

DATE: December 30, 2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:25-31
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

SUBJECT: Six-Month Renewals for New Adult Group Requirements

Note: This ACWDL represents preliminary guidance and is subject to change based on developing federal policy guidance and state legislative changes.

Purpose

The purpose of this All-County Welfare Director's Letter (ACWDL) is for the Department of Health Care Services (DHCS) to provide counties with policy guidance on conducting six-month renewals for the Modified Adjusted Gross Income (MAGI) New Adult Group as a result of recent federal legislation.

Background

On July 4, 2025, Section 71107 of House Resolution 1 (H.R. 1), ([Public Law 119-21](#)) established a new federal requirement that modified the frequency of Medicaid ("Medi-Cal" in California) eligibility redeterminations for certain adult populations. Under current federal regulations, states are required to complete a full redetermination of Medi-Cal eligibility once every twelve (12) months. Section 71107 revised this standard by requiring states to conduct redeterminations at least once every six (6) months for adult Medi-Cal members enrolled through section 1902(a)(10)(A)(i)(VIII) of the Social Security Act introduced under the Affordable Care Act (ACA) Medicaid expansion. This coverage group is referred to as the MAGI New Adult Group (age 19-64) throughout this letter. The provision goes into effect on January 1, 2027. DHCS published [MEDIL 1-25-18](#), providing an overview of the provisions affecting Medi-Cal.

To support implementation, the Centers for Medicare and Medicaid Services (CMS) is expected to issue guidance by December 31, 2025. DHCS will issue additional policy instructions to counties as final federal guidance is made available.

Six-Month Renewal Policy

Effective January 1, 2027, states must conduct Medi-Cal eligibility renewals every six months for adult Medi-Cal members enrolled in the MAGI New Adult Group (age 19-64). This requirement increases the frequency of renewals for these populations from the current 12-month renewal cycle to a six-month renewal cycle. For purposes of implementation, this policy applies specifically to individuals enrolled under the MAGI New Adult Group (i.e. M1). Members enrolled in the MAGI New Adult Group who are parent/caretaker relatives or covered under the Medi-Cal Inmate Eligibility Program (MCIEP) are not exempt from the six-month renewal requirement unless they meet other exemption criteria (e.g., pregnancy, tribal status).

The six-month renewal process must follow existing annual renewal procedures outlined in [ACWDL 22-33](#), including:

- Automated and manual ex parte reviews,
- Prepopulated renewal form,
- 30-day timeframe for enrollees to verify additional information,
- Two reminder letters,
- Timely notice when there is a change or when the member fails to complete the renewal, and
- 90-day cure period.

Populations Exempt from 6-Month Renewals

The following populations are exempt from the six-month renewal requirement and will continue to be subject to annual renewals every 12 months:

- Individuals in any other coverage group other than the MAGI New Adult Group (e.g. Non-MAGI, Parent/Caretaker Relative, children, etc.)
- American Indians and Alaska Natives which includes:
 - Indians and Urban Indians as defined in the Indian Health Care Improvement Act (IHCIA)
 - California Indians as described in Section 809(a) of the IHCIA
 - Individuals eligible for Indian Health Service (IHS) under regulations by the Secretary of Health and Human Services
- Pregnant individuals or those in 12-month post-pregnancy Medi-Cal protection
- Children under 19

To ensure that the California Statewide Automated Welfare System (CalSAWS) and the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) can automatically apply exemptions from the six-month renewal requirement, counties must enter tribal status, pregnancy, incarceration, and all other relevant exemption data into the appropriate CalSAWS data collection pages.

Mixed Coverage Groups Within a Household

Households containing individuals who receive Medi-Cal coverage under the MAGI New Adult Group and other coverage groups, such as the mandatory children's group, will have different renewal periods based on each member's eligibility category. For example, the MAGI New Adult Group member is subject to renewals every six months, whereas a member in Non-MAGI will remain on an annual (12-month) renewal cycle. Counties must ensure renewals are conducted on an individual basis as required in [ACWDL 16-16](#) and CalSAWS must ensure renewal forms clearly identify which household members are due for review. Policy guidance regarding the impact of reported changes during the six-month renewal period on other household members is addressed in the "Change in Circumstance During the Six-Month Renewal Period" section of this ACWDL.

