DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: August 27, 2026

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

Letter No.:26-14

SUBJECT: Updated Guidance on Six-Month Renewal Requirements for New Adult Group
(Reference: All County Welfare Directors Letter (ACWDL): 25-31)

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with updated guidance on implementing six-month Medi-Cal renewal requirements for individuals enrolled in the Modified Adjusted Gross Income (MAGI) Adult Expansion Group (New Adult Group). This updated guidance is necessary to align state operations with federal direction issued in the Centers for Medicare & Medicaid Services (CMS) State Medicaid Director Letter (SMD) #26-001, which implements Section 71107 of Public Law 119-21 and requires states to conduct eligibility redeterminations for this population every six months beginning January 1, 2027.

This ACWDL builds upon preliminary guidance previously provided in ACWDL 25-31 and does not replace it. It expands and clarifies the policy expectations, operational processes, and implementation considerations counties must follow to ensure compliance with the federal six-month renewal mandate.

Background

Section 71107 of House of Representatives 1 (H.R. 1), (Public Law 119-21) requires states to evaluate Medi-Cal eligibility for individuals enrolled under section 1902(a)(10)(A)(i)(VIII) (MAGI New Adult Group, ages 19-64) at least once every six months beginning January 1, 2027.

Under current Medi-Cal requirements, most Medi-Cal members receive annual renewals every twelve (12) months. The new federal requirement for six-month renewals affects only the MAGI New Adult Group. All other populations including children, Non-MAGI adults, pregnant individuals and individuals in the 12-month postpartum period, and American Indian/Alaska Native members will remain on a 12-month renewal cycle unless otherwise protected. Self-attestation of American Indian/Alaska Native members status is accepted and counties must not request verification for this exemption. As a reminder, counties shall not apply the changes outlined in this ACWDL to members protected under a Consumer Protection Program or any other protection that may be in place, such as Transitional Medi-Cal (TMC) (ACWDL 21-27), deemed infants (ACWDL 11-33), children in Continuous Eligibility for Children (CEC) (ACWDL 14-05), individuals who are pregnant or in the 12-month post-pregnancy period (MEDIL I 21-13E), or other federally or state-mandated protections.

Populations Subject to Six-Month Renewals

As outlined in ACWDL 25-31, the population subject to the six-month Medi-Cal renewal requirement includes individuals enrolled in the MAGI-based New Adult Group, which includes adults ages 19 through 64 with income up to 138 percent of the Federal Poverty Level in aid codes M1, M2, 1C, 1J, and 1M. This aligns with CMS' guidance in SMD Letter #26-001 that the federal mandate to conduct eligibility redeterminations every six months applies to all Medicaid expansion adults in states that have adopted full expansion under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. In California, this provision also applies to individuals enrolled in the Medi-Cal Inmate Eligibility Program (MCIEP) New Adult Group in county aid codes K6, K7, K8, K9, N7, and N8 and state aid codes K2, K3, K4, K5, N5, and N6.

Separately, CMS has clarified that the six-month renewal requirement applies to all adult expansion groups (MAGI New Adult Group) for whom states use MAGI eligibility methodologies. Because California is a full-expansion state and uses MAGI methodologies for both the MAGI New Adult Group and the Unsatisfactory Immigration Status (UIS) population eligible for emergency and pregnancy-related services only under the MAGI New Adult Group category, the six-month renewal requirement applies to all individuals determined eligible under these MAGI new adult group coverage categories, including individuals in aid code M2, except during pregnancy and the 12-month post-pregnancy period or if otherwise exempt.

Transition Renewals Beginning in 2027

SMD #26-001 outlines the renewal process for existing Medi-Cal members that will transition to a six-month renewal cycle.

States have two permissible approaches for transitioning the MAGI New Adult Group to the federally required six-month renewal cycle beginning in 2027. Consistent with the approach outlined in ACWDL 25-31, DHCS has elected to implement the federal six-month renewal requirement under CMS Option 2, which allows states to transition members to the six-month renewal schedule at the next scheduled renewal.

CMS also clarified that states must begin transitioning Medi-Cal members to a six-month renewal cycle beginning with renewals initiated on or after January 1, 2027. In California, a renewal is considered initiated two months before the renewal month to allow time for the ex parte process, generation of the renewal packet, and the 60-day period for members to submit required information.

