

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-202778 | CIV-7564

Revised Medi-Cal Hierarchy

		DOCUMENT APPROVAL HISTORY
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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 2.1.2.3	Tisha Mutreja
10/18/2019	1.0	Added No Potential MAGI Criteria to recommendation 2.1.2.1	Tisha Mutreja
10/25/2019	1.0	Added Online Recommendation to 2.2	Mathew Lower
11/1/2019	1.0	Added More than 1 Person Case Scenario to Recommendation 2.1.2.3	Tisha Mutreja
11/18/2019	1.0	Update logic for More than 1 Person Case Scenario to Recommendation 2.1.2.3 after Committee Feedback	Tisha Mutreja
11/27/2019	1.0	Automated Regression Section added	William Baretzky
12/04/2019	1.0	Updated document to Define 'No Potential MAGI' as 'Potential MAGI' Also, Updated Recommendation 2.2.2.2 to add 'Aged' in the criteria	Tisha Mutreja
12/18/2019	1.0	Committee Approved Draft	Tisha Mutreja
02/24/2020	1.1	Content Revision highlighted in yellow	Tisha Mutreja
03/10/2020	1.2	Content Revision redefined EDBC Type Reasons and household definition highlighted in yellow	Tisha Mutreja

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1 OVERVIEW

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 "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 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. Medicare Savings Programs (MSP)
 1. Qualified Medicare Beneficiary (QMB)
 2. Specified Low Income Medicare Beneficiary (SLMB)
 3. Qualifying Individual QI1)
 4. Qualified Working Disabled Individual (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 such as –

- Former Foster Youth(4M)
- AAP EFC(07), AAP Federal(03), AAP State(04)
- FC Unpaid(45), ICAMA(06), ICPC(46), KG Federal(4T)
- Child Welfare Services Medi-Cal

Or

are tracked only in Other Program Assistance (e.g. SSI/SSP).

Also, 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 on the case only without requiring a MAGI Determination (per ACWDL 18-16). The individual is considered “No Potential MAGI” eligible when there is no MAGI Medi-Cal eligibility due to:

- a. being aged or blind/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 to 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%) must be evaluated before Medically Needy/Medically Indigent programs (ABD MN, AFDC MN, MI Child, MI Pregnant). The Mega Mandatory group must be evaluated before MAGI Medi-Cal; therefore, a MAGI Determination is not required to test for Mega Mandatory.

Incorporate the check for 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.”

Create an automatic Journal Entry when EDBC determines MAGI Determination is not required.

1.3 Overview of Recommendations

1. Remove the MAGI hard validations from Run EDBC and Manual EDBC page that requires a MAGI Determination prior to running Medi-Cal EDBC for Requested Medi-Cal Type "Medi-Cal" when at least one of the person on the Medi-Cal program block has Full Medi-Cal Hierarchy = 'Yes'.
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 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
6. Update Batch EDBC Skip Reasons for Requested Medi-Cal Type "Medi-Cal" when at least one of the person on the Medi-Cal program block has Full Medi-Cal Hierarchy = 'Yes'.
7. Create a Journal Entry for cases where EDBC determines MAGI Determination is not required for the household.

1.4 Assumptions

1. Medi-Cal programs not explicitly mentioned in the Description of Changes will retain their existing logic in the Medi-Cal hierarchy.
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. No changes to MEDS. Read-Only EDBCs will not be communicated to MEDS.
5. Fields not mentioned in the Description of Changes sections, will not be updated.

2 RECOMMENDATIONS

2.1 Requested Medi-Cal Type Detail Page

2.1.1 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.

2.1.2 Requested Medi-Cal Type Detail Mockup

The screenshot shows a web form titled "Requested Medi-Cal Type Detail". At the top left, there is a red asterisk icon followed by the text "*- Indicates required fields". At the top right, there are two blue buttons: "Save and Return" and "Cancel". Below this is a blue header bar with the text "Requested Medi-Cal Type Information". Underneath the header, there are three fields: "Requested Medi-Cal Type: *" with a dropdown menu showing "- Select -", "Begin Month: *" with a text input field and a calendar icon, and "End Month:" with a text input field and a calendar icon. At the bottom right, there are two more blue buttons: "Save and Return" and "Cancel".

Figure 2.1.1 – Requested Medi-Cal Type Detail page

2.1.3 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 Types, the Worker will be able to edit the existing record although the record cannot be updated to use a removed Requested Medi-Cal Type.

2. Generate a list for records with the above mentioned Requested MC Types in #1 for counties to take appropriate actions. Refer to section 5 'Outreach' for further details.

