

Is DHA statutorily required to send renewal packets a certain amount of time prior to renewals, and if so, what is the timeframe? Is it possible for DHA to send the renewal packets further in advance (e.g., 90 days before renewal period), to allow more time for the mail to be redirected as needed if addresses changes, etc.?

The statute regarding when renewal packets must be sent:

WIC § 14154(d)(3) (A) Ninety percent of the annual redetermination forms shall be mailed to the recipient by the anniversary date.

Renewal packets are sent by a CalSAWS vendor 2 months before the renewal due month if a renewal packet is required. MAGI renewals go through an electronic ex parte process and if they do not auto-renew or skip electronic ex parte then CalSAWS will generate a packet. Non-MAGI renewals do not go through electronic ex parte and renewal packets are sent out on the 8th business day of the month two months prior to the RE due month.

No, DHA would not be able to send out renewal packets any earlier than the automated process as automation is consistent throughout the state and programmed to meet DHCS policy requirements. However, if beneficiaries report changes affecting their eligibility before their RE due month (i.e. income change) county staff will process a change in circumstance redetermination and if all other information is also provided, will re-set the RE due month.

If there are address changes, county staff should be informed as soon as possible to ensure that contact information in the case is up to date and for renewal packets to be sent to the correct address.

Is there a consent form members can sign so providers can submit their updated contact information on their behalf?

Per ACWDL 25-06 , effective December 3, 2025, counties shall regularly obtain in-state updated address information from reliable third-party sources, including Updated member address information received by a Medi-Cal Managed Care Plans (MCP), provided that the information was directly from or verified with the member to the MCP. However, this guidance did not include a separate process for providers.

Release of information or Authorized Representative form would be needed for the county staff to be able to communicate with providers regarding the case. Providers can assist beneficiaries to upload documents to report a new address to BenefitsCal if needed.

Can DHA share how flyers and any other information about Medi-Cal benefits and changes to redetermination/eligibility are being distributed to clinics, community members, etc.?

DHA has relied on the states toolkit with flyers that explain the changes that is accessible to all at this link: [Home](#) Utilizing their toolkit and flyers reduces confusion and keeps a consistent message across the state.

DHCS has also sent and will continue to send targeted outreach text message campaign for changes related to immigration, work requirements and 6 month renewals.

Does DHA have any updates to its presentation since the HR-1 implementation plan has been released - <https://www.dhcs.ca.gov/federal-impacts/Documents/DHCS-HR1-Implementation-Plan.pdf>?

The timeframes and regulations remain the same as previously presented. As part of the implementation plan DHCS has compiled workgroups which include county staff across the state to develop automated strategies to help customers keep their Medi-Cal while complying and/or automate their change in eligibility. This automation will assist county staff to process cases timely even with increased workload.

Also see slide deck for webinar on 2/5/2026.