This means that counties must wait until the next scheduled renewal initiated on or after January 1, 2027, to move current members in the MAGI New Adult Group to a six-month renewal timeline. Since the renewal process is initiated during ex parte two months before the renewal month, individuals with a March 2027 renewal month will be the first members to transition to a six-month renewal timeline, as their renewals are initiated on or after January 1, 2027. Counties will begin transitioning affected Medi-Cal members to a six-month renewal cycle starting with renewals due in March 2027.

Medi-Cal members with annual renewals due in January 2027 or February 2027 must not transition to the six-month renewal cycle at that time. These renewals are initiated in November 2026 and December 2026, which is prior to the federal January 1, 2027, initiation date. These members will transition to the six-month renewal cycle beginning with their first renewal in 2028. Members with January 2027 and February 2027 renewals will be granted a 12-month renewal due month to January or February 2028 if determined eligible for ongoing Medi-Cal benefits.

Example: March 2027 Renewal Timeline - This example shows the March 2027 renewal cycle, with the ex parte review in January, the annual renewal in March, the first six-month renewal in September, and the cure period after the first six-month renewal ending in December.

1/27	2/27	3/27	4/27	5/27	6/27	7/27	8/27	9/27	10/27	11/27	12/27
Ex Parte Review		2027 Renewal			90-Day Cure Period Ends			1st 6MR			90-Day Cure Period Ends

The chart below reflects when transitioning Medi-Cal members will complete their scheduled annual renewal and future six-month renewal schedule.

2027/2028 Renewal Month	First Six-Month Renewal	Second Six-Month Renewal
March 2027	September 2027	March 2028
April 2027	October 2027	April 2028
May 2027	November 2027	May 2028
June 2027	December 2027	June 2028
July 2027	January 2028	July 2028
August 2027	February 2028	August 2028
September 2027	March 2028	September 2028
October 2027	April 2028	October 2028
November 2027	May 2028	November 2028
December 2027	June 2028	December 2028
January 2028	July 2028	January 2029
February 2028	August 2028	February 2029

Note: This chart supersedes the chart in ACWDL 25-31, page 19. The earlier chart incorrectly listed January as the starting month based on available CMS guidance at letter publication.

Households with Multiple Renewal Schedules

With the implementation of six-month renewals for the MAGI New Adult Group, some households will include individuals who have six-month renewal schedules and others who retain 12-month renewal schedules. Counties must maintain separate renewal timelines for each individual and determine eligibility, verification needs, and renewal dates at the individual level, consistent with existing Medi-Cal policy.

The change in circumstance (CIC) rules and procedures for six-month renewal are outlined in ACWDL 25-31. Nothing in SMD #26-001 changes the policies described in ACWDL 25-31 and the letter remains the primary source for detailed six-month renewal guidance on how to process mixed-household CICs, how to determine individual renewal dates, and how to address situations where household members have different renewal frequencies.

When a new individual is added to a household that already includes members with different renewal schedules, counties must process the addition as a new applicant under the rules in MEDIL 22-42. The new member's renewal date is determined based on their individual coverage group. The addition also triggers a CIC redetermination for existing household members. Existing MAGI New Adult Group members must not receive a new six-month renewal date based on the month the CIC is completed and must keep their existing renewal date, while 12-month groups would receive a new annual renewal date. As a reminder, CIC actions must be limited to individuals whose eligibility is affected, and counties must apply only the verifications required for each impacted individual.

DHCS will release a quick reference guide on CIC prior to implementation.

Movement Between Eligibility Groups

Members Moving Into the MAGI New Adult Group

Per ACWDL 25-31, when a Medi-Cal member subject to a six-month renewal, who is also subject to work and community engagement requirements, reports a CIC after January 1, 2027, but prior to their next scheduled renewal, the next scheduled renewal date must remain the same. The work and community engagements requirements will be assessed at the next scheduled renewal that occurs March 2027 or after, at the individual's next scheduled renewal initiated on or after January 1, 2027, and if the member remains

eligible, the six-month renewal date will be set at that time. This guidance is the same for individuals who move into the MAGI New Adult Group after January 1, 2027, as a result of a CIC. The work and community engagements requirements will be assessed at the next scheduled renewal that occurs March 2027 or after, and the six-month renewal date will be set at that time.

