

DATE: September 18, 2026

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:26-17
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: REVISED GUIDANCE ON UPDATING MEMBER ADDRESSES
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTERS [24-06](#), [09-41](#),
[10-05](#), [17-18](#), [22-09](#), [14-41](#), [14-05](#), [14-34](#), MEDI-CAL ELIGIBILITY
DIVISION LETTERS [25-13](#), AND [25-11](#))

Purpose

This ACWDL will function as the primary reference for policy and implementation related to the use of identified reliable sources for updated member addresses and the processes for handling returned mail and address information from other sources. Counties are expected to adhere to the policies and procedures outlined in this letter. With the release of this ACWDL, both ACWDL 25-06 and ACWDL 22-09 are now obsolete.

Background

Medi-Cal members must maintain up-to-date address information to ensure they receive important communications about their benefits and eligibility. Members must notify their county office of their new address within 10 days of the move. Medi-Cal members who have moved are at risk of procedural terminations if they rely on paper correspondence and the county does not have their updated address.

CMS has identified certain third-party sources as reliable for obtaining updated address information for Medi-Cal and CHIP members. When counties receive updated address information from these trusted sources, the information may be used to update a case following the process outlined in this ACWDL. This policy supports counties in maintaining accurate contact information, ensuring continuity of coverage for eligible

members. This rule applies to Modified Adjusted Gross Income (MAGI) Medi-Cal, Non-MAGI Medi-Cal and the Children's Health Insurance Programs (CHIP).

Guidance in this letter does not affect the Department of Health Care Services' (DHCS) Public Assistance Reporting Information System (PARIS) or Residency Verification Program (RVP), which conduct periodic data matching to confirm residency. Please refer to ACWDLs [09-41](#) and [10-05](#) for more information on PARIS, and [ACWDL 17-18](#) and [MEDIL I 21-35](#) for more information on RVP.

Policy

By no later than January 1, 2027, counties shall follow the process described in this letter to regularly obtain in-state updated address information from reliable third-party sources, which include:

- Mail returned to the county by United States Postal Service (USPS) with a forwarding address,
- The USPS NCOA database, and
- Updated member address information received by a Medi-Cal Managed Care Plan (MCP), provided that the information was directly from or verified by the member with the MCP. For more information on the MCP member address update and county procedures, please refer to ACWDL 26-11.

In-State Updated Address Information Received from a Reliable Third-Party Source

When the county receives an updated in-state address for the primary applicant from a reliable third-party source, the county must update the mailing and residential address in the case record for all case members whose mailing and residence addresses are the same as the primary applicant. Additionally, counties are to send previously undeliverable mail to the member at the new address, and as a best practice, notify the member of the address change.

If there are no members on the case known to have a separate address, the address would be updated for all household members. If a household member, such as an adult

child or spouse, has a different address on record, their address will not be updated unless the county has been informed that they now reside at the same address. For example, if a parent and adult child are both in the same household and are known to the county to have different addresses, and the county updates the primary applicant adult's address based on a new forwarding address, the county would not update the adult child's separate address unless informed that they now reside together.

If the county receives an in-state address update from a trusted source for someone other than the primary applicant, and the update does not indicate whether it applies to the entire case household, the county must follow the process outlined in "*Address Discrepancies*" section below. If the member does not respond to confirm or correct the newly updated in-state address, the county must not update the address. The case record must retain the last known address confirmed by the member.

In instances, where members have separate mailing and residential addresses or a P.O. Box, counties may update the address in the case record as follows:

- If the residential and mailing address in the case file are different at the time the in-state address update is received from a reliable source, the county shall only update the mailing address.
- If the mailing address is a P.O. Box and the residency address is different in the case file at the time the in-state address update is received, counties shall not update either address with the new in-state address and must follow the good faith effort processes outlined in the *Address Discrepancies* section below.
- If the updated address indicates a P.O. Box as the forwarding address, counties must not treat the P.O. Box as an in-state forwarding address. Counties shall not update either address with the new in-state address and must follow the good faith processes outlined in the *Address Discrepancies* section below.

