

**Medi-Cal
Basics &
2026/Upcoming
Changes**



Disclaimer

- The following presentation is meant for education only and does not constitute legal advice nor counsel. Your situation may be unique and require careful attention.
- Keep in mind that the information in these slides could become out of date, as the laws and local practices relating to these matters are constantly developing.



What you will learn:

- Background information about Medi-Cal
- Medi-Cal eligibility
- Medi-Cal programs for people with disabilities
- Medi-Cal services
- Medi-Cal and other health coverage
- Applying for Medi-Cal
- Medi-Cal appeals
- Changes starting in 2026

Terms and Agencies

- Medicaid vs. Medi-Cal.
- Centers for Medicare and Medicaid (CMS).
- Department of Health Care Services (DHCS) – single state agency.
 - Can delegate to other agencies (e.g. CDSS – IHSS).
- State Plan:
 - Describes nature and scope of Medi-Cal program;
 - Follow federal laws/regulations & guidelines.
 - California's State Plan:
<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/SPdocs.aspx>.
- Federal Financial Participation (FFP Medi-Cal programs)
 - Money a state receives for participation in the Medicaid/Medi-Cal program
- State only Medi-Cal programs



Medi-Cal Service Delivery Models

- Fee-for-Service (FFS) vs. Managed Care.
- Managed Care Models in California:

<https://www.dhcs.ca.gov/services/Documents/MMCD-Cnty-Map.pdf>.

<https://www.dhcs.ca.gov/services/Documents/MMCD/MMCD-Model-Fact-Sheet.pdf>.

Medi-Cal Services

- **Full Scope vs. Restricted.**
 - **Full Scope:** IHSS, nursing home, Community-Based Adult Services (CBAS), waivers, durable medical equipment, mental health, supplies, hospital, transportation, etc.
 - **Restricted:** emergency care, pregnancy-related services, long-term care, etc.



Medi-Cal Services

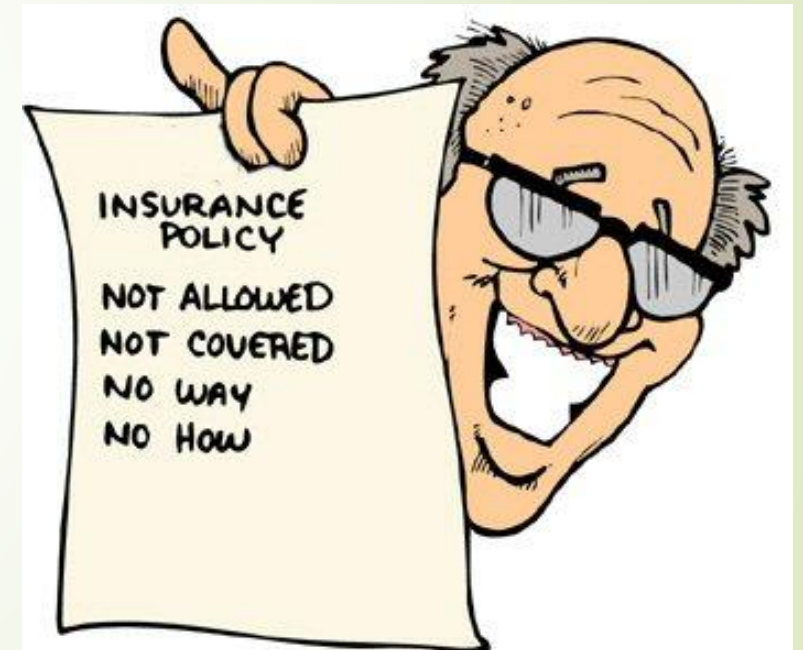
- List of Essential Services (Health Benefits):
https://www.dhcs.ca.gov/services/medi-cal/Pages/Benefits_services.aspx.
- An Advocate's Guide to Medi-Cal Services (National Health Law Program, NHeLP):
<https://healthlaw.org/resource/an-advocates-guide-to-medi-cal-services/>.

Medi-Cal Services: “Medical Necessity”

- **Adults:** A service is “medically necessary” if it is reasonable and necessary to protect life; to prevent significant illness or significant disability; or to alleviate severe pain.
- **Children/People Under 21 (EPSDT):**
“EPSDT services include any medical or remedial care that is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition.”

EPSDT Guidance for States/California:

- U.S. States:
<https://www.medicaid.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>.
- California:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-005.pdf>.





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Medi-Cal Eligibility Basics

Medi-Cal Programs

➤ What Medi-Cal program am I on?

➤ Medi-Cal Aid Codes:

<https://www.dhcs.ca.gov/services/Documents/MCD/Master-Aid-Code-Chart.pdf>.



Assets/Resources and Income:

➤ SSI-Linked Medi-Cal:

- Countable resources and income are considered under the SSI rules.