When an individual is determined eligible for the MAGI New Adult Group through a renewal that occurs March 2027 or after, counties must assign a six-month renewal date based on the month the determination is completed. Counties must issue appropriate notices when a member's eligibility period is shortened due to this transition. DHCS, in coordination with the California Statewide Automated Welfare System (CalSAWS), will update Notice of Actions and the MC 216 renewal form to inform members of the new renewal timeframes for consistent statewide implementation. Counties shall reassess only those household members whose eligibility is affected by the change and ensure that individuals with protected coverage retain all applicable protections. Verification requests must be limited to only what is necessary to complete the determination.

Example 1
At the end of the postpartum continuous eligibility period, the individual becomes due for renewal. If the member is determined eligible for the MAGI New Adult Group during this renewal, the county sets a new six-month renewal date based on the month the determination is completed and begins the six-month renewal cycle.

Example 2
A member, whose next renewal was scheduled for June 2027 and who was previously eligible under a Non-MAGI program, reports a change in circumstances. The county evaluates eligibility and determines the member qualifies for the MAGI New Adult Group in February 2027. The individual keeps the original renewal date of June 2027. After the June 2027 renewal is complete, and the individual remains in the MAGI New Adult Group, the county assigns a new six-month renewal date, which in this case would be December 2027.

Transition from Parent/Caretaker to MAGI New Adult Group
When a member moves from the Parent/Caretaker Relative group into the MAGI New Adult Group due to a CIC and is not eligible for Transitional Medi-Cal (TMC) or Continuous Eligibility for Children (CEC), counties shall process the CIC redetermination

and keep the existing annual renewal date. The work and community engagements requirements will be assessed at the next scheduled renewal that occurs March 2027 or after, and the six-month renewal date will be set at that time. When an individual is determined eligible for the MAGI New Adult Group through a renewal that occurs March 2027 or after, counties must assign a six-month renewal date based on the month the determination is completed.

Example 1
A member is currently in the Parent/Caretaker Relative group, with a renewal scheduled for November 2027. The member reports a CIC in May 2027 that the only child in the home has moved out. This CIC means that the member no longer qualifies as a caretaker relative. After verification, the county determines the member is now eligible for the MAGI New Adult Group. The county processes the CIC and keeps the original renewal date of November 2027. After the November 2027 renewal is complete, and the individual remains in the MAGI New Adult Group, the county assigns a new six-month renewal date based on the month the determination is completed, which in this case would be May 2028.

Children Turning 19 and Transitioning into the MAGI New Adult Group
When a child turns 19, ages out of the children's coverage group, and is eligible under the New Adult Group, the member transitions from a child aid code to the MAGI New Adult Group aid code. Renewal dates for other household members who are not impacted by the age-out transition remain unchanged as there was no CIC initiated for the case. This process ensures alignment with Medi-Cal's individual-level eligibility framework. The county must then evaluate eligibility at the individual's regularly scheduled annual renewal, and assess work and community engagement requirements, following the hierarchy outlined in ACWDL 17-03. If the individual is determined to have continued eligibility for the MAGI New Adult Group at the next renewal, the six-month renewal requirement applies. Upon reconfirming eligibility under the MAGI New Adult Group during the next scheduled renewal, the county must establish a new six-month renewal date based on the month the redetermination is completed. This new six-month renewal date replaces the individual's prior 12-month renewal date associated with the children's group.

Example 1
A member turns 19 and ages out of the children's MAGI group after January 1, 2027, but prior to their original annual renewal date of November 2027. The member transitions from a child aid code to the MAGI New Adult Group and keeps their original annual renewal date of November 2027. At the member's regularly scheduled annual renewal, the county evaluates eligibility and assesses work and community engagement requirements. After the November 2027 renewal is complete and the individual remains eligible for the MAGI New Adult Group, the county then assigns a new six-month renewal date based on the month the redetermination is completed, which in this case would be May 2028.

Members Moving Out of the MAGI New Adult Group
When a member is determined ineligible for the MAGI New Adult Group during a renewal or CIC, counties shall evaluate eligibility for all other Medi-Cal programs following the hierarchy outlined in ACWDL 17-03. If the member qualifies for an eligibility group with an annual renewal cycle, the county shall assign a new 12-month renewal date based on the month the determination is completed. The six-month renewal requirement no longer applies once the member transitions out of the MAGI New Adult Group. Counties shall reassess only those household members affected by the change and ensure that individuals with protected coverage retain all applicable protections.

Example 1
A member in the MAGI New Adult Group reports a decrease in income during a CIC. After verification, the county determines the member qualifies for the Parent/Caretaker Relative group. The county assigns a new 12-month renewal date based on the month the CIC determination is completed. The member is no longer subject to six-month renewals.

