DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: March 10, 2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:25-05
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: ACCELERATED ENROLLMENT POLICY AND PROCEDURES UPDATE

(Supersedes: All County Welfare Directors Letters 02-36, 21-32, 22-24, Medi-Cal Eligibility Division Information Letters I 14-61 and I 23-45; References State Health Official Letter 23-004, ACWDL 24-03, 14-05, and MEDIL I 23-55).

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with consolidated and updated Accelerated Enrollment (AE) policy and systems guidance.

Background

In accordance with the settlement agreement in the case *Rivera et al. v. Lightbourne et al*, effective July 1, 2021, the Department of Health Care Services (DHCS) grants immediate, temporary Medi-Cal eligibility to applicants who meet the Modified Adjusted Gross Income (MAGI) eligibility criteria pending county eligibility verifications. This process, also referred to as AE, allows applicants to be enrolled in coverage based on self-attested information, while counties conduct the required verifications during the post-enrollment period.

As part of this settlement, the Department expanded the AE process established for children to adults under 65 years of age who submit applications through either the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) or the California Statewide Automated Welfare System (CalSAWS). Applicants applying via CalHEERS or CalSAWS will be granted conditional eligibility under Aid Code 8E while the county obtains outstanding verifications.

Accelerated Enrollment Policy Updates for Children

Under new federal guidance outlined in the State Health Official (SHO) Letter 23-004, for children approved for coverage when income or other eligibility information is not

electronically verified, states may not terminate coverage during the 12-month Continuous Eligibility (CE) period even if, in conducting post enrollment verification, the state obtains information that indicates the child does not meet all the eligibility requirements. This 12-month CE period concludes at the end of the month in which the 365th day following the month of eligibility falls.

Per SHO Letter 23-004, if any of the following exceptions occur during a child's CE period, counties shall terminate CE eligibility as appropriate:

- Child is no longer a California resident.
- A voluntary termination of eligibility (would not be eligible for Advanced Premium Tax Credits/Cost Sharing Reductions (APTC/CSR)).
- Eligibility is granted based on agency error, fraud, or abuse.
- Child is deceased.

Effective April 8, 2024, children under 19 are granted an appropriate MAGI aid code based on self-attested information, regardless of the submission method (CalHEERS, CalSAWS, or county contact). CalHEERS grants an appropriate MAGI Medi-Cal aid code based on self-attested information with Conditionally Eligible status when verification is pending. This replaces the previously used 8E Accelerated Enrollment aid code for children with a MAGI aid code. Children granted Conditionally Eligible status must maintain their eligibility until the end of the CE period, unless one of the four exceptions above applies.

Accelerated Enrollment Policy Updates for Adults

Adult applicants who are determined by CalHEERS to be Conditionally Eligible for MAGI Medi-Cal based on self-attested information are granted an 8E aid code while eligibility information is verified. Once the follow-up verification is processed and approved by the county, the 8E aid code is transitioned into a MAGI Medi-Cal aid code that is based on household size and MAGI income limits.

County Procedures When an Application is Submitted to the County/BenefitsCal

Counties are reminded to process Medi-Cal applications as soon as possible and within 45 days, or 90 days for those whose eligibility is based on disabilities, as required by 42 Code of Federal Regulations (CFR) Section 435.912. If Medi-Cal applications are submitted via the CalSAWS channel, counties must submit an Eligibility Determination Request (EDR) to CalHEERS to obtain an AE determination for Medi-Cal coverage for the child or adult. The EDR must be sent to CalHEERS without delay and in as close to

real-time as possible once a complete self-attested application is received by the county.

A self-attested application is complete when all required (non-optional) questions on the application are complete and there is sufficient information to request an EDR. This includes:

- the applicant's name,
- address,
- date of birth,
- household income,
- number of other household members, if any,
- tax household information, and
- the primary applicant's signature with a date.

If any of this information is missing, counties must perform an ex parte review to fill in that information before asking the applicant to provide additional information or documents. Ensuring that a self-attested application is complete before requesting a MAGI determination will ensure that eligibility is not granted in error. Counties should request a MAGI determination only when all non-optional information is obtained.

Counties must ensure that when an application is approved for Medi-Cal, all appropriate months of eligibility are processed back to the application date, including retroactive months, if appropriate. In instances when the individual has already been granted AE and incorrect or incomplete information was used for the AE determination, the county should correct the information upon verification and re-run eligibility as soon as the county becomes aware that there is an error. Counties shall follow the two-contact method for applications with pending information as outlined in ACWDL 08-07 & 22-12).

Process When an Application is Submitted via CalHEERS

When Medi-Cal applications submitted through the CalHEERS portal contain the required information, such as a complete self-attested application and successfully screens AE eligibility, CalHEERS shall grant eligibility based on the results of the electronic verification process. When Medi-Cal applications are pending verifications, CalHEERS will send an Unsolicited Determination of Eligibility Response (DER-U) to the responsible county to follow up on verifications. Requests for verifications should be limited only to the information needed to properly determine Medi-Cal eligibility.

