![CalACES - California Automated Consortium Eligibility System]

Design Document

DRAFT

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

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

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/02/2019	.01	Initial Revision	Eric Wu

APPROVAL DATE	APPROVED VERSION	APPROVER

Table of Contents

1 OVERVIEW

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

1.1 Current Design

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

1.2 Request

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

1.3 Overview of Recommendations

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

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

1.4 Assumptions

N/A

2 RECOMMENDATIONS

2.1 Issuance Batch

2.1.1 Overview

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

2.1.2 Description of Changes

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

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

2.1.3 Execution Frequency
No Change.

2.1.4 Key Scheduling Dependencies
No Change.

2.1.5 Counties Impacted
All 40 CalACES counties.

2.1.6 Data Volume/Performance
No Change.

2.1.7 Failure Procedure/Operational Instructions
No Change.

2.1.8 Programs Impacted
N/A

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
N/A			

4 REQUIREMENTS

4.1 Project Requirements

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

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
N/A		

5 MIGRATION IMPACTS

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

6 OUTREACH

None.

7 APPENDIX

None.

DRAFT

Design Document

SCR CA-206310 CIV-100485 ACL 19-70 Foster Care and Kin-GAP COLA Rate Increase for Year 2019

	DOCUMENT APPROVAL HISTORY	
	Prepared By	Dan DeMille, Anand Kulkarni
	Reviewed By	Girish Chakkingal

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
6/13/2019	1.0	Initial Design	Dan DeMille
6/18/2019	1.1	Correspondence updates	Anand Kulkarni
6/28/2019	1.2	Formatting and feedback updates	Dan DeMille
6/28/2019	1.3	Added FC/KG COLA NOA in C-IV system.	Anand Kulkarni
7/15/2019	1.4	Updated with Final rates	Dan DeMille
7/25/2019	1.5	Added Spanish translations for FC and KG COLA NOAs	Anand Kulkarni
9/3/2019	1.6	Added Content Revision 1 updates	Tiffany Huckaby

Table of Contents

1 OVERVIEW

This document details the changes necessary in C-IV and LRS to implement the adjusted schedules of rates that reflect the California Necessities Index (CNI) increase of 4.15% for Fiscal Year (FY) 2019-20 for Foster Care (FC) and Kin-GAP (KG) programs.

In LRS, ARC is a subset of the Foster Care program, so the rates for ARC are implicitly updated by updating the Foster Care rates to the new levels for the FY 2019-20.

The CNI increase is applicable to out-of-home placements and the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program.

This document also reflects the CNI increase to be applied to Dual Agency and other additional rates applicable to FC programs effective July 1, 2019.

The one-time batch run details related to the CNI COLA Rate increase for FC/KG programs can be found under the SCR's CA-206317 for LRS and CIV-103141 for C-IV Systems.

1.1 Current Design

Currently C-IV and LRS use the CNI rates of FY 2018-19 that are effective from July 1, 2018.

C-IV uses Rate change NOA to notify FC/KG vendors when FC/KG Monthly rate changes due to COLA or any other reason.

1.2 Requests

- As per the ACL 19-70, the new CNI rate increase for the FY 2019-20 will be implemented in C-IV and LRS effective July 1, 2019.
- Update Foster Care and Kin-GAP COLA NOAs in LRS to add/update new Action and Reason fragments and regulations for FY 2019-20.
- Implement FC and KG COLA NOAs in C-IV system.

1.3 Overview of Recommendations

- The Code detail tables that reflect the CNI rates will be updated for all the applicable placement types.
- A new Action fragment will be added to both LRS and C-IV systems for FC and KG COLA NOA.
- Existing Reason fragment for FC and KG COLA NOAs will be updated in LRS.
- A new Reason fragment will be added in C-IV for FC and KG COLA NOAs.
- Existing trigger conditions for FC and KG COLA NOAs will be updated in LRS.
- New trigger conditions will be added in C-IV for FC and KG COLA NOA Action and Reason fragments.
- Existing regulations for FC and KG COLA NOA will be updated with new regulations for 2019 COLA.
- New Regulations will be added in C-IV for FC and KG COLA NOA.

1.4 Assumptions

- Under this SCR, Eligibility is only updating the amounts and effective dates of CNI rates in the Code Tables.
- COLA Rate in rate/code table updates are only the scope of this SCR.
- No change will be made to Rate determination logic in this SCR.
- Home Based Family Care (HBFC) Providers list referred in this SCR can be found at the end of design document.
- Foster Family Agency (FFA) facility types list referred in this SCR can be found at the end of design document.
- During the batch EDBC COLA run, the CCR Rate Change NOA will not be generated for EDBCs that have a rate change and are run for COLA month (LRS Only).
- LRS and C-IV will continue to use the existing FC/KG NOA templates for FC and KG COLA NOAs.
- FC/KG Monthly rates that are changed manually by worker may result into generation of FC/KG COLA NOA if the Rate change effective month is same as COLA effective month for the program and EDBC is run for that month. Workers may suppress the generated COLA NOA in such cases and generate a manual NOA for FC/KG Rate change.
- FC/KG COLA NOA will be added to template repository by a future SCR CA-209638/CIV-104665
- Under this SCR, there will be no impact to Fiscal process such as creating the issuances and then sending those issuances to the Auditor Controller in a separate COLA file.
- No COLA changes will be made to the Infant Supplement.
- Batch EDBC will continue to use the run reason "DCFS Annual COLA" for the Fiscal COLA payment file (LRS Only).
- Batch EDBC will have a run reason for every month of COLA run (i.e. July, Aug, Sept).(LRS Only).

2 RECOMMENDATIONS

The CNI rates will be updated in C-IV and LRS code tables for all the applicable placement types for Foster Care (FC) and Kin-GAP (KG) Programs.

