CA Coverage Snapshots: Six-Month Renewals & the Work Requirement Lookback Period

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Two of California's main health care programs, Medi-Cal and Covered California, are facing significant changes over the next several years that will impact eligibility and access to benefits. These changes are a result of federal actions, including H.R. 1 (also known as the so-called "One Big Beautiful Bill Act"), and state-level changes passed through the budget.

Beginning January 1, 2027, new federal Medicaid work requirements will take effect for certain Medi-Cal members in the MAGI Medi-Cal New Adult Group (also known as "expansion adults"). These requirements apply to adults ages 19 - 64 years enrolled in the MAGI Medi-Cal 138% Federal Poverty Level (FPL) coverage group. California will also apply these requirements to immigrants with unsatisfactory immigration status (UIS) who receive state-funded Medi-Cal, since they fall within this coverage group. Under the federal work requirement rule, people subject to work requirements are defined as **applicable individuals**. All other populations including children, Non-MAGI adults, pregnant individuals and individuals in the 12-month post-pregnancy period, and American Indian/Alaska Native members will remain on a 12-month renewal cycle unless otherwise protected.

Two related but distinct changes are:

1. The six-month Medi-Cal renewals; and
2. The one-month lookback period to evaluate compliance with work requirements.

Six-Month Medi-Cal Renewals

Starting January 1, 2027, counties will begin processing renewals for MAGI Medi-Cal expansion adult members who will now be subject to a **six-month renewal period** instead of a 12-month renewal period. This means that 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. Medi-Cal members with annual renewals due in January 2027 or February 2027 will keep their 12-month renewal cycle at that time since their renewals are initiated in November 2026 and December 2026 prior to the January 1, 2027 effective date. During each six-month renewal, counties will determine whether the individual is still eligible for Medi-Cal under existing requirements, including review of all available information to assess eligibility before requesting any information from the individual.

Six-Month Renewal Delayed Processing

When a six-month renewal (or annual renewal) is finalized later than its scheduled due date—and the member is found to still be eligible—the county establishes the next renewal due date based on the month the delayed determination is actually finalized, rather than the original due date.

For delayed six-month determinations, counties must also set the enrollee's six-month renewal period in the month that they completed the determination. Delayed annual renewals fully processed within the first six months after they are due are reset to the month in which the county completed those renewals. 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. For delayed annual renewals processed after the first six months, counties must set the renewal date one year from the previous renewal month. All enrollees are entitled to a notice that must state the date of their next renewal.

Households with Multiple Renewal Schedules

Some households will have enrollees with six-month renewal periods and others with 12-month renewal periods depending on what program they are on. 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. However, concurrent renewals may occur for changes in circumstance. For example, when a new enrollee is added to a household with different renewal periods, the counties must process this as a new applicant and treat the addition as a change in circumstance (CIC) for the existing household members. Existing MAGI New Adult Group members in the household must retain their six-month renewal month while household members with annual renewals will be set to a new annual renewal month based on the CIC redetermination date.

The Work Requirement Lookback Period

The federal work requirement rule requires a "lookback period" for demonstrating compliance. The lookback period is different between Medi-Cal applicants and existing enrollees. Counties must verify:

- Whether applicable individuals qualify for an **exclusion or an exception** from demonstrating work requirements.
    - Certain individuals are excluded or mandatorily exempt from work requirements because they meet certain criteria, such as pregnancy, medical frailty, or they

are an American Indian or Alaska Native. Individuals who qualify for an exclusion do not have to demonstrate compliance with work requirements to maintain their Medi-Cal coverage.

- Other individuals who are otherwise subject to work requirements may be temporarily exempt from compliance due to certain circumstances such as hospitalization, a serious medical condition, or a natural disaster. Individuals who qualify for a temporary exception do not have to demonstrate compliance with work requirements during the period covered by the exception.

- Whether applicable individuals meet the work requirement during the appropriate lookback period.

Applications

Applicable individuals applying for Medi-Cal must demonstrate compliance with work requirements in the month immediately before the application month.

Example: an individual applying in April 2027 would be evaluated based on compliance during March 2027 (unless they qualify for an exception or exclusion).

Renewals

Applicable individuals already enrolled in Medi-Cal must demonstrate compliance with work requirements in one month since their last renewal. Compliance does not have to be demonstrated in a particular month or for the month immediately preceding the renewal. This means that counties must determine the member complied with work requirements in any single month during the six months before the renewal month.

Example: a Medi-Cal member's renewal is due in October 2027, and they are subject to work requirements. The enrollee worked 80 hours in May 2027. The county must accept the enrollee's activities in May 2027, because the enrollee can demonstrate compliance in any month during the previous six months between April 2027 through September 2027.