State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

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Medi-Cal Eligibility Division Information Letter No.: I 22-33

TO: ALL COUNTY WELFARE DIRECTORS
                ALL COUNTY ADMINISTRATIVE OFFICERS
                ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIASONS

SUBJECT: County Readiness Toolkit for the Preparation of the novel Coronavirus (COVID-19) Public Health Emergency (PHE) Unwinding and Resumption of Normal Medi-Cal Operations

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with a County Readiness Toolkit in preparation for the COVID-19 PHE unwinding and resumption to normal Medi-Cal operations. Counties are required to use the County COVID-19 PHE Readiness Plan Template to document their COVID-19 PHE unwinding operations plan. Counties must email their COVID-19 PHE Unwinding Readiness Plan to Theresa.Hasbrouck@dhcs.ca.gov no later than 10 days prior to the end of the COVID-19 PHE. Counties are encouraged to leverage the County Readiness Checklist and Recommended Strategies to prepare for COVID-19 PHE unwinding activities and resumption of normal Medi-Cal operations.

Background

The federal Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE) in January of 2020 in response to the outbreak of the novel Coronavirus (COVID-19). After the conclusion of the COVID-19 PHE, counties will need to conduct a full redetermination for all beneficiaries who would have otherwise been subject to redetermination due to the halting of certain case actions.

County Readiness Toolkit

- ➢ County Readiness Checklist
- ➢ County COVID-19 PHE Readiness Plan Template – (County COVID-19 PHE Unwinding Readiness Plan submission to DHCS is required)
- ➢ County COVID-19 PHE Readiness Plan Recommended Strategies

County Readiness Checklist

DHCS recommends targeting the three areas described below to assist counties in performing federal and state mandated COVID-19 PHE unwinding activities and to facilitate a seamless resumption to normal Medi-Cal eligibility business operations. This is not an exhaustive list and counties may implement additional measures for a successful COVID-19 PHE unwinding and resumption of normal Medi-Cal eligibility business operations. Submission of the checklist to DHCS is not required.

1. Organization and Staffing**:** Counties may establish modified business processes to support their staff in performing all federal and state mandated Medi-Cal eligibility COVID-19 PHE unwinding activities, including application processing and redeterminations.

2. Staff Training: Counties may provide staff with trainings/refresher courses or enroll staff in trainings offered by DHCS to ensure that COVID-19 PHE unwinding activities, specific to Medi-Cal eligibility determinations are performed accurately, timely, and in accordance with federal and state regulations.

3. Lobby Management, Call Center, and Outreach: Counties may assess availability of staff to manage increases in lobby traffic and/or telephone calls to call centers. Counties may provide resources for staff to address COVID-19 PHE eligibility unwinding related questions and concerns.

County COVID-19 PHE Readiness Plan Template

DHCS designed this template for counties to use as a planning tool in preparation for the end of the COVID-19 PHE, with the intent to facilitate county readiness. Counties are required to complete the County COVID-19 PHE Readiness Plan Template and submit to DHCS by email to Theresa.Hasbrouck@dhcs.ca.gov no later than 10 days prior to the end of the COVID-19 PHE. DHCS approval is not required for counties to move forward with their COVID-19 PHE unwinding plans. The template consists of three sections:

1. Section 1: Readiness Assessment
   o Guided questions for counties to assess their readiness for completing COVID-19 PHE unwinding actions when the continuous enrollment condition ends. This section highlights areas of potential risk leading to coverage loss and/or delayed case processing.

2. <u>Section 2: County Planning Approach and Strategies</u>
   o Prompts to assist with county planning, organization, and structure; identify the staging and timing of activities for completing COVID-19 PHE unwinding actions when the continuous coverage requirement ends; and anticipate potential risks and determine mitigation strategies for completing COVID-19 PHE unwinding actions as planned.

3. <u>Section 3: Guidance and Resources</u>
   o DHCS has published and compiled several resources to provide additional support to counties as they prepare to resume normal operations.

DHCS encourages counties to solicit input from partner organizations within the community such as managed care plans, navigators, community-based organizations, and other entities that are impacted by the resumption of Medi-Cal redeterminations in their unwinding operational plans; counties may choose to share their plans with key partners prior to implementation.

County COVID-19 PHE Readiness Plan Recommended Strategies

Section 1 of the County COVID-19 PHE Readiness Plan Template includes three areas DHCS anticipates will incur the highest impact on counties once the COVID-19 PHE continuous coverage ends.