When the address reported by a reliable third-party source is outside of the county of residence, the county must also perform an inter-county transfer (ICT) when no other eligibility information is needed. Counties must follow the requirements of ICT policies and processes as outlined under [ACWDL 18-02E](#). As a reminder, there should be no interruptions in coverage for members during this process.

In-State Address Updates for Dual Medi-Cal/CalFresh/CalWORKs Recipients

When a change of address is reported to the county for Medi-Cal purposes from any of the reliable sources noted above, the CalFresh and CalWORKs Information Known to the Agency rule allows the CEW to update the address in CalSAWS for Medi-Cal, CalFresh, and CalWORKs recipients.

For CalFresh, the CEW must send the household a Request for Verification (CW 2200) encouraging them to update their shelter costs. If the household does not respond to the CW 2200, their shelter expense is not changed until their next recertification or periodic report, whichever is sooner. This rule allows CalFresh to align with Medi-Cal policies to ensure a consistent approach to address updates across programs. The flexibility to maintain the household's shelter cost without receiving updated information is dependent upon a federal waiver in place through June 30, 2026. Any future guidance on the federal waiver will come from CDSS. For more information on the CalFresh waiver, refer to [All County Letter No. 24-47](#).

Third-party Address Updates for Vulnerable or Sensitive Cases

Third-party Address Updates for cases with a Domestic Violence flag in CalSAWS or Cases with Incarcerated Individuals

For Medi-Cal, CalFresh, and CalWORKs families with a domestic violence flag in CalSAWS, counties shall not update the address until they can confirm the address change through the *Address Discrepancies* section below. If the household does not voluntarily report the change, counties shall verify at the next recertification/renewal or semi-annual reporting evaluation. As a reminder, counties shall not discontinue eligibility for not reporting an address change.

Counties must not update the address for individuals who are incarcerated or for cases in which a member is incarcerated. The CEW must confirm the newly updated address with the member using the steps outlined in the *Ex Parte Unsuccessful* section below. If the county is unable to confirm the newly reported in-state address, the address on the case record must remain the last known address confirmed by the member.

Third-party Address Updates for the Safe at Home (SAH) Program

Counties must continue to follow guidance from [ACWDL 14-34E](#), regarding the SAH program, which helps victims or survivors of domestic violence or stalking to remain safe from abusive situations. An address for a member in the SAH program may only be changed when the member provides and confirms the new address directly to the county and indicates the SAH program participation has been terminated. If the SAH individual does not reach out to confirm the new in-state address, whether the county receives updated information from a reliable source, the county must not update the address. The county does not have to conduct any additional outreach by attempting to contact the SAH individual to try and confirm the in-state address. The address on the case record remains the last known address confirmed by the member.

Third-party Address Updates for Foster Care Cases

Updated address information received for foster care cases must be verified to ensure the safety and well-being of the child. This includes conducting additional checks by confirming the address change with the foster family to validate the information. If the county is unable to confirm the newly reported in-state address, the address on the case record must remain the last known address confirmed by the member. As a reminder, loss of contact is not a valid basis for discontinuing Medi-Cal benefits for foster care cases.

Third-party Address Updates for Long-Term Care Cases

For Long-Term Care members, counties should not automatically update the in-state address received as this may disrupt the LTC members coverage. Counties must follow standard procedures, which include reviewing the monthly aid code report consistent with the guidance provided in [ACWDL 17-34](#), and verifying changes directly with the member, AR, or the facility if allowable, before making updates. If the in-state address cannot be confirmed, counties should follow the guidance provided in the *Address Discrepancies* section, below.

Address Discrepancies: Unreliable In-State Address, Conflicting Addresses, Out-of-State Address, and Whereabouts Unknown

To maintain continuity of benefits and ensure accurate records, counties must adhere to the specific procedures below when the following scenarios occur:

- An in-state address is received from a data source not identified as reliable.
- Conflicting addresses are received.
- An out-of-state address is received.
- Whereabouts are unclear due to undeliverable mail and no forwarding address is provided by the USPS.

