

# CalSAWS

California Statewide Automated Welfare System

## Design Document

CA-202778 | CIV-7564

Revised Medi-Cal Hierarchy

CalSAWS	DOCUMENT APPROVAL HISTORY	
	Prepared By	Tisha Mutreja
	Reviewed By	Renee Gustafson, Matthew Lower

DATE	DOCUMENT VERSION	REVISION DESCRIPTION	AUTHOR
9/25/2019	1.0	Initial Draft	Tisha Mutreja
10/08/2019	1.0	Added Flow Chart to Explain Revised Medi-Cal Hierarchy to recommendation 2.2.2.3	Tisha Mutreja
10/18/2019	1.0	Added No Potential MAGI Criteria to recommendation 2.2.2.1	Tisha Mutreja
10/25/2019	1.0	Added Online Recommendation to 2.1	Mathew Lower
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# 1 OVERVIEW

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This SCR is based on All County Welfare Director's Letter (ACWDL) 17-03 to transmit the Medi-Cal hierarchy to be used when determining or redetermining Medi-Cal eligibility. The policy contains instructions on the order in which Medi-Cal eligibility must now be determined.

Mega Mandatory groups must be considered first in the Medi-Cal hierarchy. The Mega Mandatory groups include SSI/SSP, Adoption Assistance, Foster Care (FC), Former Foster Youth, Pickle, Disabled Adult Child (DAC), Disabled Widower (DW) and Medicare Savings Programs (MSP). If the applicant or beneficiary has eligibility in one of the Mega Mandatory groups and a MAGI Medi-Cal eligibility result is returned for that applicant/beneficiary, counties must not automatically accept the MAGI Medi-Cal result for that applicant/beneficiary as the basis for eligibility. That applicant or beneficiary will remain in the household for income and household size determination purposes, but may only be changed to a MAGI Medi-Cal eligibility group if the applicant or beneficiary elects MAGI Medi-Cal.

With this SCR, **The Systems** will be updated to evaluate Mega Mandatory groups first in the Full Medi-Cal Hierarchy, then MAGI Medi-Cal and lastly the rest of Non-MAGI Medi-Cal programs. The order of the Non-MAGI Medi-Cal programs will be updated to evaluate the Optional Categorical programs [Aged & Disabled Federal Poverty Level (A&D FPL), Blind FPL, Working Disabled 250%] before Medically Needy/Medically Indigent (MN/MI) programs [Aged, Blind and Disabled MN (ABD MN), Aid to Families with Dependent Children MN (AFDC MN), MI Child, MI Pregnant].

Since the Full Medi-Cal Hierarchy is being re-vamped, The Systems will be updated to incorporate a check for "No Potential MAGI" criteria within the Medi-Cal Hierarchy per ACWDL 18-16 and will no longer require the Worker to set the Requested Medi-Cal type to "No Potential MAGI" to bypass the requirement for a MAGI Determination when the individual meets the "No Potential MAGI" criteria.

## 1.1 Current Design

The Systems' Medi-Cal Hierarchy for the Requested Medi-Cal Type "Medi-Cal" tests eligibility in the following order:

- a. MAGI Medi-Cal Eligibility
- b. Non-MAGI Medi-Cal Eligibility
  - i. Mega Mandatory
    1. Pickle
    2. DAC
    3. DW
  - ii. Medically Needy/Medically Indigent (Regular MC Test Category)
    1. ABD MN Blind
    2. ABD MN Aged
    3. ABD MN Disabled
    4. AFDC/MN

- 5. MI Child
  - 6. MI Pregnant
- iii. Optional Categorical (Percent Test Category)
  - 1. A&D FPL
  - 2. Blind FPL
  - 3. Working Disabled 250%
- iv. State Only
  - 1. Dialysis
  - 2. Tuberculosis
  - 3. Parental Hyperalimentation (TPN)
  - 4. 60 day postpartum
- v. MSP
  - 1. QMB
  - 2. SLMB
  - 3. QI1
  - 4. QWDI

**Note:** All other Mega Mandatory groups (as mentioned in ACWDL 17-03) are not included in The Systems' Medi-Cal Hierarchy rules since these programs have their own respective Requested Medi-Cal Type (e.g. Former Foster Youth, AAP) or are tracked only in Other Program Assistance (e.g. SSI/SSP).