Example 2
During a six-month renewal, a member in the MAGI New Adult Group provides verification of disability and requests a Non-MAGI evaluation. They are determined eligible for a Non-MAGI disability based program. The county assigns a new 12-month renewal date consistent with Non-MAGI requirements. The member is no longer subject to six-month renewals.

Example 3
A member in the MAGI New Adult Group reports an income increase during a CIC and is determined ineligible for the MAGI New Adult Group and all other Medi-Cal programs. Because no protections apply, the county discontinues only the member's Medi-Cal with timely notice. Other household members potentially affected by the increase in income also have their eligibility redetermined, and if they continue to be eligible, have their annual renewal set to the appropriate next renewal cycle, unless they are in the MAGI New Adult Group, as MAGI New Adult Group members must not have their renewal date reset during a CIC. Individuals with protected coverage retain all applicable protections, including continuous eligibility during the 12-month post-pregnancy period and for children in their continuous eligibility periods.

Inter-County Transfers (ICTs)
ICTs must not restart, postpone, or otherwise alter the established six-month renewal timeline for Medi-Cal members in the MAGI New Adult Group. Receiving Counties are responsible for obtaining the most recent renewal date and any pending CIC information from the Sending County and must initiate the renewal if the member moves out of the county during either of the last two months of the renewal period. However, the Sending County may complete the renewal if both counties mutually agree it is in the member's best interest. When a six-month renewal is due or overdue during an ICT, the Receiving County must complete the renewal upon taking responsibility for the case and set the next renewal based on the month the determination is completed, while the Sending County must ensure coverage is maintained during the ICT process. When a CIC is identified or reported during the ICT process, counties must follow standard CIC procedures. Please refer to ACWDL 18-02E for detailed guidance on the procedures for processing renewals during an ICT.

Note: There are no changes to the ICT procedures resulting from the implementation of the six-month renewal process.

Pregnant and Postpartum Individuals Are Not Subject to the Six-Month Renewal
Pregnant individuals are exempt from the six-month renewal requirement and from Work and Community Engagement Requirement policies and remain exempt throughout pregnancy and the full 12-month postpartum coverage period. Renewals

cannot occur during pregnancy or the 12-month postpartum period. When a member subject to six-month renewals reports a pregnancy, counties must immediately stop any pending renewal actions and treat the report as a CIC. Because renewals cannot occur during pregnancy or postpartum continuous eligibility, counties must update the renewal date so that it occurs after the conclusion of the postpartum period.

When the postpartum period ends, a renewal must be conducted consistent with Medi-Cal policy. Upon completing the redetermination, the county must place the individual into the appropriate eligibility group and assign a renewal month consistent with that group's standard renewal schedule.

Example 1
A member in the MAGI New Adult Group reports a pregnancy outside of renewal. The county processes the update using standard CIC procedures and determines the member qualifies for pregnancy coverage. The six-month renewal requirement stops immediately, and the renewal date is adjusted to occur after the postpartum continuous eligibility period.

Example 2
A member in the MAGI New Adult Group reports a pregnancy after the renewal packet has already been sent. The county processes the update using standard CIC procedures and determines the member qualifies for pregnancy coverage. The six-month renewal requirement stops immediately, the renewal packet becomes Not Applicable, and the renewal date is adjusted to occur after the postpartum continuous eligibility period.

Delayed Renewal Processing
Effective January 1, 2027, the policy for how a renewal date is advanced after processing a delayed renewal, for a member that has remained eligible, has been updated for both six-month renewals and annual renewals.

<u>Six-Month Renewal Delayed Processing</u>
When a six-month renewal is completed after its original due month, the county shall establish the next six-month renewal due month using the month in which the delayed determination is finalized. This approach ensures the member receives a full six-month eligibility period before the next renewal is due and prevents the ex parte process from

initiating immediately following the delayed renewal determination. Counties must also ensure the notice that is sent to the member provides the accurate date of the next upcoming renewal. This policy applies to all six-month renewals that are delayed beyond the due month.

Example
A MAGI New Adult Group member's six-month renewal was originally due in April 2028, but the county was unable to complete the renewal during the original due month. The renewal is finalized in July 2028. Because the renewal determination occurred in July, the county must set the next six-month renewal due month to January 2029, which is six months from the month of completion. The NOA issued to the member must clearly display January 2029 as the next renewal due date to ensure the member receives a full six-month eligibility period before the next renewal and to prevent an immediate ex parte review following the delayed determination.

