

County Continuous Coverage Unwinding Plan Template

The federal Department of Health and Human Services (HHS) [declared a Public Health Emergency](#) (PHE) in January of 2020 in response to the outbreak of the novel Coronavirus (COVID-19). Special rules were put in place during the COVID-19 PHE to allow more people to obtain and keep Medi-Cal benefits through a continuous coverage requirement. Prior to the continuous coverage requirement, Medi-Cal cases were reviewed on an annual basis by counties to determine program eligibility for Medi-Cal beneficiaries. On December 29, President Biden signed into law the [Consolidated Appropriations Act of 2023](#) (the omnibus spending bill). With the passage of this bill, the continuous coverage requirements that paused all Medi-Cal redeterminations since March 2020 would be decoupled from the PHE termination date as of April 1, 2023, setting the stage for the resumption of Medi-Cal redeterminations. With the passage of this Act, the continuous coverage requirement will end on March 31, 2023. During the Continuous Coverage Unwinding, counties will need to conduct a full redetermination for all beneficiaries who would have otherwise been subject to redetermination due to the halting of certain case actions. This template is intended to highlight the areas of work counties may need to address in their planning efforts. Counties are required to complete and submit this template to validate their readiness to complete continuous coverage unwinding actions and resume normal operations. Counties must email their Continuous Coverage Unwinding Readiness Plan to Theresa.Hasbrouck@dhcs.ca.gov and Kathryn.Floto@dhcs.ca.gov no later than **February 21, 2023**. DHCS approval is not required for counties to move forward with their continuous coverage unwinding plans.

This template consists of three sections:

Section 1: Readiness Assessment

Guided questions for counties to assess their readiness for completing continuous coverage requirement unwinding actions when the continuous enrollment requirement ends, highlighting areas of potential risk for potential coverage loss and/or delayed case processing.

Section 2: County Planning Approach and Strategies

Prompts to assist with county planning, organization, and structure; identify the staging and timing of activities for completing unwinding actions when the continuous coverage requirement ends; and anticipate potential risks and determine mitigation strategies for completing continuous coverage requirement unwinding actions as planned.

Section 3: Guidance and Resources

DHCS has published and compiled several resources to provide additional support to counties as they prepare to resume normal operations.

Section 1: Readiness Assessment

These are guided questions for counties to assess their readiness for completing continuous coverage requirement unwinding actions. The purpose of this section is to highlight areas of risk for coverage loss and/or delayed continuous coverage requirement unwinding processes. The **County Responses** in **Section 1** will be used to prepare an action plan in **Section 2**. Items that are *italicized in grey* are examples of county responses.

1.1 Organization and Staffing

Describe how the county intends to organize themselves to prepare for continuous coverage requirement unwinding actions and resuming normal operations in the table labeled “Narrative Summary”.

Narrative Summary

The county has developed and implemented messaging for staff and clients online (webpage and social media), began refresher trainings in February 2023, identified and distributed training tools for staff and outreach posters and flyers. For messaging, trainings and tools several workgroups which consisted of Social Services management team, experienced staff, new staff, Department of Public Health, Department of Behavioral Health, Community Based Organizations, and local Medi-Cal providers were used.

During the public health emergency unwinding the county will use SAWS, a task management tool, and a case review system for tracking and evaluation of Medi-Cal processing to ensure benefits are being granted properly to beneficiaries and for early detection of any additional training needs.



Enter **Staffing Areas** prominent to the county along with the **Point of Contact** and **Staffing Plan(s)** that will establish strategies for resolving pending continuous coverage requirement unwinding actions and resuming normal operations.

Staffing Area	Point of Contact Identified	Staffing Plan(s) Identified
<i>Application Processing - Intake</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Case Maintenance - Ongoing</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Clerical units for Mail, MyBenefitsCalWIN. External Referrals, Drop Boxes</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Rapid Service Unit (RSU)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Contact Centers</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Fair Hearings - Appeals</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Staff Training – Staff Development</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Program Integrity</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>MEDS units</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Help Desk</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>In-Home Supportive Services (IHSS)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Foster Care eligibility units</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Inter-County Transfer (ICT) unit</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



1.1 Organization and Staffing Continued

These are guided questions for counties to assess availability of County Workforce dedicated to Medi-Cal eligibility operations. Examples of County Responses are *italicized in grey*.

