

Design Document

CA-209109/CIV-104415

Add Full/Restricted Scope verbiage for Young Adult Expansion MAGI NOAs (CH-139211)

Version 1.0

| | DOCUMENT APPROVAL HISTORY | |
|--|---------------------------|-----------------|
| CalACES | Prepared By | Nithya Chereddy |
| CALIFORMA AUTOMATED CONSORTIUM ELIGIBLITY SYSTEM | Reviewed By | |

| DATE | DOCUMENT VERSION | REVISION DESCRIPTION | AUTHOR |
|------------|---------------------|----------------------------------|-----------------|
| 06/24/2019 | 1.0 | Initial version | Nithya Chereddy |
| 08/22/2019 | 1.1 | Updated Spanish verbiage for CIV | Nithya Chereddy |
| | | | |
| | | | |
| | | | |

Table of Contents

| 1 | 0 | Overview | 4 |
|---|-----|-----------------------------|----------|
| | 1.1 | Current Design | 4 |
| | 1.2 | Requests | 4 |
| | 1.3 | Assumptions | 4 |
| 2 | Re | ecommendations | 5 |
| | 2.1 | Correspondence | 5 |
| | 2. | .1.1 Overview | 5 |
| | 2. | .1.2 Description of Changes | <i>6</i> |
| 3 | Su | upporting Documents | 13 |
| 4 | | equirements | |
| | 4.1 | Project Requirements | 15 |
| 5 | Α | ppendix | |
| | | 'The System' Definition | |

1 OVERVIEW

SCRs CA-206941/ CIV-103662 implemented the CalHEERS eHIT: Young Adult Expansion 19 to 25 Years of Age (CH-139211) effort. These SCRs updated the system to grant full scope Medi-Cal to eligible young adults 19-25 years of age, inclusive, regardless of citizenship or immigration status.

1.1 Current Design

When the system grants full scope/restricted scope to MAGI participants, a NOA is generated which explains their eligibility for the approval or change of the scope.

The NOA generated for the Young Adult Expansion scenarios currently does not have the updated verbiage.

1.2 Requests

Effective date the existing full scope or restricted scope fragments to populate if the NOA is generated prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date.

Populate the new State provided fragments on the 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.

1.3 Assumptions

- 1) These SCRs 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) There will be no changes to Non-MAGI full scope and/or restricted scope fragments with this SCR. SCRs CA-209232 CIV-104457 will introduce the new Non-MAGI fragments for YAE.
- 3) The newly added MAGI fragments will be available only in English and Spanish with this effort. Threshold will be added with the SCRs CA-209956 CIV-104826.
- 4) The existing NOAs will continue to generate in the threshold languages if all fragments on a NOA are available in that language (existing framework in LRS and C-IV).
- 5) **CIV** The state provided verbiage had been updated to match CIV's current functionality.
 - Example update: We counted your <Person>'s household size and income to make our decision.
- 6) **CIV-** MAGI regulations verbiage has been removed from the State Provided verbiage as CIV can use the existing MAGI regulations fragment.
- 7) **LRS –** The following update has been made to the 2nd sentence in MAGI regulations section of the State provided verbiage as Hearing rights are on the back of the first page of the Notice. The updated verbiage matches the existing verbiage.

- a. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page on the back of the first page of this notice to learn how to appeal.
- 8) **CIV -** The following CIV MAGI full scope/restricted scope fragments which populate on the NOAs if the Benefit Month Begin Date is prior to SB 75 effective date, which contain no reference to age, will continue to generate as per existing functionality.
 - a. MSG_MAGI_RETRO_RESTRICTED_APPROVAL
 - b. MSG_MAGI_RESTRICTED_APPROVAL
 - c. MSG_MAGI_FULL_TO_RESTRICTED_BENEFIT_CHANGE
 - d. MSG_MAGI_RESTRICTED_TO_FULL_BENEFIT_CHANGE
 - i. Note: LRS does not have the corresponding fragments without age reference.
- 9) **CIV -** MAGI messages on the NOA are ordered to have the following fragments added at the end of the individual action messages.
 - a. MSG_MAGI_INFORMATION_MESSAGE
 - b. MSG_MAGI_APPROVAL_OR_CHANGE_ REGULATION

Note: The existing rule _325MAGIMessages has the ordering logic for MAGI messages.

