The case Id associated to the current CalFresh program.
Program Id	The program Id of the current CalFresh program.
Person Id	The primary applicant of the current CalFresh program.
Type Code	FR
Sub Type Code	250
Effective Date	Batch Month

2.16.3 Execution Frequency

Monthly.

2.16.4 Key Scheduling Dependencies

This Batch Job will be run on the first business day of the month. The SAR 2 ESAP Batch Job will be run before the existing SAR 2 Batch Job (PB00R539).

2.16.5 Counties Impacted

All counties.

2.16.6 Data Volume/Performance

An estimated 3,000 records will be processed by the batch job.

2.16.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.17 Corr.: Add ESAP CF RE Packet Batch Job for Los Angeles County

2.17.1 Overview

Create a new batch job to send out the ESAP CF RE Packet for Los Angeles County. The packet will be sent out to ESAP households a month prior to the RE due month.

2.17.2 Description of Change

1. Create a new batch job that will find cases that meet all the following conditions below. The effective month reference below is the month following the batch date.

- a. The program is CalFresh.
- b. The status of the program is Active.
- c. The Meets ESAP Criteria is set to 'Yes'.

Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'Yes' on the most recent program detail record.

- d. The current reporting type is 'Semi-Annual Reporting - No Report'.
- e. The RE due month of the CalFresh program is the same month as the effective month and the completion date is not set.
- f. There does not exist an active CW program on the same case with the same RE due month and the completion date is not set.
- g. There does not exist a record in the system transaction table for an ESAP CF RE Packet for the same effective month for the program.
- h. There does not exist a generated ESAP CF RE Packet for the same effective month.

Note: The GAGR/CF ESAP households will receive the ESAP CF RE Packet. If a previously generated ESAP packet was set to 'Not Applicable' for the same effective month, we should generate a packet.

2. For each record returned from the driving query, insert a record into the system transaction table with the following transactional values below.

Field to Populate	Population for RE Packet
Case Id	The case Id associated to the current CalFresh program.
Program Id	The program Id of the current CalFresh program.

Field to Populate	Population for RE Packet
Person Id	The primary applicant of the current CalFresh program.
Type Code	FR
Sub Type Code	TBD (ESAP CF RE Packet for Los Angeles County)
Effective Date	Batch Month

2.17.3 Execution Frequency

The batch job will run monthly, same day as the CF RE Packet for Los Angeles County.

2.17.4 Key Scheduling Dependencies

The form balancer job will run after this batch job and distribute the system transaction records among the form generation thread jobs. The form generation thread jobs will run after the balancer and is responsible for generating the packets.

2.17.5 Counties Impacted

Los Angeles County.

2.17.6 Data Volume/Performance

An estimated 3,000 records will be processed monthly by the batch job.

2.17.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.17.8 Update BenefitsCal Forms Batch Job to post new ESAP Packet

Update Batch Job PB00C3XX to include the CF ESAP RE Packet for LA County, and post new packet to BenefitsCal.

2.18 Corr.: Add ESAP CF RE Packet Batch Job for the Migration Counties

2.18.1 Overview

Create a new batch job to send out the ESAP CF RE Packet for the Migration Counties. The packet will be sent out to ESAP households a month prior to the RE due month.

2.18.2 Description of Change

1. Create a new batch job that will find cases that meet all the following conditions below. The effective month reference below is the month following the batch date.

- a. The program is CalFresh.
- b. The status of the program is Active.
- c. The Meets ESAP Criteria is set to 'Yes'.

Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'Yes' on the most recent program detail record.

- d. The current reporting type is 'Semi-Annual Reporting - No Report'.
- e. The RE due month of the CalFresh program is the same month as the effective month and the completion date is not set.
- f. There does not exist an active CW program on the same case with the same RE due month and the completion date is not set.
- g. There does not exist a record in the system transaction table for an ESAP CF RE Packet for the same effective month for the program.
- h. There does not exist a generated ESAP CF RE Packet for the same effective month.

Note: The GAGR/CF ESAP households will receive the ESAP CF RE Packet. If a previously generated ESAP packet was set to 'Not Applicable' for the same effective month, we should generate a packet.

2. For each record returned from the driving query, insert a record into the system transaction table with the following transactional values below.

Field to Populate	Population for RE Packet
Case Id	The case Id associated to the current CalFresh program.
Program Id	The program Id of the current CalFresh program.

Field to Populate	Population for RE Packet
Person Id	The primary applicant of the current CalFresh program.
Type Code	FR
Sub Type Code	TBD (ESAP CF RE Packet for the Migration Counties)
Effective Date	Batch Month

2.18.3 Execution Frequency

The batch job will run monthly, same day as the CF RE Packet for the Migration Counties.

2.18.4 Key Scheduling Dependencies

The form balancer job will run after this batch job and distribute the system transaction records among the form generation thread jobs. The form generation thread jobs will run after the balancer and is responsible for generating the packets.

2.18.5 Counties Impacted

Migration Counties.

2.18.6 Data Volume/Performance

An estimated 3,000 records will be processed monthly by the batch job.

2.18.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.18.8 Update BenefitsCal Forms Batch Job to post new ESAP Packet

Update Batch Job PB00C3XX to include the CF ESAP RE Packet for Migration Counties, and post new packet to BenefitsCal.

2.19 Corr.: Update Migration Counties CF RE Packet Batch Job

2.19.1 Overview

Currently, the CalFresh Recertification Packet batch job (PB00R543) for the Migration Counties sends out the CF RE Packet a month prior to the RE due date. Update the batch logic to not send out the packet if the CF program is ESAP.

2.19.2 Description of Change

1. Update the batch logic to add the following conditions below to not send out the CF RE Packet to ESAP households:
 - a. The Meets ESAP Criteria is set to 'No' or is null.
Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'No' on the most recent program detail record.
 - a. The current reporting type is not 'Semi-Annual Reporting - No Report'.

2.19.3 Execution Frequency

No change.

2.19.4 Key Scheduling Dependencies

No change.

2.19.5 Counties Impacted

Migration Counties.

2.19.6 Data Volume/Performance

No change.

2.19.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.20 Corr.: Update CF 377.2 Batch Job

2.20.1 Overview

The CF 377.2 batch job (PB00R509) sends CF 377.2 (CalFresh Notice of Expiration of Certification) to active CF programs that do not have a 36-month recertification period a month prior to the due date of the recertification. Update the batch logic to check for the ESAP indicator and the reporting type 'Semi-Annual Reporting - No Report'.