County Assessment of Available Medi-Cal Specific Workers	County Response	County Request for DHCS Technical Assistance (TA)
Has the county read the DHCS Continuous Coverage Unwinding Operational Plan ?	<i>Yes</i>	<i>No</i>
Has the county reviewed the Continuous Coverage Unwinding Flow Charts released in MEDIL I 22-28 ?	<i>Yes</i>	<i>No</i>
Did the county complete any case processing actions while the continuous coverage requirement was in place?	<i>Yes, The county processed reported changes that had a positive impact for beneficiaries and processed the Craig vs. Bonta (SSI) referrals when possible.</i>	<i>No</i>
Are changes needed in how the county tracks annual renewals received and assigns for processing?	<i>No</i>	<i>No</i>
Does the county receive renewals and changes in circumstances in other pathways other than through mail, telephonically, in-person, online, or through fax/email?	<i>No</i>	<i>NO</i>
Has the county read the Updated Guidance on the County Process When Mail is Returned Undeliverable released in ACWDL 22-09 ?	<i>Yes</i>	<i>NO</i>



County Assessment of Available Medi-Cal Specific Workers	County Response	County Request for DHCS Technical Assistance (TA)
Does the county have to make changes to existing business processes for returned/undeliverable mail due to the continuous coverage requirement ending?	<i>Under review due to MEDIL I 23-05</i>	<i>To be determined</i>
Has the county utilized mailing addresses from the Post Office for returned/undeliverable mail?	<i>Yes</i>	<i>No</i>
Are there business processes that can be enhanced based on the guidance provided in ACWDL 22-18 ?	<i>Yes</i>	<i>No</i>
Were changes made to existing business processes for fair hearings in order to accommodate the potential influx in state hearing requests?	<i>Yes, added additional Support staff, established plans for use of additional surrounding conference rooms for phone hearings when designated hearing rooms are occupied with in person hearings and planning to add additional hearing slots to the hearing schedule when staffing levels allow.</i>	<i>No</i>



1.2 Staff Training

These are guided questions for counties to assess staff training needs. Examples of County Responses are *italicized in grey*.

County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
Do existing county eligibility staff need to attend Medi-Cal Training courses in preparation for the continuous coverage unwinding actions?	<i>Yes and the county began conducting a refresher in renewal processing trainings in February 2023 for existing Staff</i>	<i>Yes, A training for trainers which provides a more in-depth training to include Non-MAGI and MAGI</i>
Has the county developed a training plan for county staff related to continuous coverage unwinding activities?	<i>Yes, the county has begun a refresher training</i>	<i>Yes, A training for trainers which provides a more in-depth training to include Non-MAGI and MAGI</i>
Does the county office have the capacity to allow staff to attend Medi-Cal Training courses?	<i>Yes, we anticipate challenges due to staffing shortages</i>	<i>Yes</i>
Has the county modified onboarding training for new staff to incorporate the continuous coverage unwinding?	<i>Yes, modifications would occur only for training sessions that are taking place during the unwinding period.</i>	<i>Yes</i>
Has the county watched all DHCS Continuous Coverage Unwinding training sessions?	<i>Yes</i>	<i>No</i>

County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
Does the county have a plan to update guidance/handbooks for the unwinding of the continuous coverage requirement?	<i>Yes, guides and messaging were provided</i>	<i>Yes, providing additional DHCS created guides or handbooks on unwinding</i>
Does the county anticipate any challenges with county eligibility workers applying normal business processes for a beneficiaries whose post-continuous coverage requirement expiration redetermination has been completed?	<i>Yes, due to conversion into new system and nuisances of differences in systems and possible business process changes.</i>	<i>Yes, May require DHCS assistance for conversion activities</i>
Are there potential challenges the county anticipates with resuming normal case processing for beneficiaries whose post- continuous coverage requirement expiration redetermination has been completed?	<i>Yes, due to conversion into new system and nuisances of differences in systems and possible business process changes.</i>	<i>Yes</i>
Are changes needed for the county review process to ensure Medi-Cal eligibility is determined accurately and timely during the continuous coverage unwind period?	<i>No</i>	<i>No</i>

1.3 Lobby Management, Call Center, and Outreach

These are guided questions for counties to assess their lobby and call center readiness and beneficiary outreach efforts. Examples of County Responses are *italicized in grey*.

