

Medicaid Renewal Toolkit

Help People Experiencing Homelessness Keep Their Medicaid

After a 3-year pause, Medicaid is back to requiring people to **renew their coverage** every year. Medicaid provides health care coverage to low-income households. From July 2023 to September 2024, it is estimated that [at least 15 million](#) current Medicaid members will lose coverage, including **almost 7 million members who may still be eligible**. These eligible members will lose coverage because of procedural errors, i.e., they did not renew on time or did not receive their renewal packet.

People experiencing homelessness are more at risk of losing coverage, as **Medicaid members receive their renewal packets at their last known mailing address**. Most people experiencing homelessness may not have a mailing address or their mailing address has changed in the past three years. Without an updated mailing address, they may not realize they need to renew. They may not discover they lost their health coverage until they go to a medical appointment.

With Homebase's toolkit, **YOU CAN HELP!** The toolkit equips service providers, people experiencing homelessness, Medicaid experts and partners, and communities to keep current Medicaid members covered.

AUDIENCE ICON KEY

Each tool in the following pages is marked with an icon or multiple icons in the upper-right corner to identify the intended audience.

Below are the meanings for each audience icon:



Service Providers



People Experiencing Homelessness



Medicaid Experts

Full Tool List

- [Executive Summary](#)
- [Medicaid Overview](#)
- [Medicaid Renewals: Understanding the Process and Its Impacts](#)
- [How to Help Your Clients Keep Their Medicaid](#)
- [How to Support Clients if They are Having Issues with their Medicaid Renewal](#)
- [Medicaid Renewals FAQs](#)
- [Partnering with Medicaid Experts](#)
- [How to Find your Local Medicaid Partners](#)
- [How to Renew Medicaid if You Are Experiencing Homelessness](#)
- [Overview of Homelessness Response System for Medicaid Renewal Partners](#)

Background

After a 3-year pause due to COVID-19, Medicaid is back to requiring people to renew their coverage every year. Medicaid provides health care coverage to low-income households. From July 2023 to September 2024, it is estimated that [at least 15 million](#) current Medicaid members will lose coverage, including **almost 7 million members who may still be eligible** but may lose coverage because they did not renew on time or did not receive their renewal packet.

Many people experiencing homelessness are likely eligible for or already enrolled in Medicaid. It is a vital safety net for unhoused people, particularly as more states are [exploring waivers](#) that allow Medicaid to provide resources that address the social drivers of health, including housing services and supports.

People experiencing homelessness are more at risk of losing Medicaid coverage, as members receive their renewal packets at their last known mailing address. Most people experiencing homelessness may not have a mailing address or their mailing address has changed in the past three years. They may not receive notice of the upcoming renewal requirements, and they may not discover they have lost health coverage until they go to a medical appointment.

Navigating the Renewal Process

Every year, federal law requires that most Medicaid members prove that they still qualify for health coverage by sharing updated information about their income, changes in family circumstances, etc. Each Medicaid member has a different renewal date based on when they first enrolled or had a renewal of eligibility. Renewals can happen automatically or manually:

Automatic renewals

(also known as [ex parte renewals](#))

States are required to try to automatically renew a Medicaid member's coverage based on information that the state and/or county have about the individual and household (including through electronic data sources).

With automatic renewals, a member isn't required to return a form or take any action to maintain their Medicaid coverage. Instead of a renewal form, a member will get a letter from Medicaid saying that they have coverage for another year.

Many states have also pursued strategies that will make more people experiencing homelessness eligible for automatic or streamlined renewals. For example, if clients have \$0 or are very low-income (100% of the federal poverty level or lower), many states can renew their Medicaid without needing a completed renewal packet.

Check [here](#) to learn more about these waivers, and please see the tool on page 8, "[How to Help Your Clients Experiencing Homelessness Keep their Medicaid](#)," for details on how to learn if your state has adopted one of these waivers.

Manual Renewals

When Medicaid can't verify member information through the ex parte process, the member must go through a manual renewal process. Members receive a renewal packet in the mail, usually 1-2 months before their renewal date. The process requires the individual to return the renewal information and sometimes share specific documents that serve as proof about themselves and/or members of their household (e.g., pay stubs to prove income). They should be sure to return the information by the deadline included in the state or county request.

There are 4 ways to submit manual renewals:



In-person at the client's [Medicaid office](#)



On a telephone call with [Medicaid](#)



Online (find your state's portal on the [Medicaid website](#))



Mail in a completed renewal form





You Can Help Your Clients Keep their Medicaid

- Help your clients update their contact information (cell, mail, email, etc.) with Medicaid so they receive renewal notices and packets.
- Find out if your client is on Medicaid and what their renewal due date is so they're prepared.
- Identify mailing options for clients at your office/facility or elsewhere.
- Forge relationships with health navigators, Medicaid application assisters, legal services staff, or providers from large social services organizations who are experts in helping people learn about, renew, or apply for Medicaid.
- Learn if your state has pursued any of the waivers designed to streamline the process for people experiencing homelessness. If so, advocate for clients to have an expedited renewal.
- Prepare your clients to access their personal documents, if needed for the renewal process.
- Help your clients start an online Medicaid account or, if they already have one, use it to complete the renewal process.
- Call the Medicaid office (with your client present or on a 3-way call) or visit the office with your client. Note that wait times can be long.
- Help your client complete a blank Medicaid renewal form and mail it.

If your client has an issue or loses their Medicaid

- In many states, clients can still submit their renewal form or missing information to their Medicaid office up to 90 days after their Medicaid is terminated (known as the "90-day reconsideration period").
- If clients think their Medicaid ended in error, they can ask their state or county for a Medicaid Fair Hearing.
- Contact your local legal aid partner for legal services.
- Re-apply for health care through the state's Medicaid site or [Healthcare.gov](https://www.healthcare.gov).

