

Information Bulletin: Medi-Cal Renewals for People Experiencing Homelessness

Note: This resource is updated on a regular basis, to account for the changing policy and process landscape of Medi-Cal renewals and to share Q&A widely with our community.

Last updated on 3/6/2024

TAGS: [Policy Updates](#) / [New Responses](#) / [Online Accounts Q&A](#) / [Physical Renewal Packets Q&A](#) / [Waivers and Auto-Renewals Q&A](#) / [Renewal Status Q&A](#) / [Assisting Clients Q&A](#) / [General Medi-Cal Coverage Q&A](#) / [Key Resources](#)

Medi-Cal Renewal Policy Updates

- **Waiver Flexibilities:** these waivers streamline the renewal process for people experiencing homelessness and other vulnerable populations
 - *(approved by CMS on 09/22/23)* Medi-Cal members are no longer required to sign and return a renewal packet if counties receive verification of missing information through other data sources after the packet was mailed to the client. See more [here](#).
 - *(approved by CMS on 09/22/23)* Medi-Cal members may provide a reasonable explanation for any changes, clarifications, or discrepancies in income between what they report in their form and what the county verifies electronically. This means that there is no longer a need for Medi-Cal members to submit additional supporting documentation. See more [here](#).
 - *(approved by CMS on 10/24/23)* Medi-Cal members can provide counties with self-attestation of income. This means that a member can submit a renewal form with a new attestation of income without documentation or a reasonable explanation of the discrepancy.
- **Process Updates from DHCS**
 - All counties are now using BenefitsCal to apply for and manage Medi-Cal, as well as CalFresh and CalWorks. This means everyone in the state can go to BenefitsCal.com to use the same state's online portal for renewals.

Q&A for Providers, Health Navigators, and People Exp. Homelessness

TOPIC: New Responses

Question: What do I do if my client who is on Medi-Cal and is turning 65 and is now eligible for Medicare and may be considered dually-eligible for Medicare and Medicaid?

Homebase Response: While there are complexities of being dually eligible for Medicare and Medi-Cal, there should be no interruptions in coverage as long as the client remains eligible for Medi-Cal. People who are dually eligible have different criteria for Medi-Cal when they are

also eligible for Medicare. Counties use other rules to see if a person still qualifies for Medi-Cal. Some people who do not qualify for the most common form of Medi-Cal, which is MAGI Medi-Cal, may qualify for one of the Non-MAGI Medi-Cal Programs. This [document](#) outlines eligibility for Non-MAGI Medi-Cal. Reach out to your [County Medi-Cal Office](#) to help someone [before](#) their Medicare coverage becomes effective. (3/6/24)

Question: My client is newly eligible for Medi-Cal and can't access housing-related services through Medi-Cal because they have not yet been assigned to a Managed Care Plan, where should I send them to resolve this system delay?

Homebase response: This can depend on the county. In some counties, there should be no delay or gap in a person being enrolled in a specific health plan, which means they should qualify for housing related services like Community Supports immediately. In other counties where people can choose a plan, they normally experience a month or two when they are not enrolled in a specific plan, although a person can contact their County Office to pick a plan to get enrolled sooner. If this is the case, it is possible that the [DHCS Medi-Cal Managed Care and Mental Health Office of the Ombudsman](#) may be able to resolve this issue.

TOPIC: Eligibility Expansion

Question: Did all folks on partial scope Medi-Cal aged 26-49 automatically transition to full scope Medi-Cal at the start of 2024 if the reason for partial scope was immigration status?

Homebase Response: Yes, everybody who had restricted-scope Medi-Cal in December 2023 should have been moved to full-scope Medi-Cal starting January 1. It's about 700,000 people. DHCS sent several mailers to the 700,000 beneficiaries. You can see copies of the Notice of Actions (NOAs) and more information [here](#). Contact [Western Center on Law and Poverty \(WCLP\)](#) if the transition to full-scope Medi-Cal did not happen automatically. WCLP will escalate the cases directly to DHCS. (2/6/24)

TOPIC: Accelerated Enrollment

Question: Will people newly eligible for full-scope Medi-Cal based on legal status be eligible for accelerated enrollment when applying?

Homebase Response: Yes, accelerated enrollment can be granted regardless of immigration status attestation for all adults starting in 2024. (2/6/24)

Question: For individuals experiencing homelessness who don't have birth certificates or IDs and do not expect to get this documentation easily, does accelerated enrollment skip that process altogether? Or will they be expected to get the documentation in the future? What kind of affidavits or other statements will Medi-Cal accept through accelerated enrollment to ensure people don't lose coverage?