County Self-Assessment Questions	County Response	County Request for DHCS Technical
Has the county assessed additional staffing and/or technology needs for in-person lobby traffic during the continuous coverage unwinding?	<i>Yes, the county has an established continuous monitoring practice of lobby traffic. The county has phones in the lobbies that can be used by beneficiaries to have questions answered by our contact center.</i>	<i>No</i>
Has the county considered the potential for new or different in-person assistance required in lobbies?	<i>Under Review</i>	<i>No</i>
Has the county discussed best practices during the County Welfare Directors Association's (CWDA) Regional Meetings?	<i>Yes</i>	<i>No</i>
Does the county have a plan to make new or altered materials available for applicants/beneficiaries during the continuous coverage unwinding?	<i>Yes, a flyer and poster were developed and provided to community partners to remind beneficiaries to contact the county with changes and how to contact the county. A phone hold message for our contact center and lobby EW scripts were revised to remind beneficiaries to update contact information and about continuous coverage ending and annual renewal resuming. Robo calls will be used to remind beneficiaries they have an annual renewal due.</i>	<i>No</i>



County Self-Assessment Questions	County Response	County Request for DHCS Technical Assistance (TA)
Has the county assessed potential increased call volume due to the continuous coverage unwinding and developed a plan to increase staffing, lower wait times, ensure coverage for high-volume times, etc.?	<i>under review</i>	<i>To be determined</i>
Has the county collaborated with other counties on how to lower call volumes or wait times?	<i>No</i>	<i>Yes, conduct or facilitate a meeting with counties for contact centers to share ideas on how they have or what they will implement to reduce their wait times.</i>
Does the county have DHCS Coverage Ambassador(s) ?	<i>Yes</i>	<i>No</i>
Has the county reviewed resources provided on the DHCS website Planning For the End of the Continuous Coverage Requirement ?	<i>Yes</i>	<i>No</i>
Has the county informed community partners about the county's continuous coverage unwinding plan?	<i>Yes, the county has collaborated with community partners to develop messaging for the resuming of normal Medi-Cal processes and provided general Medi-Cal training to assist Medi-Cal beneficiaries. Information and notification have been shared with all levels up to and including the County Board of Supervisors.</i>	<i>No</i>
Can the county utilize the customizable fliers and social media graphics provided in the Medi-Cal Continuous Coverage Communication Toolkit Phase 1.0?	<i>Yes</i>	<i>Yes, if DHCS could work with counties local Media groups to broadcast information -</i>

Section 2: Assessment and Approach

Considering the answers from **Section 1.1-1.3**, fill out the templates below for **Sections 2.1 – 2.3**. Examples are *italicized in grey*.

2.1 Organization and Staffing

Assessment		Approach		
Readiness Area	Assessment	Proposed Approach	Other considerations	Target Completion Date
<i>Case Managers – Case Maintenance</i>	<i>Identified county doesn't have sufficiently trained/experienced case managers to process renewals</i>	<ul style="list-style-type: none"> <i>Reassign case managers from specialized sections</i> <i>Focus overtime work on processing Medi-Cal renewals.</i> 	<ul style="list-style-type: none"> <i>Due to PHE most staff may be slower at case processing and projections need to be adjusted to account for this.</i> <i>Challenges with filling vacancies and retaining staff</i> 	<i>February 2023</i>

2.2 Staff Training

Assessment		Approach		
Readiness Area	Assessment	Proposed Approach	Other considerations	Target Completion Date
<i>Case Maintenance and contact center</i>	<i>Identified training plan needed</i>	<ul style="list-style-type: none"> <i>Develop targeted/refresher Medi-Cal training.</i> 	<i>Timing of training and when training occurs due to potential scheduling conflicts for CalSAWS migration and date of continuous coverage ending</i>	<i>Completion no later than the end of March 2023</i>

2.3 Lobby Management, Call Center, and Outreach

Assessment		Approach		
Readiness Area	Assessment	Proposed Approach	Other considerations	Target Completion Date
Case Managers – Case Maintenance	Identified county doesn't have sufficiently trained/experienced case managers to process renewals	<ul style="list-style-type: none"> Focus overtime work on processing Medi-Cal renewals. 	<ul style="list-style-type: none"> Due to PHE most staff may be slower at case processing and projections need to be adjusted to account for this. Challenges with filling vacancies and retaining staff 	February 2023

Section 3: Guidance and Resources

DHCS has released multiple guidance letters throughout the duration of the COVID-19 PHE in order to assist counties with frequently asked questions, policy changes, policy clarifications and other useful information. The guidance can be found at the following links:

Letter	Date	Title
MEDIL I 22-48	November 22, 2022	Instructions for the Request for Additional Income Information For Medi-Cal Form to Obtain a Reasonable Explanation
MEDIL I 22-45	November 09, 2022	Updates Regarding The Processing Of Returned Mail With In-State Forwarding Address
MEDIL I 22-43	November 01, 2022	COVID-19 Public Health Emergency Unwinding Period: Adding a Person to an Existing Case
ACWDL 22-23	October 17, 2022	American Rescue Plan Act Postpartum Care Extension
MEDIL I 22-33	August 26, 2022	County Readiness Toolkit for the Preparation of the novel Coronavirus (COVID-19) Public Health Emergency (PHE) Unwinding and Resumption of Normal Medi-Cal Operations
MEDIL I 22-34	August 22, 2022	COVID-19 Public Health Emergency (PHE) Unwinding for Individuals who Aged out of the Young Adult Expansion during the PHE
ACWDL 22-22	August 8, 2022	Introduction of Reasonable Explanation for Medi-Cal Determinations
MEDIL I 22-28	July 11, 2022	COVID-19 Public Health Emergency (PHE) Unwinding Flow Charts



ACWDL 22-18	June 24, 2022	Case Processing after the Conclusion of the Coronavirus (COVID-19) Public Health Emergency (PHE)
MEDIL I 22-02E	June 24, 2022	Errata to the Medi-Cal Eligibility Division Information Letter NO. I 22-20 for Updates Regarding the Approval of Temporary Waiver Requests as a result of the COVID-19 Public Health Emergency
ACWDL 22-17	June 17, 2022	COVID-19 Public Health Emergency Unwinding Period: Adding a Person to an Existing Case
MEDIL I 22-19	May 13, 2022	The Coronavirus (COVID-19) Uninsured Group Program Continues to Process COVID-19 Testing, Testing-Related, Vaccination and Treatment Claims
ACWDL 22-13	May 12, 2022	Changes to Asset Verification Review Requirements Due to July 2022 Asset Limit Increase
ACWDL 22-09	March 17, 2022	Updated Guidance on the County Process When Mail is Returned Undeliverable
ACWDL 22-04	February 11, 2022	Treatment of Certain Public Health Emergency Assistance Payments for Medi-Cal Eligibility
MEDIL I 22-01	January 14, 2022	Federal COVID-19 Public Health Emergency Additional Contact Requirement
MEDIL I 21-39	November 23, 2021	Global Outreach Language Translations
MEDIL I 21-21	September 20, 2021	COVID-19 Global Outreach Language
ACWDL 21-16	September 14, 2021	Case Processing Actions Allowed during the Coronavirus (COVID-19) Public Health Emergency (PHE)
MEDIL I 21-09	June 24, 2021	Continuing Telephonic Flexibilities for the Minor Consent Program beyond the COVID-19 Public Health Emergency
ACWDL 21-10	May 18, 2021	Provisions from the American Rescue Plan Act of 2021
MEDIL I 21-04	March 4, 2021	Additional and Updated Frequently Asked Questions due to the COVID-19 Public Health Emergency
MEDIL 20-20E	February 22, 2021	Extend Eligibility for Refugee Medical Assistance Applicants and Beneficiaries Due to the Covid-19 Public Health Emergency Errata



ACWDL 21-03	February 17, 2021	Provisions from the Coronavirus Response and Relief Supplemental Appropriations Act, 2021
MEDIL I 20-37	December 7, 2020	Coronavirus (COVID-19) Uninsured Group Program
MEDIL I 20-30	October 5, 2020	Mixed Household Renewals Guidance During The COVID-19 Public Health Emergency
MEDIL I 20-25	August 13, 2020	Updated Guidance Due to the COVID-19 Public Health Emergency Superseding MEDIL I 20-07 and MEDIL I 20-08
MEDIL I 20-20	July 30, 2020	Extend Eligibility for Refugee Medical Assistance Applicants and Beneficiaries Due to the COVID-19 Public Health Emergency
MEDIL I 20-14	May 29, 2020	Extension of Delaying Annual Redeterminations, Discontinuances, and Negative Actions Due to Covid-19 Public Health Emergency
MEDIL I 20-16	May 15, 2020	Companion to MEDIL I 20-12 - Applications Received Through SAWS Portal
MEDIL I 20-15	May 13, 2020	Prioritizing Case Processing Activities Through the Duration of the Covid-19 Public Health Emergency
ACWDL 20-09	April 27, 2020	Provisions from the Federal Coronavirus Aid, Relief, and Economic Security Act
MEDIL I 20-12	April 27, 2020	Applications Received Without Applicant Signature
MEDIL I 20-11	April 23, 2020	Follow-up Guidance to MEDIL I 20-07 and I20-08 on Medi-Cal Inmate Eligibility Programs & Medi-Cal Beneficiaries Who Become Incarcerated
MEDIL I 20-08	April 10, 2020	Follow-up Guidance to MEDIL I 20-07
MEDIL I 20-07	March 16, 2020	Access to Care During Public Health Crisis or Disaster for Medi-Cal
MEDIL I 20-06	March 12, 2020	Public Health Crisis or Disaster Reminders for Medi-Cal