- 10) One-time batches to reevaluate Medi-Cal for young adults age 19-25, inclusive, from restricted scope Medi-Cal to full scope Medi-Cal will be addressed in SCRs CA-208241/CIV-104022 in a future release based on DHCS guidance. The SCRs will provide lists of any processing exceptions to the County for follow-up.
- 11) Medi-Cal age batches will be modified due to Young Adult Expansion. The age 19 and age 21 Medi-Cal batches will be updated and a new age 26 batch to re-evaluate young adults turning age 26 will be addressed in SCRs CA-207950/CIV-103874 in a future release. Existing reports regarding age batch processing will be updated according to the changes implemented with these age batches.
- 12) **LRS:** Per existing system functionality, GEN 1365 will be added to all the envelopes mailed to the customer.
- 13) **CIV:** 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 set to Yes.

2 RECOMMENDATIONS

2.1 Correspondence

2.1.1 Overview

1. Effective date the existing full scope or restricted scope fragments to populate if the NOA is generated prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date.

Example: Following are the scenarios where the existing fragments are populated on the NOA

- NOA is generated before the Young Adult Expansion Start date
- o 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.

- Add the new State provided fragments to the system to populate on the 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: Following are the scenarios where the new fragments are populated on the NOA.
 - NOA is generated on 11/20/2019 or later for the benefit month begin date of 01/01/2020 or later
- 3. CIV Suppress the MSG_MAGI_INFORMATION_MESSAGE on the NOA if the new Restricted-Scope Retro Approval or Restricted-Scope Approval are generated, as the new fragments has the MAGI information message verbiage.
- 4. CIV Order the messages on the MAGI NOA to populate the new MAGI fragments before the MAGI regulations fragment.

2.1.2 Description of Changes

2.1.2.1 Effective date Existing Fragments

Effective date the following fragments/NOAs to populate on the NOA if the NOA is generated prior to Young Adult Expansion Start date or benefit month begin date is prior to the Young Adult Expansion effective date.

| C-IV Fragments | Rules to Update |
|--|---|
| MSG_MAGI_RETRO_RESTRICTED_APPROVAL_DATED | _700RetroMAGIRestrictedScopeApprovalMe ssage |
| MSG_MAGI_RESTRICTED_APPROVAL_DATED | _700MAGIRestrictedScopeApprovalMessage |
| MSG_MAGI_FULL_TO_RESTRICTED_BENEFIT_CH ANGE_DATED | _700MAGIFullToRestrictedScopeMessage |
| MSG_MAGI_RESTRICTED_TO_FULL_BENEFIT_CH ANGE_DATED | _700MAGIRestrictedToFullScopeMessage |

| LRS Fragments | Rules to Update |
|----------------------------------|---|
| H_AP_RESTRICTED_SCOPE_RETRO_H906 | _700MagiRetroApprovals (Fragment Id 7008) |
| H_AP_RESTRICTED_SCOPE_APP_H907 | _700MagiAprovals (Fragment ID 7009) |

| H_CH_FULL_SCOPE_TO_RESTRICTED_SCOPE_H 801 | _700MagiScopeChanges (Fragment ID 7027) |
|--|---|
| H_CH_RESTRICTED_SCOPE_TO_FULL_SCOPE_H 802 | _700MagiScopeChanges (Fragment ID 7028) |

- Supporting Documents #1 through #4 have the updated FDDs for LRS. The updates are highlighted.
- Supporting Document #9 has the existing fragments verbiage.

2.1.2.2 Add New MAGI Fragments

Generate the new fragments on the 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.

Note: The existing trigger conditions to generate the NOA/fragment for Retro restricted scope approval, Restricted scope approval, Full scope to restricted scope change or Restricted scope to full scope change will remain the same for the new fragments. The update is to only effective date the existing fragments and populate the new fragments if the NOA is generated after the Young Adult Expansion Start Date and the benefit month is on or after the Young Adult Expansion Effective Date.

 Supporting Documents #5 through #8 are the FDDs for newly added fragments.

2.1.2.3 Add new Fragment Text and Variable Population

Following is the verbiage and variable population for the newly added fragments.