The Systems can grant MSP in two ways: by the worker selecting the "Medical Premium Payment Program" Requested Medi-Cal Type or by the Medi-Cal Hierarchy for the "Medi-Cal" Requested Medi-Cal Type; only Requested Medi-Cal Type "Medi-Cal" runs through the Medi-Cal Hierarchy.

The Systems have the "No Potential MAGI" Requested Medi-Cal Type which allows a Worker to run through the Non-MAGI Medi-Cal Eligibility Rules only without requiring a MAGI Determination (per ACWDL 18-16). A household is considered "No Potential MAGI" eligible when there is no MAGI Medi-Cal eligibility due to:

- a. being aged, blind or disabled and receiving Medicare and
- b. there is no dependent child or pregnant person(s) in the household

The Systems have several page validations on Run EDBC, Negative Action and Request MAGI pages ensure that a Worker uses "No Potential MAGI" Requested Medi-Cal Type only when appropriate.

The Systems have available Requested Medi-Cal Types that are outdated and no longer used.

- a. 1931 for Adult Minor Parent
- b. Medi-Cal – Property Disregard
- c. Medi-Cal – No Property Information
- d. Express Lane Adults 19-64
- e. Express Lane Parents 19-64
- f. Express Lane Under 19

## 1.2 Requests

Per ACWDL 17-03, the Mega Mandatory group must be evaluated before MAGI Medi-Cal in the Medi-Cal Hierarchy and the Optional Categorical programs (A&D FPL, Blind FPL and Working Disabled 250%) should be evaluated before Medically Needy/Medically Indigent programs (ABD MN, AFDC MN, MI Child, MI Pregnant).

Incorporate the check for No Potential MAGI in the Full Medi-Cal Hierarchy EDBC Rules instead of requiring the Worker to set the Requested Medi-Cal type "No Potential MAGI."

## 1.3 Overview of Recommendations

1. Remove the hard validation from Run EDBC, Negative Action and Manual EDBC page that requires a MAGI Determination prior to running Medi-Cal EDBC for Requested Medi-Cal Type "Medi-Cal."
2. Update the Medi-Cal EDBC Rules to evaluate Mega Mandatory first in the Medi-Cal hierarchy with below priority:
  - a. Disabled Adult Child (DAC)
  - b. Pickle
  - c. Disabled Widow/Widower
  - d. Medicare Savings Programs (MSP)
3. Update the Medi-cal EDBC Rules to incorporate the check for No Potential MAGI to determine if a MAGI Determination is required to continue with the Medi-Cal EDBC.
4. Update Medi-Cal EDBC Rules to evaluate Optional Categorical programs before Medically Needy/Medically Indigent programs.
5. Remove the following Requested Medi-Cal Types:
  - a. No Potential MAGI
  - b. 1931 for Adult Minor Parent
  - c. Medi-Cal – Property Disregard
  - d. Medi-Cal – No Property Information
  - e. Express Lane Adults 19-64
  - f. Express Lane Parents 19-64
  - g. Express Lane Under 19

## 1.4 Assumptions

1. No changes to any of the existing programs under the current Medi-Cal Hierarchy other than the programs mentioned in the Description of Changes.
2. Pending release of DHCS policy on TMC – No changes to current Consumer Protection Programs in the Medi-Cal hierarchy.
3. No changes to existing Deemed Protection Functionality.
4. Read-Only EDBC's do not communicate to MEDS.
5. Fields not mentioned in the Description of Changes sections, will not be updated.