Incarcerated Medi-Cal Members in Suspension (non-MCIEP)

Per [ACWDL 24-04](#), DHCS does not require annual renewals during incarceration for single Medi-Cal household cases. Renewals are required for households that contain both incarcerated and non-incarcerated members and in instances of a change of circumstance.

If an individual who is incarcerated is subject to a redetermination due to a change in circumstance, standard Medi-Cal policies and procedures must be followed, including adherence to applicable timeframes for conducting the redetermination applicable to their eligibility category. Reference [ACWDL 22-33](#).

Medi-Cal Inmate Eligibility Program (MCIEP) Members

As noted in [ACWDL 24-04](#), MCIEP benefits are not subject to the benefit suspension policy and follow existing standard Medi-Cal eligibility rules and requirements. Individuals enrolled under the State and County MCIEP, State Medical Parole, and

County Compassionate Release/Medical Probation programs who have established eligibility under the MAGI New Adult Group are subject to the six-month renewal requirement outlined in this ACWDL. Please refer to the current MCIEP aid code chart, available on the [Medi-Cal Incarceration Policy Resources](#) page.

Notice of Action Updates

DHCS is updating the Medi-Cal Notice of Action (NOA) language to align with new requirements. The revised NOA language will reflect the transition from annual renewals to six-month renewals for impacted Medi-Cal members. DHCS will issue a separate Medi-Cal Eligibility Division Information Letter (MEDIL) to release the Notice of Action snippets in English, all other 18 threshold languages, and in alternative formats.

Setting the Renewal Date at Application

Individuals who apply on or after January 1, 2027, who are approved for Medi-Cal under the MAGI New Adult Group, and are neither pregnant nor a tribal member will have their renewal set six months from the first month of eligibility. Renewal dates may change under a variety of circumstances, including changes in household composition, income, or other eligibility factors outside of the renewal process. Counties must follow the procedures outlined in [ACWDL 22-33](#) when processing changes in circumstance that may result in a new renewal date.

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Counties shall use the following schedule to establish the six-month renewal date:

Application Month	First Six-Month Renewal	Second Six-Month Renewal
January	June	December
February	July	January
March	August	February
April	September	March
May	October	April
June	November	May
July	December	June
August	January	July
September	February	August
October	March	September
November	April	October
December	May	November

New Application Members' 6-Month Timeline

1/27	2/27	3/27	4/27	5/27	6/27	7/27	8/27	9/27	10/27	11/27	12/27
Application Month/1 st Month of Eligibility			1 st Ex Parte Review Initiated		1 st 6MR Due			1 st 90-Day Cure Period Ends	2 nd Ex Parte Review Initiated		2 nd 6MR Due

Change in Circumstance After January 1, 2027

When a Medi-Cal member subject to a six-month renewal, who is also subject to work and community engagement requirements, reports a change in circumstance (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, and if the member remains eligible, the six-month renewal date will be set at that time.

Change in Circumstance During the Six-Month Renewal Period

When a Medi-Cal member subject to a six-month renewal reports a change in circumstance (CIC) during the six-month period, the county shall process the change in accordance with the CIC procedures outlined in [ACWDL 22-33](#). A new six-month eligibility period shall be established for that individual from the date the county completes the redetermination and determines continued eligibility, when all information necessary to redetermine eligibility has been provided.

As a reminder, counties shall use the following process for CICs:

- Complete an ex parte review using available electronic data sources, case file information, and other available information to determine whether continued eligibility can be confirmed.
- If eligibility cannot be confirmed through ex parte, the county shall request only the verifications or information necessary to complete the determination using the MC 355.
- If eligibility is confirmed, the new six-month renewal date begins based on the month of determination and the renewal date shall be reset six months from the date of that determination, as shown in the chart above.
- If the individual is no longer eligible for their current Medi-Cal program, the county shall evaluate the member for all other Medi-Cal programs, including other MAGI and Non-MAGI programs, Consumer Protection Programs such as Transitional Medi-Cal (TMC), Pregnancy and 12-Month Postpartum, Deemed Infants, Continued Eligibility for Children (CEC), and any other applicable protections or eligibility categories.
- If the member does not respond within thirty (30) days, and the county has completed the second contact attempt as required under [ACWDL 22-33](#), the county shall proceed with discontinuance if they did not receive a response and issue a timely ten-day Notice of Action (NOA).
- When the reported change results in ineligibility for the six-month renewal individual, counties must refer to Covered California.

