



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



DATE: February 22, 2023

Medi-Cal Eligibility Division Information Letter No.: I 23-10

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

SUBJECT: CLARIFICATION FOR *CRAIG V. BONTÁ* CASE PROCESSING DURING THE CONTINUOUS COVERAGE UNWINDING PERIOD

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with clarification for processing *Craig v. Bontá* before and during the continuous coverage unwinding period.

Background: During the continuous coverage period, counties may have used various strategies to prevent negative actions to the *Craig v. Bontá* population, such as:

- Not completing the application registration, or
- Leaving the individual “pending” in the Statewide Automated Welfare System (SAWS) to allow eligibility to continue in MEDS.

In order to prepare for the continuous coverage unwinding period, the Department of Health Care Services (DHCS), in partnership with the counties, worked to determine the best process for counties to follow for *Craig v. Bontá* cases, when completing the post-continuous coverage requirement renewal. The guidance below describes the case processing requirements during the continuous coverage unwinding period beginning April 1, 2023.

Processing of *Craig v. Bontá* Referrals Received on or Before March 31, 2023

All County Welfare Directors Letter, [\(ACWDL\) 21-16](#) allows counties to process *Craig v. Bontá* cases received on or before March 31, 2023, as long as it would result in the same, or better, tier of coverage. Counties must continue to delay negative actions for *Craig v. Bontá* beneficiaries for the remainder of the continuous coverage requirement through March 31, 2023. *Craig v. Bontá* referrals received prior to March 31, 2023 that went unprocessed, shall be redetermined at the next annual renewal during the continuous coverage unwinding period as outlined in ACWDL 22-18.

Processing of *Craig v. Bontá* Referrals Received on or After April 1, 2023

Craig v. Bontá referrals received on or after April 1, 2023, should be treated using normal business processes outlined in [ACWDL 07-24](#) without delay, as continuous coverage requirements are no longer in place.

Continuous Coverage Unwinding Renewal Processes for *Craig v. Bontá*

Counties must use existing policy guidance in [ACWDL 07-24](#) (with the exception of requiring 30 days as opposed to 20 days for the MC 355 and allowing for the 90 day cure period) when completing the post-continuous coverage requirement renewal for *Craig v. Bontá* individuals. This includes taking negative action on individuals determined not eligible for Medi-Cal.

Since *Craig v. Bontá* cases do not have an annual renewal date set in the SAWS, counties can align the required annual renewal date to the month the individual was found in the counties' Exception Eligible (EE) report. For example, an individual that was placed on the EE list in February 2023, and is protected under the continuous coverage requirement, the *Craig v. Bontá* individual would have their required post-continuous coverage renewal in February 2024. If the individual was placed on an active case with other household members, then the county shall use the existing case's annual renewal month to complete the redetermination. When the date is unknown, DHCS defers to the county to set the renewal date.

To complete the post-unwinding redetermination process, counties must follow the steps below:

1. Ex Parte Review,
2. Direct Contact, and
3. Request For Information Form (MC 355), and
4. Additional contact (if no response)

Once the MC 355 form is mailed out to the beneficiary, the county must allow 30 days for the beneficiary to provide the requested verification. During the 30-day period, if the beneficiary does not respond or provides incomplete information, the county shall attempt to remind the beneficiary as outlined in [ACWDL 18-25](#) and [MEDIL 22-01](#). The contacts can be through any of the means available to the county, and conducted according to the beneficiary's preferred method of contact, if known. The county must document the contact dates and methods in the case file.

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Craig v. Bontá beneficiaries discontinued due to the continuous coverage unwinding redetermination shall be entitled to the full 90-day cure period as outlined in [ACWDL 18-25](#).

Inter-County Transfer (ICT) Reminder for *Craig v. Bontá* Beneficiaries

As a reminder, when a *Craig v. Bontá* beneficiary informs the county that they have moved to another county, the sending county must initiate an ICT. Since there is no SAWS case to complete the electronic ICT, the sending county must complete an EW 12 online transaction to update the new county address and residence code. The following month, the individual will show up on the receiving county's *Craig v. Bontá* report. The receiving county will be responsible for completing the redetermination following *Craig v. Bontá* procedures. A MEDS printout or an electronic ICT is not required. Counties must submit a remedy ticket to DHCS if there are technical issues completing the required MEDS change.

If you have any questions or require additional information, please contact Janis Kimball at (916) 345-8060 or by email at Janis.Kimball@dhcs.ca.gov.

Original Signed By
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