Key resources

- [The National Medicaid Renewal Toolkit](#) to assist people experiencing homelessness to keep their health coverage.
- Find your state's Medicaid information [here](#); it will direct members how and where to apply for and renew Medicaid, update their information, and more. Many states have created tools to raise awareness about renewals and guide members through the process. Members will also be able to access or sign up for an online portal there.
- Learn more about the waivers states are using to streamline the renewal process [here](#), and please see the tool on page 8, "[How to Help Your Clients Experiencing Homelessness Keep their Medicaid](#)," for details on how to learn if your state has adopted one of these waivers.
- Review [federal guidance](#) on Medicaid renewals from the Centers for Medicare and Medicaid Services.



Medicaid is a public health insurance program that covers low-income families and individuals, children, parents, pregnant people, seniors, and people with disabilities.

Medicaid is jointly funded by the federal government and each state. It is overseen at the federal level by the Centers for Medicare and Medicaid Services (CMS) and individual states.

The federal government provides health coverage to over 92 million people through Medicaid and the Children's Health Insurance Program. Medicaid covers over 85 million of those people. Medicaid can be administered at the state or county level, although many Medicaid members receive care through Managed Care Organizations (MCOs).

People eligible for Medicaid must apply to get health coverage. They can apply online, in-person, over the telephone, or through regular mail. Once they are enrolled, they are known as Medicaid "members." In many states they can use the same online portal to apply for Medicaid and other public benefits. They can also apply at [healthcare.gov](https://www.healthcare.gov) if they are only seeking health coverage.

Medicaid is an Important Safety Net for People Experiencing Homelessness

Many people experiencing homelessness are likely eligible for or already enrolled in Medicaid.

Research consistently shows that people experiencing homelessness have high rates of chronic, mental, and physical health conditions; co-occurring disorders; and high mortality rates. Living on the streets or other places not meant for human habitation only worsens these health challenges, which makes access to health care vital.

Medicaid's comprehensive health coverage and housing-related services are incredibly valuable to the health and wellness of people experiencing homelessness. This is particularly true as more states are [exploring waivers](#) that allow Medicaid to provide resources to address the social drivers of health, including housing services and supports.

To find out how to contact the Medicaid agency in your state, you can go to [Medicaid.gov](https://www.Medicaid.gov) [here](#).



Medicaid Renewals

Understanding the Process and Its Impacts



Every year, federal law requires most Medicaid members to prove that they still qualify for health coverage through an annual renewal process.

People experiencing homelessness are all at risk of losing their health coverage over the next 12-month renewal period for one simple fact: they do not have a home address where they can receive their renewal paperwork.

How Renewals Work

Every Medicaid member has a different renewal date based on when they first enrolled or had a renewal of their eligibility, since Medicaid requires people to renew every 12 months. People can renew in several ways: online, in-person, over the telephone, or through regular mail.

Automatic renewals

For some people, renewals can happen automatically through a process known as “[ex parte renewal](#).” **States are required to try to automatically renew a Medicaid member’s coverage based on information the state and/or county already has about a household (including through electronic data sources).** With ex parte renewal, a member isn’t required to return a form or take any action to maintain their Medicaid coverage. The ex parte process is something that happens in the background through the Medicaid agency. Instead of a renewal form, a member will get a letter in the mail from Medicaid telling them that they have Medicaid for another year.

Manual renewals

When Medicaid can’t verify member information through the ex parte process, the member must go through a manual renewal process. This process requires the individual to return renewal information and sometimes share specific documents that serve as proof of certain facts about themselves and/or members of their household (such as pay stubs to prove income). They usually have to update their income and household size to be sure they are still eligible for Medicaid. **Most renewals for Medicaid are manual renewals.**

Medicaid Renewal During the COVID Public Health Emergency

Before the COVID-19 pandemic, Medicaid members were required to renew their eligibility every 12 months. But in March 2020, the federal government declared a public health emergency (PHE). During the PHE, people eligible for Medicaid had “continuous coverage.” States were not allowed to terminate most people’s Medicaid coverage. **This meant that no one had to renew their Medicaid, they just stayed on coverage year after year.** Continuous coverage allowed millions of people to stay covered without any interruption.

During that time, an additional [23 million](#) people across the country enrolled in Medicaid.

Medicaid Renewal after the End of the Public Health Emergency

The public health emergency ended on May 11, 2023. In most states, continuous Medicaid coverage ended on March 31, 2023 and the annual redetermination process began in April, May, or June, depending on the state’s chosen timeline. The resumption of annual renewals is referred to as the ‘continuous coverage unwinding period.’

State Medicaid agencies will send letters every month to members telling them their renewal date and what is needed to complete their renewal. Members may get a renewal packet in the mail or they may get a letter letting them know their Medicaid has already been automatically renewed for another year.

Over the next 10 months, many of the 92 million people covered by Medicaid and the Children’s Health Insurance Program will have to complete a renewal in some way. It is recommended that all Medicaid members who have new contact details - such as a cell phone number or home address - share the most current contact information with Medicaid to be sure that they can receive important guidance about their renewal date, as well as the renewal package in the mail or online (if they have an online account). Even if a member has shared their updated contact information in a renewal packet, they should call to verify that Medicaid received it.

To find out how to contact the Medicaid agency in your state, you can go to [Medicaid.gov](https://www.Medicaid.gov) [here](#).



Medicaid Renewal Process in 2023-2024: What to Expect

Each month, most people whose Medicaid is due for renewal within 1-2 months will receive a renewal package in the mail. The papers are pre-populated with information Medicaid already has about the household from when they first applied for Medicaid. Members need to review the information, update the paperwork with any new information, correct wrong information – especially changes to their income, contact information, or the number of people in their household – and return the updated information to their Medicaid agency.

In most states, people have approximately one to two months to gather and return the requested information. Members should be sure to return the information by the deadline included in the renewal request.