CIC During Six-Month Renewals in Mixed Households

When processing renewals in mixed Medi-Cal households that include both individuals subject to six-month renewals and others subject to twelve-month renewals, counties

shall apply the existing CIC procedures outlined above when new information is reported. The following provides clarification of how those procedures intersect with the new six-month renewal requirements.

General Application of CIC During Six-Month Renewals

When a change in circumstance is reported or identified for a six-month renewal member during their renewal, counties shall determine whether the information affects eligibility for any other household member on the case. If the reported change affects other household members, counties shall follow the CIC procedures in [ACWDL 22-33](#) to redetermine eligibility for all affected individuals. As a reminder, counties shall not apply changes 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 CEC ([ACWDL 14-05](#)), individuals who are pregnant or in the 12-month post-pregnancy period or ([MEDIL 1 21-13E](#)) other federally or state-mandated protections. In all scenarios, counties shall document CIC evaluations, verifications, and resulting renewal actions in the case file.

CIC During Six-Month Renewal Scenarios

a. No Change Reported at Six-Month Renewal

When a six-month renewal is received and no changes are reported, all other household members retain their existing annual renewal dates as no CIC was reported.

b. New or Updated Information Reported on the Six-Month Renewal

When new or updated information is received through a six-month renewal and all necessary verifications are provided, counties shall determine whether the information affects eligibility for other household members. If the change affects other members, the county shall process the CIC in accordance with [ACWDL 22-33](#), redetermine eligibility for affected members using the most current information available and advance the renewal date for members on a twelve-month cycle only when all required verifications have been received. If a member is no longer eligible for their current program, counties must assess for all other Medi-Cal programs and protections. If not eligible for any Medi-Cal programs or

protections, coverage may be discontinued with timely notice. Ineligible individuals must also be referred to Covered California. Counties shall not request verifications that are not necessary to process the reported CIC. For example, if there is a Non-MAGI member in the household, and the updated information on the renewal relates to income, the county shall not request asset information. However, since asset information is needed as part of the annual renewal for Non-MAGI members, the renewal date would not be advanced in that circumstance.

Additionally, the renewal date shall not be advanced for individuals protected under a Consumer Protection Program or any other protection that may be in place due to established policy, such as deemed infants, children in CEC, individuals who are pregnant or in the 12-month post-pregnancy period, or other federally or state-mandated protections.

Reminder: Counties shall only advance the renewal date when all required verifications necessary to complete the redetermination have been received and processed.

c. Incomplete Six-Month Renewal- No Income Change Reported- Failure to Provide Verification

When a six-month renewal is received and no change in income is reported but the member fails to provide verification of income, counties shall follow the CIC non-response procedures described in [ACWDL 22-33](#) and discontinue the New Adult Group member(s) who is subject to the six-month renewal after all required contacts have been attempted. **No negative action shall be taken for other household members not due for renewal.**

d. Incomplete Six-Month Renewal- Income Change Reported- Failure to Provide Verification

When a six-month renewal is received with a change of income reported but without the required income verification, counties shall determine whether the

income information affects eligibility for other household members and follow the CIC non-response procedures described in [ACWDL 22-33](#). Counties should discontinue all household members who would be impacted by the change after all required contacts have been attempted. **Household members with protected eligibility, such as children in CEC, or individuals who are pregnant or in their post-pregnancy coverage period, shall not be discontinued.**

e. Failure to Return Six-Month Renewal

If a six-month renewal form is not returned, the county shall follow discontinuance procedures in accordance with [ACWDL 22-33](#) and discontinue the New Adult Group member(s) who is subject to the six-month renewal after all required contacts have been attempted. **No negative action shall be taken for other household members not due for renewal.**

f. Covered California Mixed Households

For households containing members enrolled in both Medi-Cal and Covered California, counties shall maintain separate renewal dates from the Covered California consumer. Information transmitted from Covered California that does not affect Medi-Cal eligibility shall not trigger a CIC. When the information affects Medi-Cal eligibility, counties shall process the change following [ACWDL 22-33](#) procedures.