Homebase Response: Accelerated enrollment is granted based on whatever is attested to on the application and nothing else. All proofs or documentation that may be needed to fully process the application are requested and submitted later after accelerated enrollment is approved and active. You can learn more [here](#). (2/6/24)

TOPIC: [Online accounts](#), [CBO accounts](#), [Benefits Cal](#)

Question: Several providers with authorized representative status have shared that they are not learning that their clients are renewed (or enrolled upon first application) for about two to three months. How is an authorized representative's access to clients' Medi-Cal renewal information different from a CBO's access on BenefitsCal.com? Can authorized representatives get renewal information as quickly as their clients receive updates through an online account?

Homebase Response: An authorized representative's access is fundamentally different from a CBO's access on BenefitsCal. Authorized representatives can act in the place of Medi-Cal beneficiaries. They don't have separate logins, like CBOs do in BenefitsCal. Authorized representatives use the beneficiary's login to manage their benefits. On the [appointment of authorized representative form](#), the beneficiary determines if the authorized representative gets copies of Medi-Cal alerts and notices. The authorized representative will likely not get BenefitsCal alerts unless they include their own contact info in the beneficiary's online account. Learn more about authorized representatives [here](#). (2/6/24)

Question: How does someone trigger accelerated enrollment for Medi-Cal when applying through BenefitsCal.com?

Homebase Response: [Accelerated enrollment](#) is available to people experiencing homelessness. You can get accelerated enrollment when applying for health coverage through both Covered California and BenefitsCal. The system has been in place through Covered California for a few years, and it has just been integrated into BenefitsCal. For people who only need health care and want to take advantage of accelerated enrollment, The Western Center on Law and Poverty recommends applying through Covered California. For people in need of health coverage and other benefits, like CalWORKS and CalFRESH, BenefitsCal is the preferred place to apply. The system for accelerated enrollment in Covered California is more streamlined and does not require the County to review. In BenefitsCal, however, the County reviews applications and grants accelerated enrollment when the County staff find that the applicant is eligible. (2/6/24)

Question: Can a Medi-Cal member's prepopulated form be accessed via BenefitsCal?

DHCS Response: If the member has a BenefitsCal account, they can download and print the form from the Message Center. This is where members can see all Notices, Forms, and other communications sent by the County. Anonymous users will not be able to pull forms/notices. If the member does not have an account when the packets are created, they can get the information by creating an account, which then gets linked to their case. Their BenefitsCal account will be updated within an hour on weekdays, and communications about their case (renewal dates, notices, renewal forms) will be added to the BenefitsCal Message Center. If they go after hours, the forms will be available the next business day that the forms will be available in BenefitsCal. (10/19/23)

Question: CBOs have reported that they are unable to quickly set up and activate a CBO account on BenefitsCal. How long does it normally take for a CBO account request to be approved?

DHCS Response: A request for a new CBO organization (CBO manager) needs to go through a county review process. The review and approval timelines are county-defined, typically 5-8 business days. Once the county approves, an email is sent immediately to the CBO's email inviting them to register their account on BenefitsCal. The CBO manager can add their staff members to the account without going through the county review process. The staff members will receive an email invite to register an account on BenefitsCal, and upon completion of registration, staff can immediately use BenefitsCal to assist customers. If CBOs are noticing significant delays in approval, they should reach out to their county to resolve any barriers. If this is unsuccessful, CBOs should contact DHCS at MCED.COVID@dhcs.ca.gov. (11/2/23)

Question: CBOs have reported delays in updates to their accounts on BenefitsCal. Sometimes clients get their Medi-Cal cards or get renewed successfully, yet the CBO account says approval is still pending. Is the CBO portal updated at different times than the client one?

DHCS Response: CBOs will continue to see the application as pending on their dashboard until the system is updated by the county worker. Once the status is updated, the CBO dashboard will reflect "Processed" for the application. Unlike members, CBOs do not have the option to view the client renewal information in BenefitsCal or track the progress. DHCS is exploring a future enhancement to add in this functionality. (11/2/23)

Question: Some providers have been unable to create a CBO BenefitsCal account through Medi-Cal offices and went through CalFRESH partners instead. What is the appropriate process for setting up a CBO account on BenefitsCal?

Homebase Response: Counties each have their own ways of establishing CBO accounts on BenefitsCal, particularly since the state only recently fully transitioned all counties to the BenefitsCal system and is determining a uniform system for every county to create CBO accounts. The release of information process, which allows CBOs to receive

applicant/beneficiary case information, often causes delays in CBO account approval. Counties have their own workarounds to get CBO accounts set up, like requiring a county manager to approve each account request. See [this resource](#) for some helpful tips on how to use the CBO account feature of BenefitsCal. (12/29/23)

TOPIC: Physical Renewal Packets

Question: When do renewal packets get mailed?

