

CalSAWS

California Statewide Automated Welfare System

Design Document

CA-217062

Enhancements to Revised MC Hierarchy

CalSAWS	DOCUMENT APPROVAL HISTORY	
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DRAFT

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1 OVERVIEW

This SCR is an enhancement to SCR CA-202778 Revised MC Hierarchy that went live with release 20.05 on May 17, 2020.

1.1 Current Design

As a part of the revised MC hierarchy rules, CalSAWS removed the page validations from Run EDBC and Manual EDBC pages that required a MAGI Determination prior to running Medi-Cal EDBC. The validations were moved to inside the EDBC rules so that if a household is determined to have no potential for MAGI eligibility or an individual is eligible to Mega mandatory, a MAGI Determination is not required. This update is specific to Requested Medi-Cal Type "Medi-Cal" when at least one of the persons on the Medi-Cal program block has Full Medi-Cal Hierarchy = 'Yes'.

The page validations were removed when all the following criteria are true:

- a. there is at least one active, ineligible, or pending individual on the Medi-Cal program with Customer Option: Full Medi-Cal Hierarchy = 'Yes'
 - b. Requested Medi-Cal Type = 'Medi-Cal'
- This criteria did not apply MAGI hard validations when EDBC determines to run in MAGI-Only mode due to some missing information.

The following Negative Action Reasons are considered MAGI-waived Negative Action Reasons:

- Inter County Transfer (ICT)
- Worker Initiated Skip CalHEERS
- Invalid MAGI Application
- MAGI Denial FTP
- Gets APTC

The Medi-Cal hierarchy rules set a Negative Action EDBC to Read-Only for 'MAGI Determination Required' when Full Medi-Cal Hierarchy is "Yes" for at least one person and determines at least one person is Potentially MAGI Eligible/Conditionally Eligible (EL/CE) even when the selected Negative Action Reason is MAGI waived.

Also, the Medi-Cal EDBC rules on the Negative Action EDBC page require MAGI Determination even when there is no CalHEERS case linkage which means no MAGI determination is associated with the case.

Currently, if Medi-Cal EDBC determines an individual to have no potential MAGI, the system evaluates eligibility only for Non-MAGI Medi-Cal and does not create the MAGI budget, even if there is a CalHEERS case linked and a valid DER is available. Since the valid DER is available, this leaves the eligibility in the CalHEERS Portal out of sync and will not close out a Non-MAGI Referral if one exists in the

DER.

The Medi-Cal rules have a 'Potential MAGI' check to determine when a MAGI Determination is or is not required. A MAGI Determination is not required when: The household* is potentially Non-MAGI Medi-Cal eligible, with no potential MAGI Medi-Cal eligibility when all individuals are:

- 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,
except for 'Excluded Step Parent' regardless of the Household status
or,
except for '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

The Medi-Cal rules define a dependent child in the 'Potential MAGI' check only as a Parent/Child relationship. This restrictive interpretation misses the potential MAGI eligibility for Caretaker Relatives in the household.

The Manual EDBC page requires a MAGI Determination with the same rules as the Run EDBC page. Since the Manual EDBC page is used when the system data is incomplete or unavailable, or when regulations change prior to the System being updated, the Manual EDBC for Medi-Cal should not require a MAGI Determination.

Medi-Cal EDBC waives the need of a MAGI Determination if the below are both true:

1. No MAGI Determination has been received for a Medi-Cal application which is open and valid for the EDBC benefit month
2. All applicants across all Medi-Cal programs on the case have a MAGI-waived Requested Medi-Cal Type for the EDBC benefit month

MAGI-waived Requested Medi-Cal Types include the following:

- LTC
- DDS HCBS Waiver
- Medi-Cal In Home Operations Waiver
- Former Foster Youth
- Medicare Premium Payment Programs

When a case has more than one Medi-Cal program, if an entire Medi-Cal program has only a MAGI-waived Requested Medi-Cal Type and another Medi-Cal program does not have MAGI-waived Requested Medi-Cal Type(s), the system does not allow Medi-Cal EDBC to run on the MAGI-waived-only Medi-Cal program without a MAGI Determination.