County Continuous Coverage Unwinding Readiness Plan – Recommended Strategies

The Department of Health Care Services (DHCS) developed a list of recommended strategies to support the counties readiness assessment in the following three areas of high impact:

1. Organization and Staffing
2. Staff Training for All Levels of Staff who Perform or Supervise Medi-Cal Related Case Activities
3. Lobby Management, Call Center, and Outreach

These recommended strategies are intended to assist counties in completing **Section 1** of the *County Continuous Coverage Unwinding Plan Template*. DHCS encourages but does not require counties to leverage the strategies listed below.

Organization and Staffing

- Identify caseworkers for both initial intake applications and case maintenance activities to complete the Medi-Cal case work within the required timeframes.
- Evaluate if the county would benefit from creating a specialized task force for Medi-Cal continuous coverage related activities
- Assess current business processes and determine if changes are feasible to better support continuous coverage requirement unwinding casework.
- Develop additional county business processes that focus on supporting eligibility workers to perform casework activities accurately and timely. These processes may include:
 - Designating staff to track casework activities required under the continuous coverage requirement unwinding and focus on the accuracy and timeliness of Medi-Cal continuous coverage related activities.
 - Monitoring all work efforts that negatively affect beneficiaries' Medi-Cal eligibility including monitoring and restoring any incorrect terminations of ineligible beneficiaries prior to a full redetermination and resolving eligibility discrepancies between the Statewide Automated Welfare System (SAWS) and Medi-Cal Eligibility Data System (MEDS).
- Develop a communication method to inform line staff about continuous coverage unwinding.
- Update staff, training materials, and procedure manuals with any changes in policy that impact continuous coverage related activities.
- Review current business processes for updating changes to beneficiary contact information (i.e., undeliverable mail, lists received from managed care plans, reports made in online eligibility portals) to ensure that case records are updated timely, and the beneficiary receives notices of action.

Staff Training for All Levels of Staff who Perform or Supervise Medi-Cal Related Case Activities

- DHCS recommends requiring a minimum of 16-hours of refresher trainings that focus on activities required for performing Modified Adjusted Gross Income (MAGI) and Non-MAGI redeterminations and case management. Counties should use the DHCS Continuous Coverage Unwinding Medi-Cal Refresher Training sessions as a basis to develop the 16-hours of required training but require the addition of county specific business processes to make the training meaningful to each county workforce.
- Watch recorded DHCS Trainings that are uploaded to the [DHCS Secure File Transfer Protocol \(SFTP\)](#). Note: Log in credentials required.

Lobby Management, Call Center, and Outreach

- Provide commonly requested Medi-Cal forms and printed resources for applicants/beneficiaries in county lobbies.
- Have designated staff to address in-person lobby traffic.
- Have designated staff to assist “drop in” beneficiaries.
- Considerations for enhancing lobby management, to the extent staffing/resources are available:
 - Staff lobby with eligibility workers and/or clerical staff to assist with lobby traffic.
 - Have designated eligibility workers to assist with case specific questions.
 - Rotation of eligibility workers and/or clerical staff in the county lobbies to monitor, screen, and when possible, assist individuals in line to expedite waiting times.
 - Monitor kiosks in the lobby and assist customers with use.
- Monitor Call Center call trends and consider available options to handle a potential increase in call volume, such as updating Interactive Voice Response (IVR) messaging to provide information on self-service options. Some examples may include:
 - Updating information on customer portals.
 - [MyBenefits CalWIN](#)
 - [BenefitsCal](#)
 - Referring to FAQ information on county or DHCS websites.
- Train call center representatives to address continuous coverage unwind related questions. Utilize [Call Script Snippets](#) provided in DHCS’ Communication Toolkits.
- Develop a plan or update projected hold times for Call Center telephone calls.