Annual Renewal Delayed Processing
Effective January 1, 2027, the process for setting annual renewal dates after a delayed renewal has changed, as described below. For annual renewals, how the renewal due month is advanced depends on when the delayed renewal is processed. When an annual renewal is processed within the first six months after the renewal due month, counties shall complete the overdue renewal and reset the next annual renewal date based on the month the determination is finalized.

Example
A member's annual renewal was originally due in June 2027, but the county did not complete the renewal until November 2027, within the first six months after the due month. Because the determination occurred in November, the county must reset the next annual renewal due month to November 2028 and ensure the appropriate NOA is issued.

If the annual renewal is six to eleven months overdue, counties must process the overdue renewal and set the next renewal date one year from the previous renewal month, consistent with current policy.

Example
A member's annual renewal was originally due in June 2027. The county does not complete the renewal until March 2028, which is within the six to eleven month overdue period. In this situation, the county must process the overdue renewal and set the next renewal due date to June 2028, one year from the previous renewal month, and ensure the appropriate NOA is sent.

For annual renewals overdue twelve months or more, counties must restart the renewal process, beginning with ex parte before sending a renewal form.

Example
A member's annual renewal was originally due in June 2027, but the renewal was never processed and remained outstanding for over a year. When the county realizes the renewal did not occur and reviews the case in August 2028, the renewal is now more than twelve months overdue. Because the renewal is twelve months or more overdue, the county must restart the entire renewal process, beginning with an ex parte determination in August 2028. If ex parte cannot confirm eligibility, the county must send a new renewal form and proceed with a full annual renewal, including all required contacts. If eligibility is established, the county sets a new renewal cycle based on when the determination was completed and ensures the appropriate NOA is sent. In this example, if the renewal was completed in October 2028, the next annual renewal will be due in October 2029.

These rules ensure alignment with Medi Cal's individual level eligibility framework and maintain proper annual renewal cycles for populations not subject to six month renewals.

90-Day Cure Period
The six-month renewal provision does not modify any existing 90-Day Cure Period rules or policies. Medi-Cal members have 90 days after discontinuance to provide missing information, which must be treated as timely. This policy applies to both MAGI and Non-MAGI Medi-Cal. When required information is received within 90 days, counties must reinstate eligibility back to the discontinuance date, maintain the same renewal month, and process all returned information in CalSAWS/CalHEERS immediately. If the

member remains eligible, aid must be restored with no break; if ineligible, the case must be referred to Covered California. Information received after 90 days may be accepted as timely only if good cause exists; otherwise, the member must reapply. Counties must ensure all necessary information and verifications are available to confirm continued eligibility, avoid requesting documentation not required for the determination, and apply standard CIC procedures when updated information affects the eligibility of other household members. CMS has issued updated guidance on the 90-Day Cure Period, and DHCS will provide further clarification in a future ACWDL.

Timely Application and Renewal Processing
In addition to the requirements above, CMS final guidance in SMD #26-001 emphasizes the need for states to maintain timely application and renewal processing during the transition to a six-month renewal cycle, acknowledging the operational challenges this shift may bring. Counties are expected to take all necessary steps to:

- Maintain timely application and renewal processing,
- Resolve any existing application or renewal backlogs, and
- Prevent the creation of new backlogs during system and policy transitions.

CMS notes that states that do not resolve current backlogs or that develop new backlogs prior to implementation of Section 71107 will have reduced capacity to successfully implement the eligibility provisions of Public Law 119-21 legislation and may face a heightened risk of federal compliance action.

To support timely processing and county readiness for six-month renewals, DHCS has compiled recommended county operational strategies. These strategies are considered best practices to improve workload management and reduce the risk of backlog accumulation.

Recommended County Strategies
DHCS is committed to supporting counties through this major shift in policy. We will continue to work with counties to address statewide challenges that affect application and renewal processing, including but not limited to expanding automation and improving and simplifying the Non-MAGI and mixed household renewal packets to align with the updates to the MC 216 MAGI renewal form. Recommended county strategies to implement this policy change include:

- Structured staffing models that assign workers to targeted workload categories such as current-month renewals, overdue renewals, or same-day actions.
- Routine monitoring of overdue renewals through weekly internal reporting to identify trends and redirect staff resources.
- Collaboration with Managed Care Plans (MCPs) and Community Based Organizations (CBOs) to update member contact information in advance of renewal notices and to assist the MCPs in providing for targeted outreach.
- Use of CalSAWS "Get Next" functionality to support consistent and automated work distribution.
- Prioritization of Skipped Batch and MAGI skipped cases to resolve easily correctable issues.
- Designation of renewal focused work periods or days to maximize uninterrupted processing time.
- Categorization of backlog cases into priority groups to support orderly and timely case resolution.
- Temporary reassignment of staff during peak workload periods to support backlog reduction.
- Deployment of specialized teams to address complex or high-volume case categories.
- Implementation of ongoing training and support to address staffing turnover and maintain processing quality.