Note: LRS - The variables HouseholdSize, Magilncome, MagilncomeLimit can be populated from MAGI Determination using the getMAGIDetermination method similar to existing fragment data population.

2.1.2.3.1 Restricted-Scope Retro Approval

CIV

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 U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. 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 restricted scope 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.

We counted <Person>'s household size and income to make our decision.

LRS

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 U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get or may have already received other notices about your eligibility for other time periods. This notice is only telling you that you got restricted scope Medi-Cal coverage for {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.

We counted your household size and income to make our decision.

For Medi-Cal, your household size is {HouseholdSize} and your monthly household income is {Magilncome}. The monthly Medi-Cal income limit for your household size is {MagilncomeLimit}. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.

{MagiRegulation} 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.

2.1.2.3.1.1 Variable Population

| CIV/LRS | Variable Name | Data population | |
|--------------|-----------------|---|--|
| CIV Specific | Person | Name of the person associated to the action | |
| CIV & LRS | BenefitMonth | The approved retro month in the format of MM/YYYY | |
| LRS Specific | HouseholdSize | Number of family members used in determining MAGI Medi- Cal eligibility | |
| LRS Specific | Magilncome | Modified Adjusted Gross Income for the Customer's household used in determining MAGI Medi-Cal eligibility in the format of "\$500.00" | |
| LRS Specific | MagilncomeLimit | Maximum Modified Adjusted Gross Income limit for the household in the format of "\$4,000.00" | |
| LRS Specific | MagiRegulation | Rules defined by Federal/State by AID code | |

2.1.2.3.2 Restricted Scope Approval

CIV

| <person> has been approved for only restricted scope Medi-Cal because <person> is 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under 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, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask <person>'s medical provider.</person></person></person></person></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 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, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your 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 <<u>Person>'s</u> citizenship or immigration status that you can give us now, or want to let us know you

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

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.

We counted <Person>'s household size and income to make our decision.

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.

We counted your household size and income to make our decision.

For Medi-Cal, your household size is <HouseholdSize> and your monthly household income is <Magilncome>. The monthly Medi-Cal income limit for your household size is <MagilncomeLimit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your citizenship or satisfactory immigration status.

<MagiRegulation> 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.

2.1.2.3.2.1 Variable Population

| CIV/LRS | Variable Name | Data population |
|--------------|-----------------|---|
| CIV Specific | Person | Name of the person associated to the action |
| CIV & LRS | BeginDate | Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019 |
| LRS Specific | HouseholdSize | Size of the MAGI Household |
| LRS Specific | Magilncome | Modified Adjusted Gross Income for the Customer's household used in determining MAGI Medi-Cal eligibility in the format of "\$500.00" |
| LRS Specific | MagilncomeLimit | Maximum Modified Adjusted Gross Income limit for the household in the format of "\$4,000.00" |
| LRS Specific | MagiRegulation | Rules defined by Federal/State by AID code |

2.1.2.3.3 Full scope to restricted scope

LRS

Important change to <Person>'s benefits. <Person>'s Medi-Cal will change 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 this 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, your Medi-Cal changed to restricted scope.

Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call <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.

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.

Important change to your benefits. Your Medi-Cal will change to restricted scope on <BeginDate>.

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 this 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 changed to restricted scope.

Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call your medical provider.

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.

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.

<MagiRegulation> 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.

2.1.2.3.3.1 Variable Population

| CIV/LRS | Variable Name | Data population |
|--------------|----------------|---|
| CIV Specific | Person | Name of the person associated to the action |
| CIV and LRS | BeginDate | Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019 |
| LRS Specific | MagiRegulation | Rules defined by Federal/State by AID code |

2.1.2.3.4 Restricted scope to full scope

| CIV | LRS |
|---|--|
| Good news! <person>'s Medi-Cal changed to full scope on <begindate>.</begindate></person> | Good news! Your Medi-Cal changed to full scope on <begindate>.</begindate> |

changes.

<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, pregnancy related, or long-term care 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.

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

Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.

<MagiRegulation> 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.

2.1.2.3.4.1 Variable Population

| CIV/LRS | Variable Name | Data population |
|--------------|----------------|---|
| CIV Specific | Person | Name of the person associated to the action |
| CIV and LRS | BeginDate | Benefit month begin date in the format of Month DD, YYYY example: July 01, 2019 |
| LRS Specific | MagiRegulation | Rules defined by Federal/State by AID code |

2.1.2.4 Regulations

The regulations of the existing fragments will be used for the corresponding new fragments.