2.1 Schedule A Basic rates for HBFC Homes (C-IV and LRS)

- Schedule A Basic rates are applicable to both C-IV and LRS systems.
- Schedule A rates apply to Kin-GAP cases in which dependency was dismissed and NRLG cases including probate whose guardianship was established, prior to May 1, 2011.
- For Foster Care programs these rates are paid when the child is in a Facility that receives the Home-Based Family Care (HBFC) rates and the selected Basic Rate Code in the rate detail page is Schedule A (LRS Only; automatically set in C-IV).
- For Kin-GAP programs these rates are paid when the "Date of Legal Guardianship" is prior to May 1, 2011 in LRS or Case Dismissal Date is prior to May 1, 2011 in C-IV.

2.1.1 Description of Changes

- Update HBFC Homes age-based standard state rates in C-IV and LRS for Schedule A by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 and Over
Basic	$581	$632	$677	$746*	$819

Effective July 1, 2019, a 2.08 percent CNI increase applies only to the 12-14 age column of the Orange County grandfathered FFH basic rate (see ACL 19-70, Table A-1) resulting in a rate of $753. This will be updated in the C-IV and LRS rate tables and will only apply to cases eligible to this rate where the County Code is 30 (Orange).

2.2 Schedule A specialized Rates for HBFC Homes (LRS Only)

- Schedule A LRS only specialized rates.
- The D, F1 thru F4 rates for Schedule A are only applicable to LRS and these rates need to be updated in LRS only.

Age	0-4	5-8	9-11	12-14	15 and Over
D Rate	$1,357	$1,346	$1,340	$1,361	$1,381
F1 Rate	$950	$935	$931	$952	$969
F2 Rate	$1,096	$1,084	$1,078	$1,100	$1,116
F3 Rate	$1,357	$1,346	$1,340	$1,361	$1,381
F4 Rate	$1,579	$1,564	$1,560	$1,583	$1,596

2.3 Schedule B Basic Rates for HBFC Homes (C-IV and LRS)

- Schedule B Basic rates are applicable to both C-IV and LRS systems.
- Schedule B rates applies to Kin-GAP cases where dependency was dismissed and NRLG cases including probate guardianship and guardianships established by the juvenile court, between May 1, 2011 and December 31, 2016.
- For Foster Care programs these rates are paid when the child is in a Facility that receives the Home Based Family Care (HBFC) rates and the selected Basic Rate Code in the rate detail page is Schedule B (LRS Only; automatically set in C-IV).
- For Kin-GAP programs these rates are paid when the "Date of Legal Guardianship" is on / after May 1, 2011 but KG Summary begin date is prior to January 1, 2017 in LRS or Case Dismissal Date is on / after May 1, 2011 but prior to January 1, 2017 in C-IV.

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2.3.1 Description of Changes

- Update HBFC Homes age-based standard state rates in C-IV and LRS for Schedule B by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 and Over
Basic	$795	$859	$905	$948	$993

2.4 Schedule B specialized Rates for HBFC Homes (LRS Only)

- Schedule B LRS only specialized rates.
- The D, F1 thru F4 rates for Schedule B are only applicable to LRS and these rates need to be updated in LRS only.

Age	0-4	5-8	9-11	12-14	15 and Over
D Rate	$1,571	$1,573	$1,568	$1,563	$1,555
F1 Rate	$1,164	$1,162	$1,159	$1,154	$1,143
F2 Rate	$1,310	$1,311	$1,306	$1,302	$1,290
F3 Rate	$1,571	$1,573	$1,568	$1,563	$1,555
F4 Rate	$1,793	$1,791	$1,788	$1,785	$1,770

2.5 Level of Care Basic Rates for HBFC Homes (C-IV and LRS)

- Level of Care Basic rates are applicable to both C-IV and LRS systems.
- For Foster Care programs these rates are paid when the child is in a Facility that receives the Level of Care rate and the Benefit Month is on or after January 2017.
- For Kin-GAP programs these rates are paid when the Case Dismissal Date is on or after January 1, 2017 in C-IV or Kin-GAP Summary Begin Date is on or after January 1, 2017 in LRS.

2.5.1 Description of Changes

- Update the HBFC Homes LOC1 (Basic Level) Rate by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following LOC1 rate:
- Update the HBFC Homes LOC2 thru LOC4 rates by end-dating the rate/code table records that began 07/01/2018 with an end date of

06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
Basic	$1,000	$1,112	$1,225	$1,337

2.6   Level of Care specialized Rates for HBFC Homes (LRS Only)

- Level of Care Rates LRS only specialized rates.
- The D, F1 thru F4 rates for HBFC Homes LOC rates are only applicable to LRS and these rates need to be updated in LRS only.

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
D Rate	$1,601	$1,601	$1,601	$1,601
F1 Rate	$1,191	$1,191	$1,225	$1,337
F2 Rate	$1,341	$1,341	$1,341	$1,341
F3 Rate	$1,601	$1,601	$1,601	$1,601
F4 Rate	$1,821	$1,821	$1,821	$1,821

2.7   Dual Agency / Regional Center Rates (C-IV Only)

- In C-IV system, Birth up to 3 years is California Early Start Intervention Rate (CT 335 - MY), and 3 years and older is Lanterman Developmental Disability Rate (CT 335 - MZ).

2.7.1   Description of Changes

- Update Dual Agency rates in C-IV by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	FY 2019-20
Birth up to 3 years	$1,171
*3 years and older	$2,617

2.8 Dual Agency / Regional Center Rates (LRS Only)

- In LRS system, these rates are paid when the rate selected on a case is "Dual Agency RC-California Early Start Intervention (P1)" or "Dual Agency RC-Lanterman Developmental Disability (P2)".

2.8.1 Description of Changes

- Update "Dual Agency/Regional Center" rates in LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Description	Rate
Dual Agency RC-California Early Start Intervention (P1)	$1,171
Dual Agency RC-Lanterman Developmental Disability (P2)	$2,617

2.9 Foster Family Agencies (FFAs) age based Rates (C-IV and LRS)

- These rates are paid on age based Foster Care programs with a facility type of "Foster Family Agency (FFA)" placements made prior to 12/01/2017.

2.9.1 Description of Changes

- Update "Foster Family Agencies (FFAs)" age based rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Age	0-4	5-8	9-11	12-14	15 & Over
Basic	$2,250	$2,314	$2,360	$2,403	$2,448

2.10 Foster Family Agencies (FFAs) Level of Care Rates (C-IV and LRS)

- These rates are paid on LOC Rate Foster Care programs with a facility type of FFA placements made after 12/01/2017.