Counties are encouraged to promptly work all call-center tasks and tickets, mark incoming items and verifications as received to protect eligibility, ensure mailed renewals are barcode-scanned upon receipt, and maintain adequate call-center staffing to minimize member wait times.

Additional Six-Month Renewal Examples
The following examples illustrate common scenarios counties may encounter when processing six-month renewals.

Example 1 – New Applicant Approved Under the MAGI New Adult Group on or after January 1, 2027

A Medi-Cal applicant is approved for the MAGI New Adult Group with an April 2027 application month. The individual is not exempt from the six-month renewal requirement.

- Outcome 1a: Ex Parte Successful at Six-Month Renewal

    - The county initiates the ex parte review in July 2027, at least 85 days prior to the end of the first six-month renewal due month, which is September 2027.
    - Eligibility is confirmed through ex parte review.
    - The individual's new six-month renewal is set for March 2028.

- Outcome 1b: Ex Parte Unsuccessful; Renewal Returned with No Changes Reported

    - The county sends a prepopulated six-month renewal form in July 2027.
    - The member returns the form with no changes and provides verification, and eligibility is confirmed.
    - The renewal date is advanced to March 2028.

- Outcome 1c: Ex Parte Unsuccessful; Renewal Returned with Updated Information

    - The member returns updated income information during the September 2027 renewal.
    - After verifications, a reasonable explanation, or a sworn statement are provided, the county confirms eligibility and sets the next renewal for March 2028.

- Outcome 1d: Failure to Return Required Verification

    - The member reports a change in income but fails to submit requested verifications, a reasonable explanation, or a sworn statement.

  - After required contact attempts, the county discontinues coverage effective September 30, 2027.

- Outcome 1e: Failure to Complete the Six-Month Renewal

  - The county sends the renewal packet in July 2027.
  - The member does not provide the renewal form or otherwise provide the required information required to complete the renewal.
  - The county discontinues coverage effective September 30, 2027.

Example 2 – Transitioning Existing Member with a March 2027 Renewal Month
A MAGI New Adult Group member has an annual renewal due in March 2027. Because the ex parte process for that renewal is initiated after January 1, 2027, the individual transitions into the six-month renewal cycle following completion of the March renewal.

- Outcome 2a: Ex Parte Successful at March 2027 Renewal

  - Ex parte begins in January 2027.
  - Renewed successfully in March 2027.
  - The member transitions into a six-month eligibility period from April 2027 through September 2027.
  - The next renewal is set for September 2027.

- Outcome 2b: Renewal Returned with No Changes

  - The renewal form is returned in March 2027 with no changes and verification provided.
  - The member remains eligible and the next renewal is set for September 2027.

- Outcome 2c: Updated Income and Verification Returned

  - The member reports updated income on the March 2027 renewal and provides verification, a reasonable explanation, or a sworn statement and eligibility is confirmed.
  - The next renewal is set for September 2027.

- Outcome 2d: Eligibility Changes at Renewal

  - The member reports updated income on the March 2027 renewal and provides verification, a reasonable explanation, or a sworn statement.
  - The member is determined over income in March 2027 and has no eligibility under another Medi-Cal program.
  - The member is referred to Covered California and is discontinued from Medi-Cal effective March 31, 2027.

- Outcome 2e: Failure to Complete March 2027 Renewal

  - The member does not complete the renewal.
  - The county discontinues coverage effective March 31, 2027.

Example 3 – Mixed Household (MAGI Adult and MAGI Child)
A household includes one MAGI New Adult Group member (Member 1 – six-month renewal) and one MAGI Child (Member 2 – annual renewal). The renewal month for both members is August 2027.

- Outcome 3a: Ex Parte Successful for Both Members

  - Ex parte confirms both members' eligibility during the August 2027 renewal.
  - Member 1's next renewal is set for February 2028.
  - Member 2's next renewal is set for August 2028.