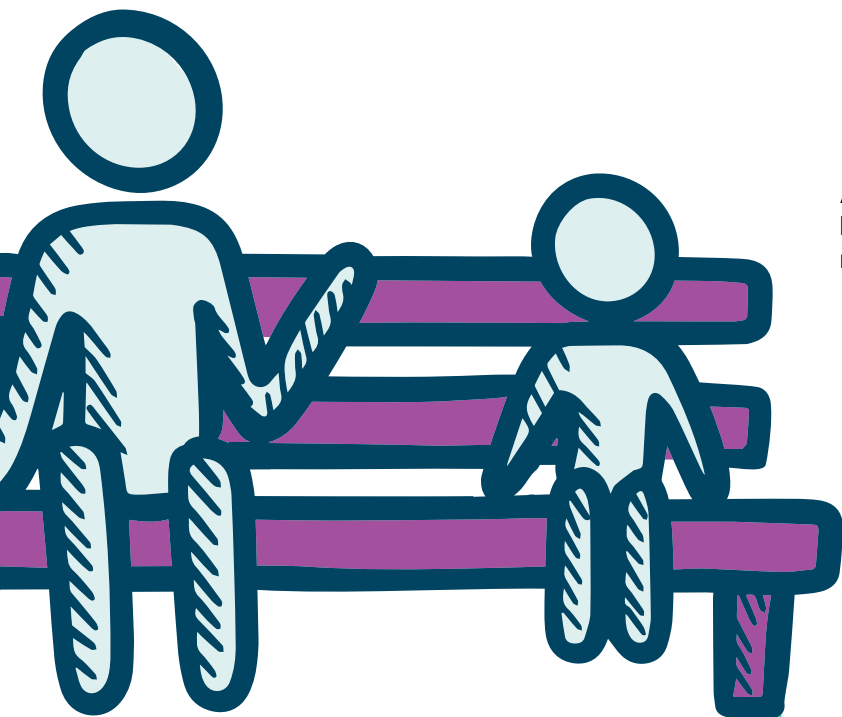
Many people are expected to lose their health coverage in this process. Some may lose Medicaid because they now make too much money to qualify for the program. Millions are likely to lose coverage due to procedural issues: they did not submit their renewal in time, they did not receive their renewal forms because they were sent to the wrong address, the forms were confusing and/or members did not understand what they needed to do with the forms, and more. You can find data about renewal trends in your state [here](#).

Impact of the Renewal Process on People Experiencing Homelessness

At least **15 million** people are projected to lose Medicaid coverage during this unprecedented time. People experiencing homelessness are particularly vulnerable to losing coverage because of barriers unique to their situations, such as the following:

- Renewal notices and packets will be sent to last known addresses. People facing housing instability have likely moved since enrolling in Medicaid and the state or county may not have their current mailing address. People living in shelters, on the street, in parks, in their cars, by riverbeds and streams – who have no ability to receive their mail – are also unlikely to receive renewal packets, notices/reminders, or translation information.
- People experiencing homelessness lack access to a telephone or a computer and other supports needed to complete renewals.
- People experiencing homelessness may not have the personal documents often needed for the renewal process, which requires proving changes in income or household size.
- People who had not enrolled in Medicaid until COVID have never been through the renewal process and may find it particularly complicated.
- The renewal process itself is complex, burdensome, and challenging for any person, but can be especially challenging if someone is also facing mental health challenges.

As a result of these various barriers, **people experiencing homelessness may lose their health coverage and may not find out until they try to access health care services.**



How to Help Your Clients Experiencing Homelessness Keep Their Medicaid



Service providers can play a vital role in helping people experiencing homelessness prepare for and navigate the Medicaid renewal process. Below are key steps and actions to take.

Preparing for Renewals

In addition to supporting clients to update their contact information with their state Medicaid agency, below are key steps providers can take to help them prepare for this process:

- 1. Find out if your client is on Medicaid and what their renewal date is so you can help them prepare for the process.** Providers can find out clients' Medicaid information by: looking in HMIS to see if a copy of their Medicaid card is uploaded in their files; asking the client if they have a Medicaid card; asking the client if they have a Managed Care Organization (MCO) in case they know the MCO provider name but don't know their Medicaid status; and/or calling the [Medicaid agency in their state](#). The goal is to find out the name of the MCO, the client's Medicaid number, and ideally their renewal date, if possible.
- 2. Identify mailing options for clients:** While Medicaid members will be able to navigate the renewal process by calling the Medicaid agency or using an online benefits portal, states' main approach for sending Medicaid renewal notices and renewal packets relies on regular mail. Does your facility accept mail for clients? Do you have partnerships with other providers who can provide that service for the community? Even if your client won't live permanently at their current unit, they should provide Medicaid with a current address.
- 3. Forge relationships with health navigators or application assisters:** Many states have programs or community-based organizations that help people learn about, renew, or apply for health coverage. Connecting with these organizations is a valuable step since they are trained to help your clients apply for or renew Medicaid, troubleshoot any issues during the process, access and utilize health care services, or re-apply if they lose coverage. Legal aid or large social service providers can also play this role.

Consider ways to connect clients to these partners: bring them onsite to a shelter, encampment or housing facility, or have them join street outreach/street medicine efforts. They may not have experience working with people experiencing homelessness but will be able to partner with providers like you who do have that experience.

- 4. Advocate for your clients to expedite the renewal process with the Medicaid agency:** Some states have implemented special rules that will allow many people experiencing homelessness to easily renew their coverage (see more on page 8). Talk with Medicaid by telephone or in-person and find out if there is an expedited or simpler way to renew Medicaid coverage for people experiencing homelessness. They can advise you on the most efficient and effective approach to help your clients.
- 5. Prepare your clients to access their personal documents:** In the renewal process, your clients may need to share personal identification and documents with Medicaid. You can help your clients make a plan to access and gather their documents. Check your systems to see if you have access to any of these documents. For example, do you have documentation of their current income?