1. Organization and Staffing
2. Staff Training for All Levels who Perform or Supervise Medi-Cal Related Cases Activities
3. Lobby Management, Call Center, and Outreach

The Recommended Strategies document is designed to provide counties possible courses of actions for developing their COVID-19 PHE Unwinding Readiness Plan.

If you have any questions or require additional information, please contact Laurieanne Blanco via email at Laurieanne.Blanco@dhcs.ca.gov.

Original Signed by

Yingjia Huang
Assistant Deputy Director
Health Care Benefits and Eligibility

Enclosures

State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

County Readiness Toolkit

Once the COVID-19 Public Health Emergency (PHE) continuous coverage requirements lift, counties will have 12-months to initiate annual renewal activities, with an additional two months to complete the annual renewal processing, for a total of 14 months to conduct redeterminations on all Medi-Cal beneficiaries and return to normal business operations. Providing resources and support tools for the counties to help prepare for the end of the COVID-19 PHE is vital to the success of the Department of Health Care Services' (DHCS) unwinding efforts. The County Readiness Toolkit is designed to help counties assess readiness in the three key areas of high impact:

1. Organization and Staffing
2. Staff Training for All Levels of Staff who Perform or Supervise Medi-Cal Related Case Activities
3. **Lobby Management, Call Center, and Outreach**

The purpose of the County Readiness Toolkit is to assist counties in preparation for the COVID-19 PHE unwinding and resumption to normal Medi-Cal operations through the development of a County COVID-19 PHE Unwinding Readiness Plan. The contents of the toolkit include:

- **County Readiness Checklist – Attachment 1**
  - A checklist of items DHCS recommends Counties to complete prior to the end of the COVID-19 PHE.

- **County COVID-19 PHE Readiness Plan Template – Attachment 2**
  This template is designed to highlight the areas of work counties may need to address in their planning efforts. Counties are required to use this template to develop their COVID-19 PHE Unwinding Readiness Plan. Counties must email their COVID-19 PHE Unwinding Readiness Plan to Theresa.Hasbrouck@dhcs.ca.gov no later than 10 days prior to the end of the COVID-19 PHE.

- **County COVID-19 PHE Readiness Plan Recommended Strategies – Attachment 3**
  - This guide is intended to assist counties in completing Section 1 of the *County COVID-19 PHE Readiness Unwinding Plan Template*.

County COVID-19 Public Health Emergency Unwinding Readiness Checklist

Below is a checklist of items the Department of Health Care Services (DHCS) recommends counties complete prior to the end of the COVID-19 public health emergency (PHE). DHCS has provided resources under each item to assist with assessing operational readiness.

☐ Become a [DHCS Coverage Ambassador](#)

☐ Read the DHCS [Medi-Cal COVID-19 PHE Operational Unwinding Plan](#) and identify areas of the plan that impact county business operations.

☐ Read DHCS All County Welfare Director Letters (ACWDL) and Medi-Cal Eligibility Division Information Letters (MEDIL) related to the unwinding of the COVID-19 PHE. Section 3 of the *County COVID-19 PHE Readiness Plan Template* provides the full list of published letters related to the unwinding of the COVID-19 PHE.

   a. [ACWDL 22-09](#) Updated Guidance on the County Process When Mail is Returned Undeliverable
   b. [ACWDL 22-13](#) Changes to Asset Verification Review Requirements Due to July 2022 Asset Limit Increase
   c. [ACWDL 22-18](#) Case Processing After the COVID-19 PHE Concludes
   d. ACWDL Reasonable Explanation
   e. [ACWDL 22-17](#) Increase to the Reasonable Compatibility Threshold in the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS)
   f. [MEDIL 22-01](#) Federal COVID-19 PHE Additional Contact Requirement
   g. [MEDIL 22-20](#) Updates Regarding the Approval of Temporary Waiver Requests as a Result of the Covid-19 PHE

☐ Watch recorded DHCS Trainings that are uploaded to the [DHCS Secure File Transfer Protocol](#) (SFTP). Note: Log in credentials required.

   a. Renewal Refresher
   b. Income Refresh Trainings
   c. Resumption of Normal Business Practices during PHE Unwinding
   d. Processing Undeliverable Mail
   e. Property Refresher
   f. Senate Bill (SB) 260 Streamlining Transitions to Covered California

☐ Complete the County Readiness Plan Template
   a. County COVID-19 PHE Readiness Plan Template – (Submission to DHCS Required)
   b. County COVID-19 PHE Unwinding Plan – Recommended Strategies

☐ Attend the DHCS Support Calls that will begin 60 days prior to the end of the COVID-19 PHE.