- Outcome 3b: Renewal Returned with No Changes

  - Member 1 returns the August renewal with no changes and verification provided.
  - Member 1's next renewal is set for February 2028.
  - Member 2's next renewal is set for August 2028.

- Outcome 3c: Updated Income Reported Affecting the Household

  - Member 1 reports updated income during the August renewal that affects both household members and provides verification, a reasonable explanation, or a sworn statement.
  - The county redetermines eligibility for both members and eligibility is confirmed.
  - Member 1's next renewal is set for February 2028.
  - Member 2's next renewal is set for August 2028.
  - During the February 2028 renewal for Member 1, member 1 reports new income that affects both members and provides verification, a reasonable explanation, or a sworn statement.
  - Member 1 is determined over-income and is evaluated for Covered California coverage.
  - Member 2 is found over-income.
  - Since Member 2's renewal is not due until August 2028, member 2 is moved into CEC until their renewal date.

- Outcome 3d: Member 1 Over-Income

  - Member 1 reports updated income during the August renewal that affects both household members.
  - Member 1 becomes ineligible at renewal and is assessed for Covered California.
  - Member 2 remains eligible due to higher FPL limit and renewal is set to August 2028.

- Outcome 3e: Delayed Processing - August Renewal Complete in September
    - The August 2027 renewal is completed late, in September, after Member 1 provides all required information.
    - Eligibility for both members is confirmed based on the updated income.
    - Member 1's next renewal is set for March 2028.
    - Member 2's renewal is set for September 2028.

Example 4 – CIC Between Six-Month Renewal Cycles
A MAGI New Adult Group member completes a renewal in March 2027, establishing a new eligibility period with a six-month renewal cycle. The next planned renewal is September 2027. The member then reports an income change in May 2027.

- Outcome 4a: CIC Results in Continued Eligibility
    - County conducts ex parte and verifies updated information.
    - The CIC results in a full redetermination and the member remains eligible.
    - The eligibility period is not reset and the member keeps their existing renewal date, where Work and Community Engagement Requirements will be assessed.
    - The next renewal remains September 2027.

- Outcome 4b: CIC Verification Required but Not Returned
    - County conducts ex parte and confirms verification is needed.
    - The member does not return required income verification, a reasonable explanation, or a sworn statement.
    - After required contact attempts, coverage is discontinued.

Note: Please see ACWDL 25-31 for additional CIC examples during six-month renewal.

Example 5 – Inter-County Transfer (ICT) Scenario
A household consists of one MAGI New Adult Group member (Member 1) subject to a six-month renewal and one MAGI Child (Member 2) subject to an annual renewal. The renewal month for both members is September 2027.

- Outcome 5a: ICT Received Before Renewal Packet is Sent

    - The household moves from County A to County B in late June 2027 and an ICT is initiated.
    - County A begins ex parte in July 2027 for the September 2027 renewal and a renewal form is sent automatically before the ICT is complete.
    - County A communicates this information to County B and the ICT is completed with County B keeping existing coverage pending the outcome of the renewal.
    - County B should complete the ICT using the existing case information, and after fully assuming responsibility for the case, process any reported income changes at the time of renewal. Member 1's renewal is set to March 2028 and Member 2's renewal is set to September 2028.
- Outcome 5b: Renewal not Returned During ICT; ICT Completed After the Renewal Due Date

    - The renewal is due in September 2027 and has not been returned by the member following all required contacts, but the ICT does not finalize until late September.
    - County A may not discontinue the case due to non-response while the ICT is pending.
    - After accepting the case, County B discontinues eligibility .

- Outcome 5c: Income Change Reported During ICT Affecting All Members

    - Member 1 reports a change in income on their renewal form during the ICT.
    - County B must receive the current case information and process the renewal. If all required verifications are provided and members remain eligible, Member 1's renewal is set to March 2028, and Member 2's renewal is set to September 2028.

- If verifications, a reasonable explanation, or a sworn statement are not provided, County B discontinues both members.

Example 6 – Household with Two Members on Different Renewal Cycles (MAGI Adult and Non-MAGI Adult)
A household includes two adults with different eligibility groups and corresponding renewal cycles. Member 1 is enrolled in the MAGI New Adult Group and is therefore subject to six-month renewals, with a current renewal month of April 2028. Member 2 is enrolled in a Non-MAGI Aged and Disabled program, which follows a 12-month renewal cycle, and their current renewal month is October 2028.