2.10.1 Description of Changes

- Update "Foster Family Agencies (FFAs)" LOC rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

Level of Care	Basic Level Rate	LOC2	LOC3	LOC4
Basic	$2,266	$2,424	$2,583	$2,777

2.11 Intensive Services Foster Care (ISFC) Rates (C-IV and LRS)

- These rates are paid on Foster Care programs when an ISFC rate is selected.

2.11.1 Description of Changes

- Update "Intensive Services Foster Care (ISFC)" rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

LRS Only

ISFC Options	Rate
ISCO - ISFC – County	$6,291
ISFA - ISFC – FFA	$6,291
ISFO - ISFC - Family-Only	$2,609
ISTF - ISFC – TFC	$6,291

C-IV Only

ISFC Options	Rate
ISFC-RF	$2,609
County or FFA ISCF	$6,291

2.12 Group Homes (C-IV and LRS)

- These rates are paid on Foster Care programs when using the standard rate and the placement is a facility type "Group Home" or "Community Treatment Facility."

2.12.1 Description of Changes

- Update "Group Home" rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

RCL	Rate
1	$2,762
2	$3,450
3	$4,138
4	$4,823
5	$5,507
6	$6,199
7	$6,885
8	$7,576
9	$8,260
10	$8,950
11	$9,634
12	$10,324
13	$11,019
14	$11,704

2.13 Short-Term Residential Therapeutic Program (STRTP) Rate Type (C-IV and LRS)

- These rates are paid on Foster Care programs when the rate level is "Short Term Residential Therapeutic Program (STRTP)".

2.13.1 Description of Changes

- Update "Short-Term Residential Therapeutic Program (STRTP)" rates in C-IV and LRS by end-dating the rate/code table records that began 07/01/2018 with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rate:

	Rate
STRTP	$13,532

2.14 Transitional Housing Placement – Plus – Foster Care (THP+FC) (C-IV and LRS)

- These rates are paid on Foster Care programs when the placement is a facility type of "Transitional Housing Placement + FC (THP+FC)" and the corresponding rate from the list below is selected.

2.14.1 Description of Changes

- Update all "Transitional Housing Placement – Plus – Foster Care (THP+FC)" rates in C-IV and LRS by end-dating the rate/code table records that are high dated with an end date of 06/30/2019. Insert new rate/code table records effective 07/01/2019 with the following rates:

	Rate
THP+FC SINGLE SITE	$3,474
THP+FC REMOTE SITE	$3,474
THP+FC HOST SITE	$2,764

2.15 Journal Entry Updates (LRS only)

2.15.1 Foster Care Journal Entry

- Batch EDBC will insert the below Journal entry for Foster Care (FC) programs.

  Short Description: Batch EDBC ran for <Month Year>.
  Long Description: Batch EDBC Ran for <Month Year>. Batch EDBC processed for the <Program Name> program for following reasons: Foster Care COLA

2.15.2 Kin-GAP Journal Entry

- Batch EDBC will insert the below Journal entry for Kin-GAP (KG) programs.

  Short Description: Batch EDBC ran for <Month Year>.
  Long Description: Batch EDBC Ran for <Month Year>. Batch EDBC processed for the <Program Name> program for following reasons: Kin-GAP COLA

2.16 NOA Changes

2.16.1 Add/Update FC/KG COLA NOA:

Foster Care (FC)/Kin-GAP (KG) COLA NOA is to inform the FC/KG vendors of the benefit increase due to CNI (California Necessities Index) increase.

LRS: FC and KG COLA NOA Reason fragment will be updated and a new Action fragment will be added in the system. Regulations will be moved to the Rules section which will be controlled by a CTCR.

C-IV: New Action and Reason fragments will be added in C-IV to generate COLA NOA during COLA month when the FC/KG Rate change due to COLA.

2.16.2 Add New Action Fragment for FC and KG COLA NOA:

2.16.2.1   Add New Action Fragment Text

A new Action fragment will be added in both LRS and C-IV systems with the below fragment text.

Fragment Text in English:

As of <**Date**>, your <**Program Name**> rate has increased from <**Old Rate**> to <**New Rate**>.

Here's why;

Fragment Text in Spanish:

A partir de <**Date**>, su tasa para el programa de <**Program Name**> aumentó, de <**Old Rate**> a <**New Rate**>.

La razón es la siguiente:

Note: LRS currently does not have a Spanish version of the Kin-GAP NOA template and does not have a Spanish version of the Foster Care Budget. NOAs currently only generate in a language other than English when all of the verbiage is in that language. Based on this existing logic Kin-GAP and Foster Care will not generate this Fragment in Spanish.

Variable Data population logic:

1) **Date** – Effective date <mark>of the EDBC</mark> displayed in the format MM/DD/YYYY. ~~This date will be derived from the new CTCR added with this SCR. Every year, the code detail value will be updated to store the new effective COLA months.~~ This date will be <mark>populated based on the System's standards (numerical for CalACES (07/01/2019) and written out for C-IV (July 01, 2019).</mark> ~~the first day of the COLA month. (For FY 2019, the FC and KG COLA effective date is 07/01/2019).~~
2) **Program Name** – Name of the program (CT-18). Possible values
   a. Foster Care
   b. Kin-GAP
3) **Old Rate** – FC/KG Monthly Rate for the previously accepted and saved FC/KG EDBC. (example: $900.00)
4) **New Rate** – FC/KG Monthly Rate for the current accepted and saved FC/KG EDBC (example: $950.00).

Languages:
This new Action Fragment will be implemented in English and Spanish.

2.16.2.2 Add Action Fragment Trigger Conditions

C-IV:

- Add a new category (CTCR) with code detail values to store the FC/KG COLA months for Foster Care and Kin-GAP programs.
- Create a new Rule to trigger FC/KG COLA NOA Action fragment when the FC/KG EDBC is run for COLA month and there is an increase in FC/KG monthly rate amount compared to the monthly rate amount of previous Accepted and Saved EDBC.
- Existing functionality to add any other applicable fragments for Foster Care Change action type will be continued.