DRAFT

## 2 RECOMMENDATIONS

### 2.1 Eligibility Rules Update

#### 2.1.1 Overview

Remove the hard validation on the Run EDBC page that prevents a Worker from running Medi-Cal EDBC without a MAGI Determination. Update Medi-Cal EDBC Rules to include the "No Potential MAGI" criteria for the "Medi-Cal" Requested Medi-Cal Type. Update the Medi-Cal EDBC Rules to evaluate for Mega Mandatory eligibility first in the Medi-Cal Hierarchy. Update Medi-Cal EDBC Rules to evaluate Percent programs before Regular MC in the Medi-Cal Hierarchy.

#### 2.1.2 Description of Changes

1. Remove the page validation from Run EDBC, Negative Action and Manual EDBC that prevents a Worker from running Medi-Cal EDBC without a MAGI Determination when the Customer Option selection for "Full Medi-Cal Hierarchy" is 'Yes'.

**Validation Message:** "Medi-Cal: EDBC cannot be run for this program. A MAGI determination must be run and marked as Reviewed for the selected or prior benefit month within the same Redetermination period."

**Trigger Condition:**

- i. At least one person on the Medi-Cal program block has Full Medi-Cal Hierarchy = 'Yes'
- ii. Requested Medi-Cal Type = 'Medi-Cal'

The screenshot shows the 'Run EDBC' form. At the top, there is a legend: '\*- Indicates required fields'. Below this, the 'Benefit Processing Range:' section contains 'Begin Month: \*' with a dropdown set to '08/2019' and 'End Month: \*' with a dropdown set to '01/2020'. To the right of these fields are two buttons: 'Change Reason' and 'Cancel'. Below the date fields is a table with the following headers: 'Program', 'Status', 'Timely Notice Exception', 'Reason', and 'Run Reason'. The table body contains a single row with the text: 'Medi-Cal: EDBC cannot be run for this program. A MAGI determination must be run and marked as Reviewed for the selected or prior benefit month within the same Redetermination period.'

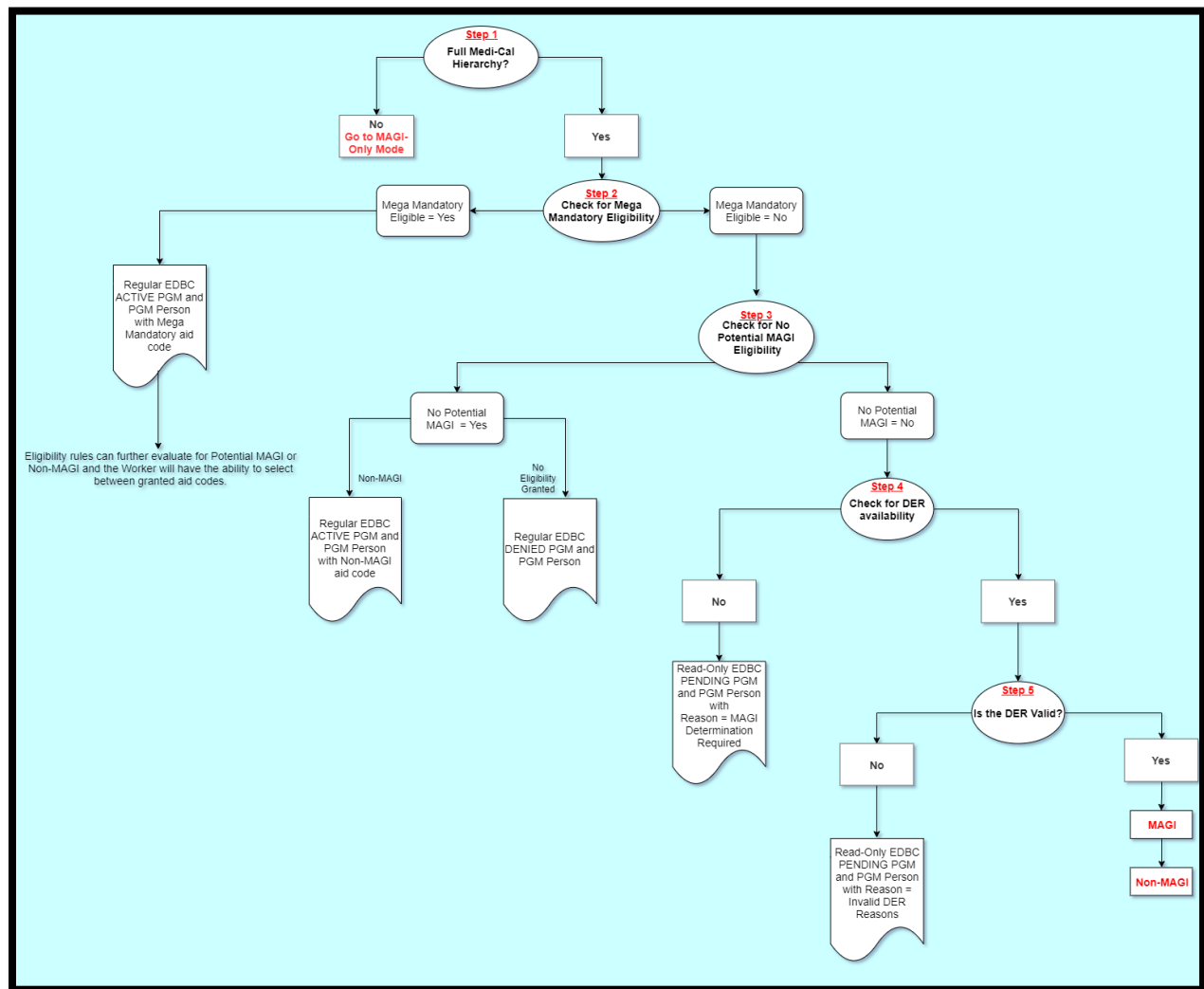
Figure 2.2.2.1 – Removing MAGI Determination Hard Validation