- Outcome 6a: Ex Parte Successful for Member 1

  - In February 2028, the county initiates ex parte for Member 1's April six-month renewal.
  - Eligibility for Member 1 is confirmed through ex parte for Member 1.
  - Member 1's next renewal is set for October 2028.
  - Member 2 is not due for renewal, and the county does not have enough information to redetermine Non-MAGI eligibility, so their October 2028 renewal date remains unchanged.
  - No additional information is requested for Member 2.

- Outcome 6b: Member 1 Returns Renewal with No Changes

  - County sends Member 1's prepopulated renewal form in February 2028 for their April renewal.
  - Member 1 returns the form with no changes and provides verification, a reasonable explanation, or a sworn statement.
  - Eligibility is confirmed, and Member 1's next renewal is set for October 2028.

  - Member 2 is not due for renewal, and the county does not have enough information to redetermine Non-MAGI eligibility, so their October 2028 renewal date remains unchanged.

- Outcome 6c: Updated Income Reported Affecting Both Members

  - Member 1 reports updated income during the April renewal that affects the household and provides verification, a reasonable explanation, or a sworn statement.
  - County processes the information as a renewal for Member 1 and treats the reported income on Member 1's renewal as a CIC for Member 2 and follows renewal and CIC procedures. Both members remain eligible.
  - Member 1's next renewal set to October 2028.
  - Member 2's annual renewal remains October 2028 as updated asset information is not provided and therefore the annual renewal date cannot be reset.

- Outcome 6d: Member 1 Over-Income

  - Member 1 reports an income increase that exceeds the MAGI New Adult Group limit and provides verification, a reasonable explanation, or a sworn statement, and is found to be over income for the MAGI New Adult Group.
  - Member 1 is evaluated for other Medi-Cal programs; none apply.
  - Member 1 is discontinued and referred to Covered California.
  - Member 2 is determined to now have a share of cost.
  - Member 2's annual renewal remains October 2028 as updated asset information is not provided and therefore the annual renewal date cannot be reset.

- Outcome 6e: Member 1 Fails to Return Six-Month Renewal

- Member 1 does not return their April 2028 six-month renewal form.
- After required contact attempts, Member 1 is discontinued from Medi-Cal effective April 30, 2028.
- No negative action is taken for Member 2, as they are not due for renewal and their eligibility is not impacted.

Forms and Notices

DHCS has updated the MC 216 MAGI renewal form. The updated form will be available in all Medi-Cal threshold languages and in the required alternate formats at the time six-month renewal implementation begins. DHCS will issue a Medi-Cal Eligibility Division Information Letter (MEDIL) to provide counties with detailed information on the form updates.

Consistent with ACWDL 22-33, counties must verify eligibility through federal and state electronic data sources before requesting information from the individual. When required data cannot be verified electronically or through available information, a renewal packet is issued to obtain only the information necessary to complete the renewal. The table below outlines the appropriate renewal forms associated with each household composition:

Household Composition	Required Renewal Form(s)
MAGI Only Households with MAGI New Adult Group Members	Updated MC 216 that includes the work requirement section
MAGI Only Households without any MAGI New Adult Group Members	Updated MC 216 form **without** the work requirement section
Mixed Households with MAGI New Adult Group Members and Non-MAGI	Updated MC 216 that includes the work requirement section

Household Composition	Required Renewal Form(s)
Members Where Only the MAGI Individuals are Due for Renewal	
Mixed Households with MAGI and Non-MAGI members, without MAGI New Adult Group Members, Where Only the MAGI Individuals are Due for Renewal	Updated MC 216 form **without** the work requirement section
Mixed Households with MAGI New Adult Group Members and Non-MAGI Members, Where all Members Have the Same Renewal Date	MC 217 that includes the work requirement section **(One Form)**
For Mixed MAGI and Non-MAGI Households without a MAGI New Adult Group Members, Where all Members Have the Same Renewal Date	MC 217 that does not include the work requirements section
For Households with Non-MAGI Medi-Cal Members Only	MC 210 RV

System Changes
DHCS, in coordination with CalHEERS, CalSAWS, and MEDS, will implement system changes to support compliance with the new federal mandate by the January 1, 2027, implementation date. DHCS will issue a MEDIL when these changes are implemented in the system.

If you have any questions or if we can provide further information, please send a policy clarification request to MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division
Department of Health Care Services