Some people will have their Medicaid automatically renewed. In a process known as ex parte renewal, **states are required to try to automatically renew a Medicaid member's coverage based on information the state and/or county already has about a household (including through electronic data sources)**. If a member is automatically renewed, they will get a letter in the mail or online portal telling them that their Medicaid will continue for another year.

Special Rules for Renewals

During the continuous coverage unwinding period, many states applied for additional flexibilities and waivers to lessen paperwork requirements and burdens on Medicaid members. In these situations, people are eligible to renew their Medicaid automatically and/or more easily, so long as Medicaid has access to key information about them. Some states have pursued waivers or changes that are particularly beneficial to people experiencing homelessness:

- Nearly 75% of states received waivers that let them automatically renew Medicaid for individuals who earn \$0.
- 36% of states received waivers that allow them to automatically renew individuals who are very low-income (their income puts them at or below 100% of the federal poverty level) and their income has not changed since they became eligible for Medicaid (or since their last renewal before the public health emergency).
- For both of the above waivers, clients won't have to complete a renewal package. Instead, they should receive a notice in the mail that lets them know they were automatically renewed. If they did not get a notice, they will want to contact Medicaid or check their online account to make sure they were renewed.
- Federal law allows states to renew eligibility and extend the eligibility period by 12 months for "hard-to-reach" populations, which includes people experiencing homelessness. The Centers for Medicare and Medicaid Services has promoted this as a strategy to minimize unnecessary terminations ([see strategy 11](#)). California has adopted a process that allows people to contact Medicaid and tell them they are currently experiencing homelessness, which allows the county to use available information to extend the individual's renewal date out an additional twelve months. You can call your [state Medicaid office](#) to find out if your state has pursued this option and if your client can benefit from it. If your state does not allow extended eligibility periods for "hard-to-reach" populations, there may be opportunities to advocate that your state adopt this approach moving forward.

If a client is newly homeless or experiences a decrease in their income, the member should notify Medicaid as soon as possible to report any changes. These are just a few examples of the flexibilities that states can offer. Not all states have adopted flexibilities. The issues are evolving and state-level guidance will likely change over time. It is good for providers to find out what flexibilities might exist for clients in their state.

How to Find Out What Waivers Exist in Your State

There are several ways to learn more about the waivers that states have adopted to streamline the renewal process, particularly for people experiencing homelessness.

- Check out the Medicaid.gov resource, "[COVID-19 PHE Unwinding Section 1902\(e\)\(14\)\(A\) Waiver Approvals](#)." This landing page provides a summary of the different categories of waivers by state.
- For more in-depth information – which you will likely need in order to learn which specific waivers your state has obtained and if they impact people experiencing homelessness – scroll to the bottom of the page to download the full waiver dataset. This spreadsheet gets updated regularly.¹
- Once you download this Excel dataset, you can review the specific waivers and see which waivers your state has received. While many of the waivers focused on increasing ex parte renewals will streamline the process for vulnerable populations, those that are most helpful for people experiencing homelessness in particular are titled "\$0 Income Strategy" (currently column G) and "100% Income Strategy" (currently column H). It also includes information about the timeline to request a Fair Hearing in "Fair Hearings Timeframe Extension Strategy" (currently column AI). Scroll down to see if your state requested those waivers.
- Review Medicaid's document "[Available State Strategies to Minimize Terminations for Procedural Reasons During the COVID-19 Unwinding Period](#)" to explore additional strategies that might be applicable to your state and people experiencing homelessness.
- Kaiser Family Foundation (KFF) has published "[States Obtain Special Waivers to Help Unwinding Efforts](#)," which is also a valuable resource to understand the different types of renewal waivers that exist and how many waivers each state applied for.

¹ As of this printing, the most recent update to this spreadsheet was November 22nd, 2023



What the Regular Medicaid Renewal Process Looks Like

If someone is not automatically renewed, they will get their renewal notice approximately one to two months before Medicaid coverage will end. They then have to gather and return their renewal information. They should be sure to return the information by the deadline included in the renewal request.

There are 4 ways that states typically allow clients to renew (without the special eligibility rules):



In-person at the client's [Medicaid](#) office.



On a telephone call with [Medicaid](#).



Online (find your state's portal on the [Medicaid website](#))



Mail in a completed renewal form.

NOTE: Leave enough time for the process if you are trying to [contact Medicaid](#). The waiting periods can be long because so many people have to renew right now.

If someone did not receive an automatic renewal notice in the mail AND did not receive a renewal packet (or they lost or misplaced it), they will have to complete one. If they do not submit a renewal form, they could lose their Medicaid coverage.

To renew, Medicaid will need proof of any change in the person's household income or change in the number of people in their household. Members will need to gather any paperwork that can document those changes, such as paystubs, tax filing paperwork, or birth certificates/ID cards, and submit the paperwork along with the renewal form. If they do not submit the renewal, they could lose their Medicaid coverage. If the member has questions on what they need to provide proof for, they may contact Medicaid for help.

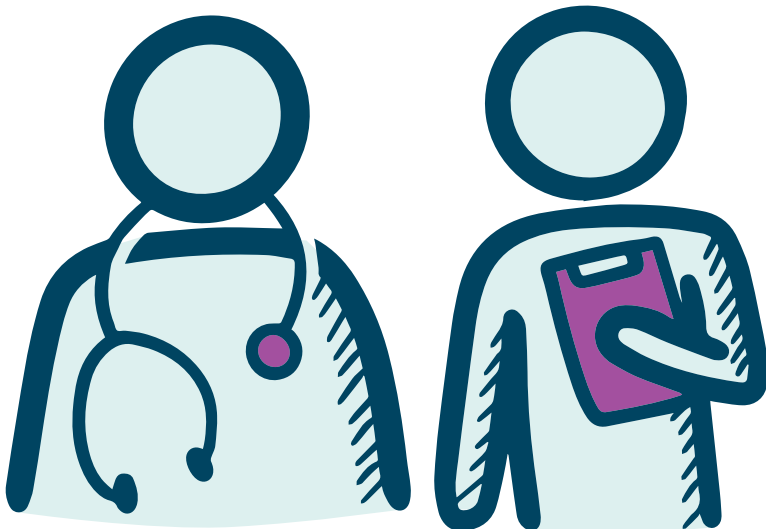
If they do not have any changes in income or household size, renewing can be quite simple. They will need to submit their renewal form through the mail or online or tell Medicaid that nothing has changed in their household and complete the renewal over the telephone. Even if nothing has changed, they may still need to provide proof of income if they have any.