➤ Other Medi-Cal Programs:

- Each program has its own income rules.
- As of 2026, countable resources or assets are considered:

<https://www.dhcs.ca.gov/Medi-Cal/Pages/Help/asset-limits-faqs.aspx>.

Medi-Cal Eligibility: Resources/Assets - ABLE Act



ABLE/CalABLE

- Up to \$20,000 per year (2026).
- Up to \$100,000 in CalABLE account can be excluded as countable resources under the SSI program.
- Does not affect resource eligibility for SSI, Medi-Cal, and other certain federally-funded benefits.

California's ABLE Program (CalABLE):
<https://www.calable.ca.gov/>.

Medi-Cal: Deeming

- Parent – Minor Child.
- Spouse – Spouse.
- Sponsor – Sponsored.
- What is deemed?
 - Income.
 - Resources – for SSI-linked Medi-Cal only.
- Institutional deeming – Waivers.
 - Home and Community-Based Alternatives Waiver (institutional deeming).
 - Home and Community-Based Waiver for the Developmentally Disabled (institutional deeming).
 - Self Determination Program.

<https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>.



Eligibility Basics – Immigration Status

- Until the end of 2025, immigration status did not affect eligibility for full-scope Medi-Cal. All other Medi-Cal eligibility rules, including income limits, still applied.
- Starting in 2026, immigration status may play a factor in Medi-Cal eligibility.

Immigration Status and Changes to Medi-Cal Eligibility (DHCS) (including Immigration Category Chart, valid through September 30, 2026):

<https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx>.

Medi-Cal Programs for People with Disabilities

- Modified Adjusted Gross Income (MAGI) vs. Non-MAGI.
- Non-MAGI:
 - SSI-Linked Medi-Cal or 1619b;
 - Pickle (post eligibility);
 - Disabled Adult Child (DAC) (post eligibility);
 - Aged & Disabled Federal Poverty Level
 - Working Disabled Program
 - Aged, Blind, and Disabled Medically Needy
- What is Share of Cost (SOC)?

Medi-Cal Categories (Disability Benefits 101):

https://ca.db101.org/ca/programs/health_coverage/medi_cal/program2a.htm.



Denti-Cal

<https://dental.dhcs.ca.gov/>



Vision Care

<https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/VisionBenefits.aspx>

Medi-Cal and Other Health Coverage

Medi-Cal is payor of last resort: Medi-Cal will only pay for expenses that it covers and that other coverage will not.

- Examples:
 - Private Insurance;
 - Medicare (federal program);
 - California Children's Services (CCS) (state program).

Integrated Care for Dual Eligible Beneficiaries:

- ▶ Dual Eligible Beneficiaries = Enrolled in both Medicare and Medi-Cal
 - ▶ Medi-Medi Plans
 - ▶ Medi-Cal “Matching Plan Policy”
 - ▶ Statewide Medi-Cal Managed Care Enrollment

Integrated Care for Dual Eligible Beneficiaries (DHCS):

<https://www.dhcs.ca.gov/services/Pages/Integrated-Care-for-Dual-Eligible-Beneficiaries.aspx>.



Applying for Medi-Cal

- **Apply for Medi-Cal (DHCS):**
<https://www.dhcs.ca.gov/Medi-Cal/Pages/apply.aspx>.
- (a) Online:
 - **BenefitsCal:** <https://benefitscal.com/>.
 - **Covered California:**
<https://apply.coveredca.com/static/lw-web/account-creation/create>.
- (b) Phone.
- (c) In Person.
- (d) Mail:
 - **Application:**
https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/2014_CoveredCA_Applications/ENG-CASingleStreamApp.pdf.

Grievances and Appeals

- Grievance vs. Appeal
- Eligibility Appeals (County) vs. Managed Care Appeals (Managed Care Plan)
 - Note: Managed Care appeals subject to mandatory internal appeal.
- Appeal/Hearing Considerations:
 - Aid Paid Pending
 - Expedited Appeal/Hearing Request



2026 and Upcoming Medi-cal Changes

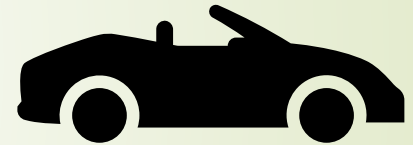
2026 and upcoming changes

- Most of these changes are *not* specific to people with disabilities. However, people with disabilities are part of many different groups, including the Adult ACA Expansion group and people with unsatisfactory immigration status, so we will go over changes affecting those groups.
- You can expect many communications from the Department of Health Care Services (DHCS) over the next year about Medi-Cal.
- We recommend that you keep up with notices and stay in touch with your county Medi-Cal office in order to maintain eligibility.