g. Change in Circumstance for Members with CalFresh

Counties shall treat the CalFresh semiannual report (SAR 7) and annual recertification as a reported change in circumstance for Medi-Cal whenever possible. When the CalFresh report is used to conduct a Medi-Cal change in circumstance redetermination, the county shall advance the Medi-Cal renewal date to reflect the new eligibility period for all members on the case who had their eligibility redetermined and remained eligible, if all information and verification necessary to determine eligibility is provided. This policy is intended to support alignment between Medi-Cal and CalFresh reporting cycles, reduce administrative burden for counties, and streamline reporting responsibilities for

members. This alignment is particularly important as both programs will increasingly rely on shared data to meet federal and state work requirements applicable to members. Please see [MEDIL 25-13](#) for examples of CIC with CalFresh.

h. Change in Circumstance Redeterminations for Hard-to-Reach Populations

Counties shall apply the policy guidance outlined in [MEDIL 25-13](#) when conducting Change in Circumstance (CIC) redeterminations for individuals who are identified as hard-to-reach and subject to the six-month renewal. Counties shall initiate a new six-month renewal period when they receive contact from a Medi-Cal member, an authorized representative, or updated information about the member; the member confirms that no other eligibility information has changed; and the county has sufficient information to determine continued eligibility.

CIC During Six-Month Renewal Examples

The following examples illustrate how counties shall apply CIC policy for mixed households under the six-month renewal framework.

Example 1 – MAGI New Adult Group Member and Non-MAGI Member

A household consists of one MAGI New Adult Group (Member 1) subject to a six-month renewal and a Non-MAGI adult (Member 2) subject to an annual renewal. Member 1's renewal is December 2027 and Member 2's renewal is June 2028. The county is processing Member 1's six-month renewal in December 2027. In this scenario, the MAGI Renewal form is used when a renewal packet is required.

- Outcome 1a: Ex Parte Successful
 - County confirms eligibility through ex parte review.
 - Member 1 renewal advanced to June 2028.
 - Member 2 renewal remains June 2028.
- Outcome 1b: Renewal With Verifications Returned, No Changes Reported
 - Renewal is returned with no changes reported and eligibility is determined with no change.

- Member 1 renewal advanced to June 2028.
- Member 2 renewal remains June 2028 (no CIC was reported).
- Outcome 1c: Renewal Returned with Updated Income and Verification, Members Remain Eligible
 - 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 outlined [ACWDL 22-33](#). Members 1 and 2 remain eligible.
 - Member 1 renewal advanced to June 2028.
 - Member 2 renewal remains June 2028. Renewal date will remain June 2028 unless county was able to verify asset information. If they also verified assets, renewal date will be advanced to December 2028.
- Outcome 1d: Renewal Returned with Updated Income and Verification, Member's Eligibility Changes
 - 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 outlined [ACWDL 22-33](#).
 - Member 1 is determined over income and has no eligibility under another Medi-Cal program and is assessed for Covered California coverage. Member 1's last date of Medi-Cal coverage is December 31, 2027.
 - Member 2 is determined to now have a share of cost beginning January 1, 2028. Renewal date will remain June 2028 unless county was able to verify asset information. If they also verified assets, renewal date will be advanced to December 2028.
- Outcome 1e: Failure to Provide Income Verification: No Change in Income Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is December 31, 2027.

- Member 2's eligibility is not affected as no change in income was reported during the six-month renewal process, and the request was to verify existing information. Member 2's renewal date remains June 2028.
- Outcome 1f: Failure to Provide Income Verification: Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is December 31, 2027. Member 2's last date of Medi-Cal coverage is December 31, 2027. The change in income reported on the six-month renewal is considered a CIC for Member 2. Since they are not under a protected Medi-Cal program, the failure to provide income affects both Member 1 and Member 2.
- Outcome 1g: Failure to Complete Renewal.
 - Member 1's last date of Medi-Cal coverage is December 31, 2027.
 - Member 2's eligibility is not affected as they are not subject to the six-month renewal and renewal remains June 2028.