Helping Clients Renew their Medicaid

You can assist your clients with the renewal process. You can work with other experts and partners like health navigators, Medicaid application assisters, or legal aid providers so they can help your clients through these processes.

When helping a client access a new renewal form, you can call Medicaid together with your client or through a three-way call with Medicaid. **The Medicaid member must be with you or on the telephone when you make the call** - Medicaid will not speak with you about your client's Medicaid without the member present, unless the Medicaid member has made you their authorized representative.

Anyone can become an authorized representative to assist clients with Medicaid coverage. The client has to sign paperwork that tells Medicaid that they give permission for another individual to speak on their behalf about their Medicaid coverage, application, renewal, and more.



How to Support Your Client if They are Having Issues with their Medicaid Renewal or Lose Coverage



Your client's Medicaid coverage may end if they do not turn in the renewal form when required or are missing information that the state or county requests. Medicaid will mail them a letter to let them know if their eligibility has been renewed, if they didn't turn in their renewal form, or if they are missing information. If your client is experiencing homelessness and does not have an address, they may not even know they lost their Medicaid coverage. In nearly all states, **Medicaid members who lose their coverage can have it reinstated up to 90 days after they were terminated, if they provide any missing information** (see more information below). If it is more than 90 days after the date on the termination letter, they must turn in a new Medicaid application.

If your client has their Medicaid wrongfully terminated

If your client has a complaint about how their benefits were handled, has trouble interacting with their state or county, or has their Medicaid wrongfully terminated, there are steps they can take to address the problem.

- 1. Contact Medicaid to review their case.** If they think their Medicaid ended in error, they can ask for a Medicaid Fair Hearing. States may have extended the length of time clients have to request an eligibility fair hearing; in California, for example, clients currently have 120 days to request a hearing instead of the usual 90 days. Check [here](#) to learn more about this kind of waiver, and please see the tool on page 8, "[How to Help Your Clients Experiencing Homelessness Keep their Medicaid](#)," to learn if your state has adopted this kind of waiver. If members did not receive a denial letter because they do not have a home address but learned their coverage was terminated when they interacted with the health care system, they should still ask for a Medicaid Fair Hearing.
- 2. Connect your client to a legal aid partner.** Legal aid organizations around the country are supporting clients in their efforts to maintain Medicaid coverage, particularly if they are terminated for procedural reasons.

If your client loses Medicaid coverage – because they do not submit their renewal packet or did not submit the required information on time, or are over the income limits – **it will be important to help them access health coverage again.**

Take Advantage of the 90-Day Reconsideration Period

In most states, clients can still submit their renewal form or missing information to their Medicaid office up to 90 days after their Medicaid ends. If you suspect a client is at risk of losing Medicaid coverage, contact Medicaid with your client. Find out if they are at risk of losing Medicaid, if Medicaid has already sent a termination notice, and what information is missing from the client's file. If you are within the 90-day reconsideration period, the state can turn Medicaid back on without requiring a new application.



Re-apply for health care

If your client loses Medicaid, a new Medicaid application is required. The application for Medicaid requires more effort than a renewal or renewing within a reconsideration period. If they have to re-apply, you can help them:

Re-Apply for Medicaid

Clients who are terminated should re-apply for Medicaid if they are likely still eligible. In most states, clients can do that by mail, in person, by telephone, or online.

- [Contact the Medicaid](#) office to learn where clients can update their information or complete their renewal information.
- Contact a health navigator or Medicaid application assister to help your clients through the application process. Applying for Medicaid is more involved than the renewal process.
- Help your clients access the key documents they may need in the application process, such as a photo ID, proof of current income, etc.

Access Affordable Health Care through [Healthcare.gov](#) or your local Health Exchange

There may be some clients who are no longer income-eligible for Medicaid; they can find affordable options through [www.Healthcare.gov](#). If they are eligible, [HealthCare.gov](#) will enroll them into a low-cost health plan. People must confirm their plan enrollment and pay any premium (if they have one) to get coverage through [Healthcare.gov](#).



Frequently Asked Questions:

How to Help People Experiencing Homelessness Keep their Medicaid



How do I know when a renewal is due?

- Medicaid members renew their Medicaid once per year. Everyone has a different renewal date – it is one year from when they first applied for Medicaid or the last time they were redetermined for eligibility. They should get a letter in the mail that tells them when their renewal is due or a letter that tells them they were automatically renewed. If they did not receive either letter, they can find out their renewal date by logging in or creating an online account or by [contacting Medicaid](#).

My clients don't have homes to get their renewals by mail. Does that mean they will lose their Medicaid?

Medicaid members do not need to have a home address to renew their health coverage. But it is harder to renew coverage when they don't have a place to get mail.

Providers can help:

- While you are with your client, you can [call Medicaid](#) and ask them when the client's Medicaid is up for renewal.
- You can offer clients a place to receive their mail so they can receive their renewal forms and notices.
- Make sure you have them update their address with Medicaid.
- Check [here](#) to see if your state has special rules for people experiencing homelessness, and please see the tool on page 8, "[How to Help Your Clients Experiencing Homelessness Keep their Medicaid](#)," for details on how to learn if your state has adopted one of these waivers.
- If your state has special rules, your client may have been automatically renewed by Medicaid. You can confirm their automatic renewal through their online account or by calling Medicaid.

How do I know if my clients need to complete Medicaid renewal forms?