2.20.2 Description of Change

1. Update the batch logic to find cases that meet all the following conditions below. The effective month reference below is the month following the batch date.
 - a. The program is CalFresh.
 - b. The status of the program is Active.
 - c. The Meets ESAP Criteria is set to 'No' or is null.
Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'No' on the most recent program detail record.
 - d. The current reporting type is not 'Semi-Annual Reporting - No Report'.
 - e. The RE due month of the CalFresh program is the same month as the effective month and the completion date is not set.
 - f. There does not exist a record in the system transaction table for the CF 377.2 for the same effective month for the program.

2.20.3 Execution Frequency

No change.

2.20.4 Key Scheduling Dependencies

No change.

2.20.5 Counties Impacted

All counties.

2.20.6 Data Volume/Performance

No change.

2.20.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.21 Corr.: Update CF 377.2B Batch Job

2.21.1 Overview

The CF 377.2B batch job (PB00R1995) sends out the form to ESAP households a month prior to the due date of the recertification. The CF 377.2B form is part of the new RE packet that is sent out to ESAP households. Update the batch job to send out the CF 377.2B when the CalFresh program is ESAP and there is an active CalWORKs program with the same recertification due month as the CalFresh program.

Note: In the scenario where a case has a CW and CF program with the same redetermination/recertification due month and the CF program is ESAP, the household will receive the CW/CF RE Packet and the CF 377.2B.

2.21.2 Description of Change

1. Update the batch logic to find cases that meets all the following conditions below. The effective month reference below is the month following the batch date.
 - a. The program is CalFresh.
 - b. The status of the program is Active.
 - c. The Meets ESAP Criteria is set to 'Yes'.

Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'Yes' on the most recent program detail record.
 - d. The current reporting type is 'Semi-Annual Reporting - No Report'.
 - e. The RE due month of the CalFresh program is the same month as the effective month and the completion date is not set.
 - f. There exists an active CalWORKs program on the same case with the same RE due month as the CalFresh program and the completion date is not set.
 - g. There does not exist a record in the system transaction table for the CF 377.2B for the same effective month for the CalFresh program.
2. For each record returned from the driving query, insert a record into the system transaction table with the following transactional values:

Field to Populate	Population for RE Packet
Case Id	The case Id associated to the current CalFresh program.
Program Id	The program Id of the current CalFresh program.
Person Id	The primary applicant of the current CalFresh program.

Field to Populate	Population for RE Packet
Type Code	FR
Sub Type Code	2B
Effective Date	Batch Month

2.21.3 Execution Frequency

No change.

2.21.4 Key Scheduling Dependencies

No change.

2.21.5 Counties Impacted

All counties.

2.21.6 Data Volume/Performance

No change.

2.21.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.22 Corr.: Update CF 377.2C Batch Job

2.22.1 Overview

The CF 377.2C batch job (PB19R1996) sends out the form to households that have switch from ESAP to non-ESAP a month prior to the due date of the recertification. The batch logic currently checks that the ESAP indicator is set to 'No' and the recertification period is 36 months. The condition needs to be updated to take into account the recertification period for ESAP can be less than 36 months.

2.22.2 Description of Change

1. Update the batch logic to find cases that meet all the following conditions below. The effective month reference below is the month following the batch date.
 - a. The program is CalFresh.
 - b. The status of the program is Active.
 - c. The Meets ESAP Criteria is set to 'No' or is null.

Technical Note: The ESAP indicator is stored in the program detail table and this will need to check if the ESAP indicator is 'No' on the most recent program detail record.
 - d. The reporting type switched during the current recertification period from 'Semi-Annual Reporting - No Report' to no longer be 'Semi-Annual Reporting - No Report'.
 - e. The RE due month of the CalFresh program is the same month as the effective month and the completion date is not set.
 - f. There does not exist a record in the system transaction table for the CF 377.2C for the same effective month for the program.
 - g. CF 377.2D has been generated.

2.22.3 Execution Frequency

No change.

2.22.4 Key Scheduling Dependencies

No change.

2.22.5 Counties Impacted

All counties.

2.22.6 Data Volume/Performance

No change.

2.22.7 Failure Procedure/Operational Instructions

Batch Support/Operations staff will diagnose the nature of the failure and determine the appropriate action.

2.23 Automated Regression Test

2.23.1 Overview

Update the existing CalFresh ESAP automated regression test scripts to verify the new Reporting Type value where applicable. Create new (or update existing) scripts to verify the new Reporting Type determination during CalFresh EDBC, and the lack of SAR Due Date population in the Program API response.

2.23.2 Description of Change

1. Update existing CalFresh ESAP scripts to verify the new 'Semi-Annual Reporting – No Report' Reporting Type where applicable.
Note: Only scripts that are actively included in the Regression Test Suite at the time of implementation will be considered for these updates. The SSI/SSP Cash-Out scripts that were previously disabled will not be re-enabled or updated as part of this effort.
2. Create new (or update existing) scripts to verify the new Reporting Type of 'Semi-Annual Reporting – No Report' is determined via EDBC and is visible on the Case Summary and CalFresh Detail pages, and that the SAR Due Month is not displayed on the CalFresh Detail page, in the following scenarios:
 - a. CalFresh household with no earned income, only elderly and/or disabled members, one or more of whom is also receiving CalWORKs
 - b. CalFresh household with no earned income, only elderly and/or disabled members, one or more of whom is also receiving Refugee Cash Assistance (RCA)
3. Create new (or update existing) scripts to verify the ESAP indicator is set to 'No' and the new Reporting Type is not determined via EDBC in the following scenario:
 - a. CalFresh household with no earned income, one or more elderly and/or disabled members, and one or more non-elderly/disabled ineligible non-citizens in a non-member role
4. Create new Program API scripts to verify the SAR Due Date is not populated in the success response for a CalFresh program with a Reporting Type of 'Semi-Annual Reporting – No Report'.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Client Correspondence	CF 34 Mockup	CF34_EN.pdf CF34_SP.pdf CF34_AE.pdf CF34_AR.pdf CF34_CA.pdf CF34_CH.pdf CF34_FA.pdf CF34_HM.pdf CF34_KO.pdf CF34_LA.pdf CF34_RU.pdf CF34_IG.pdf CF34_VI.pdf
2	Client Correspondence	CF 377.2B Mockup	CF377_2B_EN.pdf CF377_2B_SP.pdf CF377_2B_AE.pdf CF377_2B_AR.pdf CF377_2B_CA.pdf CF377_2B_CH.pdf CF377_2B_FA.pdf CF377_2B_HM.pdf CF377_2B_KO.pdf CF377_2B_LA.pdf CF377_2B_RU.pdf CF377_2B_IG.pdf CF377_2B_VI.pdf
3	Client Correspondence	CF 377.2C Mockup	CF377_2C_EN.pdf CF377_2C_SP.pdf CF377_2C_AE.pdf CF377_2C_AR.pdf CF377_2C_CA.pdf CF377_2C_CH.pdf