Counties are reminded to follow normal eligibility determination procedures when determining Medi-Cal coverage for individuals in AE. This process includes conducting an ex parte review before requesting any verification from applicants by following the

two-contact requirement for obtaining all pending verification needed to determine eligibility (see ACWDL 08-07 & 22-12).[1]

Upon approval of AE, CalHEERS returns a DER-U to the responsible county by granting eligibility (MAGI or 8E aid codes). CalHEERS grants Conditionally Eligible adult applicants an 8E aid code until the county makes the final determination and posts the 8E aid code in the Medi-Cal Eligibility Data System (MEDS).

Once the outstanding verifications are processed by a County Eligibility Worker (CEW) and information is entered in CalSAWS, AE individuals are transitioned into an appropriate MAGI Medi-Cal aid code. 8E is not a CalSAWS-managed aid code. 8E aid code only grants to Conditional Eligible adults (not children) whose income or other application information is not electronically verified. In contrast, Conditional Eligible children under 19 receive a MAGI Medi-Cal aid code.

Eligibility Protections for Children under 19

Children under 19 are protected by the 12-month CE period. During the follow-up verification process, if provided verifications result in a finding that the child is ineligible, the county must maintain the child in the MAGI Medi-Cal aid code that was granted per self-attested information at application until the child's next annual redetermination or when the child turns 19 years of age, whichever is first, except in cases of the exceptions listed above in the section titled **Accelerated Enrollment Policy Updates for Children.**

Counties must adhere to the Consumer Protection Programs' (CPPs) rules when assessing ongoing eligibility for MAGI Medi-Cal. Children who turn 19 are no longer eligible for CE and must be re-evaluated for Medi-Cal eligibility before their coverage is discontinued, as required by Welfare & Institutions Code 14005.37. If a 19-year-old is found ineligible for MAGI Medi-Cal under CPP guidelines, the county must assess eligibility for all other Medi-Cal Programs, including non-MAGI programs and Insurance Affordability Programs (IAPs) such as APTC/CSR or unsubsidized Covered California programs). The county must provide a written notice of the final determination regarding the upcoming changes.

Discontinuing AE Coverage for Adult Applicants

If the county determines adult applicants are Medi-Cal eligible, the 8E aid code transitions into a MAGI aid code based on household income and MAGI income limits.

[1] Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023)

Adult applicants shall be denied only after counties follow the two-contact requirement if there is no applicant response to the request for verifications or the county determines that they are ineligible for Medi-Cal.

Under AE, if adults are determined ineligible for Medi-Cal, the Medi-Cal application is considered to be denied and not discontinued. MEDS terminates AE at the end of the month. Counties are reminded to evaluate applicants for all other Medi-Cal and IAPs (Non-MAGI, APTC/CSR, or unsubsidized programs), if they are determined ineligible for MAGI Medi-Cal. The MEDS Reason for termination should be listed as either **A1**: Application determined – Denial Reported or **A2**: Application determined – Eligibility Reported.

Accelerated Enrollment MEDS Alerts – Aid Code 8E (Adults)

MEDS will generate monthly renewal alerts and aging reports to reflect the time an Accelerated Enrollment member remains in aid code 8E. There are two alerts:

1. **Alert 9545**, **Accelerated Enrollment Eligibility—Check Application Status**. This alert is generated as a reminder before the end of the two months on Accelerated Enrollment aid code 8E.

2. **Alert 9546** is generated when a Medi-Cal applicant has been eligible on MEDS in an Accelerated Enrollment aid code (8E) for more than two months and the application process has not been completed. ACWDL 23-14 provides instructions on how to process MEDS alert 9546.

Medi-Cal Eligibility Confirmation Letter

The Medi-Cal Eligibility Confirmation Letter was developed to provide newly eligible individuals with a temporary Medi-Cal identification for urgent medical needs while they await the receipt of their permanent Benefits Identification Card (BIC) in the mail. Eligible or Conditionally Eligible individuals may use the Medi-Cal Eligibility Confirmation Letter as identification to allow providers to verify Medi-Cal eligibility. Once eligibility or conditional eligibility is granted, CalHEERS will display the “Get Confirmation Letter” button on the Individual Eligibility Details page. The Medi-Cal Eligibility Confirmation Letter will be available to Eligible or Conditionally Eligible applicants (adults and children) who have not had a Medi-Cal Eligibility Confirmation Letter issued within thirty days from the latest Business Rules Engine (BRE) run date of initial application submission.

The Medi-Cal Eligibility Confirmation Letter contains the individual’s first and last name, Client Index Number (CIN), date of birth, issue date, and good through date, which is

the date the temporary card expires (not the date that the applicant's eligibility expires). The good through date is 30 days from the latest BRE run date. The temporary card will not be accepted after the Good Through Date on the card. Once generated, it is accessible on the Eligibility page under the Documents and Correspondence sub-tab in the CalHEERS portal. Members who request a Medi-Cal Eligibility Confirmation Letter through the CalHEERS portal will subsequently receive a permanent BIC through regular Medi-Cal processes. Information concerning the issuance of the permanent BIC is included within the confirmation letter. See Attachment A for an example of the Medi-Cal Confirmation Letter.