LRS:

Create a DCR to add new Action fragment snippet ID to the existing FC/KG COLA NOA reason fragment ID (7475) row in NOA_SNIPPET_CONFIG.

This new Action fragment will be generated for both Online and Batch EDBCs.

2.16.3 Add/Update FC/KG COLA NOA Reason Fragment:

2.16.3.1 Add/Update Reason Fragment Text

C-IV:

A new Reason fragment for FC/KG COLA NOA will be added in C-IV with the below mentioned fragment text.

LRS:

Existing Reason fragment for FC/KG COLA NOA will be updated with the below fragment text.

Fragment Text in English:
The California Necessities Index (CNI) has increased.

Fragment Text in Spanish:
El Índice sobre Necesidades de California (CNI), ha aumentado

Note: LRS currently does not have a Spanish version of the Kin-GAP NOA template and does not have a Spanish version of the Foster Care Budget. NOAs currently only generate in a language other than English when all of the verbiage is in that language. Based on this existing logic Kin-GAP and Foster Care will not generate this Fragment in Spanish.

Languages:

This new Reason Fragment will be implemented in English and Spanish.

2.16.3.2   Add/Update Reason Fragment Trigger Conditions

- Add a new CTCR to store the FC/KG COLA effective months for Foster Care and Kin-GAP programs.
- Trigger FC/KG COLA NOA Reason fragment when the FC/KG EDBC is run for COLA month and there is an increase in FC/KG monthly rate amount compared to the monthly rate amount of previous Accepted and Saved EDBC.

C-IV:

- Existing functionality to add any other applicable fragments for Foster Care Change action type will be continued.

This Reason fragment will be generated for both Online and Batch EDBCs when the above conditions are met.

2.16.4 Add Regulations to the Reason Fragment:

Update Category CT-662 to add the following rules for FC/KG COLA NOA.

Due to the order in which regulations are listed in LRS and C-IV, regulations are provided separately in both the systems to support the existing regulations functionality in both systems.

LRS:
Rules: These rules apply. You may review them at your local welfare office: W&I Code Sections 11364, 11387, 11453, 11460, 11461 ,11461(d)(2)(A), 11462, 11463, 11464, 18254, 18358.30; ACL NO. 19-70; Senate Bill (SB) 1013, Chapter 35, Statutes Of 2012; Assembly Bill (AB) 403, Chapter 773, Statutes Of 2015; AB 1997, Chapter 612, Statutes Of 2016.

C-IV:
Rules: These rules apply. You may review them at your local welfare office: W&I Code Sections 11364, 11387, 11453, 11460, 11461 ,11461(d)(2)(A), 11462, 11463, 11464, 18254, 18358.30; ACL 19-70; SB 1013, Chapter 35, Statutes Of 2012; AB 403, Chapter 773, Statutes Of 2015; AB 1997, Chapter 612, Statutes Of 2016

Example:

FC/KG COLA Month for 2019 is July-2019. FC EDBC is run for July-2019 and monthly rate on previous (June-2019) Accepted and Saved EDBC is 900. Monthly rate on the current (July 2019) EDBC is 950.

In this scenario, FC/KG COLA NOA will be generated.

2.16.5 Add NOA Title on Document List/Distributed Documents Search Page:

NOA Titles on the Document List/Distributed Documents Search pages will appear as hyperlinks. On click of these hyperlinks generated documents can be opened and downloaded.

FC COLA NOA:

LRS:

NOA title on Document List page for Foster Care program in LRS System will be displayed as

'NOA – FC- BC - FC COLA NOA'.

C-IV:

NOA title on Distributed Documents Search page for Foster Care program in C-IV System will be displayed as

'NOA – FC- Benefit Change'.

KG COLA NOA:

LRS:

NOA title on Document List page for Kin-GAP program in LRS System will be displayed as

'NOA – KG - BC - FC COLA NOA'.

C-IV:
NOA title on Distributed Documents Search page for Kin-GAP program in C-IV System will be displayed as

'NOA – KG – Benefit Change'.

2.16.6 Add NOA Title on FC/KG COLA NOA:

1. NOA Title on the FC/KG COLA NOA will be displayed as

'Rate Change'

Note: in C-IV system, FC/KG COLA NOA will not have the NOA title for Non-CCR Rates.

Spanish translation: Cambio de Tasa

2. CalSAWS only: Add Spanish title for FC/KG NOA

Spanish translation of CCR NOA title:
Para Familias de Apoyo, incluyendo hogares certificados por una Oficina de Familias de Crianza Temporal, Hogares de Parientes Aprobados por el Condado, miembros de la familia extendida que no son parientes, Hogares de Familias de Crianza Temporal, guardianes legales que no son parientes, Crianza Temporal de Tratamiento Intensivo y/o Crianza Temporal de Servicios Intensivos, Hogares Colectivos y Programas Terapéuticos Residenciales de Corto Plazo

2.16.7 Suppress CCR Rate Change NOA (LRS only)

- FC/KG COLA run results into rate increase. This will trigger Rate Change NOA for the cases that have CCR Rates.
- Update Rules to suppress CCR Rate Change NOAs during FC/KG COLA run for EDBCs that will have the FC/KG COLA NOA generated.
- FC/KG Change NOA will not be generated when the EDBC is run for COLA month and there is an increase in Rate amount.

2.17 Counties Interface Testing

2.17.1 Overview

Each CalACES county has their separate warrant print and auditor control file exchange process. This section describes the recommendations to perform interface testing for each county file.

2.17.2 Description of Changes

1) Perform the interface file testing for following counties:
   a. Los Angeles – eCAPS Special Warrant Request (SWR)
   b. Merced – FIRMS
   c. Riverside – OASIS
   d. San Bernardino – Warrant Print
   e. Migration – Auditor Controller File

   NOTE: Except for Los Angeles County and San Bernardino County, all interface test files will be uploaded to the C-IV Web Portal under System Changes > SCR and SIR Lists > 2019 > CIV-100485. San Bernardino County test files will be uploaded to their production FTP servers. Los Angeles County test file will be uploaded to eCAPS test FTP servers.