County COVID-19 Public Health Emergency Unwinding Plan Template

The federal Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE) in January of 2020 in response to the outbreak of the novel Coronavirus (COVID-19). Special rules were put in place during the COVID-19 PHE to allow more people to obtain and keep Medi-Cal benefits. Prior to the COVID-19 PHE, Medi-Cal cases were reviewed on an annual basis by counties to determine program eligibility for Medi-Cal beneficiaries. After the conclusion of the COVID-19 PHE, counties will need to conduct a full redetermination for all beneficiaries who would have otherwise been subject to redetermination due to the halting of certain case actions. This template is intended to highlight the areas of work counties may need to address in their planning efforts. Counties are required to complete and submit this template to validate their readiness to complete COVID-19 PHE unwinding actions and resume normal operations. Counties must email their COVID-19 PHE Unwinding Readiness Plan to Theresa.Hasbrouck@dhcs.ca.gov no later than 10 days prior to the end of the COVID-19 PHE. DHCS approval is not required for counties to move forward with their COVID-19 PHE unwinding plans.

This template consists of three sections:

Section 1: Readiness Assessment
Guided questions for counties to assess their readiness for completing COVID-19 PHE unwinding actions when the continuous enrollment requirement ends, highlighting areas of potential risk for potential coverage loss and/or delayed case processing.

Section 2: County Planning Approach and Strategies
Prompts to assist with county planning, organization, and structure; identify the staging and timing of activities for completing COVID-19 PHE unwinding actions when the continuous coverage requirement ends; and anticipate potential risks and determine mitigation strategies for completing COVID-19 PHE unwinding actions as planned.

Section 3: Guidance and Resources
Department of Health Care Services (DHCS) has published and compiled several resources to provide additional support to counties as they prepare to resume normal operations.

Section 1: Readiness Assessment

These are guided questions for counties to assess their readiness for completing COVID-19 PHE unwinding actions. The purpose of this section is to highlight areas of risk for coverage loss and/or delayed COVID-19 PHE unwinding processes. The **County Reponses** in **Section 1** will be used to prepare an action plan in **Section 2**. Items that are *italicized in grey* are examples of county responses.

1.1 Organization and Staffing

Describe how the county intends to organize themselves to prepare for COVID-19 PHE unwinding actions and resuming normal operations in the table labeled "Narrative Summary".

Narrative Summary
The county will have Workgroup meetings.
The county will use _____ as Tracking tools.
The county will use _____ as our Evaluation methods.
The county will collaborate with Stakeholders and Community-Based Organizations during monthly meetings.
Navigators will begin their outreach to inform our communities of DHCS' Communication Phase 1.

Enter **Staffing Areas** prominent to the county along with the **Point of Contact** and **Staffing Plan(s)** that will establish strategies for resolving pending COVID-19 PHE unwinding actions and resuming normal operations.

Staffing Area	Point of Contact Identified	Staffing Plan(s) Identified
Case Managers – Initial Intake	☐	☐
Case Managers – Case Maintenance	☐	☐
Mail Processing (Returned or Undeliverable)	☐	☐
Staff Training	☐	☐
Call Centers	☐	☐
Fair Hearings Staff	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

1.1 Organization and Staffing Continued

These are guided questions for counties to assess availability of County Workforce dedicated to Medi-Cal eligibility operations. Examples of County Responses are *italicized in grey*.