Conduct an Ex Parte Review

Counties must complete an ex parte review. Sources for the ex parte review shall include all information contained in the member's Medi-Cal file, including a review using the reliable data sources noted above, or more recent information or verification available to the county, including sources listed under the state verification plan. This includes, but is not limited to:

- Information or verification in the member's Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), and CalFresh case files or any such files of their immediate family members that are open or that were closed within the last 90 days (excluding SAH recipients),
- Information or verification accessed through any available electronic databases, electronic verification services, or online portals including, but not limited to, BenefitsCal, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and the Medi-Cal Eligibility Data System (MEDS), and
- Any other sources of relevant information or verification that are reasonably available to the county, in accordance with the law and DHCS policy, including any updates that may remain on a county's unprocessed task lists.

While rare, during an ex parte review, counties may identify that different reliable third-party sources provide conflicting in-state addresses as each source has its own timeline and data collection methods. This can happen when a person has moved recently and has not yet updated their information across all platforms. For example, a county may receive an updated address from the list provided by the MCP that differs from the address found in NCOA. When this occurs, the county shall follow the *Ex Parte Unsuccessful* process below to determine the correct address.

Ex Parte Unsuccessful

If the address is unable to be confirmed through the ex parte process, counties must perform a good-faith effort to contact the Medi-Cal member. Counties are required to

make at least two attempts to contact the Medi-Cal member using at least two different methods, including one written contact, as outlined in Welfare & Institutions Code Section 14005.37. As a reminder, CEWs must utilize the member's preferred method of contact, if one has been provided. When verifying an address, counties must provide the member with 30 days to confirm the requested information using the MC 355 form. If the member does not respond or provides an incomplete response, the county must make an additional attempt to contact the member within the 30-day period to obtain the necessary information. Best practices suggest a 15-day follow-up to balance timely outreach with respecting the member's response time. This approach demonstrates a good faith effort by avoiding excessive delays while also ensuring contact attempts are not too close together.

Examples of different modalities include mail, phone, and email. Other modalities may include text messages, communication through an online portal, or other commonly available electronic means. If the member has only one modality of contact available, such as only a mailing address, and the county has used that method while making reasonable efforts to update the member's contact information, the returned mail condition is considered met. Counties must ensure that proper case narratives are included in CalSAWS, which must include that there are not two separate modalities to contact the member.

As a reminder, counties must follow the steps below when using the MC 355 to contact the member as part of the good-faith effort:

- Counties must provide at least 30 calendar days for the member to respond to confirm the updated information when using the MC 355.
- The MC 355 should only be requesting the member's current address, and, if necessary, any other information required to redetermine eligibility.
- If an out-of-state forwarding address or in-state address from an unreliable source is received, counties must send the MC 355 to the last known address on the member's case record, and to the newly received address.
- If mail is returned for whereabouts unknown and no forwarding address was provided, the MC 355 must be sent to the last known address on the member's case record.

For the entire policy regarding the use of MC 355 please see [ACWDL 18-25](#).

In-State Address is Confirmed

If updated in-state address or PO Box information is confirmed, the member's in-state address is identified through the ex parte process, or the in-state address is available from a reliable data source, counties must accept the information as reliable, document the source used to verify the information, and update the case record accordingly. Counties must send the previously undeliverable mail to the member at the new address, and as a best practice, notify the member of the address change.

In-State Address Not Confirmed

If the county is unable to confirm a conflicting in-state address update or an in-state address update received from a source not identified as reliable after the ex parte and good faith effort processes, the county must not update the address, nor discontinue the member. The address on the case record remains the last known address confirmed by the member.

In situations where the county has requested documentation necessary to evaluate ongoing eligibility and the household does not provide the required information after following the required contacts, counties must continue to issue an appropriate discontinuance NOA. However, counties may not discontinue coverage solely for failure to update an in-state address. Coverage may only be discontinued if other required eligibility information is also outstanding.