Example 2 – MAGI New Adult Group Member and MAGI Child Member

A household consists of one MAGI New Adult Group (Member 1) subject to a six-month renewal and a MAGI Child (Member 2) subject to an annual renewal. Member 1's renewal is January 2028 and Member 2's renewal is July 2028. The county is processing Member 1's six-month renewal in January 2028. In this scenario, the MAGI Renewal form is used when a renewal packet is required.

- Outcome 2a: Ex Parte Successful
 - County confirms eligibility through ex parte review.
 - Member 1 renewal advanced to July 2028.
 - Member 2 renewal remains July 2028.
- Outcome 2b: Renewal With Verifications Returned, No Changes Reported
 - Renewal is returned with no changes reported and eligibility is determined with no change to eligibility.

- Member 1 renewal advanced to July 2028.
- Member 2 renewal remains July 2028 (no CIC was reported).
- Outcome 2c: Renewal Returned with Updated Income and Verification, Members Remain Eligible
 - County processes the information as a renewal for Member 1 and follows renewal and CIC procedures outlined [ACWDL 22-33](#). Member 1 and 2 remain eligible.
 - Member 1 renewal advanced to July 2028.
 - Member 2 renewal is advanced to January 2029.
- Outcome 2d: Renewal Returned with Updated Income and Verification, Member's Eligibility Changes
 - County processes the information as a renewal for Member 1 and follows renewal and CIC procedures outlined [ACWDL 22-33](#). Member 2 is protected under CEC and changes do not affect their eligibility during the protected period.
 - Member 1 is determined over income and has no eligibility under another Medi-Cal program and is assessed for Covered California coverage. Member 1's last date of Medi-Cal coverage is January 31, 2028.
 - Member 2 is protected under CEC and renewal remains July 2028.
- Outcome 2e: Failure to Provide Income Verification: No Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is January 31, 2028.
 - Member 2 renewal remains July 2028.
- Outcome 2f: Failure to Provide Income Verification: Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is January 31, 2028.
 - Member 2 is protected under CEC and renewal remains July 2028.

- Outcome 2g: Failure to Complete Renewal.
 - Member 1's last date of Medi-Cal coverage is January 31, 2028.
 - Member 2's eligibility is not affected as they are not subject to the six-month renewal and renewal remains July 2028.

Example 3 – MAGI New Adult Group Member and MAGI Pregnancy Member

A household consists of one MAGI New Adult Group (Member 1) subject to a six-month renewal and a MAGI Pregnancy Member (Member 2) subject to renewal after the end of the 365-day Postpartum Care Extension (PCE). Member 1's renewal is March 2028 and Member 2's renewal is after the end of the PCE. The county is processing Member 1's six-month renewal in March 2028. In this scenario, the MAGI Renewal form is used when a renewal packet is required.

- Outcome 3a: Ex Parte Successful
 - County confirms eligibility through ex parte review.
 - Member 1 renewal advanced to September 2028.
 - Member 2 renewal remains after the end of the PCE period.
- Outcome 3b: Renewal with Verifications Returned, No Changes Reported
 - Renewal is returned with no changes reported and eligibility is determined with no change to eligibility.
 - Member 1 renewal advanced to September 2028.
 - Member 2 renewal remains after the end of the PCE period.
- Outcome 3c: Renewal Returned with Updated Income and Verifications, Members Remain Eligible
 - County processes the information as a renewal for Member 1 and follows renewal and CIC procedures outlined [ACWDL 22-33](#). Member 1 remains eligible. Member 2 is protected under PCE and changes do not affect their eligibility during the protected period.
 - Member 1 renewal advanced to September 2028.
 - Member 2 renewal remains after the end of the PCE period.