			CF377_2C_FA.pdf CF377_2C_HM.pdf CF377_2C_KO.pdf CF377_2C_LA.pdf CF377_2C_RU.pdf CF377_2C_TG.pdf CF377_2C_VI.pdf
4	Client Correspondence	ESAP CF RE Packet for Los Angeles County	ESAP_CF_RE_PACKET_LA_EN.pdf ESAP_CF_RE_PACKET_LA_SP.pdf
5	Client Correspondence	ESAP CF RE Packet for Migration Counties	ESAP_CF_RE_PACKET_MIG_EN.pdf ESAP_CF_RE_PACKET_MIG_SP.pdf

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.8.2.13	The LRS shall determine the effective date of change for all eligibility related changes for all individuals for all applicable programs.	New ESAP requirements will be applied by EDBC logic as of the effective date of the policy.



California Statewide Automated Welfare System

Design Document

CA-230841

One-time Batches for Postpartum Care
Extension

CalSAWS	DOCUMENT APPROVAL HISTORY	
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11/24/2021	1.1	Content Revision 1: Added Preg End Date/Due Date cutoff of Jan 31, 2022, for new 365-day PP calculation. Pregnancies prior qualify only for 60-day PP rules.	Tisha Mutreja
12/02/2021	1.2	Content Revision 1: Clarified 2.1.2.1.a and 2.1.2.2.ii.a is either: still preg, or not preg and meets PP.	Renee Gustafson
12/07/2021	1.3	Content Revision 1: Added reference to ACWDL 20-14	Renee Gustafson
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1 OVERVIEW

This SCR will automate the extension of postpartum coverage from 60 to 365 days for Medi-Cal eligible pregnant/postpartum individuals.

1.1 Current Design

In Release 22.02, CalHEERS and CalSAWS were updated to extend postpartum coverage from 60 days to 365 days for eligible pregnant/postpartum individuals starting April 2022 with CA-212145 and CalHEERS Change Request CH-182474 per ACWDL 20-14, ACWDL 21-15 and MEDIL 21-13.

CalSAWS has pregnant/postpartum individuals still receiving 60 days postpartum coverage instead of 365 days.

CalSAWS Batch EDBC functionality allows Batch EDBC to automatically add a standard Journal entry to cases processed by Batch EDBC with:

Journal Category: Eligibility

Journal Type: Batch EDBC

Short Description: Batch EDBC ran for [MONTH/YEAR].

Long Description: Batch EDBC ran for [MONTH/YEAR]. Batch EDBC processed for the Medi-Cal program for the following reasons: <Batch EDBC Sub-Type Code Short Description>

There is no Batch EDBC Sub-Type Code for Postpartum Care Extension one-time batch processing, so CalSAWS will automatically create the journal entry with a missing reason in the Long Description.

1.2 Requests

1. Automate the transition of eligible pregnant/postpartum individuals from 60 days postpartum coverage to 365 days.
2. Provide one-time County lists for County Eligibility Workers to follow-up on any pregnant/postpartum individual not processed after the one-time batch processing is complete.

1.3 Overview of Recommendations

1. Initiate a one-time process to send Eligibility Determination Requests (EDRs) to CalHEERS and run Batch EDBC for identified pregnant/postpartum individuals.
2. Generate one-time County lists to aid the counties to provide postpartum care extension to eligible pregnant/postpartum individuals from 60 days to 365 days after Batch EDBC completes.

1.4 Assumptions

1. This one-time batch process may include Medi-Cal programs with an overdue RE or an in-process RE.

2 RECOMMENDATIONS

2.1 One-Time Batch

2.1.1 Overview

Initiate a one-time process to send EDRs to CalHEERS and run Batch EDBC for identified pregnant/postpartum who are receiving 60 days postpartum coverage instead of 365 days. Individual's whose 60 days postpartum ended prior to April 1, 2022, do not qualify for the extended postpartum benefits. This means any individual whose pregnancy ended prior to January 31, 2022 (or Due Date if the End Date is not yet populated) will not be processed because their 60-day postpartum end date is March 31, 2022, or prior.

2.1.2 Description of Changes

1. Batch MAGI

- a. Identify Medi-Cal programs that meet all the following conditions for one-time Batch MAGI processing:
 - i. The Medi-Cal program contains at least one Medi-Cal beneficiary that meets either of the following conditions:
 - I. At least one individual is pregnant, and the Pregnancy Due Date is on or after January 31, 2022,
or
 - II. At least one individual is no longer pregnant, and the Pregnancy End Date is on or after January 31, 2022
and
The individual received Medi-Cal including CalWORKs, Foster Care, Refugee Cash Assistance, and SSI (does not include Dialysis, TB, TPN, or MSP) in the month of birth/pregnancy termination
- Technical Note:**
 - Includes OPA records, if exists
 - Includes retroactive months
- ii. The program contains at least one MAGI Medi-Cal beneficiary.
- iii. The CEW has not already processed MAGI and a corresponding Medi-Cal EDBC for April 2022 benefit month since the start date of the rules updated in CA-212145.
- iv. The Medi-Cal EDBC effective April 2022 is not an overridden, read-only, or manual EDBC.

- b. Send an EDR with "CO" Run Reason for the benefit month of April 2022 based on the Medi-Cal program assigned to the most recent EDR. If there is no prior EDR, then assign the Medi-Cal program for the EDR based on the Medi-Cal program assigned to the most recent DER.

2. **Batch EDBC**

i. **MAGI Medi-Cal and mixed MAGI/Non-MAGI**

- a. Identify MAGI Medi-Cal and mixed MAGI/Non-MAGI Medi-Cal programs that meet all the following conditions for one-time Batch EDBC processing:
 - i. The DER is received from Recommendation 1 and all the following conditions are true:
 - I. There are no 'Pending Eligible' MAGI Medi-Cal individuals on the DER.
 - II. No individual was discontinued or ineligible for MAGI Medi-Cal who was previously a recipient of MAGI Medi-Cal.
 - III. There are no individuals on Soft Pause on the DER.
 - ii. Medi-Cal EDBC has not been processed against the DER from Recommendation 1 or any subsequent DER for the April 2022 benefit month.
 - iii. The Medi-Cal EDBC effective April 2022 is not an overridden, read-only, or manual EDBC.
- b. Run Batch EDBC for April 2022 benefit month for the Medi-Cal program in Targeted Program mode with Type Code "Batch Eligibility" (BE). Include the Batch EDBC Sweep Code CT_942 from recommendation 2.1.2.3.