1.2 Requests

1. Update the Medi-Cal Hierarchy EDBC rules to not require a MAGI Determination for the below scenarios:
 - a. There is no CalHEERS case linkage even if at least one person on the case is potentially MAGI Eligible/Conditionally Eligible
 - b. On the Manual EDBC Page irrespective of the selected Requested Medi-Cal Type or the answer to 'Full Medi-Cal Hierarchy'

- c. For the following MAGI-waived Negative Action Reasons:
 - i. Inter County Transfer (ICT)
 - ii. Worker Initiated Skip CalHEERS
 - iii. Invalid MAGI Application
 - iv. MAGI Denial FTP
 - v. Gets APTC
 - d. All individuals on the Medi-Cal program have a MAGI-waived Requested Medi-Cal Type for the Benefit Month
2. Update the Medi-Cal Hierarchy EDBC rules to require all MAGI Hard Validations on the Run EDBC Page when running in MAGI-only mode even when there is at least one person with Full Medi-Cal Hierarchy = 'Yes'.
 3. Update the EDBC Rules on the Manual EDBC page to not require MAGI Determination irrespective of value selected in the Requested Medi-Cal Type dropdown.

1.3 Overview of Recommendations

Update EDBC rules on the Run EDBC Page, Negative Action Page and Manual EDBC Page to enhance the system functionality on Medi-Cal Hierarchy rules implemented with SCR CA-202778 Revised MC Hierarchy.

1.4 Assumptions

Not Applicable

2 RECOMMENDATIONS

2.1 Eligibility Rules Update

2.1.1 Overview

Medi-Cal EDBC rules will be updated on Negative Action page, Run EDBC page and Manual EDBC page to not require MAGI Determination. Also, the definition of the dependent child for the "Potential MAGI" check will be updated. The No Potential MAGI Hierarchy rules will be updated to use the valid MAGI Determination in EDBC for MAGI eligibility.

2.1.2 Description of Changes

1. Update the Medi-Cal EDBC rules on the Negative Action EDBC page to not require MAGI Determination when:
 - a. there is no CalHEERS case linkage even if the value selected for Requested Medi-Cal Type is "Medi-Cal" and Full Medi-Cal Hierarchy is set to "Yes".
 - b. using the below MAGI-waived Negative Action Reasons:
 - i. Inter County Transfer (ICT)
 - ii. Worker Initiated Skip CalHEERS
 - iii. Invalid MAGI Application
 - iv. MAGI Denial FTP
 - v. Gets APTC
2. Update the page validation on the Run EDBC and Negative Action EDBC Page to not require a MAGI Determination for a Medi-Cal Program with only MAGI-waived Requested Medi-Cal Types for the benefit month.

For instance:

A mixed case with two Medi-Cal Program blocks.

- Medi-Cal#1 has Person1 with Requested Medi-Cal Type 'Medi-Cal'
- Medi-Cal#2 has Person2 with Requested Medi-Cal Type 'LTC'.

While running EDBC, the user should be able to run Medi-Cal #2 without requiring a MAGI Determination since 'LTC' is a MAGI-waived Requested Medi-Cal Type.

3. Update the page validation on the Run EDBC page to add the MAGI hard validations that were removed with CA-202778 when running EDBC in MAGI-only mode even if at least one individual has the Full Medi-Cal Hierarchy value is set to 'Yes'.

- 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."
4. Update the Medi-Cal EDBC rules on the Manual EDBC Page to not require a MAGI Determination, irrespective of the selected value of Requested Medi-Cal Type or the Full Medi-Cal Hierarchy value.
 5. Update the No Potential MAGI Hierarchy rules to use the valid MAGI Determination in EDBC for MAGI eligibility, if exists.
 - a. Update Medi-Cal EDBC rules to default the benefit election value to "Non-MAGI" both on the Medi-Cal EDBC Summary Page and in Batch EDBC if an individual is eligible to both MAGI and Non-MAGI and meets the No Potential MAGI criteria

The "Elect" feature on the Medi-Cal EDBC Summary Page will still let the user decide between MAGI and Non-MAGI, if needed, before Accept and Save.

Note: The existing Disposition logic will determine if a disposition is sent based on the DER used in the EDBC.

6. Update the definition of "dependent child" for the Potential MAGI check logic if one of the below criteria is true for at least one day of the benefit month:
 - a. 'Has Parental Control' is checked on the Relationship Detail page for a child in the household, Or
 - b. 'Caretaker Relative' is answered on the Tax Household Detail Page, Or
 - c. The child's "Parent (Biological/Adoptive)" is in the household

2.2 Automated Regression Test

2.2.1 Overview

2.2.2 Description of Change

3 SUPPORTING DOCUMENTS

Number	Functional Area	Description	Attachment

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.