Homebase Response: They get mailed about 2 months before someone's renewal date. Everyone has a different renewal date that is 12 months after they first enrolled or last renewed. (10/03/23)

Question: If a client does not get their individualized renewal form, can they fill out a blank renewal form?

Homebase Response: Yes. If your client did not receive their individualized form, they can access a blank renewal form [here](#); note that it will take longer to complete than the forms that are individualized. (10/03/23)

Question: Some individuals have received renewal packets with pages out of order. What should clients do in that situation?

DHCS Response: It is unusual for a renewal packet to be printed incorrectly. If this occurs, please provide a secure e-mail with case specific information for DHCS to review, or reach out to MCED.COVID@dhcs.ca.gov so further review can be done to see if there was a printing or vendor issue. (10/19/23)

TOPIC: Waivers and Auto-Renewals

Question: How are auto-renewals communicated to people experiencing homelessness who have no address and do not have a BenefitsCal account?

DHCS Response: When an individual is automatically renewed, they will receive a Notice of Action with approval of their benefits. This will be sent to the mailing address that the individual has provided to the county. If an individual reports they have no available mailing address, counties have various options for the individual such as (but not limited to) General Delivery, a trusted source or person's mailing address, or leaving documents at the county for the individual to pick up. If they do sign up to get an online account, they will also be able to view their eligibility notices in BenefitsCal. (10/19/23)

Question: Given the waiver to auto-renew Medi-Cal members at or below 100% Federal Poverty Line (FPL), how will providers learn about the changes in FPL for 2024?

Homebase Response: FPL income limits are updated each year, applied as of January 1st. The information about new FPL limit, however, is not posted publicly until February or March. The

changes in FPL will be applied retroactively to the first of the year. DHCS will share an all-county letter when the 2024 income limits for Medi-Cal are finalized, and the Health Consumer Alliance typically creates a California Insurance Affordability Programs Income Levels resource based on those levels every year (see the 2023 version [here](#)). It is important to note that the [different asset limits for Medi-Cal are going away](#) entirely on January 1, 2024. (12/29/23)

TOPIC: Renewal Status

Question: If a client is receiving Enhanced Care Management or Community Supports, does that mean that their coverage has been renewed or is secure?

Homebase Response: It is best not to assume that MCPs or care navigators are helping clients renew. Additionally, do not assume that because a client has these supports, they don't have to renew. If you have the program navigator contact, a reminder or affirmation that they are supporting their renewal would probably be helpful. (10/03/23)

Question: If a client's CenCal Health coverage is active and up to date, does this mean the client's Medi-Cal coverage is active and up to date as well? Are CenCal Health and Medi-Cal under the same umbrella?

Homebase Response: CenCal Health is likely the client's Medi-Cal managed care plan (MCP). Managed care plans do have access to their members' renewal dates, so they should be able to ensure people renew. But CenCal Health has a lot of members who need to be renewed every month. It is best to confirm yourself that the client's Medi-Cal coverage is active and renewed. (10/03/23)

Question: If clients are receiving SSI/SSDI, their Medi-Cal redetermination date doesn't show up in BenefitsCal when caseworkers are looking for it. What does that mean and how should caseworkers and clients respond?

Homebase Response: Someone who receives Supplemental Security Income gets their Medi-Cal based entirely on receiving SSI eligibility. As long as an SSI recipient is able to renew their SSI with the Social Security Administration, their Medi-Cal will continue. They do not go through the county-administered Medi-Cal annual renewal process, and therefore, BenefitsCal and other systems won't show information about their Medi-Cal redetermination date. For more information, see [here](#). People who are *just* receiving Social Security Disability Insurance do go through the regular Medi-Cal annual renewal process. If that is their only income, however, a [recent waiver](#) allows counties to auto-verify the SSDI, which increases the likelihood that they are automatically renewed. For more information, see [here](#). (11/27/23)

TOPIC: Assisting Clients with Renewals

Question: Do you need an ROI (release of information) on file to connect with Medi-Cal county offices on behalf of clients needing assistance with renewals?

Homebase Response: Medi-Cal agencies need providers to be with the client when calling or visiting the county Medi-Cal office. Making a three-way call is sufficient. If, however, a provider is an approved authorized representative, the provider can contact Medi-Cal agencies without the client present. (10/03/23)

Question: Is calling the county Medi-Cal office faster than creating a BenefitsCal account online when helping people experiencing homelessness determine their renewal date?