3   SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	NOA	FC COLA NOA Mock-up for LRS	PDF FC COLA NOA Mockup - LRS.pdf
2	NOA	KG COLA NOA Mock-up for LRS	PDF KG COLA NOA Mockup - LRS.pdf

3	NOA	FC COLA NOA SPD	FC_COLA_NOA_T307 C_7475_SPD.docx
4	NOA	KG COLA NOA SPD	KG_COLA_NOA_K01 6_7476_SPD.docx
5	NOA	Action/Header SPD for FC COLA	NOA_ACTION_FC_C OLA_SPD.docx
6	NOA	Action/Header SPD for KG COLA	NOA_ACTION_KG_C OLA_SPD.docx
7	NOA	FC COLA NOA Mock-up for CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	FC COLA NOA Mockup CCR- CIV.pd
8	NOA	FC COLA NOA Mock-up for Non-CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	FC COLA NOA Mockup Non-CCR- (
9	NOA	KG COLA NOA Mock-up for CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	KG COLA NOA Mockup CCR - CIV.p
10	NOA	KG COLA NOA Mock-up for Non-CCR Rates - CIV (mockup excludes the NA Back 9 that will generate on the back of the first page)	KG COLA NOA Mockup Non-CCR -

4 REQUIREMENTS

4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.16.1.2	The LRS shall include an automated method for implementing mass updates triggered by policy changes or mass participant financial changes, including Social Security or Veterans benefits cost of living adjustments (COLAs).	The new CNI Rates released by the County will be updated in the system. These new COLA rates will be used to determine the eligibility benefits.
2.16.4.1	The LRS shall include the ability to process a mass update that includes eligibility and benefits with an effective date of any prior month, the current month, or future month(s).	The Batch EDBC process will be run and determine eligibility using the new CNI Rates.

5 MIGRATION IMPACTS

None

6 OUTREACH

None

7 APPENDIX

HBFC (Home-Based Family Care) Providers:

1) Foster Family Home
2) Foster Family Home – Shelter Care
3) Legal Guardian
4) Non-Relative Extended Family Member Home
5) Relative Home
6) Specialized Foster family Home
7) Supervised Independent Living
8) Tribal Specific Home
9) County Shelter / Receiving Home (Non – EA/AFDC) – LRS Only
10) Court Specified Home – LRS Only
11) Guardian Home – LRS Only
12) Resource family Home – LRS Only
13) Small Family Home – LRS Only
14) Temporary Shelter Home – LRS Only

FFA Providers:

1) Foster Family Agency
2) Foster Family Agency (Intensive Programs)
3) Foster Family Agency (Nontreatment)
4) Foster Family Agency (Treatment)
5) Foster Family Agency Certified Resource Family Home (FFACRFH) (Nontreatment) – LRS Only
6) Foster Family Agency Certified Resource Family Home (FFACRFH) (Treatment) -- LRS Only

Design Document

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

DOCUMENT APPROVAL HISTORY		
Prepared By	Greg Deogracia, Eric Wu	
Reviewed By	Justin Dobbs Jyothirmayi Chavata Kapil Santosh Madhuri Salunkhe Sheryl Eppler Gloria Williams Ravneet Bhatia	

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
08/06/2019	1.0	Initial Draft of the Design Document Containing Report Requirements.	Greg Deogracia

Table of Contents

1 OVERVIEW

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

1.1 Current Design

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

1.2 Request

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

1.3 Overview of Recommendations

1) Update Issuance Detail Page when the [Replace] button is clicked:
   a. Update Status Reason of 'EBT Theft-AB 2035' to 'EBT Theft'.
   b. Add new drop-down field 'Electronic Theft Type' with options of Select (no value), 'AB 2035 - Skimming', and 'AB 2313 - Scam'. This field is required when replacing cash benefit because of electronic theft and will be used to separate replacements due to skimming from scams on reports.

2) The existing 'Temp 2035' report will be discontinued with historical records remaining accessible. The 'Temp 2035' will then be replaced with a 'TEMP 2035 EBT THEFT - Skimming' and 'TEMP 2313 EBT THEFT- Scam' report. The new reports will be based on the design of the original 'TEMP 2035' report.

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

1.4 Assumptions

- No Impact to other Fiscal Reports

- The data set size of any one report worksheet will not exceed 65,500 rows.

- Additionally, as noted in COUNTY FISCAL LETTER (CFL) NO. 18/19-79, such reimbursements are limited to once in any thirty-six-month period.

- This design doesn't change CalFresh Policy on electronic theft and has no impact on CalFresh Program policy or procedures.

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2   RECOMMENDATIONS

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

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

2.1   Issuance Detail

2.1.1   Overview

a. The Issuance Detail Page allows users to create a cash benefit replacement by clicking [Replace] when the original issuance is lost due to electronic theft. Replacements due to electronic theft will have status reason 'EBT Theft-AB 2035'.

b. However, a status reason varies depending on status in the system. For example, an electronic theft replacement begins with status 'Pending Deputy Approval' and status reason 'EBT Theft-AB 2035' then can go through following stages:

   i. When the replacement is approved, status is 'Ready For Issuance', and no status reason.

   ii. When the replacement is submitted to be issued, status is 'Submitted', and status reason is 'System'.

   iii. When the replacement is issued, status is 'Issued', and status reason is 'System'.

c. Therefore, status reason is not an optimal indicator for reporting purpose. This SCR is to add a new field 'Electronic Theft Type' for counties to identify skimming or scam for CFL 18/19-79 report requirements.

2.1.2 Issuance Detail Page Mock-up

Issuance Detail

*- Indicates required fields

[Affidavit] [Replace] [Edit] [Close]

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

Payee Information

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

Basic Information

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

Financial Information

Pay Code:

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

Status History

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

▸ **Pay Code History**

Affidavit History

[Affidavit] [Replace] [Edit] [Close]

Last Updated On 05/01/2019 9:38:42 PM By: 540400

This Type 1 page took 0.38 seconds to load.