- Outcome 3d: Renewal Returned with Updated Income and Verifications, Member's Eligibility Changes
 - County processes the information as a renewal for Member 1 and follows renewal and CIC procedures outlined [ACWDL 22-33](#). Member 2 is protected under PCE and changes do not affect their eligibility during the protected period.
 - Member 1 is determined over income and has no eligibility under another Medi-Cal program and is assessed for Covered California coverage. Member 1's last date of Medi-Cal coverage is March 31, 2028.
 - Member 2 is protected under pregnancy/post-partum and renewal remains after the end of the PCE period.
- Outcome 3e: Failure to Provide Income Verification: No Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is March 31, 2028.
 - Member 2 renewal remains after the end of the PCE period.
- Outcome 3f: Failure to Provide Income Verification: Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is March 31, 2028.
 - Member 2 is protected under pregnancy/post-partum and renewal remains after the end of the PCE period.
- Outcome 3g: Failure to Complete Renewal.
 - Member 1's last date of Medi-Cal coverage is March 31, 2028.
 - Member 2's eligibility is not affected as they are not subject to the six-month renewal and renewal remains after the end of the PCE period.

Reminder: Pregnant individuals are exempt from the six-month renewal and will not be subject to an annual renewal while they are pregnant or through 12 months of post-pregnancy.

Example 4 – Unmarried Parents: MAGI New Adult Group Member, MAGI Parent/Caretaker Member and MAGI Child Member

A household consists of unmarried parents with a mutual child. One parent is in the MAGI New Adult Group (Member 1) subject to a six-month renewal, one parent is in the MAGI Parent/Caretaker Group (Member 2) subject to an annual renewal, and a MAGI Child (Member 3) subject to an annual renewal. Member 1 and Member 2 are not in the same tax household. Member 1's renewal is December 2027 and Member 2's and 3's renewal is June 2028. The county is processing Member 1's six-month renewal in December 2027. In this scenario, the MAGI Renewal form is used when a renewal packet is required.

- **Outcome 4a: Ex Parte Successful**
 - County confirms eligibility through ex parte review.
 - Member 1 renewal advanced to June 2028.
 - Member 2 renewal remains June 2028.
 - Member 3 renewal remains June 2028.
- **Outcome 4b: Renewal Returned with Verifications, No Changes Reported**
 - Renewal is returned with no changes reported and eligibility is determined with no change to eligibility.
 - Member 1 renewal advanced to June 2028.
 - Member 2 renewal remains June 2028 (no CIC was reported).
 - Member 3 renewal remains June 2028 (no CIC was reported).
- **Outcome 4c: Renewal Returned with Updated Income and Verifications, Members Remain Eligible**
 - County processes the information as a renewal for Member 1 and treats the reported income on Member 1's renewal as a CIC for Members 2 and 3 and follows renewal and CIC procedures outlined [ACWDL 22-33](#). All 3 members remain eligible.
 - Member 1 renewal advanced to June 2028.
 - Member 2 renewal advanced to December 2028.
 - Member 3 renewal advanced to December 2028.

- Outcome 4d: Renewal Returned with Updated Income and Verifications, Member's Eligibility Changes
 - County processes the information as a renewal for Member 1 and treats the reported income on Member 1's renewal as a CIC for Members 2 and 3, and follows renewal and CIC procedures outlined [ACWDL 22-33](#).
 - Member 1 is determined over income and declines an evaluation for the Non-MAGI Medi-Cal program and is assessed for Covered California coverage. Member 1's last date of Medi-Cal coverage is December 31, 2027.
 - Member 2's renewal date will remain June 2028 (Income from unmarried parent does not affect Member 2's eligibility).
 - Member 3 is protected under CEC and renewal remains June 2028.
- Outcome 4e: Failure to Provide Income Verification: No Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is December 31, 2027.
 - Member 2's renewal date will remain June 2028 (Income from unmarried parent does not affect Member 2's eligibility).
 - Member 3 is protected under CEC and renewal remains June 2028.
- Outcome 4f: Failure to Provide Income Verification: Income Change Reported; County issues MC 355 requesting reasonable explanation or verification; no response after required attempts to contact.
 - Member 1's last date of Medi-Cal coverage is December 31, 2027.
 - Member 2's renewal date will remain June 2028 (Income from unmarried parent does not affect Member 2's eligibility).
 - Member 3 is protected under CEC and renewal remains June 2028.
- Outcome 4g: Failure to Complete Renewal.
 - Member 1's last date of Medi-Cal coverage is December 31, 2027.