Out-of-State Address Not Confirmed

If the county is unable to confirm if the member continues to meet state residency -- even after the good faith effort-- the county must discontinue the member's coverage. The discontinuance NOA and information about the member's fair hearing rights must be sent to their last known address. If the county establishes contact with the member before the last day of the month in which the Medi-Cal member's active coverage ends, and the member remains a California resident, the county must rescind the discontinuance. Counties should use the "failure to provide" discontinuance reason if contact with the member is not established, as the NOA will provide the 90-day cure period.

Counties may accept a verbal attestation, a signed affidavit, or any other acceptable form of verification consistent with existing Medi-Cal residency verification policies when an individual's whereabouts have been updated. Counties must also review and resend any pertinent notices or documents the member may have missed while their whereabouts were unknown, following standard procedures for providing required information and ensuring the member has an opportunity to respond before taking any further discontinuance action. For example, if a renewal packet was returned as undeliverable, and the member confirmed their new address with the county before discontinuance, the county must resend the renewal form and allow the member the opportunity to respond following normal renewal processing rules.

As a reminder, loss of contact is not a basis for discontinuing Medi-Cal benefits for the following programs:

- Former Foster Youth (FFY) - See [ACWDL 14-41](#), Page 5
- Children eligible for Continuous Eligibility for Children (CEC) - See [ACWDL 14-05](#)
- Deemed Eligible Infants (under 1 year),
- Medi-Cal Access Infants Program (MCAIP) (under 2 years)
- Pregnant beneficiaries, whether in Full Scope or a Pregnancy-Related aid code
- Beneficiaries in their 12-month postpartum period,
- Categories where the county does not control the Medi-Cal record, such as individuals eligible for Medi-Cal through Supplemental Security Income/State Supplementary Payment (excluding Medicare Savings Program beneficiaries for whom the county does control the eligibility record), KinGAP, or Adoption Assistance.

90-Day Cure Period

If, within 90 days of the discontinuance date, the member's whereabouts become known and the member remains in-state, the county must redetermine their Medi-Cal coverage back to the date of discontinuance unless there is additional required information missing and needed to determine eligibility. DHCS will also provide updated guidance on the 90-Day Cure Period in a future letter. In the meantime, counties should refer to [ACWDL 19-13](#) for guidance on the current 90-Day Cure Period process.

Imaging Returned Mail in the Case Record

Counties do not need to scan the contents or envelope when undeliverable mail information is already stored in CalSAWS. However, in some instances, undeliverable mail is returned to the county office, including some documents that are not stored in CalSAWS. When this occurs, the county must notate the case record in CalSAWS, capturing key details of the returned item. For mail that is physically returned, a detailed case journal entry in CalSAWS must include the important details of the returned mail.

Key details to include in the case record include, but are not limited to:

- Mail was returned as undeliverable,
- The date the mail was originally sent to the member,
- The date the mail was returned,
- The type of mail: Specify the form, letter or notice that was sent to the member and returned, and
- Address used, and
- Identify if the member is in the Safe at Home (SAH) program and utilizing the confidential P.O. Box.

The county does not need to scan the returned mail if it is identifiable and re-printable in CalSAWS. Returned notices that the county physically received and that were not printed through CalSAWS, including DHCS mailings, must be imaged into the county imaging system and added to the appropriate case.

County Requirements for Confirming Contact Information

To further reduce the volume of returned mail due to outdated member addresses, counties shall confirm contact information and the member's preferred method of contact, any time the county speaks with a member by phone or in person. This policy will remain an existing policy even when NCOA is fully integrated into the California Statewide Automated Welfare System (CalSAWS) for each county or when a forwarding address is received by the USPS. This includes confirming the residence, mailing address, and any phone number or email contact information previously provided by the member. This step is especially critical for members identified as part of the vulnerable or hard-to-reach population, as they often have challenges in assessing their mail in a timely manner, which can result in returned mail. When the member provides updated

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contact information, the county must enter the information into CalSAWS data collection pages immediately and document the change in the case file.

Future Additional Reliable Sources

DHCS is currently researching and assessing various additional sources to determine their reliability. In the future, as these sources are identified and approved by CMS, DHCS will incorporate them in the MAGI-Based Eligibility Verification plan and release separate policy guidance.

County questions regarding policy guidance should be sent to MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division