Figure 2.1.1 – Issuance Detail Page with Replace button

Issuance Detail

[Affidavit] [Save] [Cancel]

Control Number:

Category:
Supplemental Benefit

Benefit/Service Month:
05/2019

Case Number:
CASE000

Case Name:
CASE PERSON

Program:
CalWORKs

Sub-Category:
Replacement Benefit

Payee Information

Payee: *
PAID PERSON

Payee Address:
000 STREET
CITY, ST 00000

Reference:

Secondary Payee:

Basic Information

Issuance Method: *
EBT

Immediacy: *
Rush

Payment Amount: *
937.00

Invoice Number:

Issue Date:
07/17/2019

Available Date:
05/01/2019

Account Number:
0000000000

Status: *
Pending Deputy Approval

Status Reason:
EBT Theft

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

Related Issuance:
0000000001

Financial Information

Pay Code: *
Electronic Theft Replacement Cash Benefits

Aid Code:
99 - Electronic Theft Replacement
Cash Benefit

Fund Code:

EDBC:
0000000000

Authorized Worker:
00000

[Affidavit] [Save] [Cancel]

Last Updated On 05/01/2019 9:38:42 PM By: 000000

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

Issuance Detail

[Affidavit] [Disapprove] [Close]

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

Payee Information

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

Basic Information

Issuance Method: EBT	**Immediacy:** Rush	**Payment Amount:** 937.00	**Invoice Number:**
Issue Date: 07/17/2019	**Available Date:**	**Account Number:** 0000000000	
Status: * Pending Deputy Approval	**Status Reason:** EBT Theft	**Electronic Theft Type:** AB 2035 - Skimming	
Related Issuance: 000000001			

Financial Information

Pay Code:
Electronic Theft Replacement Cash Benefits

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

Status History

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

[Affidavit] [Disapprove] [Close]

Last Updated On 07/17/2019 2:08:04 PM By: 00000

This Type 1 page took 0.90 seconds to load.

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

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

2.1.3   Description of Changes

1) Update Issuance Status Reason 'EBT Theft-AB 2035' to read 'EBT Theft'
2) In Basic Information section, add a new drop-down field 'Electronic Theft Type' which will be editable only when [Replace] is clicked (Create Mode).
   a. available options are:
      - Select (no value)
      - value 'SK' and description 'AB 2035 – Skimming'
      - value 'SC' and description 'AB 2313 – Scam'
   b. This field is **only** available for edit in create mode.
   c. For LRS, this field is only displayed for edit with default value Select and is **mandatory** when [Replace] button is clicked and Pay Code in 'Financial Information' section of the page is set as one of following:
      - EO - Electronic Theft Replacement Cash Benefits
      - TB - Lost/Stolen EBT Benefits

      When Pay Code is not set to one of the above, the 'Electronic Theft Type' is not visible in Create Mode. (see Figure 2.1.3 as an example)
   d. For C-IV, this field is only displayed for edit with default value Select and is **mandatory** when [Replace] button is clicked and Pay Code in 'Financial Information' section of the page is set as following:
      - ET - Electronic Theft Replacement Cash Benefits (ETRCB)

      When Pay Code is not set to the above, the 'Electronic Theft Type' is not visible in Create Mode. (see Figure 2.1.3 as an example)
   e. Display validation message 'Electronic Theft Type - Field is required. Please select a value.' when users submit this field empty for both LRS and C-IV.
   f. This field is available for view only when having a non-blank value. Also, for all issuances created before the implementation of this SCR, this field is not visible because it is blank.

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

2.1.4   Page Location

No Change.

2.1.5   Counties Impacted

All CalACES Counties.

2.1.6　　　Security Updates

No Change.

2.1.7　　　Page Mapping

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

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

2.2 Data Change Request

1) In Catgry table, insert a new record with below attributes:
CATGRY_NAME: Electronic Theft Type
REFER_TABLE_IND: N

2) In Code_Detl table, insert two new records as below:

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

2.3 Database Change Request

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

2.4 Implement a Report - TEMP 2035 EBT THEFT - Skimming

2.4.1 Overview

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

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

2.4.2 TEMP 2035 EBT THEFT – Skimming – Mockups

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2.4.2.1 Summary Worksheet

Figure 2.1.2.1 - 1 Summary Worksheet

2.4.2.2 Issuances Worksheet

Figure 2.1.2.2 - 1 Issuances Worksheet

2.4.2.3 Recoveries of Aid Worksheet

Figure 2.4.2.3 - 1 Recoveries of Aid Worksheet

2.4.2.4 Prior Month Adjustments Worksheet

Figure 2.4.2.4 - 1 Prior Month Adjustments Worksheet

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

2.4.3 Base Criteria

- An Electronic Theft Replacement Cash Benefit (ETRCB) is determined to be issued and claimed when there is a transaction date within the report month in Fiscal History and the Pay Code is 'ET', 'EO' or 'TB'.

- Query to include CalFresh program with the 'ET', 'EO' or 'TB' pay code to identify SUAS EBT THEFT Repayments.

- All LRS Programs use AID_CODE 99 with the exceptions of RCA (Original issuance aid code = 01) and TCVAP (Original issuance aid code = 1V or R1). Whereas all C-IV Programs use AID_CODE 99.

- The 'Electr_Thft_Type_Code value of the issuance is 'SK' for 'AB 2035 – Skimming' or 'SC' for 'AB 2013 – Scam' based on the particular report section in the document.

- The Pay Code of the claimed transaction is one of the following:

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

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

Table 2.1.3 - 1 Base Criteria

2.4.4 Report Attributes

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

Table 2.4.4 - 1 Report Attributes

2.4.5 Report Summary

Report Title:

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

2.1.5.1 Summary Header Description

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

Table 2.4.5.1 - 1 Summary Header Descriptions

2.4.5.2 Summary Line Description

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

Table 2.4.5.2 - 2 Summary Line Descriptions

2.4.6 Report Worksheet Field Level Definition

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

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

Table 2.4.6 - 1 Worksheet Header Descriptions

2.4.6.1 Report Worksheet – Issuances

Title: Issuances

- The report will contain a detail sheet to provide backup information for Line 2 of the Summary Page.

- A Totals line will show "Issuances" as the total number of Issuances in the Report Month and the "Amount" will show the total amount formatted as $00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.

