

Design Document

CA-209232/CIV-104457

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

Version 1.0

	DOCUMENT APPROVAL HISTORY	
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1 OVERVIEW

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

1.1 Current Design

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

1.2 Requests

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

1.3 Overview of Recommendations

- 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.
- 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

2.1 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

 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

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> aualified 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.

LRS

<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

- 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

<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.

LRS

<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, 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 <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

- 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.

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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
C-14	LIVO

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

- 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

- 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.
 - Restricted scope retro approval fragment
 - Restricted scope approval fragment
 - Full to restricted scope change fragment
 - Restricted to full scope change fragment
 - 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)

- 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_ SPD.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_ SPD.docx
5	Correspondence	New Non-MAGI - Restricted Scope - Retro NOA	NOA_M134A_6564_ SPD.Doc - Retro Res
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 fragi

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

4 REQUIREMENTS

4.1 Project Requirements

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

5 APPENDIX

5.1 'The Systems' Definition

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

For instance, if the document mentions the below:

- Update The Systems to...

That implies:

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