2.1.4 Page Location

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

2.1.5 Security Updates

N/A

2.1.6 Page Mapping

N/A

2.1.7 Page Usage/Data Volume Impacts

N/A

2.2 Eligibility Rules Update

2.2.1 Overview

Remove the hard validation on the Run EDBC and Create Manual EDBC pages that prevents a Worker from running Medi-Cal EDBC without a valid MAGI Determination. Update the Medi-Cal EDBC Rules to evaluate for Mega Mandatory eligibility first in the Medi-Cal Hierarchy, to include the "Potential MAGI" criteria for the "Medi-Cal" Requested Medi-Cal Type and to evaluate Optional Categorical before Medically Needy/Medically Indigent in the Medi-Cal Hierarchy.

2.2.2 Description of Changes

1. Update the page validations on the Run EDBC and Create Manual EDBC pages to not prevent a Worker from running Medi-Cal EDBC without a valid MAGI Determination when at least one person on the Medi-Cal program is requesting to be run through the Full Medi-Cal Hierarchy.

Remove the below mentioned validations when all of the following criteria are true:

- i. there is at least one active, **ineligible** or pending individual on the Medi-Cal program with Customer Option: Full Medi-Cal Hierarchy = 'Yes'
 - ii. Requested Medi-Cal Type = 'Medi-Cal'
- a. **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.”
- b. **Validation Message:** “Medi-Cal: EDBC cannot be run for this program. All open applicants in the valid MAGI Determination are MAGI Pending eligible.”
 - c. **Validation Message:** “Medi-Cal: EDBC cannot be run for this program. All open applicants are required to be in the MAGI determination which is valid for this benefit month.”
2. Update Medi-Cal EDBC Rules to add the following “Potential MAGI” criteria to Requested Medi-Cal Type ‘Medi-Cal’ instead of using ‘No Potential MAGI’ Requested Medi-Cal Type to determine when a MAGI Determination is required.

MAGI Determination is not required when:

The **household*** is potentially Non-MAGI Medi-Cal eligible, with no MAGI Medi-Cal eligibility, due to being aged or blind/disabled **and** receiving Medicare, **and** there is no dependent child or pregnant person(s) in the household.

household*: Comprises of all individuals living ‘in the home’** or ‘temporarily out of home’ based on details on the Household page.
‘in the home’** : any individual with ‘in the home’ status on the household page or,
 no record exists for that individual on the page or,
 with the exception of ‘Excluded Step Parent’ regardless of the Household status or,
 with the exception of ‘Tax Dependent’ regardless of the Household status

- A person is considered aged when all the following are true:
 - a person who is age 65 or older for at least one day of 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
 - 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*
- 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 mentioned above then a MAGI Determination is required for a Full Medi-Cal Hierarchy determination. (See 2.2.2.3 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:

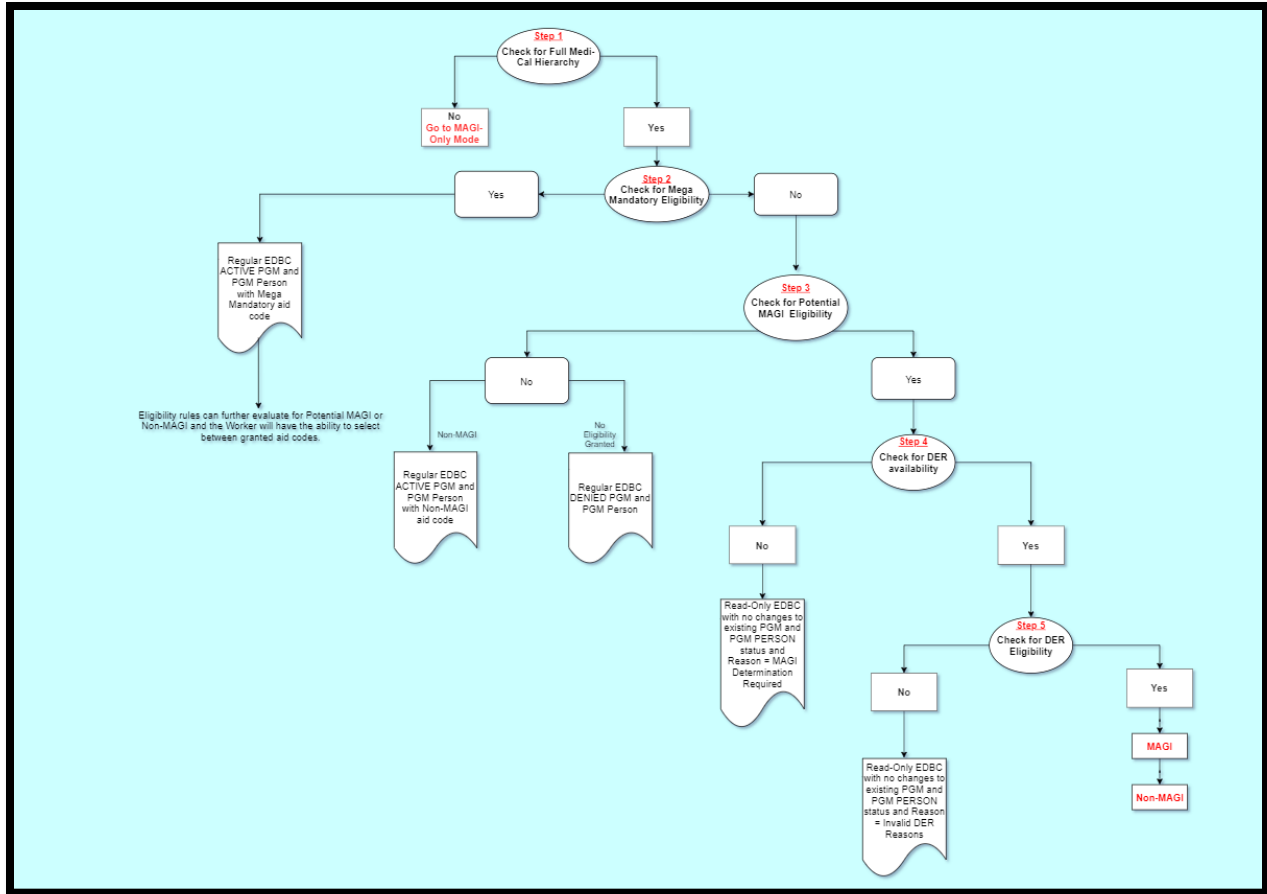


Figure 2.1.2.2 – Medi-Cal Hierarchy Flow Chart

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 "Potential MAGI" criteria.

Step 3: Check for "Potential MAGI" Eligibility.

- a. If 'No': 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.
- b. If 'Yes': EDBC rules will determine at this point that the individual is potentially eligible for MAGI and will check for DER availability if any.

Step 4: Check for "DER Availability".

- a. If 'No' and at least one individual is not Mega Mandatory Eligible: EDBC rules will create a "Read-Only" EDBC with no changes to existing PGM and PGM PERSON status and will let the Worker know that "MAGI Determination is Required".
 - Add the following new EDBC Type Reasons (CT_502)
 - i. **EDBC Type Reason:** MAGI Determination is Required
Criteria: No Determination is available for the case
 - ii. **EDBC Type Reason:** DER not reviewed
Criteria: None of the MAGI Determinations for the EDBC benefit month or prior has been 'Reviewed'
Technical Note: Matches existing criteria for CT707_MN
- b. If 'No' and all individuals are Mega Mandatory Eligible: EDBC rules will create a "Regular" EDBC with Active Program (PGM) and PGM Person and provide appropriate Mega Mandatory program aid code.
- c. If 'Yes': EDBC rules will further evaluate the eligibility of the available DER.

Step 5: Check for "DER Eligibility".

- a. EDBC rules will create a "Read-Only" EDBC with no changes to existing PGM and PGM PERSON status and will let the Worker know the "Invalid DER Reasons".
 - Add the following new EDBC Type Reasons (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
Technical Note: Matches existing criteria for CT707_DR (Should run for all Batches/Online similar to RE Batch as of today)
 - ii. **EDBC Type Reason:** MC Applicant missing on DER
Criteria: if any of the applicants is NOT on the Determination
Technical Note: Matches existing criteria for CT707_MA
 - iii. **EDBC Type Reason:** MAGI Determination is Pending for all applicants

Criteria: All open applicants in the valid MAGI Determination are MAGI Pending eligible

Technical Note: Matches existing criteria for CT707_MP

- b. If None of the above criteria is met, EDBC rules will evaluate for MAGI and Non-MAGI depending on the Determination Response.
 - c. If all individuals are Mega Mandatory Eligible: EDBC rules will not create a “Read-Only” instead will create a “Regular” EDBC with Active Program (PGM) and PGM Person and provide appropriate Mega Mandatory program aid code.
4. Update Medi-Cal EDBC rules to evaluate Optional Categorical before Medically Needy/Medically Indigent.

2.2.3 Programs Impacted

Medi-Cal

2.2.4 Performance Impacts

No Impacts.