- Members 2's and 3's eligibility is not affected as they are not subject to the six-month renewal and renewal remains June 2028.

Updated Six-Month Renewal Form

DHCS has developed an updated Six-Month MAGI renewal form that counties shall send to members when ex parte was unsuccessful during the six-month renewal process. This form will include the most current pre-populated case information. The six-month renewal form will have a section that indicates who is required to complete this renewal. While information for everyone who is part of the household will need to be reported in the renewal form, only those listed on the first page are subject to the six-month renewal. However, other household members may be affected by the outcome of the renewal determination. DHCS will issue a separate MEDIL to highlight the changes to the form and release the renewal in English, all other 18 threshold languages, and in alternative formats.

Renewal Forms for Mixed Households

When a household consists of a MAGI individual(s) and a Non-MAGI individual(s) who have their renewal at the same time, counties shall continue to use the mixed household renewal form as per the current process, unless the MAGI individual(s) is subject to work and community engagement requirements. When the MAGI individual(s) is subject to work and community engagement requirements, the household will receive both the revised MAGI renewal form and the Non-MAGI renewal form, to ensure all appropriate information is collected for all members. DHCS will be updating the mixed household and Non-MAGI renewal forms to mirror changes to the MAGI renewal form and eliminate the need to send multiple renewal forms to some households. Information will be released in a future ACWDL regarding these updated forms.

System Changes

DHCS, in coordination with CalHEERS, CalSAWS, and MEDS, will initiate 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.

Transition of Existing Medi-Cal Members to Six-Month Renewals

Applicable Medi-Cal members in the MAGI New Adult Group will transition from an annual renewal cycle to a Six-Month Renewal schedule after their first scheduled renewal in 2027. For example, an individual with a November 2027 annual renewal will have their renewal frequency changed to six months once the November renewal is processed. This is true for those subject to work and community engagement requirements even if there is a CIC prior to their next renewal. The work and community engagement requirements will be assessed at the first schedule renewal of 2027 and the six-month renewal date will be set at that time.

This approach is intended to minimize disruption for both counties and Medi-Cal members during the transition period. Counties must follow existing renewal procedures and ensure that the updated renewal date is accurately reflected in CalSAWS, CalHEERS, and MEDS.

The table below identifies the original annual renewal month for each case and the new six-month renewal month that will apply moving forward.

2027 Renewal Month	First Post Transition Six-Month Renewal	Second Post Transition Six-Month Renewal
January	July	January
February	August	February
March	September	March
April	October	April
May	November	May
June	December	June
July	January	July
August	February	August
September	March	September
October	April	October
November	May	November
December	June	December

Transitional Members 6-Month Timeline

11/27	12/27	1/28	2/28	3/28	4/28	5/28	6/28	7/28	8/28	9/28	10/28	11/28
Nov 2027 Renewal				1 st Ex Parte Review		1 st 6MR			1 st 90-Day Cure Period Ends	2 nd Ex Parte Review		2 nd 6MR

Work Requirements

Per section 71119 of H.R. 1, beginning January 1, 2027, County Eligibility Workers (CEW) must assess compliance with the federal work and community engagement requirements for individuals in the MAGI New Adult Group. As the MAGI New Adult Group must meet both the six-month renewal and work and community engagement requirements, unless exempt, the work and community engagement requirements must be assessed at every six-month renewal. For more information on how work and community engagement requirements will be assessed during the six-month renewal, please see ACWDL 25-30.

Work Requirement Evaluation at Renewal

Counties must assess compliance with federal work and community engagement requirements for individuals in the MAGI New Adult Group, unless exempt, at the time of their next scheduled renewal after January 1, 2027. This assessment is required only during the full renewal process and does not apply during a CIC. If a member reports a CIC that results in a transition to the MAGI New Adult Group, the work requirement shall not be evaluated until the member's next scheduled renewal.

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

Sincerely,

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