County Assessment of Available Medi-Cal Specific Workers	County Response	County Request for DHCS Technical Assistance (TA)
Has the county read the DHCS COVID-19 PHE Unwinding Operational Plan?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county reviewed the COVID-19 PHE Unwinding Flow Charts released in MEDIL I 22-28?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Did the county complete any case processing actions while the continuous coverage requirement was in place?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Are changes needed in how the county tracks annual renewals received and assigns for processing?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Does the county receive renewals and changes in circumstances in other pathways other than through mail, telephonically, in-person, online, or through fax/email?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county read the Updated Guidance on the County Process When Mail is Returned Undeliverable released in ACWDL 22-09?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*

County Assessment of Available Medi-Cal Specific Workers	County Response	County Request for DHCS Technical Assistance (TA)
Does the county have to make changes to exisiting business processes for returned/undeliverable mail due to the COVID-19 PHE Lift?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county utitlized mailing addresses from the Post Office for returned/undeliverable mail?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Are there business processes that can be enhanced based on the guidance provided in ACWDL 22-18?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Were changes made to exisiting business processes for fair hearings in order to accommodate the potential influx in state hearing requests?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*

1.2 Staff Training

These are guided questions for counties to assess staff training needs. Examples of County Responses are *italicized in grey*.

County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
Do existing county eligibility staff need to attend Medi-Cal Training courses in preparation for the COVID-19 PHE unwinding actions?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county developed a training plan for county staff related to PHE unwinding activities?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*

County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
Does the county office have the capacity to allow staff to attend Medi-Cal Training courses?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county modified onboarding training for new staff to incorporate the COVID-19 PHE unwinding?	*Example Response: Yes or No*	
Has the county watched all DHCS COVID-19 PHE unwinding training sessions?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Does the county have a plan to update guidance/handbooks for the unwinding of the COVID-19 PHE?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Does the county anticipate any challenges with county eligibility workers applying normal business processes for a beneficiaries whose post-PHE redetermination has been completed?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Are there potential challenges the county anticipates with resuming normal case processing for beneficiaries whose post-PHE redetermination has been completed?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Are changes needed for the county review process to ensure Medi-Cal eligibility is determined accurately and timely during the PHE unwind period?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*

1.3 Lobby Management, Call Center, and Outreach

These are guided questions for counties to assess their lobby and call center readiness and beneficiary outreach efforts. Examples of County Responses are *italicized in grey*.

County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
Has the county assessed additional staffing and/or technology needs for in-person lobby traffic during the COVID-19 PHE unwinding?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county considered the potential for new or different in-person assistance required in lobbies?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county discussed best practices during the County Welfare Directors Association's (CWDA) Regional Meetings?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Does the county have a plan to make new or altered materials available for applicants/beneficiaries during the COVID-19 PHE unwinding? *Potential printed resources: applications, forms, flyer, and information from community partners that provide services to underserved communities.*	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county assessed potential increased call volume due to PHE unwinding and developed a plan to increase staffing, lower wait times, ensure coverage for high-volume times, etc.?	*Example Response: Yes or No* *If Yes, please provide additional information.*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county collaborated with other counties on how to lower call volumes or wait times?	*Example Response: Yes or No*	*Example Response: Yes or No.*

County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
		If Yes, please provide additional information.
Does the county have DHCS Coverage Ambassador(s)?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county reviewed resources provided on the DHCS website Planning For the End of the Continuous Coverage Requirement?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Has the county informed community partners about the county's COVID-19 PHE unwinding plan?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*
Can the county utilize the customizable fliers and social media graphics provided in the Medi-Cal Continuous Coverage Communication Toolkit Phase 1.0?	*Example Response: Yes or No*	*Example Response: Yes or No.* *If Yes, please provide additional information.*

Section 2: Assessment and Approach
Considering the answers from **Section 1.1-1.3**, fill out the templates below for **Sections 2.1 – 2.3**. Examples are *italicized in grey*.

2.1 Organization and Staffing

Assessment		Approach		
Readiness Area	Assessment	Proposed Approach	Other considerations	Target Completion Date
Example: Case Managers – Case Maintenance	*Identified county doesn't have enough case managers to process renewals based on the ACWDL.*	• *Reassign 6 case managers from another section in the department.* • *Assign all new hires exiting the training class on May 30 to case maintenance.* • *Focus overtime work on processing Medi-Cal renewals.*	*New staff may be slower at case processing and projections need to be adjusted to account for this.*	*October 2022*

2.2 Staff Training

Assessment		Approach		
Readiness Area	Assessment	Proposed Approach	Other considerations	Target Completion Date
Example: Call Center	*Identified county needs to train call center staff*	*County specific training using Call Script Snippet portion of the tool kit*	*Call scripts need to be slightly modified for county specific information.*	*July 2022*