2.3 Automatic Journal Entry

2.3.1 Overview

The Systems will create an automatic journal entry when EDBC determines MAGI Determination is not required.

2.3.2 Description of Change

1. Create a Journal Entry (one per EDBC run) for cases where EDBC determines the household does not require a MAGI Determination due to Recommendation 2.2.2.2.

The Journal Entry will be displayed as follows on Journal Detail page:

Journal Category: Eligibility

Journal Type: Program Status Update

Short Description: No Potential MAGI Medi-Cal Eligibility

Long Description: The system evaluated EDBC with No Potential MAGI Eligibility for the entire household for <Benefit Month>.

2.4 Batch EDBC

2.4.1 Overview

Update Batch EDBC Skip Reasons to not prevent running Batch EDBC without a valid MAGI Determination when at least one person on the Medi-Cal program is requesting to be run through the Full Medi-Cal Hierarchy.

2.4.2 Description of Change

1. Update the following EDBC Skip Reasons with the below mentioned conditions in addition to the existing criteria:
 - i. There is at least one active, ineligible or pending individual on the Medi-Cal program with Customer Option: Full Medi-Cal Hierarchy = 'Yes'
 - ii. Requested Medi-Cal Type = 'Medi-Cal'
 - a. Skip Reason (CT707_MN): MAGI Determination Not Received
 - b. Skip Reason (CT707_MP): All Individual's MAGI Determinations are Pending
 - c. Skip Reason (CT707_MA): Not all Applicants are in determination
 - d. Skip Reason (CT707_DR): Not all eligible people on the determination have an open Medi-Cal App

2.4.3 Execution Frequency

No Change

2.4.4 Key Scheduling Dependencies

No Change

2.4.5 Counties Impacted

All Counties

2.4.6 Data Volume/Performance

N/A

2.4.7 Failure Procedure/Operational Instructions

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

2.5 Automated Regression Test

2.5.1 Overview

Update the existing automated regression test (ART) scripts that use any of the deprecated Medi-Cal Request Type values to yield the same results using the new EDBC logic. Create new ART scripts to verify an individual result from each branch in the EDBC logic outlined in Figure 2.1.2.2 above.



2.5.2 Description of Change

1. Update the case setup steps of all existing ART scripts that use one (or more) of the Medi-Cal Request Types being removed to:
 - a. Select the 'Medi-Cal' request type
 - b. Yield the same EDBC results: Program Status, Person Status(es), Aid Code(s), associated Reason values where applicable
2. Create new ART scripts to set up appropriate case and Medi-Cal program constructs, and run EDBC to generate each of the following results, if not already covered under the previous recommendation:
 - a. MAGI-only
 - b. Mega Mandatory Eligible
 - i. **Note:** For any single Mega Mandatory group
 - c. No Potential MAGI: Eligible (Active)
 - d. No Potential MAGI: Not Eligible (Denied)
 - e. No available DER
 - f. No valid DER (Error)
 - g. Valid DER: Denied MAGI
 - i. **Note:** Non-MAGI may be Eligible or Not Eligible
 - h. Valid DER: Elect MAGI
 - i. Valid DER: Elect Non-MAGI

Note #1: Each result may be set up and verified alone, or in tandem with other results (e.g., when setting up a Medi-Cal program with multiple applicants).

Note #2: Each script must be able to execute without a live MAGI connection (i.e., using the CHEWS / MAGI Emulator).

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment
1	Policy	ACWDL 17-03: Revised Medi-Cal 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

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 OUTREACH

5.1 Lists

List will be generated for all the existing records with removed Requested MC Type after the Implementation of the SCR.

The list will display the standard columns.

Standard Columns:

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

List Name: Cases with Removed Requested MC Type

List Criteria: Cases that have an Active or Pending Medi-Cal program block with at least one high-dated Requested MC Type record for below types post the Implementation of the SCR :

- 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

Additional Columns:

- Requested MC Type

County Action: Counties to review the list to take appropriate actions for all the existing records with outdated Requested MC Type.

The list will be posted to the following locations:

System	Path
CalSAWS /LRS	CalSAWS Web Portal>System Changes>SCR and SIR Lists>2019>CA-202778
C-IV	CalSAWS Web Portal>System Changes>SCR and SIR Lists>2019>CIV-7564

6 APPENDIX

1. **The Systems:** "The Systems" refers to both CalSAWS/LRS and C-IV Systems.

For instance, if the document mentions the below:

- The Systems must add

That implies:

- Both CalSAWS/LRS and C-IV must add