- Not all Medicaid members need to complete a renewal form. States are required to try to automatically renew members based on data they already have access to, and have pursued waivers that streamline the process for specific populations, including people experiencing homelessness. When you are with your client, contact Medicaid and have them review the information they have about your client. They will be able to confirm if a renewal was or can be completed automatically and tell you if anything else is needed. Make sure they know that your client is unhoused and does not have their own regular mail address. You can tell them to send additional paperwork to your office mailing address.
- Some clients will need to provide the state or county more information. If Medicaid needs more information, they will send the member a renewal form. If your client gets a form, they will need to complete it or return the information by telephone or online by the due date. They will also need to turn in any extra information or proof that Medicaid requests.





Why do some clients automatically have their Medicaid renewed but others do not? Do I need to help clients if they are automatically renewed?

- For some people, Medicaid renewals can happen automatically through a process known as “ex parte renewal.” States are required to try to automatically renew a Medicaid member’s coverage based on information the state or county already has about a household (including through electronic data sources). In that case, a member isn’t required to return a form or take any action to maintain their Medicaid coverage. Instead of a renewal form, they will get a letter in the mail telling them they have Medicaid for another year.
- Some states applied [for certain flexibilities and waivers](#) to lessen paperwork requirements and burdens on Medicaid members. Some waivers streamline the renewal process for specific populations, including people experiencing homelessness. In these situations, people are eligible to renew their Medicaid more easily, so long as Medicaid has access to key information about them. Find out from your state if they have any special rules that can help people experiencing homelessness renew more easily.

How do I help my clients submit their renewals?

- The fastest and easiest way is often online, particularly since there are long wait times when calling most state and county offices. Clients can log into their state’s online portal or create a new account online. Through the online portal they can learn where to update their information or complete their renewal.
- You can help clients turn in their renewal forms through regular mail. Follow the directions on their renewal forms if they received them; if they did not receive renewal forms in the mail and cannot or do not want to complete the process online, you can help them request a new set of renewal paperwork or complete a blank form.

- You can help your clients complete their renewal in-person. Take them to their Medicaid office. There might be a long wait time. Every Medicaid office has different ways to attend to their Medicaid members.
- You can help your clients complete their renewal over the telephone. If they have a renewal form, contact the number on the form when you are with your client or through a three-way call. There might be a long wait time.
- Connect them with someone with Medicaid expertise who can help them, like a health navigator, Medicaid application assister, or legal aid services partner.

What information do my clients need to give to their Medicaid office?

- The state and/or county will only ask for information and documents that affect Medicaid eligibility. Medicaid will need to know about things that have happened since your client first applied for or last renewed their Medicaid.
- Medicaid will tell them what information is needed. The renewal form/paperwork will include a list of information that the county needs the client to report.
- Clients may need to give proof of any changes. The renewal form lists examples such as pay stubs and tax returns.

How did Medicaid get the information that is included on my client’s renewal form?

- The renewal form has all the information Medicaid knows about your client.
- They got most of the information from your client’s previous applications, reported changes, and renewals.
- Some of the information may have come from other places Medicaid has access to like Social Security or the state’s Supplemental Nutrition Assistance Program (SNAP, formerly food stamps).





My client did not turn in their renewal form or information. They got a notice that their Medicaid is ending, found out their Medicaid is ending when they checked online, or found out that their coverage ended when they interacted with their health care provider. What can I do?

- If it is less than 90 days after their Medicaid ended, in most states they can keep their Medicaid if they provide the state with the requested information. Help them turn in their renewal form or missing information. The state will see if they can still get Medicaid, in which case they do not have to submit a new application.
- Tell Medicaid that the client is currently experiencing homelessness. Your state may have rules that let them renew more simply.
- If it is more than 90 days after Medicaid ended, they will have to turn in a new Medicaid application. You can help them apply online and collect the documents they need to reapply.
- If they feel their coverage was wrongfully terminated, have them contact the Medicaid office to request a Fair Hearing and connect them to a legal aid partner focused on health care.





In every state, there are organizations and partners - from health navigators to Medicaid application assisters to legal aid providers - that are experts in helping people learn about, renew, or apply for Medicaid. They can often provide support in different languages. Connecting with these partners is a valuable step, since they are trained to help clients apply for or renew Medicaid, troubleshoot any issues during the process, or re-apply if they lose coverage.

Health navigators, Medicaid application assisters, legal aid providers and homeless service providers can partner together to prevent people experiencing homelessness from losing their Medicaid.