ii. **Non-MAGI Medi-Cal**

- a. Identify Non-MAGI Medi-Cal cases that meet all the following conditions for one-time Batch EDBC processing:
 - i. The program does not contain a MAGI Medi-Cal beneficiary.
 - ii. The program contains at least one Medi-Cal beneficiary where either of the following are true:
 - I. At least one individual is pregnant, and the Pregnancy Due Date is on or after January 31, 2022,
or
 - II. At least one individual is no longer pregnant, and the Pregnancy End Date is on or after January 31, 2022
and

The individual received Medi-Cal including CalWORKs, Foster Care, Refugee Cash Assistance, and SSI (does not include Dialysis, TB, TPN, or MSP) in the month of birth/pregnancy termination

Technical Note:

- Includes OPA records, if exists
 - Includes retroactive months
- iii. Medi-Cal EDBC has not been processed for April 2022 benefit month since the start date of the rules updated in CA-212145.
 - iv. The Medi-Cal EDBC effective April 2022 is not an overridden, read-only, or Manual EDBC.
- b. Run Batch EDBC for April 2022 benefit month only for the Medi-Cal program in Targeted Program mode with Type Code 'BE' (Batch Eligibility). Include the Batch EDBC Sweep Code CT_942 from recommendation 2.1.2.3.

3. Journal Entry

Add Batch Eligibility Sweep Code (CT_942) for "Postpartum Care Extension one-time batch" to the code table.

Code Table	Description
New/Update	New
Category ID	942
Short Decode	Postpartum Care Extension one-time batch
Long Decode	Postpartum Care Extension one-time batch

This will allow CalSAWS to generate an auto-journal with the following information for each case processed successfully through Batch EDBC from Recommendation 2.

Journal Category: Eligibility

Journal Type: Batch EDBC

Short Description: Batch EDBC ran for 04/2022.

Long Description: Batch EDBC ran for 04/2022. Batch EDBC processed for the Medi-Cal program for the following reason: Postpartum Care Extension one-time batch.

2.1.3 Execution Frequency

This is a one-time batch.

2.1.4 Key Scheduling Dependencies

- Friday 02/25/2022

Batch operations team will run the Data Change Request (DCR) for Batch MAGI before regularly scheduled batch. Then Friday's regularly scheduled batch will send the EDRs during Batch MAGI.

- Saturday 02/26/2022
Batch operations will run the DCR for Batch EDBC before regularly scheduled batch processing. Then Saturday's regularly scheduled batch will process the cases through Batch EDBC before the nightly batch is run.

2.1.5 Counties Impacted

All counties

2.1.6 Data Volume/Performance

Approximately 75K individuals will be processed with this change. At least one Notice of Action is expected for each of the cases processed in Batch EDBC.

2.2 Create a one-time DCR to update MEDS outbound transactions for aid code 76.

2.2.1 Overview

CalSAWS is required to update transaction to MEDS for aid code 76 from ESAC code of '6' to '1'. CA-237913 will update the interface logic to send the new ESAC code.




Since this one-time EDBC run will run prior to CA-237913 implementation, this SCR will have a DCR that will update ESAC code from 6 to 1 for all aid code 76 cases.

2.2.2 Description of Changes

Create a DCR that will perform the following:

- a. Update all ESAC codes from 6 to 1 for all aid code 76 cases.
- b. Remove the Term Date and Term Reason fields
- c. Update the data element count. This is the length of the character in the transaction line. This number will be update since the Term Date and Term Reason will be modified.

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Eligibility	ACWDL 21-15	 21-15.pdf
2	Eligibility	MEDIL I21-13	 MEDIL I21-13.pdf
3	Eligibility	ACWDL 20-14	 ACWDL 20-14.pdf

4 OUTREACH

Generate one-time County lists to aid the counties to provide the postpartum care extension to eligible pregnant/postpartum individuals from 60 days to 365 days after Batch EDBC completes.

The lists will display the below columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

List will be posted on February 28, 2022, at the following location:
CalACES Web Portal>System Changes>SCR and SIR Lists>2022>CA-230841

1. **List Name:** Medi-Cal Program Discontinued

Generate a list of cases where the Medi-Cal program was discontinued due to the one-time Batch EDBC processing.

County Action: These are likely the result of household changes or ongoing data collection which was not yet processed through EDBC by the user. Since the purpose of this Batch EDBC process was not to close households, review these cases to verify the closure was accurate.

2. **List Name:** Medi-Cal Individual Discontinued

Generate a list of cases where an individual was discontinued from the Medi-Cal program due to the one-time Batch EDBC processing.

Additional Columns:

- CIN
- Prior Aid Code – *Display the aid code the individual was on prior to the discontinuance*
- DOB

County Action: These are likely the result of household changes or ongoing data collection which was not yet processed through EDBC by the user. Since the purpose of this Batch EDBC process was not to close individuals, review these cases to verify the closure was accurate.

3. **List Name:** Pregnant/Postpartum individual not processed

Generate a list of cases where a pregnant/postpartum individual remains in restricted, or SOC, or premium Medi-Cal without aid code 76 eligibility after the one-time Batch EDBC processing. Include a column for the reason they did not transition.

Additional Columns:

- CIN
- Aid Code
- DOB
- Reason*

***Known reasons:**

- **Became MAGI Elig on DER:** As a result of Batch MAGI, an individual became eligible for MAGI Medi-Cal who was previously not in receipt of MAGI Medi-Cal.
- **MAGI Disc or Inelig on DER:** As a result of Batch MAGI, an individual became discontinued or ineligible for MAGI Medi-Cal who was previously a recipient of MAGI Medi-Cal.
- **MAGI Pending on DER:** EDBC did not process because an individual is Pending Eligible on MAGI Determination.
- **Soft Pause:** EDBC did not process because there is an individual on the DER in Soft Pause.
- **Read-Only EDBC:** EDBC processed, but it was Read-Only.
- **Overridden, Read-only or Manual EDBC:** The Medi-Cal program was not processed by Batch MAGI nor Batch EDBC because the EDBC effective for April 2022 is an overridden, read-only, or manual EDBC.
- **DER returned after Batch EDBC:** EDBC did not process because the DER from Batch MAGI did not return prior to running Batch EDBC; however, the DER did return prior to generating this list.

County Action: County workers should review the case for the pregnant/postpartum individual on the list and determine why they were not processed in the one-time batch. Then, take the appropriate action.

5 REQUIREMENTS

5.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.4.3.2	The LRS shall determine an applicant's/participant's eligibility for a program or programs.	CalSAWS will display the information received via eHIT on MAGI Determination Detail Page and update rules to extend postpartum coverage from 60 days to 365 days.



