

DATE: April 30, 2025

Medi-Cal Eligibility Division Information Letter

No.: I 25-13

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

SUBJECT: POLICY CLARIFICATION FOR CHANGE IN CIRCUMSTANCE
REDETERMINATIONS: STRATEGIES FOR HARD-TO-REACH
POPULATIONS

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide policy clarification to counties on policy surrounding change in circumstance redeterminations, and strategies for utilizing this clarification for individuals considered to be hard-to-reach.

Background

Currently, Medi-Cal members are redetermined for eligibility on an annual basis, or when a change in circumstance occurs in a member's life that may necessitate a redetermination in eligibility. DHCS has released annual redetermination and change in circumstance guidance in [ACWDL 14-18](#), [ACWDL 14-32](#), [ACWDL 14-35](#), [ACWDL 14-38](#), [MEDIL I 14-60](#) and [ACWDL 22-33](#).

Under 42 CFR § 435.916 and § 435.919, counties are allowed to begin a new renewal period when:

- The county receives information about a change in a member's circumstances that may affect their eligibility; and
- The county has enough information available to complete a change in circumstance eligibility redetermination with respect to all eligibility criteria.

Under the change in circumstance policy, counties must complete a Medi-Cal member's change in circumstance determination and move the annual renewal date out for twelve months (prior to a normally scheduled unwinding renewal date) based on available information and establish a new period of eligibility.

Hard-to-Reach Populations and Change in Circumstance Redeterminations

Counties may experience difficulty in conducting renewals for individuals that are a part of vulnerable or hard-to reach population due to numerous barriers, including lack of a fixed address or reliable contact information. The strategy outlined in this MEDIL may be especially helpful in reducing administrative and member burdens anytime that a Medi-Cal member who is considered a part of the vulnerable or hard-to reach

population makes contact with the county or the county receives information for that member.

This strategy can be applied when contact is made with an individual and information has not changed, or may not be information the county would normally use to redetermine eligibility when received. Counties may still act on this information as a change in circumstance when confirmed by the member that case information on file is still accurate or that attested information has not changed. For example, if a member contacts the county to report a new mailing address or to check on benefits for the Medi-Cal program or another program, the county could review the information on file to determine if all other information is correct, then complete a change-in-circumstance redetermination to extend the Medi-Cal renewal period forward. Or, if the county receives an IEVS report for an individual considered hard-to-reach and the information supports what is already in the case file.

Hard-to-reach populations include any Medi-Cal member(s) where any kind of a barrier exists making it difficult for the member to make contact with the county, or the county is unable to successfully or reliably make contact with the Medi-Cal member or household.

Hard-to reach populations may include, but are not limited to:

- Medi-Cal members without a fixed address;
- Victims of Natural Disasters or whose residence is under a State of Emergency;
- Medi-Cal members who live in remote areas known to the county as difficult to access and/or receive reliable telephone or internet services;
- Members with limited English proficiency;
- Migrant workers or those with employment that may make it reasonably difficult for reliable communication; or
- Foster Care or Former Foster Youth individuals

If the county has made contact with a Medi-Cal member utilizing this strategy, and self-attested information does not electronically verify nor are other acceptable verifications available, then the county must follow normal processing procedures and obtain a reasonable explanation, if applicable ([ACWDL 22-22](#)).

Hard-to-Reach Change in Circumstance Redetermination Examples

Example #1

- Individual A is active Non-MAGI Medi-Cal with a renewal date of December 2025.

April 30, 2025

- Individual A completes and returns CalFresh SAR 7 in July 2025 confirming income changes on file with a new employer and provides copies of their recent paystubs.
- The county eligibility worker (CEW) reviews and determines no other information is needed for Medi-Cal.

Outcome: Since there is sufficient information on the SAR 7 to complete a Medi-Cal change in circumstance determination, the CEW can complete a Medi-Cal eligibility determination and move the Medi-Cal renewal date to 12 months in the future.

For this scenario, if the income changes put them out of Medi-Cal income limits, the county would follow normal business processes and evaluate for all potential Medi-Cal program eligibility and if eligibility to other programs does not exist, the county would transition the individual to Covered California program evaluation.

Example #2

- Individual B is active MAGI Medi-Cal with a renewal date of November 2025. Individual B does not have a fixed address.
- Individual B goes to their local county office to have their CalFresh benefits card reprinted.
- The CEW reviews case information and confirms information on file with Individual B.
- Individual B confirms no information has changed and they remain homeless with no income.

Outcome: Although no eligibility information has changed, the CEW has sufficient information to confirm eligibility, complete the redetermination and extend the renewal date out 12 months.

Example #3

- Individual C is active MAGI Medi-Cal with a renewal date of December 2025.
 - Individual C also has benefits through CalAIM Enhanced Care Management (ECM) due to their complex needs.
- The CalAIM ECM provider reaches out to the county to report an address change within the county.
 - *The ECM provider is known to the county through the authorized representative process and is able to act on behalf of Individual C.*
- The county eligibility worker reviews case information and confirms information on file with the CalAIM ECM provider.
 - The CalAIM ECM provider confirms no other information has changed.

Outcome: Although no eligibility information has changed, the CEW has sufficient information to confirm eligibility, complete the redetermination and extending the renewal date out 12 months.

Example #4

- Individual D is active MAGI Medi-Cal with a renewal date of September 2025.
 - Individual D is a limited-English proficiency speaker and has their preferred language on file.
- Individual D comes into their local county office with a family member who acts as a translator, and requests a new temporary card printed out as they have lost their Medi-Cal card.
- The CEW prints a new temporary card and confirms information on file with Individual D.
- Individual D confirms no changes to their eligibility information and county can verify income information on file.

Outcome: Although no eligibility information has changed, the CEW has sufficient information to confirm eligibility, complete the redetermination and extend the renewal date out 12 months.

County questions regarding policy guidance should be sent to:
MCED-Policy@dhcs.ca.gov.

Original Signed By

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Medi-Cal Eligibility Division