How Medicaid Renewals Impact People Experiencing Homelessness

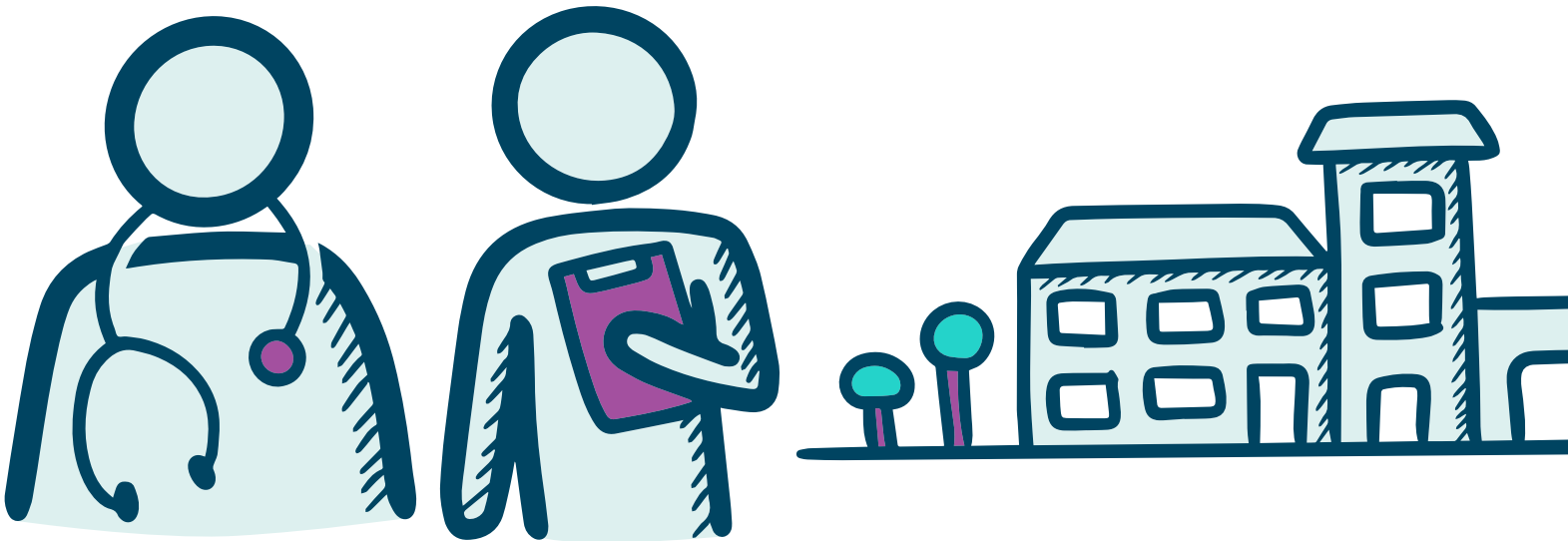
People experiencing homelessness are all at risk of losing their health coverage over the next 12-month renewal period for one simple fact: **they do not have a home address where they can receive their renewal paperwork.**

Medicaid's renewal forms are sent to people's last known address. The renewal forms are pre-populated with information about the household's eligibility to renew. Most people experiencing homelessness do not have an address to receive their renewal forms. **They may not know they need to renew their Medicaid until they go to a health care provider and discover they have lost Medicaid.**

Partnering Across Health Care and Homeless Systems to Provide Medicaid Assistance

Homeless service providers often have deep and trusting relationships with people living in shelters, on the streets, in their cars, in encampments, and other places not meant for human habitation. They know where people can be found, but don't always have expertise on Medicaid applications and renewals.

Legal aid providers, social service organizations that provide Medicaid application assistance, and health navigators know how to work with Medicaid. They know what documentation is needed to ensure people don't lose health coverage. They have trusting and deep relationships within the communities they serve. They also know about any special rules that can expedite Medicaid renewals for people experiencing homelessness.





Opportunities for Greater Collaboration

There are many opportunities for homeless services providers to work with Medicaid experts and partners to help people experiencing homelessness complete Medicaid renewals, exercise their rights under federal waivers, apply to Medicaid for the first time, or re-apply if they have been disenrolled.



Street Outreach

To support people who don't want to leave their encampments to get services (because they risk losing personal belongings or don't want to leave their pets or household members behind), street outreach teams can partner with Medicaid partners on street outreach visits. During those visits, street outreach workers and Medicaid experts can find out if people have Medicaid and help them enroll if they do not or help them with renewals or exercise their rights under any federal waivers.



Coordinated Entry

Coordinated Entry (CE) offers practical and meaningful opportunities for cross-system coordination. There is an opportunity to build relationships between homeless service providers and Medicaid partners to facilitate warm hand-offs for Medicaid renewals (and to connect people to homeless system housing and services). CE's Homeless Management Integration System (HMIS) may be a way to collect data to enable warm hand-offs across the partnership.



Shelters and temporary housing providers

While people experiencing homelessness wait for housing and services, shelter or temporary housing providers can work with Medicaid partners to engage clients, gather their documents, and help them renew or apply for Medicaid.





In each state, there are partners who can support housing and homelessness providers and Medicaid members in the renewal process. Below are ideas about how to find contact information for Medicaid offices and entities that can support clients with the renewal process.



Find out how to contact a client's [Medicaid office](#) in-person or by telephone:

- Find your state's Medicaid information [here](#).
- Some states administer their Medicaid program at the county level – if that is the case in your state, the state agency's Medicaid website will include a list of county Medicaid offices and their contact information.



Get help from other community partners. You may find some of these partners in your state:

- Some states have invested in community-level health navigators who provide Medicaid application assistance.
- Some social service agencies provide application assistance to those trying to apply for and maintain benefits like Medicaid.
- Contact your local legal aid partners – especially those that provide assistance with benefits and health care.



How to Renew Medicaid if You are Experiencing Homelessness



Medicaid must be renewed every twelve months. To prepare for the Medicaid renewal process, contact your Medicaid office and share your most current contact information, such as name, address, phone number, and email address.

The state and/or county will contact you with important information about keeping your Medicaid benefits. If you can set up a mailing address with a trusted source, that will be helpful.

You May Not Have to Complete a Renewal Packet

Not everyone has to complete renewal paperwork. Some people can renew their Medicaid more easily. In some states, your Medicaid may be automatically renewed if Medicaid has all the information about you that they need. In some states, if Medicaid has information that says you are very low-income or have no income, they will send you a letter telling you that your Medicaid is automatically renewed. Ask your Medicaid office if you were automatically renewed.

The best way to find out if you have been automatically renewed is to access your online account or contact Medicaid by telephone or go in-person. Tell your Medicaid office that you are currently unhoused and see if they can help you renew more easily. You can have someone help you call or go to the office if you want.

Find your [local Medicaid office here](#).





How to Renew if You Don't Have a Renewal Packet or Did Not Get a Letter Saying that Your Medicaid was Renewed for Another Year

If your Medicaid office was not able to automatically renew your Medicaid, they will send you a renewal packet to complete. **You could lose your Medicaid coverage if you do not complete and return the form.**

Medicaid will send you a personalized renewal form or you can set up an online account to renew. If you did not get a renewal form in the mail or a letter telling you that your Medicaid was automatically renewed, reach out to Medicaid and request a renewal packet.