California Statewide Automated Welfare System

Design Document

CA-231692

Older Adult Expansion - Add Full/Restricted
Scope verbiage for MAGI/Non-MAGI NOAs
(CH-159158)

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Jasmine Chen
	Reviewed By	Tiffany H., Priya S., Sireesha J., Sonya H., Vicente R.

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/03/2021	1.0	Initial Document	Jasmine Chen
08/26/2021	1.1	Updated more details on generation conditions for retro verbiage	Jasmine Chen
09/22/2021	1.2	Updated per suggestions from Medi-Cal Correspondence Committee	Jasmine Chen
11/23/2021	1.3	Content Revision to remove Threshold Languages and add them to new SCR	Tiffany Huckaby
12/16/2021	1.4	Content Revision – 2 (CR2), Addt'l notes for NOAs with multiple persons	Jasmine Chen
01/05/2022	1.5	CR2, No design doc updates; Spanish translations in files: CA-231692_MAGI,NonMAGI verbiage_SP CR2	Jasmine Chen

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1 OVERVIEW

Effective 05/01/2022 and per ACWDL 21-13, CalHEERS and CalSAWS will grant full scope Medi-Cal to individuals 50 years of age or older, who do not have satisfactory immigration status, if otherwise eligible. This new coverage is referred to as Older Adult Expansion. CalSAWS SCR CA-228957 will support eligibility changes alongside CalHEERS Change Request (CR) 159158. This SCR will implement the correlated correspondence changes.

1.1 Current Design

CalSAWS grants restricted scope Medi-Cal for all eligible individuals aged 26 years or older, if they meet all other eligibility criteria but does not have satisfactory citizenship or immigration status. CalSAWS generates corresponding MAGI and Non-MAGI NOAs that explain the approval or change of Medi-Cal eligibility to the individual.

1.2 Requests

When Older Adult Expansion becomes effective on 05/01/2022, CalSAWS will need to populate certain Medi-Cal - Approval and Change NOAs with the appropriate and updated verbiage. CalSAWS will also populate the verbiage in threshold languages.

1.3 Overview of Recommendations

1. Effective date the existing NOA fragments to continue to populate for certain conditions.
2. Start populating the new State-provided NOA fragments if the NOA is generated for certain conditions.

1.4 Assumptions

1. CA-228957 will address the eligibility changes for Older Adult Expansion.
2. CA-229939 will implement a one-time batch to transition restricted scope Medi-Cal individuals, 50 years or older, to full scope Medi-Cal.
3. There will be no changes to CMSP correspondence.
4. There will be no changes on how current Mixed MAGI NOAs generate.
5. Any historical NOAs which EDBC generated for benefit months prior to Older Adult Expansion's effective date will retain the existing MAGI and Non-MAGI verbiage prior to this SCR's implementation will remain as-is. The existing verbiage will remain in the system for historical purposes.
6. Regulations will not be translated for MAGI Fragments. CA-214024 will add common NOA fragments and missing regulations in threshold language for the Medi-Cal program.
7. CA-232581 will add these fragments in the following missing threshold languages: Hindi, Japanese, Mien, Punjabi, Thai, Ukrainian. Note these

languages are not currently supported by the system and additional updates will need to be made to add these languages.

8. CA-237111 will add the system supported Threshold Languages that were provided with ACWDL 21-13 but not added in this effort.
9. Per existing system functionality, GEN 1365 will be added to all the envelopes mailed to the customer.

2 RECOMMENDATIONS

2.1 Effective date existing MAGI and Non-MAGI fragments

2.1.1 Overview

The existing MAGI and Non-MAGI fragments will continue to trigger and populate in Medi-Cal NOAs under certain conditions.

Note: Existing and new fragments can trigger on the same NOA if satisfying their generation conditions.

2.1.2 Description of Change

1. Update the generation conditions to effective date the existing **non-retro** MAGI and Non-MAGI fragments to populate as-is on their respective NOAs when they are generated:
 - a. With a benefit month prior to Older Adult Expansion's effective month **and**
 - ~~b. Prior to the Older Adult Expansion's effective date~~

	Fragment Name	Fragment ID
MAGI Fragments	H_CH_FULL_SCOPE_TO_RESTRICTED_SCOPE_H807	7627
	H_CH_RESTRICTED_SCOPE_TO_FULL_SCOPE_H808	7628
	H_AP_RESTRICTED_SCOPE_APP_H912	7626
Non-MAGI Fragments	MC_CH_ALIEN_STATUS_VERIF_FAIL_M780	7631
	MC_CH_RESTR_TO_FULL_M781	7632
	MC_AP_RESTRICT_MC_NO_SOC_M224	7629

2. Update the generation conditions for the following, existing retro fragments to populate as-is on the Restricted Retro Approval NOAs when they are generated:
 - a. Prior to the Older Adult Expansion's effective date
 - i. With a retro benefit month prior to Older Adult Expansion's effective month or
 - b. After the Older Adult Expansion's effective date
 - i. With a retro benefit month on or prior to Jan 2022 or

- ii. With a retro benefit month of Feb, Mar, or Apr 2022 and the <Person> variable is under 50 years of age

	Fragment Name	Fragment ID
MAGI	H_AP_RESTRICTED_SCOPE_RETRO_H911	7625
Non-MAGI	MC_AP_RESTRICT_RETRO_MC_M225	7630

2.2 Add new MAGI Reason Verbiage for 'Restricted Scope Approval'

2.2.1 Overview

A new MAGI Approval fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new reason fragment will mimic the old fragment of H_AP_RESTRICTED_SCOPE_APP_H912 (Fragment ID: 7626).

Known State NOA: ACWDL 21-13

NOA Template: H_NOA_TEMPLATE (Fragment ID = 3033)

Program(s): MAGI Medi-Cal

Action Type(s): Approval

Fragment Level: Person

Repeatable: ~~No~~ Yes

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.2.2 NOA Reason Verbiage

Add new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

Description	Text per ACWDL 21-13	Notice Type
<STATIC_SECTION>	<p>You have been approved for only restricted scope Medi-Cal because you are 26 through 49 years of age and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are within the age limit of 26 through 49 years of age, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. 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 <month dd yyyy>. 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>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 Medi-Cal office 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>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your citizenship or satisfactory immigration status.</p>	(MAGI) Restricted Scope Approval

	<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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2.2.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variables variable population from existing Fragment ID: 7626 to work with this new fragment.

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7626 to be used and tied with this new fragment.