Homebase Response: It all depends on the client's situation and the county office. In order to create an online account, individuals need a valid email address. You may need to help your client identify and/or create an email account first (see this tool for more information on how to do that). However, some clients may already have created a BenefitsCal account. Calling may appear to be an easier option for clients without online accounts or an email address, but county Medi-Cal offices can have long wait times over the phone or in person. (10/03/23)

TOPIC: General Medi-Cal Coverage

Question: What is the process to re-activate Medi-Cal after incarceration?

Homebase Response: California recently received a waiver to offer Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities up to 90 days prior to release. You can read more here. (10/03/23)

Question: Will low-income undocumented adults aged 26 to 49 be able to receive full-scope Medi-Cal in 2024? Does Medi-Cal currently cover individuals 50 and over?

DHCS Response: Correct.

Homebase Response: Young adults ages 0-26, regardless of immigration status, were covered as of Jan 2020. Older adults ages 50+, regardless of immigration status, were covered as of May 2022. In Jan 2024, all those ages 26-49 will be eligible, regardless of immigration status. (10/19/23)

Question: Can a F1 visa student apply for Medi-Cal?

DHCS Response: A student with an F1 visa can qualify for coverage if all eligibility requirements are met. These individuals have the option to apply for Medi-Cal while residing in California. To meet the California residency requirement for Medi-Cal eligibility purposes, the beneficiary must be a resident of California, and cannot be commuting into the state to attend school as stated in ACWDL 15-23. All other Medi-Cal eligibility requirements apply. An F1 Visa student is considered to be lawfully present in the United States. Under current policy, otherwise eligible lawfully present individuals receive full scope Medi-Cal if they are: under 26 years of age, OR 50 years of age or older, OR pregnant (regardless of age). Otherwise, eligible lawfully present immigrants who do not meet one of the requirements above for full scope eligibility are eligible for restricted scope Medi-Cal (limited to emergency and pregnancy-related services). As of January 1, 2024, all F1 Visa students will receive full scope Medi-Cal regardless of age or pregnancy status if otherwise eligible. (10/19/23)

Question: Does getting Medicare Part C change their Medi-Cal? Clients are getting signed up without realizing it.

DHCS Response: Medicare Part C is Medicare Advantage which is Managed Care plans. There should not be any issues with a dually eligible individual's Medi-Cal managed care plan because of their Medicare plan. There is integrated care for duals through the managed care plans. If a problem occurs, please provide a secure e-mail with case specific information for DHCS to review or reach out to MCED.COVID@dhcs.ca.gov if an individual is experiencing access to care issues with Part C Medicare. (10/19/23)

Question: What changes to Medi-Cal will go into effect as of January 1, 2024?

Homebase Response: **Immigration status** will no longer affect eligibility for Medi-Cal. Before 2024, only some people were allowed to be on full Medi-Cal regardless of immigration status. Starting on January 1st, more people will be eligible for full Medi-Cal benefits. Applying for or using Medi-Cal will not affect someone's immigration status. They will be eligible for Medi-Cal, so long as they meet other Medi-Cal eligibility criteria. Also, **asset limits** are going away entirely on January 1, 2024. (12/29/23)

Question: What happens if a client currently has Medicaid in a different state but now resides in California and wants to apply for Medi-Cal? What will happen to their Medicaid coverage plan in the state outside of California?

Homebase Response: Unfortunately, Medicaid coverage cannot be transferred from state to state. The client will need to apply for Medi-Cal coverage as soon as they move to California. The state offers retroactive Medi-Cal coverage, which allows individuals to receive coverage for three months prior to the month they submitted their application. Be aware that individuals may have to pay out-of-pocket for healthcare services until their county Medi-Cal office approves their retroactive coverage request. (12/29/23)

Question: What resources are there to help people experiencing homelessness apply for Medi-Cal?

Homebase Response: Individuals eligible for Medi-Cal can apply for coverage online, in-person at a local Medi-Cal office, or by mail. Health enrollment navigators are a great resource for people experiencing homelessness who need help completing a Medi-Cal application. Navigators are trained to assist hard to reach populations with enrollment and renewals. Health enrollment navigator organizations by county can be found here. (12/29/23)

Key Resources

Do you still have questions that were not answered by the Q&A above? If so, contact Medi-Cal@homebaseccc.org and consult the resources below.

Medi-Cal Renewal Key Resources:

- [Homebase Medi-Cal Renewal Toolkit](#) (offered in both English and Spanish)
- Recording of [Homebase Medi-Cal Renewal Webinar](#) - recorded on 10/3
- [Medi-Cal/DHCS main renewal site](#) to apply, renew, update information, etc.
- Visit BenefitsCal.com to create an online Medi-Cal account
- Find your [local county Medi-Cal office's](#) contact information
- Find your local [Health Enrollment Navigators](#) by county
- [Health Consumer Alliance](#) - free, confidential legal aid