

This LEA Tape Match Record Layout is available to assist with implementation of the tape match record layout changes.

The LEA Tape Match record layout changes are included in Attachment A of the Data Use Agreement and will become effective 12/1/2012.

Notable Input and Output changes include:

- Social Security number (position 1-9) is not required but is strongly recommended
- If the Social Security number is not available it is recommended that the child residence County Code be provided (position 104-105)
- If a match is made the output will include the BIC Date (position 120-128)
- All data beyond position 263 will no longer be provided

The following updates to the eligibility match program logic have been made:

- First search: Looks by SSN for match
 - If no SSN provided -
- Second search: Looks by Last Name, First Name and DOB for match
 - If there are multiple matches -
- Third search: Looks by Last Name, First Name, DOB and County Code
 - If there are still multiple matches within the county the record will be returned with a "Y", Yes, in the match indicator field (134) and no other data will be provided (135-263 will be blank).
- If no match is provided it is recommended that LEA do further research on this student for accurate eligibility.

Department of Health Care Services
Administrative Support/LEA Program Unit

LEA Input File Fields Layout					
Field Position	Field Name	Field Content	Format	Optional/Required	Character Size
1-9	Social Security Number	SSN	Alpha/Numeric	Optional	9
10-29	Last Name	Name	Alpha	Required	20
30-44	First Name	Name	Alpha	Required	15
45	Middle Initial	MI	Alpha	Optional	1
46-53	Date of Birth (CCYYMMDD)	DOB	Numeric	Required	8
54	Sex	M or F	Alpha	Optional	1
55-63	Provider ID	First 9 characters of the NPI number or the Medi-Cal provider ID number.	Numeric	Required	9
64-83	School Name	First 20 characters	Alpha	Optional	20
84-103	User Data	User defined fields	Alpha/Numeric	Optional	20
104-105	County Code	County Code	Numeric	Optional	2

**Department of Health Care Services
Administrative Support/LEA Program Unit**

LEA Output File Fields Layout					
Field Position	Field Name	Field Content	Format	Optional/Required If Applicable	Character Size
1-9	Social Security Number	SSN	Alpha/Numeric	Optional	9
10-29	Last Name	Name	Alpha	Required	20
30-44	First Name	Name	Alpha	Required	15
45	Middle Initial	MI	Alpha	Optional	1
46-53	Date of Birth (CCYYMMDD)	DOB	Numeric	Required	8
54	Sex	M or F	Alpha	Optional	1
55-63	Provider ID	First 9 characters of the NPI number or the Medi-Cal provider ID number.	Numeric	Required	9
64-83	School Name	First 20 characters	Alpha	Optional	20
84-103	User Data	User defined fields	Alpha/Numeric	Optional	20
104-105	County Code	County Code	Numeric	Optional	2
106-119	BIC ID	BIC ID	Alpha/Numeric	If Applicable	14
120-127	BIC Issue Date (CCYYMMDD)	BIC Issue Date	Numeric	If Applicable	8
128-133	Filler	Blank	Blank	Blank	6
134	Match Indicator	Y or N	Alpha	Y or N	1
135	Record Eligibility Indicator	Y, N or Blank if Multiple Matches	Alpha	Y, N or Blank	1
136	Filler	Blank	Blank	Blank	1

137	Current Month Data Eligibility Indicator	Y or N	Alpha	Y or N	1
138-142	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
143-144	Certification Date	Date	Numeric	If Applicable	2
145	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
146	History Data- January Eligibility Indicator	Y or N	Alpha	Y or N	1
147-151	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
152-153	Certification Date	Date	Numeric	If Applicable	2
154	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
155	History Data- February Eligibility Indicator	Y or N	Alpha	Y or N	1
156-160	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
161-162	Certification Date	Date	Numeric	If Applicable	2
163	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
164	History Data- March Eligibility Indicator	Y or N	Alpha	Y or N	1
165-169	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
170-171	Certification Date	Date	Numeric	If Applicable	2
172	OHC Indicator	OHC Indicator	Alpha	If Applicable	1

173	History Data- April Eligibility Indicator	Y or N	Alpha	Y or N	1
174-178	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
179-180	Certification Date	Date	Numeric	If Applicable	2
181	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
182	History Data- May Eligibility Indicator	Y or N	Alpha	Y or N	1
183-187	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
188-189	Certification Date	Date	Numeric	If Applicable	2
190	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
191	History Data- June Eligibility Indicator	Y or N	Alpha	Y or N	1
192-196	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
197-198	Certification Date	Date	Numeric	If Applicable	2
199	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
200	History Data- July Eligibility Indicator	Y or N	Alpha	Y or N	1
201-205	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
206-207	Certification Date	Date	Numeric	If Applicable	2
208	OHC Indicator	OHC Indicator	Alpha	If Applicable	1

209	History Data- August Eligibility Indicator	Y or N	Alpha	Y or N	1
210-214	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
215-216	Certification Date	Date	Numeric	If Applicable	2
217	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
218	History Data- September Eligibility Indicator	Y or N	Alpha	Y or N	1
219-223	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
224-225	Certification Date	Date	Numeric	If Applicable	2
226	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
227	History Data- October Eligibility Indicator	Y or N	Alpha	Y or N	1
228-232	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
233-234	Certification Date	Date	Numeric	If Applicable	2
235	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
236	History Data- November Eligibility Indicator	Y or N	Alpha	Y or N	1
237-241	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
242-243	Certification Date	Date	Numeric	If Applicable	2
244	OHC Indicator	OHC Indicator	Alpha	If Applicable	1

245	History Data- December Eligibility Indicator	Y or N	Alpha	Y or N	1
246-250	Share of Cost Amount	Share of Cost Amount	Numeric	If Applicable	5
251-252	Certification Date	Date	Numeric	If Applicable	2
253	OHC Indicator	OHC Indicator	Alpha	If Applicable	1
254-261	Meds Current Data (CCYYMMDD)	Meds Current Data	Numeric	If Applicable	8
262-263	Filler	Blank	Blank	Blank	2
264-690	No Longer Returned				

LEA Input fields 001-105 will be returned in the output file.

Matches are first ran by SSN, if no SSN is provided then match looks by Last Name, First Name and DOB.

If there are multiple matches for this combination, then if County Code (104-105) is provided it will look for a individual match in the county.

If there are still multiple matches found, then the match indicator (134) will be returned with a "Y" and the remaining record 135-263 will be blank.