2.3 Lobby Management, Call Center, and Outreach

Assessment		Approach		
Readiness Area	Assessment	Proposed Approach	Other considerations	Target Completion Date
Example: In-person assistance	*Identified county does not have in-person assistance for "drop in" applicants or beneficiaries*	*Use a web-based portal (WebEx, Zoom) to conduct video assistance with beneficiaries based on scheduled appointment.*	*Need to assess the net time savings with this approach prior to implementation*	*TBD*

Section 3: Guidance and Resources

DHCS has released multiple guidance letters throughout the duration of the COVID-19 PHE in order to assist counties with frequently asked questions, policy changes, policy clarifications and other useful information. The guidance can be found at the following links:

Letter	Date	Title
MEDIL I 22-28	July 11, 2022	COVID-19 Public Health Emergency (PHE) Unwinding Flow Charts
ACWDL 22-18	June 24, 2022	Case Processing Actions after the Conclusion of the Coronavirus (COVID-19) Public Health Emergency (PHE)
MEDIL I 22-20E	June 24, 2022	Errata to the Medi-Cal Eligibility Division Information Letter NO. I 22-20 for Updates Regarding the Approval of Temporary Waiver Requests as a result of the COVID-19 Public Health Emergency
MEDIL I 22-20	May 20, 2022	Updates Regarding the Approval of Temporary Waiver Requests as a Result of the Covid-19 PHE
MEDIL I 22-19	May 13, 2022	The Coronavirus (COVID-19) Uninsured Group Program Continues to Process COVID-19 Testing, Testing-related, Vaccination and Treatment Claims
ACWDL 22-13	May 12, 2022	Changes to Asset Verification Review Requirements Due to July 2022 Asset Limit Increase
ACWDL 22-09	March 17, 2022	Updated Guidance on the County Process When Mail is Returned Undeliverable

ACWDL 22-04	February 11, 2022	Treatment of Certain Public Health Emergency Assistance Payments for Medi-Cal Eligibility
MEDIL I 22-01	January 14, 2022	Federal Covid-19 Public Health Emergency Additional Contact Requirement
MEDIL I 21-39	November 23, 2021	Global Outreach Language Translations
MEDIL I 21-21	September 20, 2021	COVID-19 Global Outreach Language
ACWDL 21-16	September 14, 2021	Case Processing Actions Allowed during the Coronavirus (COVID-19) Public Health Emergency (PHE)
MEDIL I 21-09	June 24, 2021	Continuing Telephonic Flexibilities for the Minor Consent Program beyond the COVID-19 Public Health Emergency
ACWDL 21-10	May 18, 2021	Provisions from the American Rescue Plan Act of 2021
MEDIL I 21-04	March 4, 2021	Additional and Updated Frequently Asked Questions due to the COVID-19 Public Health Emergency
MEDIL I 20-20E	February 22, 2021	Extend Eligibility for Refugee Medical Assistance Applicants and Beneficiaries Due to the Covid-19 Public Health Emergency Errata
ACWDL 21-03	February 17, 2021	Provisions from the Coronavirus Response and Relief Supplemental Appropriations Act, 2021
MEDIL I 20-37	December 7, 2020	Coronavirus (COVID-19) Uninsured Group Program
MEDIL I 20-30	October 5, 2020	Mixed Household Renewals Guidance During The COVID-19 Public Health Emergency
MEDIL I 20-25	August 13, 2020	Updated Guidance Due to the COVID-19 Public Health Emergency Superseding MEDIL I 20-07 and MEDIL I 20-08
MEDIL I 20-20	July 30, 2020	Extend Eligibility for Refugee Medical Assistance Applicants and Beneficiaries Due to the COVID-19 Public Health Emergency
MEDIL I 20-14	May 29, 2020	Extension of Delaying Annual Redeterminations, Discontinuances, and Negative Actions Due to Covid-19 Public Health Emergency
MEDIL I 20-16	May 15, 2020	Companion to MEDIL I 20-12 - Applications Received Through SAWS Portal