- Below are the column names included in the Issuances Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2035 EBT THEFT – Skimming Summary Page for these entries: - CalWORKs - TCVAP - RCA - CAPI - SUAS - GA/GR
Program	The decoded program type associated to the Issuance.

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

Table 2.4.6.1 - 1 Issuances Worksheet Descriptions

2.4.6.2 Report Worksheet – Recoveries of Aid

Title: Recoveries of Aid

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

- A Totals line will show "Transactions" as the total number of transactions in the Report Month and the "Amount" will show the total amount formatted as $00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.

- Below are the column names included in the Recovery of Aid Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2035 EBT THEFT – Skimming Summary Page for these entries: • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Recoveries of Aid.
Case Number	The Case Number of the Case associated to the Recoveries of Aid.
Case Name	The Case Name of the Case associated to the Recoveries of Aid.
Payee Name	The name of the Payee associated to the Recovery of Aid. The name will be formatted as the first name, last name.
Transaction Number	The Transaction Number of the recovery transaction.
Account Number	The Recovery Account Number associated to the recovery transaction.
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Transaction Date	The transaction date of the Recovery of Aid formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Recovery of Aid.
Amount	The dollar amount of the Recovery of Aid formatted as $00.00.

Table 2.4.6.2 - 1 Recoveries of Aid Worksheet Descriptions

2.4.6.3 Report Worksheet – Prior Month Adjustments

Title: Prior Month Adjustments

- The report will contain a detail sheet to provide backup information for Lines 4 and 5 of the Summary Page.

- A 'Totals' line will show 'Adjustments' as the total number of Adjustments in the Report Month and the 'Amount' will show the Total amount formatted as $00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.

- Below are the column names included in the Prior Month Adjustments Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2035 EBT THEFT – Skimming Summary Page for these entries: • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Prior Month Adjustments.
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Prior Month Adjustments.
Case Name	The Case Name of the Case associated to the Prior Month Adjustments.
Payee Name	The name of the Payee associated to the Prior Month Adjustments. The name will be formatted as the first name, last name.
Adjustment Type	Indicates the type of adjustment. The possible values will be "Positive" and "Negative". "Positive" adjustment transactions are counted towards Line 4. "Negative" Adjustment Transactions are counted towards Line 5 of the Summary Page.
Control Number	The Control Number of the recovery transaction.
Benefit Month	The benefit month of the Prior Month Adjustments formatted as "mm/yyyy".
Availability Date	The availability date of the adjustment formatted as "mm/dd/yyyy".
Transaction Date	The transaction date of the Prior Month Adjustments formatted as "mm/dd/yyyy".

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

Table 2.4.6.3 - 1 Prior Months Adjustments Worksheet Descriptions

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2.4.7 Report Location

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

2.4.8 Security Update

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

Table 2.4.8 - 1 Security Right Update

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

Table 2.4.8 - 2 Security Group Update

2.5 Implement a Report - TEMP 2313 EBT THEFT - Scam

2.5.1 Overview

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

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

2.5.2 TEMP 2313 EBT THEFT – Scam – Mockups

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2.5.2.1 Summary Worksheet

Figure 2.5.2.1 - 1 Summary Worksheet

2.5.2.2 Issuances Worksheet

Figure 2.5.2.2 - 1 Issuances Worksheet

2.2.2.3 Recoveries of Aid Worksheet

Figure 2.5.2.3 - 1 Recoveries of Aid Worksheet

2.5.2.4 Prior Month Adjustments Worksheet

Figure 2.5.2.4 - 1 Prior Month Adjustments Worksheet

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

2.5.3 Base Criteria

- An Electronic Theft Replacement Cash Benefit (ETRCB) is determined to be issued and claimed when there is a transaction date within the report month in Fiscal History and the Pay Code is 'ET', 'EO' or 'TB'.

- Query to include CalFresh program with the 'ET', 'EO' or 'TB' pay code to identify SUAS EBT THEFT Repayments.

- All LRS Programs use AID_CODE 99 with the exceptions of RCA (Original issuance aid code = 01) and TCVAP (Original issuance aid code = 1V or R1). Whereas all C-IV Programs use AID_CODE 99.

- The 'Electr_Thft_Type_Code' value of the issuance is 'SK' for 'AB 2035 – Skimming' or 'SC' for 'AB 2013 – Scam' based on the particular report section in the document.

- The Pay Code of the claimed transaction is one of the following:

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

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

Table 2.5.3 - 1 Base Criteria

2.5.4 Report Attributes

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

Table 2.5.4 - 1 Report Attributes

2.5.5 Report Summary

Report Title:

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

2.5.5.1 Summary Header Description

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

Table 2.5.5.1 - 1 Summary Header Descriptions

2.5.5.2 Summary Line Description

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

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

Table 2.5.5.2 - 1 Summary Line Descriptions

2.5.6 Report Worksheet Field Level Definition

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

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

Table 2.5.6 - 1 Worksheet Header Descriptions

2.5.6.1 Report Worksheet – Issuances

Title: Issuances

- The report will contain a detail sheet to provide backup information for Line 2 of the Summary Page.

- A Totals line will show "Issuances" as the total number of Issuances in the Report Month and the "Amount" will show the total amount formatted as $00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.

- Below are the column names included in the Issuance Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2313 EBT THEFT – Scam Summary Page for these entries: • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Issuance.
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Issuance.
Case Name	The Case Name of the Case associated to the Issuance.
Payee Name	The name of the Payee associated to the Issuance. The name will be formatted as the first name, last name.
Control Number	The Control Number of the issuance (i.e. warrant number, service payment issuance number).
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Availability Date	The availability date of the Issuance formatted as "mm/dd/yyyy".
Transaction Date	The transaction date of the Issuance formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Issuance.
Amount	The dollar amount of the Issuance formatted as $00.00.

Table 2.5.6.1 - 1 Issuances Worksheet Descriptions

2.5.6.2 Report Worksheet – Recoveries of Aid

Title: Recoveries of Aid

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

- A Totals line will show "Transactions" as the total number of transactions in the Report Month and the "Amount" will show the total amount formatted as $00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.