2. Update Medi-Cal EDBC Rules to add the following “No Potential MAGI” criteria to Requested Medi-Cal Type ‘Medi-Cal’ to determine when an individual does not require a MAGI Determination:
- a. there are no active or pending individual on the Medi-Cal program that has a child in the case for the Benefit Month.
    - A person is considered a child when all the following are true:
      - a person who is age 18 or younger for at least one day of the benefit month
  - b. there are no active or pending individual on the Medi-Cal program that has a pregnancy record in the case for the Benefit Month.
    - A person is considered pregnant when all the following are true:
      - a pregnancy record exists for the individual with all the following are true:
        - Reported Month is on or before the benefit month
        - Pregnancy end month is on or after benefit month

*Note: Pregnancy end month is the Termination Month and if Termination Month does not exist, it is Delivery Month*
  - c. there are no active or pending individual on the Medi-Cal program that is Disabled/Blind without Medicare record in the case for the Benefit Month.
    - A person is considered disabled when one of the following are true:
      - A person with a Medical Condition with all the following true:
        - Medical Condition Category: Active Verified
        - Medical Condition Type: SP-DDSD Disabled, SSA Disabled
        - The record exists for at least one day of the benefit month
    - A person is considered blind when all the following are true:
      - A person with Medical Condition record with all the following true:
        - Medical Condition Category: Active
        - Verified
        - One of the following Medical Condition Type: SSA Blind, SSI Blind, SP-DDSD Blind
        - The record exists for at least one day of the benefit month

If any individual on the Medi-Cal program does not meet the criteria for “No Potential MAGI,” then a MAGI Determination is required for a full Medi-Cal Hierarchy determination. (See 2.1.2.3A Step 3)

3. Update the Medi-Cal EDBC Rules to follow the Medi-Cal Hierarchy for Requested Medi-Cal Type “Medi-Cal” explained in the Flow Chart below:



**Figure 2.2.2.2 – Medi-Cal Hierarchy Flow Chart for 1 Person Case**

**A. 1 Person Case:**

**Step 1:** Check for “Full Medi-Cal Hierarchy” in the Customer Options entered by the eligibility worker.

- a. If ‘No’: EDBC rules will evaluate for MAGI – Only Mode.
- b. If ‘Yes’: EDBC rules will evaluate for Mega Mandatory first in the MC Hierarchy in the below order without requiring MAGI Determination.
  - i. Disabled Adult Child (DAC)
  - ii. Pickle
  - iii. Disabled Widow/Widower
  - iv. MSP (secondary aid code)

If an individual is eligible to Pickle, DAC, or Disabled Widow/Widower at the same time, grant the DAC program.