3. Add NOA Title and Footer Reference

The below, existing details from Fragment ID: 7626 will be used for this new fragment:

NOA Reference on Document List Page: MAGI Approval

NOA Title: Medi-Cal Approval (MC_AP_NOA_TYPE)

NOA Footer: MC-MAGI-A (11/2015)

2.2.4 NOA Reason Fragment Generation

Add Reason Fragment Generation

The existing generation conditions of H_AP_RESTRICTED_SCOPE_APP_H912 (Fragment ID: 7626) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage when the NOA is generated with a benefit month on or after the Older Adult Expansion's effective month.

2.3 Add new MAGI Reason Verbiage for 'Restricted Scope Retro Approval'

2.3.1 Overview

A new MAGI Approval fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new fragment will mimic the old fragment of H_AP_RESTRICTED_SCOPE_RETRO_H911 (Fragment ID: 7625).

Known State NOA: ACWDL 21-13

NOA Template: H_NOA_TEMPLATE (Fragment ID = 3033)

Program(s): MAGI Medi-Cal

Action Type(s): Approval

Fragment Level: Person

Repeatable: ~~No~~ Yes

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.3.2 NOA Reason Verbiage

Add new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

Description	Text	Notice Type
<26-49_H>	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 <month yyyy> because you are 26 through 49 years of age and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by	(MAGI) Restricted Scope Retro Approval

	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 restricted scope Medi-Cal coverage for <month yyyy>.	
<50+_H>	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 <month yyyy> because you are 50 years of age or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Starting on May 1, 2022, California law covers full scope Medi-Cal for individuals who are 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. 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 restricted scope Medi-Cal coverage for <month yyyy>.	
<STATIC SECTION>	<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 Medi-Cal office 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>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</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.	
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Add Dynamic Fragment Sections

The new XDP file will have dynamically generated fragment sections (<26-49_H>, <50+_H>) to compile for two different MAGI 'Restricted Scope Retro Approval' **NOAs verbiages**, dependent on age.

2.3.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7625 to work with this new fragment.

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7625 to be used and tied with this new fragment.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7625 can be used for this new fragment:

NOA Reference on Document List Page: MAGI Approval

NOA Title: Medi-Cal Approval (MC_AP_NOA_TYPE)

NOA Footer: MC-MAGI-A (11/2015)

2.3.4 NOA Reason Fragment Generation

1. Add Reason Fragment Generation

The existing generation conditions of H_AP_RESTRICTED_SCOPE_RETRO_H911 (Fragment ID: 7625) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage:

- a. When satisfying generation conditions of a dynamic fragment section (shown below)

2. Add Dynamic Fragment Section Generation

At least one dynamic fragment section of the new reason fragment will be triggered **and visible on the NOA per <Person> based on** below conditions. The other dynamic fragment will be hidden.

Fragment Section	Fragment Section Generation Conditions
<26-49_H>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional conditions checking:</p> <ul style="list-style-type: none"> The NOA is generated for a retro benefit month on or after the Older Adult Expansion's effective month and The <Person> variable is under 50 years of age <p>Note: Verbiage to generate on or after the policy's effective date for retro benefit months Feb, Mar, or Apr 2022 and <Person> is under 50 years of age is detailed in Section 2.1.2.2.</p>
<50+_H>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional conditions checking:</p> <ul style="list-style-type: none"> The NOA is generated on or after the Older Adult Expansion's effective date and For retro benefit months – Feb, Mar, or Apr 2022 and The <Person> variable is 50 years of age or older <p>Derived by: Benefit Month on NOA, MM/YYYY – <Person>'s DOB, MM/YYYY =>50</p>

2.4 Add new MAGI Reason Verbiage for 'Full Scope to Restricted Scope'

2.4.1 Overview

A new MAGI Change fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new fragment will mimic the old fragment of H_CH_FULL_SCOPE_TO_RESTRICTED_SCOPE_H807 (Fragment ID: 7627).

Known State NOA: ACWDL 21-13

NOA Template: H_NOA_TEMPLATE (Fragment ID = 3033)

Program(s): MAGI Medi-Cal

Action Type(s): Change

Fragment Level: Person

Repeatable: No Yes

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.4.2 NOA Reason Verbiage

Add a new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

NOA Mockups/Examples: See Supporting Documents #1

Description	Text per ACWDL 21-13	Notice Type
<STATIC_SECTION>	<p>Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd yyyy>.</p> <p>Your Medi-Cal is changing from full scope to restricted scope because you are 26 through 49 years of age 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 this proof. California law covers full scope Medi-Cal only for individuals who are under the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are within this age limit, your Medi-Cal is changing to restricted scope.</p>	(MAGI) Full Scope to Restricted Scope

	<p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. 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 Medi-Cal office 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>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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2.4.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7627 to work with this new fragment.

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7627 to be used and tied with the new fragment.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7627 can be used for this new fragment:

NOA Reference on Document List Page: MAGI Change

NOA Title: Medi-Cal Change (MC_CH_NOA_TYPE)

NOA Footer: MC-MAGI-C (11/2015)

2.4.4 NOA Reason Fragment Generation

Add Reason Fragment Generation

The existing generation conditions of H_CH_FULL_SCOPE_TO_RESTRICTED_SCOPE_H807 (Fragment ID: 7627) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage when the NOA is generated with a benefit month on or after the Older Adult Expansion's effective month.

2.5 Add new MAGI Reason Verbiage for 'Restricted Scope to Full Scope'

2.5.1 Overview

New MAGI Change fragments will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new fragment will mimic the old fragment of H_CH_RESTRICTED_SCOPE_TO_FULL_SCOPE_H808 (Fragment ID: 7628).

Known State NOA: ACWDL 21-13

NOA Template: H_NOA_TEMPLATE (Fragment ID = 3033)

Program(s): MAGI Medi-Cal

Action Type(s): Change

Fragment Level: Person

Repeatable: ~~No~~ Yes

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.5.2 NOA Reason Verbiage

Add new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

Description	Text	Notice Type
<Under50_H>	<p>Good news! Your Medi-Cal changed to full scope on <month dd yyyy>.</p> <p>Your Medi-Cal changed 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 full scope 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>	(MAGI) Restricted Scope to Full Scope
<50Older_H> NOA Mockups/ Examples: See Supporting Documents #2	<p>Good news! Your Medi-Cal changed to full scope on <month dd yyyy>.</p> <p>Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are 50 years of age or older. Full scope Medi-Cal is available to all eligible people age 50 and older starting May 1, 2022. Your full scope 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>	
<STATIC SECTION>	<p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care 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 last page of this notice to learn how to appeal. You have only 90 days to ask for</p>	

	a hearing. The 90 days started the day after the date on this notice.	
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Add Dynamic Fragment Sections

The new XDP file will have dynamically generated fragment sections (<Under50_H>, <50Older_H>) to compile for two different MAGI 'Restricted Scope to Full Scope' **Change NOAs verbiages**, dependent on age.