- CIV CODE DETL with CATGRY ID = 662
 - Fragment ID 494 for Restricted to full scope change
 - Fragment ID 493 for full to restricted scope
 - Fragment ID 492 for restricted approval
 - Fragment ID 491 for retro restricted approval
- LRS CODE DETL with CATGRY ID = 662
 - o Fragment ID 7028 for Restricted to full scope change
 - Fragment ID 7027 for full to restricted scope
 - Fragment ID 7009 for restricted approval
 - Fragment ID 7008 for retro restricted approval

Supporting Document #10 has the regulations for the existing fragments.

Note: LRS - Due to current technical difficulties the newly added Spanish NOA will have regulations listed in English.

2.1.2.5 Update MAGI Information Message – CIV only

- 1) Update the MSG_MAGI_INFORMATION_MESSAGE fragment to populate the text "<Person> received restricted scope Medi-Cal because you did not provide proof of <Person>'s U.S. citizenship or satisfactory immigration status." along with the existing message when the following new fragments are populated on the NOA.
 - Restricted-Scope Retro Approval
 - Restricted-Scope Approval

| Existing Verbiage | Updated verbiage to populate on Restricted- Scope Retro Approval and Restricted-Scope Approval NOAs |
|---|--|
| For Medi-Cal, <person>'s household size is <householdsize> and ,<person>'s monthly household income is <magilncome>. The monthly Medi-Cal income limit for <person>'s household size is <magilncomelimit>. <person>'s income is below this limit, so <person> qualifies for Medi-Cal.</person></person></magilncomelimit></person></magilncome></person></householdsize></person> | For Medi-Cal, <person>'s household size is <householdsize> and ,<person>'s monthly household income is <magilncome>. The monthly Medi-Cal income limit for <person>'s household size is <magilncomelimit>. <person>'s income is below this limit, so <person> qualifies for Medi-Cal. <person> received restricted scope Medi-Cal because you did not provide proof of <person>'s U.S. citizenship or satisfactory immigration status.</person></person></person></person></magilncomelimit></person></magilncome></person></householdsize></person> |

Note: The above update is for both English and Spanish fragments. Spanish translations for the added verbiage will be attached to Supporting document #11.

3 SUPPORTING DOCUMENTS

| Number | Functional Area | Description | Attachment |
|--------|-----------------|---|--|
| 1 | Correspondence | Existing MAGI - Restricted Scope - Retro NOA | NOA_H906A_7008_F DD.docx |
| 2 | Correspondence | Existing MAGI - Restricted Scope – Approval NOA | NOA_H907A_7009_F DD.docx |
| 3 | Correspondence | Existing MAGI - Full Scope to Restricted Scope NOA | NOA_H801C_7027_F DD.docx |
| 4 | Correspondence | Existing MAGI - Restricted Scope to Full Scope NOA | NOA_H802C_7028_F DD.docx |
| 5 | Correspondence | New MAGI - Restricted Scope - Retro NOA | Restricted Scope Retro.docx |
| 6 | Correspondence | New MAGI - Restricted Scope – Approval NOA | Restricted Scope.docx |
| 7 | Correspondence | New MAGI - Full Scope to Restricted Scope NOA | Full Scope to Restricted Scope.do |
| 8 | Correspondence | New MAGI - Restricted Scope to Full Scope NOA | Restricted Scope to Full Scope.docx |
| 9 | Correspondence | Existing Fragments Verbiage | Existing Fragment Verbiage SCR CIV-1(|

| Number | Functional Area | Description | Attachment |
|--------|-----------------|---------------------------------|--|
| 10 | Correspondence | Existing Fragment's regulations | Existing fragment's Regulations.xls |
| 11 | 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 identify case actions that require a notice, NOA, form, letter, stuffer, or flyer, and shall generate that appropriate notice, NOA, form, letter, stuffer, or flyer, using variable case-specific information. | LRS will generate the NOAs with the updated verbiage with respect to Young Adult Expansion scenarios. |

5 APPENDIX

5.1 'The System' Definition

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

For instance, if the document mentions the below:

- Update The System to...

That implies:

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