[MEDIL I 20-15](#)	May 13, 2020	Prioritizing Case Processing Activities Through the Duration of the Covid-19 Public Health Emergency
[ACWDL 20-09](#)	April 27, 2020	Provisions from the Federal Coronavirus Aid, Relief, and Economic Security Act
[MEDIL I 20-12](#)	April 27, 2020	Applications Received Without Applicant Signature
[MEDIL I 20-11](#)	April 23, 2020	Follow-up Guidance to MEDIL I 20-07 and I20-08 on Medi-Cal Inmate Eligibility Programs & Medi-Cal Beneficiaries Who Become Incarcerated
[MEDIL I 20-08](#)	April 10, 2020	Follow-up Guidance to MEDIL I 20-07
[MEDIL I 20-07](#)	March 16, 2020	Access to Care During Public Health Crisis or Disaster for Medi-Cal
[MEDIL I 20-06](#)	March 12, 2020	Public Health Crisis or Disaster Reminders for Medi-Cal

County COVID-19 PHE Readiness Plan – Recommended Strategies

The Department of Health Care Services (DHCS) developed a list of recommended strategies to support the counties readiness assessment in the following three areas of high impact:

1. Organization and Staffing
2. Staff Training for All Levels of Staff who Perform or Supervise Medi-Cal Related Case Activities
3. Lobby Management, Call Center, and Outreach

These recommended strategies are intended to assist counties in completing **Section 1** of the *County COVID-19 Public Health Emergency (PHE) Unwinding Plan Template.* DHCS encourages but does not require counties to leverage the strategies listed below.

Organization and Staffing

- Identify caseworkers for both initial intake applications and case maintenance activities to complete the Medi-Cal case work within the required timeframes.
- Evaluate if the county would benefit from creating a specialized task force for Medi-Cal COVID-19 PHE related activities
- Assess current business processes and determine if changes are feasible to better support COVID-19 PHE unwinding casework.
- Develop additional county business processes that focus on supporting eligibility workers to perform casework activities accurately and timely. These processes may include:
  - Designating staff to track casework activities required under the COVID-19 PHE unwinding, and focus on the accuracy and timeliness of Medi-Cal COVID-19 PHE related activities.
  - Monitoring all work efforts that negatively affect beneficiaries' Medi-Cal eligibility including monitoring and restoring any incorrect terminations of ineligible beneficiaries prior to a full redetermination and resolving eligibility discrepancies between the Statewide Automated Welfare System (SAWS) and Medi-Cal Eligibility Data System (MEDS).
- Develop a communication method to inform line staff about COVID-19 PHE unwinding requirements.
- Update staff, training materials, and procedure manuals with any changes in policy that impact COVID-19 PHE related activities.
- Review current business processes for updating changes to beneficiary contact information (i.e. undeliverable mail, lists received from managed care plans, reports made in online eligibility portals) to ensure that case records are updated timely, and the beneficiary receives notices of action.

Staff Training for All Levels of Staff who Perform or Supervise Medi-Cal Related Case Activities

- DHCS recommends requiring a minimum of 16-hours of refresher trainings that focus on activities required for performing Modified Adjusted Gross Income (MAGI) and Non-MAGI redeterminations and case management. Counties should use the DHCS COVID-19 PHE Medi-Cal Refresher Training sessions as a basis to develop the 16-hours of required training but require the addition of county specific business processes to make the training meaningful to each county workforce.
- Watch recorded DHCS Trainings that are uploaded to the [DHCS Secure File Transfer Protocol](#) (SFTP). Note: Log in credentials required.

Lobby Management, Call Center, and Outreach

- Provide commonly requested Medi-Cal forms and printed resources for applicants/beneficiaries in county lobbies.
- Have designated staff to address in-person lobby traffic.
- Have designated staff to assist "drop in" beneficiaries.
- Considerations for enhancing lobby management, to the extent staffing/resources are available:
  - Staff lobby with eligibility workers and/or clerical staff to assist with lobby traffic.
  - Have designated eligibility workers to assist with case specific questions.
  - Rotation of eligibility workers and/or clerical staff in the county lobbies to monitor, screen, and when possible, assist individuals in line to expedite waiting times.
  - Monitor kiosks in the lobby and assist customers with use.
- Monitor Call Center call trends and consider available options to handle a potential increase in call volume, such as updating Interactive Voice Response (IVR) messaging to provide information on self-service options. Some examples may include:
  - Updating information on customer portals.
    - [MyBenefits CalWIN](#)
    - [BenefitsCal](#)
  - Referring to FAQ information on county or DHCS websites.
- Train call center representatives to address PHE unwind related questions. Utilize [Call Script Snippets](#) provided in DHCS' Communication Toolkits.
- Develop a plan or update projected hold times for Call Center telephone calls.