CalSAWS applicants with an urgent medical need must contact counties for assistance, as the Medi-Cal Eligibility Letter is not currently available in BenefitsCal. Counties are reminded to follow their current county process to assist individuals with urgent medical need, such as issuing a temporary paper BIC or providing the BIC information telephonically if the Medi-Cal member needs immediate access to care. Counties are reminded to inform Medi-Cal members requesting BIC information that they may access covered services while AE is in effect.

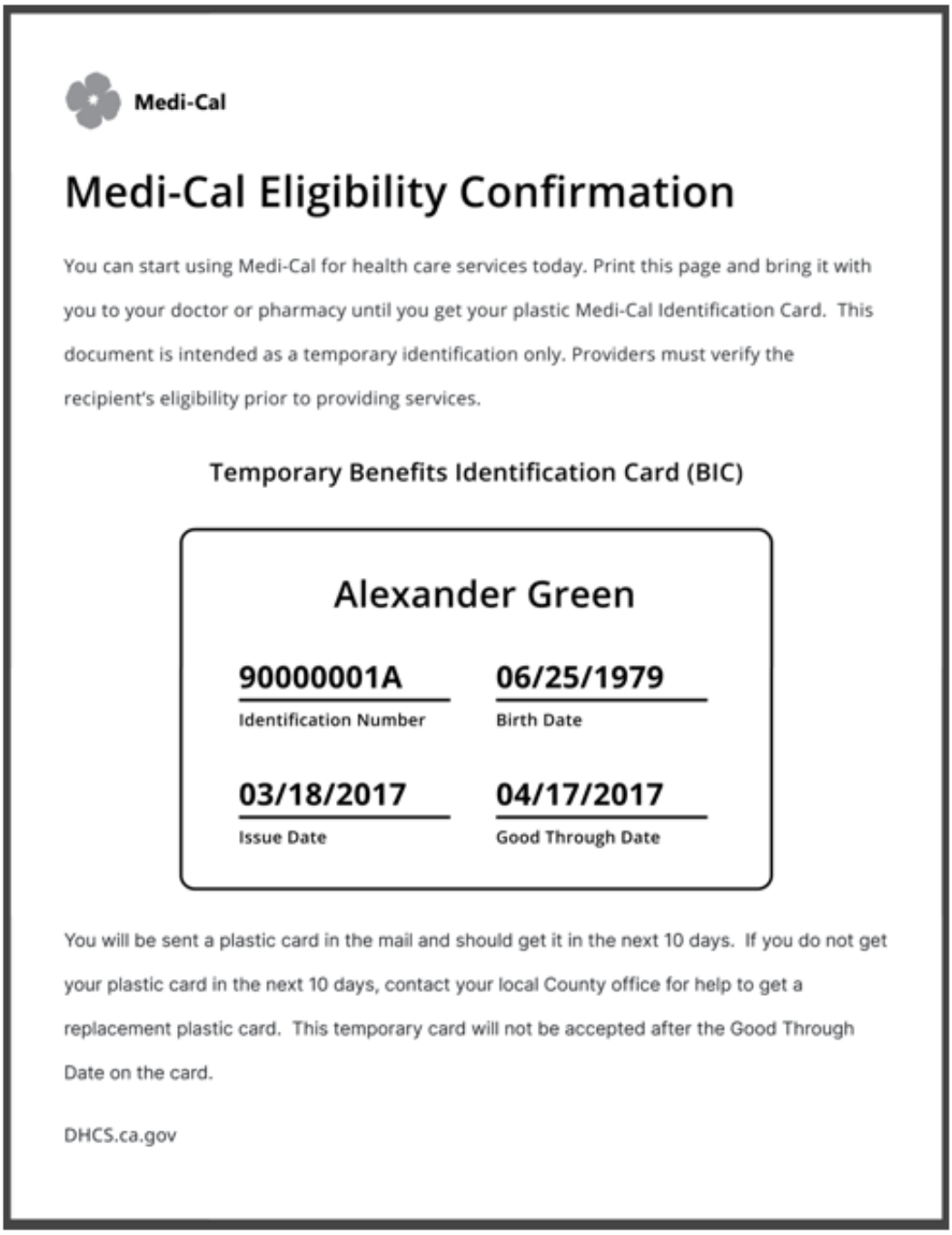
Questions about AE policy should be directed to AcceleratedEnrollment@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division

Enclosure

Attachment A: Medi-Cal Eligibility Confirmation Letter



Medi-Cal

Medi-Cal Eligibility Confirmation

You can start using Medi-Cal for health care services today. Print this page and bring it with you to your doctor or pharmacy until you get your plastic Medi-Cal Identification Card. This document is intended as a temporary identification only. Providers must verify the recipient's eligibility prior to providing services.

Temporary Benefits Identification Card (BIC)

Alexander Green

90000001A	**06/25/1979**
Identification Number	Birth Date
03/18/2017	**04/17/2017**
Issue Date	Good Through Date

You will be sent a plastic card in the mail and should get it in the next 10 days. If you do not get your plastic card in the next 10 days, contact your local County office for help to get a replacement plastic card. This temporary card will not be accepted after the Good Through Date on the card.

DHCS.ca.gov