- Below are the column names included in the Recovery of Aid Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2313 EBT THEFT – Scam Summary Page for these entries: • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Recoveries of Aid.
Case Number	The Case Number of the Case associated to the Recoveries of Aid.
Case Name	The Case Name of the Case associated to the Recoveries of Aid.
Payee Name	The name of the Payee associated to the Recovery of Aid. The name will be formatted as the first name, last name.
Transaction Number	The Transaction Number of the recovery transaction.
Account Number	The Recovery Account Number associated to the recovery transaction.
Benefit Month	The benefit month of the Issuance formatted as "mm/yyyy".
Transaction Date	The transaction date of the Recovery of Aid formatted as "mm/dd/yyyy".
Authorizing Worker ID	The worker number of the authorizing worker associated to the Recovery of Aid.
Amount	The dollar amount of the Recovery of Aid formatted as $00.00.

Table 2.5.6.2 - 1 Recoveries of Aid Worksheet Descriptions

2.5.6.3 Report Worksheet – Prior Month Adjustments

Title: Prior Month Adjustments

- The report will contain a detail sheet to provide backup information for Lines 4 and 5 of the Summary Page.

- A 'Totals' line will show 'Adjustments' as the total number of Adjustments in the Report Month and the 'Amount' will show the Total amount formatted as $00.00 for the Report Month.

- The Summary field will provide a URL link to the Summary Page.

- Below are the column names included in the Prior Month Adjustments Detail Worksheet.

Column Name	Field Description
Reporting Column	The column in which the record is counted on the TEMP 2313 EBT THEFT – Scam Summary Page for these entries: • CalWORKs • TCVAP • RCA • CAPI • SUAS • GA/GR
Program	The decoded program type associated to the Prior Month Adjustments.
Object	This column contains Accounting String information.
Department Object	This column stores the Accounting Department object code.
Case Number	The Case Number of the Case associated to the Prior Month Adjustments.
Case Name	The Case Name of the Case associated to the Prior Month Adjustments.
Payee Name	The name of the Payee associated to the Prior Month Adjustments. The name will be formatted as first name, last name.

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

Table 2.5.6.3 - 1 Prior Months Adjustments Worksheet Descriptions

2.5.7 Report Location

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

2.2.8 Security Update

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

Table 2.5.8 - 1 Security Right Update

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

Table 2.5.8 - 2 Security Group Update

3 SUPPORTING DOCUMENTS

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

4 REQUIREMENTS

4.1 Project Requirements

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

4.2 Migration Requirements

DDID #	REQUIREMENT TEXT	How Requirement Met
N/A		

5 MIGRATION IMPACTS

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

6 OUTREACH

N/A

DRAFT

Design Document

CA-209232/CIV-104457

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

Version 1.0

DOCUMENT APPROVAL HISTORY		
Prepared By	Nithya Chereddy	
Reviewed By		

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

DRAFT

Table of Contents

1 OVERVIEW

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

1.1 Current Design

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

1.2 Requests

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

1.3 Overview of Recommendations

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

1.4 Assumptions

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

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

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

   LRS:
   - Added the person's name at the beginning of the 'retro restricted scope', 'restricted scope' and 'restricted to full scope' fragments
   - Added the following to the 'full scope to restricted scope' fragment after the first paragraph.
     Here's why:
     {Person},
   - Updated the page reference in the Regulations to reference the correct page for the "Your Hearing Rights" form.

6. **LRS:** Per existing system functionality, GEN 1365 is added to all envelopes mailed to the customer.
7. **C-IV:** Per existing system functionality, GEN 1365 will be attached to the NOA if the Primary language is other than English or Spanish and "Correspondence in English" is Yes.
8. **C-IV:** When an individual is approved for or changes to certain aid codes, C-IV currently does not generate a NOA. This SCR will not expand the list of aid codes which generate a NOA.
   Example: A NOA is currently not generated if the aid code is 5X - TMC - Expanded

2 RECOMMENDATIONS

2.1 Description of Changes

2.1.1 Effective Date Existing Fragments (LRS only)

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

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

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

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

2.1.2 Add New Non-MAGI Fragments

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

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

2.1.2.1 Restricted-Scope Retro Approval

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

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

2.1.2.1.1 Variable Population

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

2.1.2.1.2 Trigger conditions

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

2.1.2.2 Restricted-Scope Approval

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

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

2.1.2.2.1 Variable Population

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

2.1.2.2.2 Trigger conditions

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

2.1.2.3 Full scope to restricted scope

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

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

If you give us acceptable proof within one year, <Person>'s Medi-Cal may change back to full scope Medi-Cal starting the month <Person>'s restricted benefits began. In the meantime, <Person>'s restricted scope Medi-Cal coverage will continue unless <Person> is found no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes.	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. <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.

2.1.2.3.1 Variable Population

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

2.1.2.3.2 Trigger conditions

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

2.1.2.4 Restricted scope to full scope

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

C-IV	LRS
Good news! <Person>'s Medi-Cal changed to full scope on <BeginDate>. <Person>'s Medi-Cal is changing from restricted scope to full scope because you were able to prove <Person>'s U.S. citizenship or satisfactory immigration status or <Person> is under 26 years old. <Person>'s Medi-Cal coverage will continue unless <Person> is found to be no longer eligible. This could happen at the time <Person>'s eligibility is renewed or when <Person>'s situation changes. <Person>'s eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while <Person> had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.	<Person> Good news! Your Medi-Cal changed to full scope on <BeginDate>. Your Medi-Cal is changing from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are under 26 years old. Your Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes. Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007. <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.

2.1.2.4.1 Variable Population

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

2.1.2.4.2 Trigger conditions

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

2.1.2.5 Regulations (C-IV only)

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

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

2.1.2.5.1 Variable Population

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

2.1.2.5.2 Trigger Conditions

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

2.1.2.6 Message ordering (C-IV only)

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

3 SUPPORTING DOCUMENTS

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

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

4   REQUIREMENTS

4.1   Project Requirements

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

5   APPENDIX

5.1   'The Systems' Definition

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

For instance, if the document mentions the below:

- Update The Systems to...

That implies:

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