**Step 2:** Check for “Mega Mandatory” Eligibility.

- a. If ‘Yes’: EDBC rules will create a “Regular” EDBC with Active Program (PGM) and PGM Person and provide appropriate Mega Mandatory program aid code. Eligibility rules will further evaluate for Potential MAGI or Non – MAGI and Worker can Elect between granted aid codes.
- b. If ‘No’: EDBC rules will evaluate for “No Potential MAGI” criteria.

**Step 3:** Check for “No Potential MAGI” Eligibility.

- a. If ‘No’: EDBC rules will determine at this point that the individual is potentially eligible for MAGI and will check for DER availability if any.
- b. If ‘Yes’: EDBC rules will determine at this point that the individual has No Potential MAGI eligibility and will be evaluated for Non-MAGI Medi-Cal programs.

**Step 4:** Check for “DER Availability”.

- a. If ‘No’: EDBC rules will create a “Read-Only” EDBC with Pending PGM and PGM Person and will let the Worker know that “MAGI Determination is Required”.
  - Add the following new EDBC Type Reasons to code table(CT\_502)
    - i. **EDBC TYPE REASON:** MAGI Determination Required  
**Criteria:** No Determination requested for the application
- b. If ‘Yes’: EDBC rules will further evaluate the validity of the available DER.

**Step 5:** Check for “Valid DER”.

- a. If ‘No’: EDBC rules will create a “Read-Only” EDBC with Pending PGM and PGM Person and will let the Worker know the “Invalid DER Reasons”.
  - Add the following new EDBC Type Reasons to code table(CT\_502)
    - i. **EDBC Type Reason:** MAGI Eligible person not open on MC  
**Criteria:** Not all eligible people on the Determination have an open Medi-Cal Application
    - ii. **EDBC Type Reason:** MC Applicant missing on DER  
**Criteria:** if any of the applicants is NOT on the Determination

- iii. **EDBC Type Reason:** All Applicants are MAGI Pending  
**Criteria:** All open applicants in the valid MAGI Determination are MAGI Pending eligible
- iv. **EDBC Type Reason:** DER not reviewed  
**Criteria:** Valid MAGI Determination Status is Not Reviewed or Complete
- v. **EDBC Type Reason:** Case Not Linked to CalHEERS  
**Criteria:** Case Not Linked to CalHEERS

b. If 'Yes': EDBC rules will evaluate for MAGI and Non-MAGI

**B. Multi-Person Case with at least 1 Person as Mega Mandatory Eligible:**

EDBC rules will evaluate 1 Person as Mega Mandatory Eligible with corresponding aid code whereas other person(s) will follow rules based on steps stated above and will result in Regular EDBC with Active MEM Mega Mandatory Individual and Active MEM/FRI Non-MAGI/MAGI individual depending on newly introduced EDBC Type Reasons as Role Reasons.

**For instance:** Medi-Cal Program with 2 individuals – 1<sup>st</sup> is Mega Mandatory Eligible, 2<sup>nd</sup> is Potentially MAGI Eligible with MAGI Determination Pending

**EDBC Results:**

Regular EDBC

1<sup>st</sup> Individual: Active MEM with Pickle Aid Code 16

2<sup>nd</sup> Individual: Active FRI with Role Reason "MAGI Determination Pending"

**EDBC Information**

**Type:** Regular

**Recalculation:** No

**EDBC Ran for MAGI Only:** No

**Program Configuration**

**System Determination**

**EDBC Source:** Online EDBC Rules

**Program Status:** Active

**Note:** Overridden rows are in bold.

Name	DOB	Role	Role Reason	Status	Status Reason	Elected Benefit
<a href="#">Test, Pending</a>	08/08/1980	FRI	MAGI Determination Pending	Active		
<a href="#">Test2, Non-MAGI EL</a>	08/08/1980	MEM		Active		

**Reporting Configuration**

**Medi-Cal Summary**

**Note:** Overridden rows are in bold.

**Eligible Budgets for MEDS**

Test	Result	SOC	% Oblig	FBU	Aid Code	Members Tested	Role	Role Reason
<a href="#">Non-MAGI</a>	Pass	\$0	0.00	1	16	Test2, Non-MAGI EL	MEM	
						Test, Pending	FRI	Doesn't Meet Program Req.