To get a renewal form and submit a renewal form you can:



CALL

Call Medicaid and request renewal forms. This will work if you have an address where you can receive regular mail. You can also renew over the phone. They might get enough information from you while you are on the telephone that they can renew you while you are on the call.



GO IN-PERSON

Go in-person to Medicaid and ask for your renewal forms. They may get enough information from you during the in-person visit that they can renew your Medicaid during the visit. You can also return a renewal packet in person.



GO ONLINE

Log in or create an online account to renew online. To find your state online renewal site, [go here](#)



MAIL

Mail in a completed renewal packet if you received yours in the mail.



To renew, Medicaid will need proof of changes in your life. You could have a change in income. You could have a change in the number of people in your household. You may need to gather any documents that show what changes you have. You will need to submit the documents with your renewal forms. If you do not submit all the documents, Medicaid may not renew you. You could lose your Medicaid coverage.

If you do not have any changes, renewing can be simple. You will need to tell Medicaid (or submit online) that nothing has changed in your household and submit your renewal forms.

You do not need to go through the renewal process alone. You can get help - from your case workers, case managers, or others. You can also ask someone to become your authorized representative so they can do this for you.



Overview of the Homeless Response System for Medicaid Renewal Partners²

Partnering Across Health and Homeless Systems of Care to Provide Medicaid Assistance

Medicaid experts like health navigators, application assisters, and legal aid providers can partner with homeless service providers to prevent people experiencing homelessness from losing their Medicaid. Read more below to understand the homeless system of care, how the Medicaid renewal process impacts people experiencing homelessness, and the role you can play in helping unhoused individuals maintain their health coverage.

The homelessness response system (sometimes referred to as the Continuum of Care, or CoC) functions at the local, community level.

No single agency or organization administers all housing and services in a community. A variety of organizations and agencies provide different types of assistance to individuals and families at risk of or experiencing homelessness, such as emergency shelter, financial support (one-time assistance or ongoing rental assistance), temporary or permanent housing, supportive services (e.g., case management, assistance applying for benefits, connections to medical or behavioral health care, help finding or securing housing), or assistance with transportation and/or food. In many communities, counties lead the local homeless response efforts, while in other communities, nonprofit organizations anchor the homeless efforts.

Homeless assistance funding offers very limited resources. Unlike Medicaid, homeless assistance is not an entitlement. This is important because organizations doing the work often are limited in how they can help people.

Who are People Experiencing Homelessness

All different kinds of people may experience homelessness: families, older adults, youth, children, veterans, and single individuals. They might be homeless because they lost a job or had their work hours reduced, were evicted from their home or priced out of a home, have mental health issues or substance use issues that made it difficult for them to keep a job or maintain their housing, had a disagreement with their family or are getting divorced, are survivors of domestic violence or stalking or human trafficking, or are unable to access public benefits.

Many people experiencing homelessness live unsheltered in places not meant for human habitation such as on the streets, in vehicles or tents, in parks, or along rivers and streams. **Most people experiencing homelessness are likely eligible for Medicaid.**

Medicaid Renewal and People Experiencing Homelessness

People experiencing homelessness are all at risk of losing their Medicaid health coverage over the next 12 months for one simple fact: **they do not have a home address where they can receive their renewal paperwork.**

Medicaid's renewal forms and renewal letters are sent to people's last known address. The renewal forms are pre-populated with information about the household's eligibility to renew. Most people experiencing homelessness do not have an address to receive their renewal forms. They may not know they need to renew their Medicaid until they go to a health care provider and discover they have lost Medicaid.



² This tool was adapted from "[Homelessness Response 101 for Health Care Providers and Stakeholders](#)," originally developed in February 2021 by Homebase, in partnership and with the support of the California Health Care Foundation.



Partnerships Can Make a Difference

Homeless service providers and Medicaid experts can partner together to help ensure people experiencing homelessness do not lose their Medicaid. **Homeless service providers often have deep and trusting relationships with people living in shelters, on the streets, in their cars, in encampments, and other places not meant for human habitation.** Service providers know where people can be found, but they don't have expertise on Medicaid applications and renewals.

Together homeless service providers and health navigators, Medicaid application assisters, and/or legal aid services can partner in their local communities to protect people experiencing homelessness from losing Medicaid.

Opportunities for Greater Collaboration

There are many opportunities for you to partner with homeless service providers to help Medicaid members with renewals or exercise their rights under any federal waivers. There are also opportunities to help individuals who are not already enrolled in Medicaid apply or to help individuals who have been disenrolled re-apply.



Street Outreach

People often don't want to leave their encampments to get services because they risk losing their personal belongings or don't want to leave their pets or household members behind. Organizations in the homeless system conduct street outreach to go where people live and offer supportive services at those locations.

You can partner with street outreach staff to join them in street outreach. Together, you can find out if people have Medicaid and help them enroll if they do not or help them with renewals or exercise their rights under any federal waivers.



Coordinated Entry

Coordinated Entry (CE) is the process each community sets up to ensure people are matched to available housing and supportive services most suitable to meet their needs. CE's primary purpose is to allocate housing resources fairly and appropriately. It can also be used to refer and connect people to health care and other mainstream resources. There is an opportunity to build relationships between health experts and CE staff to facilitate warm hand-offs for Medicaid renewals (and to connect people to homeless system housing and services).



Shelters and temporary housing providers

While people experiencing homelessness wait for housing and services, they often live in emergency shelters or interim/temporary housing. During this time, service providers work with them to gather their documents, search for housing, provide life skills and job training, and assist them to apply for public benefits, including Medicaid. You can build strong partnerships with shelters and interim housing providers to go onsite to ensure those who need to renew Medicaid do not lose it and help people experiencing homelessness apply for Medicaid who are likely eligible but unenrolled.

For more in-depth Homelessness 101, see: [Homelessness Response 101](#) or [Fundamentals of Homelessness Response for Managed Care Providers](#).