2.5.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7628 to work with this new fragment.

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7628 to be used and tied with the new fragment.

In addition, WIC 14007.8 will also be added into the regulations.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7628 can be used for this new fragment:

NOA Reference on Document List Page: MAGI Change

NOA Title: Medi-Cal Change (MC_CH_NOA_TYPE)

NOA Footer: MC-MAGI-C (11/2015)

2.5.4 NOA Reason Fragment Generation

1. Add Reason Fragment Generation

The existing generation conditions of H_CH_RESTRICTED_SCOPE_TO_FULL_SCOPE_H808 (Fragment ID: 7628) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage:

- a. When the NOA is generated with a benefit month on or after the Older Adult Expansion's effective month and
- b. When satisfying generation conditions of a dynamic fragment section (shown below).

2. Add Dynamic Fragment Section Generation

At least one dynamic fragment section of the new reason fragment will be triggered ~~and visible on the NOA per <Person> based on~~ below conditions. The other dynamic fragment will be hidden.

Fragment Section	Fragment Section Generation Conditions
<Under50_H>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional condition that <50Older_H> fragment section did not generate, checking the <Person> variable is under 50 years of age.</p>
<50Older_H>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional condition checking the <Person> variable is 50 years of age or older.</p> <p>Derived by: Benefit Month on NOA, MM/YYYY – <Person>'s DOB, MM/YYYY =>50</p>

2.6 Add new Non-MAGI Reason Verbiage for 'Restricted Scope Approval'

2.6.1 Overview

A new Non-MAGI Approval fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new reason fragment will mimic the old fragment of MC_AP_RESTRICT_MC_NO_SOC_M224 (Fragment ID: 7629).

Known State NOA: ACWDL 21-13

NOA Template: MC_NOA_TEMPLATE (Fragment ID = 3028)

Program(s): Non-MAGI Medi-Cal

Action Type(s): Approval

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.6.2 NOA Reason Verbiage

Add new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

NOA Mockups/Examples: See Supporting Documents #3

Description	Text per ACWDL 21-13	Notice Type
<STATIC_SECTION>	<p><Person></p> <p>You have been approved for only restricted scope Medi-Cal because you are 26 through 49 years of age 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 the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are within this 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 <month dd yyyy>. 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>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</p>	(Non-MAGI) Restricted Scope Approval

	<p>getting your document, please call your county Medi-Cal office 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>	
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2.6.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7629 to work with this new fragment.

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7629 to be used and tied with the new fragment.

In addition, add 'WIC' in front of existing '14007.8' in the regulations.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7629 can be used for this new fragment:

NOA Reference on Document List Page: Restricted Scope Approval

NOA Title: Medi-Cal Approval (MC_AP_NOA_TYPE)

NOA Footer: MC 239 A3

2.6.4 NOA Reason Fragment Generation

Add Reason Fragment Generation

The existing generation conditions of MC_AP_RESTRICT_MC_NO_SOC_M224 (Fragment ID: 7629) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage when the NOA is generated with a benefit month on or after the Older Adult Expansion's effective month.

2.7 Add new Non-MAGI Reason Verbiage for 'Restricted Scope Retro Approval'

2.7.1 Overview

A new Non-MAGI Approval fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new fragment will mimic the old fragment of MC_AP_RESTRICT_RETRO_MC_M225 (Fragment ID: 7630).

Known State NOA: ACWDL 21-13

NOA Template: MC_NOA_TEMPLATE (Fragment ID = 3028)

Program(s): Non-MAGI Medi-Cal

Action Type(s): Approval

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.7.2 NOA Reason Verbiage

Add new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

Description	Text	Notice Type
<26-49>	<Person> 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	(Non-MAGI) Restricted Scope

<p>NOA Mockups/ Examples: See Supporting Documents #4</p>	<p>scope Medi-Cal in <month yyyy> because you are 26 through 49 years of age and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. 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 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 scope Medi-Cal coverage for <month yyyy>.</p>	<p>Retro Approval</p>
<p><50+></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 <month yyyy> because you are 50 years of age or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Starting on May 1, 2022, California law covers full scope Medi-Cal for individuals who are 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. 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 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 scope Medi-Cal coverage for <month yyyy>.</p>	
<p><STATIC SECTION></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 Medi-Cal office 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</p>	

	ask for a hearing. The 90 days started the day after the date on this notice.	
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Add Dynamic Fragment Sections

The new XDP file will have dynamically generated fragment sections (<26-49>, <50+>) to compile for two different Non-MAGI 'Restricted Scope Retro Approval' NOAs, dependent on age.

2.7.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7630 to work with this new fragment.

Technical Note: For this Non-MAGI fragment, the <Person> variable will list multiple applicable names if they satisfy conditions for that dynamic section (Section 2.7.4.2).

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7630 to be used and tied with the new fragment.

In addition, add 'WIC' in front of existing '14007.8' in the regulations.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7630 can be used for this new fragment:

NOA Reference on Document List Page: Restricted Scope Retro Approval

NOA Title: Medi-Cal Approval (MC_AP_NOA_TYPE)

NOA Footer: MC 239 A3

2.7.4 NOA Reason Fragment Generation

1. Add Reason Fragment Generation

The existing generation conditions of MC_AP_RESTRICT_RETRO_MC_M225 (Fragment ID: 7630) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage:

- a. When satisfying generation conditions of a dynamic fragment section (shown below)

2. Add Dynamic Fragment Section Generation

At least one dynamic fragment section of the new reason fragment will be triggered and visible. The dynamic sections will generate on the NOA per below conditions. The other dynamic fragment will be hidden.

Note: Both dynamic sections can be triggered with the applicable persons if they satisfy its conditions.

Fragment Section	Fragment Section Generation Conditions
<26-49>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional condition checking:</p> <ul style="list-style-type: none"> The NOA is generated for a retro benefit month on or after the Older Adult Expansion's effective month and The applicable person is under 50 years of age <p>Note: Verbiage to generate on or after the policy's effective date for retro benefit months Feb, Mar, or Apr 2022 and <Person> is under 50 years of age is detailed in Section 2.1.2.2.</p>
<50+>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional conditions checking:</p> <ul style="list-style-type: none"> The NOA is generated on or after the Older Adult Expansion's effective date and For retro benefit months – Feb, Mar, or Apr 2022 and The <Person> variable The applicable person is 50 years of age or older <p>Derived by:</p> <p>Benefit Month on NOA, MM/YYYY – <Person>'s DOB, MM/YYYY =>50</p>

2.8 Add new Non-MAGI Reason Verbiage for 'Full Scope to Restricted Scope'

2.8.1 Overview

A new Non-MAGI Change fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new fragment will mimic the old fragment of MC_CH_ALIEN_STATUS_VERIF_FAIL_M780 (Fragment ID: 7631).

