



DATE: October 9, 2024

Medi-Cal Eligibility Division Information

Letter No.: I 24-21

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

SUBJECT: OUTSTANDING UNWINDING-RELATED RENEWALS

The purpose of this letter is to inform counties of timelines required to complete all unwinding-related renewals and provide direction on when counties may use renewal information received.

Background

The Centers for Medicare and Medicaid Services (CMS) released [CMCS Informational Bulletin - Guidelines for Achieving Compliance with Medicaid and CHIP Eligibility Renewal Timeliness Requirements Following the Medicaid and CHIP Unwinding Period](#), dated August 29, 2024. This informational bulletin requires states to complete all unwinding-related renewals by a predetermined date and provides guidance on conducting renewals when information has been received but not processed within six months. CMS recognizes that the workload presented by the unwinding is unprecedented and that many states need additional time to address outstanding unwinding-related renewals.

Timeline

Counties must process all outstanding unwinding-related renewals by the target date of **January 31, 2025**. The Department of Health Care Services (DHCS) will continue to monitor county progress in processing outstanding unwinding-related renewals through data collected from the California Statewide Automated Welfare System (CalSAWS). Counties may reach out to DHCS to request additional technical assistance or guidance if they feel that they are at risk of not meeting this deadline. DHCS recognizes that the complexity of some cases may require processing beyond the January 31, 2025, target date. In such instances, DHCS will collaborate directly with counties to address any policy or system barriers, ensuring that all unwinding-related renewals are finalized by the March 31, 2025.

Processing Pending Packets Already Received

The CMS informational bulletin outlined specific requirements for processing outstanding -related renewal packets received, but not yet processed for more than six months. Per CMS guidance, counties may need to address the received packet

differently based upon when they are able to process the packet. The following four circumstances cover each situation and how counties will address them:

Circumstance 1 – Renewal packet is received and processed within six months of renewal month.

Counties that receive and process an outstanding unwinding-related renewal packet within 6 months of the renewal month can complete the eligibility determination using normal renewal processing procedures.

Circumstance 2 – Renewal packet is received and processed within 6-11 months after the renewal month.

Counties may process the received packet utilizing the information contained in the renewal but can only renew eligibility for the remainder of the current eligibility period. Counties may not advance the renewal date another year and must maintain the original renewal month.

Circumstance 2 Example:

Unwinding Renewal Period is January 2024 – December 2024

1. The Medi-Cal member has a renewal month of December 2023.
2. The county processes the renewal packet in August 2024.
3. The renewal will be reset for December 2024.

Circumstance 3 - Renewal packet is processed within 6-11 months after the renewal month but leads to a discontinuance.

If processing the renewal packet within this timeframe would lead to a discontinuance, the county is required to obtain updated information using the MC 355 process. This process will ensure counties receive updated information and the eligibility determination is based upon the member's most current circumstances.

Once the county receives the necessary information and the Medi-Cal member is determined eligible, the county may advance the renewal date 12 months according to the month of approval. The county may discontinue the eligibility of the Medi-Cal member and assess for Covered California eligibility, following the normal discontinuance process, if the county determines that the Medi-Cal member is no longer eligible. As a reminder, counties should assess for eligibility under all other Medi-Cal programs prior to discontinuing Medi-Cal as outlined in [ACWDL 17-03](#) and [ACWDL 22-33](#).

Circumstance 3 Example:

Unwinding Renewal Period is January 2024 – December 2024

1. The Medi-Cal member has a renewal month of December 2023.
2. The county processes the renewal packet in August 2024.

3. The Medi-Cal member is not eligible ongoing. The county sends the Medi-Cal member an MC 355 to request current information.
4. The MC 355 is returned, and the county completes the eligibility determination in October, setting the new renewal period of **November 2024 - October 2025**

NOTE: Counties may also elect to restart the renewal process for Circumstances 2 and 3 to allow for the advancement of the 12-month renewal period.

Circumstance 4 – Renewal packet is processed 12 or more months after renewal month.

Counties must restart the renewal process. This includes conducting an ex parte review of available information and sending a new renewal packet, if possible.

DHCS and CalSAWS are exploring any necessary system-based support to assist counties in meeting the requirements of each circumstance.

If you have any questions or wish to request technical assistance in meeting these requirements, please contact MCED.COVID@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division