**Failed and Overridden Budgets**

Test	Result	SOC	% Oblig	Aid Code	Members Tested	Role	Role Reason
No Data Found							

Close

- Update Medi-Cal EDBC rules to evaluate Optional Categorical before Medically Needy/Medically Indigent.

### 2.1.3 Programs Impacted

Medi-Cal

### 2.1.4 Performance Impacts

No Impacts.

## 2.2 Requested Medi-Cal Type Detail Page

### 2.2.1 Overview

This page allows the worker to select Requested Medi-Cal Type for the Program Person to grant them specific eligibility. Outdated Requested Medi-Cal Types will be removed from the drop-down display and cannot be used any longer while creating new records.

### 2.2.2 Requested Medi-Cal Type Detail Mockup

**Requested Medi-Cal Type Detail**

\*- Indicates required fields

**Requested Medi-Cal Type Information**

Requested Medi-Cal Type: \*      Begin Month: \*      End Month:

- Select -      [ ] [ ]      [ ] [ ]

Save and Return      Cancel

Save and Return      Cancel

Figure 2.1.1 – Requested Medi-Cal Type Detail page

### 2.2.3 Description of Changes

1. Remove the following options from the Requested Medi-Cal Type drop down when adding new records:
  - a. No Potential MAGI
  - b. 1931 for Adult Minor Parent
  - c. Medi-Cal – Property Disregard
  - d. Medi-Cal – No Property Information
  - e. Express Lane Adults 19-64
  - f. Express Lane Parents 19-64
  - g. Express Lane Under 19

If a historical record exists with one of the removed Requested Medi-Cal Type, worker will be able to edit the existing record although a new record cannot be added with removed Requested Medi-Cal Type.

### 2.2.4 Page Location

- **Global: Case Summary**
- **Local: Medi-Cal Detail**
- **Task: Medi-Cal Person Detail > Requested Medi-Cal Type Detail**

### **2.2.5 Security Updates**

N/A

### **2.2.6 Page Mapping**

N/A

### **2.2.7 Page Usage/Data Volume Impacts**

N/A

## **2.3 [Automated Regression Test]**

### **2.3.1 Overview**



[Provide an overview of the automated regression test that needs to be updated.]

### **2.3.2 Description of Change**

1. [Provide a detailed description of what needs to be updated in the automated regression test.]
  - a. Sub point (if needed)
    - i. additional sub point (if needed)
      1. Additional sub point (if needed)
2. Next Change (if needed)

### 3 SUPPORTING DOCUMENTS

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Number	Functional Area	Description	Attachment
1	Policy	ACWDL 17-03: Revised Medical Hierarchy	 ACWDL 17-03.pdf
2	Policy	ACWDL 18-16: Applications or Renewals with No Potential Modified Adjusted Gross Income Eligibility	 ACWDL 18-16.pdf

## 4 REQUIREMENTS

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### 4.1 Project Requirements

REQ #	REQUIREMENT TEXT	How Requirement Met
2.4.3.14	The LRS shall display results to COUNTY-specified Users after each eligibility determination, for User review and the editing of information, as necessary.	Eligibility will be determined for each group where the applicant/beneficiary has potential Medi-Cal eligibility.

## 5 APPENDIX

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1. **The Systems:** "The Systems" refers to both CalSAWS and C-IV Systems.  
For instance, if the document mentions the below:
  - The Systems must add ....That implies:
  - Both CalSAWS and C-IV must add ....