Known State NOA: ACWDL 21-13

NOA Template: MC_NOA_TEMPLATE (Fragment ID = 3028)

Program(s): Non-MAGI Medi-Cal

Action Type(s): Change

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.8.2 NOA Reason Verbiage

Add a new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

Description	Text per ACWDL 21-13	Notice Type
<STATIC_SECTION>	<p>Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd yyyy>.</p> <p>Here's why: <Person>,</p> <p>Your Medi-Cal is changing from full scope to restricted scope because you are 26 through 49 years of age and you did not send us proof that you are a U.S citizen or have satisfactory immigration status for Medi-Cal purposes. You</p>	(Non-MAGI) Full Scope to Restricted Scope

	<p>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 the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are within the age limit of 26 through 49 years of age, your Medi-Cal is changing 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 services. 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 Medi-Cal office 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>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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2.8.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7631 to work with this new fragment.

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7631 to be used and tied with the new fragment.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7631 can be used for this new fragment:

NOA Reference on Document List Page: Alien Status – Full Scope to Restricted Scope

NOA Title: Medi-Cal Change (MC_CH_NOA_TYPE)

NOA Footer: MC 239

2.8.4 NOA Reason Fragment Generation

Add Reason Fragment Generation

The existing generation conditions of MC_CH_ALIEN_STATUS_VERIF_FAIL_M780 (Fragment ID: 7631) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage when the NOA is generated with a benefit month on or after the Older Adult Expansion's effective month.

2.9 Add new Non-MAGI Reason Verbiage for 'Restricted Scope to Full Scope'

2.9.1 Overview

A new Non-MAGI Change fragment will be created to accommodate for the updated verbiage presented in ACWDL 21-13.

This new fragment will mimic the old fragment of MC_CH_RESTR_TO_FULL_M781 (Fragment ID: 7632).

Known State NOA: ACWDL 21-13

NOA Template: MC_NOA_TEMPLATE (Fragment ID = 3028)

Program(s): Non-MAGI Medi-Cal

Action Type(s): Change

Fragment Level: Person

Repeatable: No

Include NA Back 9: Yes

Forms/NOAs Generated with this NOA: N/A, none attached with this NOA

Languages (2): English, Spanish

2.9.2 NOA Reason Verbiage

Add new Reason Fragment XDP

Add a new reason fragment XDP to display the following new verbiage.

The formatting of below text in English is Arial, font size 10. (The text in Spanish will generate based on project standards for that language.)

Description	Text	Notice Type
<Under50>	<p><Person></p> <p>Good news! Your Medi-Cal changed to full scope on <month dd yyyy>.</p> <p>Your Medi-Cal changed 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 full scope 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>	(Non-MAGI) Restricted Scope to Full Scope
<50Older>	<p><Person></p> <p>Good news! Your Medi-Cal changed to full scope on <month dd yyyy>.</p> <p>Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are 50 years of age or older. Full scope Medi-Cal is available to all eligible people age 50 and older starting May 1, 2022. Your full scope Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen</p>	

	at the time your eligibility is renewed or when your situation changes.	
<STATIC SECTION>	<p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, 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>	

Add Dynamic Fragment Sections

The new XDP file will have dynamically generated fragment sections (<Under50>, <50Older>) to compile for two different Non-MAGI 'Restricted Scope Retro Approval' NOAs, dependent on age.

2.9.3 NOA Reason Variable Population

1. Update Fragment Variable Population

Update the variable population from existing Fragment ID: 7632 to work with this new fragment.

Technical Note: For this Non-MAGI fragment, the <Person> variable will list multiple applicable names if they satisfy conditions for that dynamic section (Section 2.9.4.2).

2. Add Fragment Regulations

Add the regulations from existing Fragment ID: 7632 to be used and tied with the new fragment.

3. Add NOA Title and Footer Reference

The below details from Fragment ID: 7632 can be used for this new fragment:

NOA Reference on Document List Page: Restricted Scope to Full Scope

NOA Title: Medi-Cal Change (MC_CH_NOA_TYPE)

NOA Footer: MC 239 A

2.9.4 NOA Reason Fragment Generation

1. Add Reason Fragment Generation

The existing generation conditions of MC_CH_RESTR_TO_FULL_M781 (Fragment ID: 7632) are still valid for this new fragment.

Though in addition, update the existing generation conditions to populate the new verbiage:

- a. When the NOA is generated with a benefit month on or after the Older Adult Expansion's effective month and
- b. When satisfying generation conditions of a dynamic fragment section (shown below).

2. Add Dynamic Fragment Section Generation

At least one dynamic fragment section of the new reason fragment will be triggered and visible. The dynamic sections will generate on the NOA per below conditions. The other dynamic fragment will be hidden.

Note: Both dynamic sections can be triggered with the applicable persons if they satisfy its conditions.

Fragment Section	Fragment Section Generation Conditions
<Under50>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional condition that <50Older_H> fragment section did not generate, checking the applicable person is under 50 years of age.</p>
<50Older>	<p>Generation conditions of the new reason fragment are satisfied.</p> <p>With the additional condition checking the applicable person is 50 years of age or older.</p> <p>Derived by: Benefit Month on NOA, MM/YYYY – <Person>'s DOB, MM/YYYY =>50</p>

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOA	Mockup: MAGI Full Scope to Restricted Scope	CA-231692_MAGI - Full Scope to Restricted Scope.pdf
2	NOA	Mockup: MAGI Restricted Scope to Full Scope, 50 years of age and older	CA-231692_MAGI - Restricted Scope to Full Scope, 50+.pdf
3	NOA	Mockup: Non-MAGI Restricted Scope Approval	CA-231692_NonMAGI - Restricted Scope Approval.pdf
4	NOA	Mockup: Non-MAGI Restricted Scope Retro Approval, 26-49 years of age	CA-231692_NonMAGI - Restricted Scope Retro Approval, 26_49.pdf

4 REQUIREMENTS

REQ #	REQUIREMENT TEXT	How Requirement Met
2.18.3.7	The LRS shall identify case actions that require a notice, NOA, form, letter, stuffer, or flyer, and shall generate that appropriate notice, NOA, form, letter, stuffer, or flyer, using variable case-specific information.	CalSAWS will generate NOAs with updated verbiage with respect to policy changes of Older Adult Expansion.