Asset limit



- **WHO:** People who receive Medi-Cal through the older adults or disability eligibility pathways.
- **WHAT:** There will be an asset limit of \$130,000 for a household of one person, with an additional \$65,000 for each additional person in your household. One car and one house do not count towards this limit. If you go above the asset limit, you no longer get Medi-Cal until you spend down under the asset limit.
- **WHY:** State budget



Enrollment freeze for adults with “Unsatisfactory Immigration Status”



- **WHO:** new Medi-Cal applicants with “Unsatisfactory Immigration Status” who are 19 years or older, not pregnant, or former foster youth under 26 (who were in foster care on 18th birthday).
- **WHAT:** This group will not be able to *newly enroll for Medicaid*. If you are already enrolled, you can stay on Medi-Cal.
- **WHY:** State budget



Dental coverage change for some immigrant groups



- ➔ **WHO:** Californians with Unsatisfactory Immigration Status, age 19 and older
- ➔ **WHAT:** Lose access to non-emergency dental services
- ➔ **WHY:** State budget



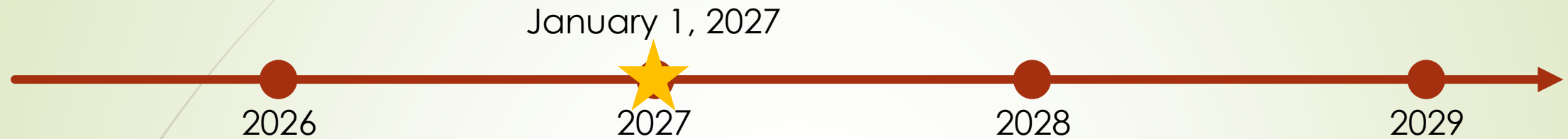
Eligibility changes for certain immigrant groups



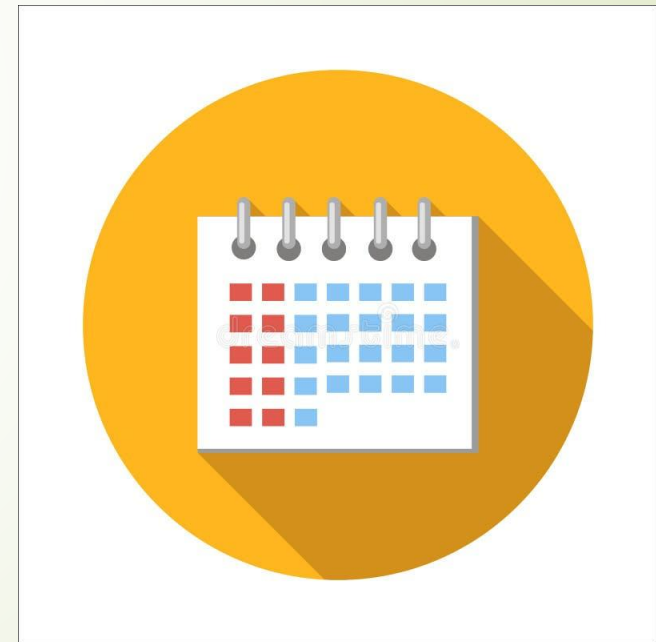
- ➔ **WHO:** Certain legally residing immigrants (refugees, parolees, asylees, trafficking survivors, and similar groups)
- ➔ **WHAT:** No longer qualify for federally-funded full-scope Medicaid.
- ➔ **WHY:** Federal HR 1/State budget



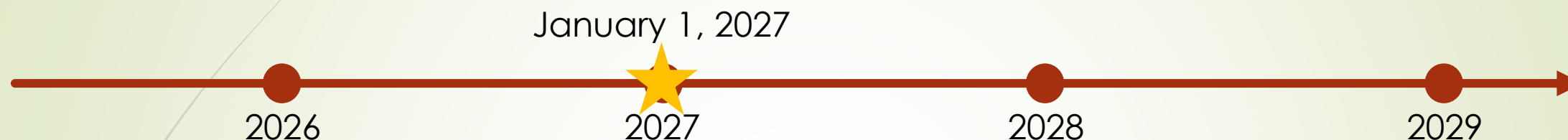
Eligibility redeterminations every 6 months



- **WHO:** ACA Adult Medicaid Expansion population
- **WHAT:** Eligibility will be reconsidered every 6 months, rather than once a year. You will have to work with your county office to show that you are still eligible for Medi-Cal.
- **WHY:** Federal HR 1



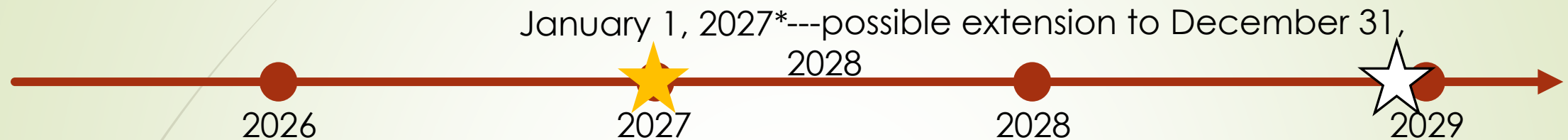
Limits to retroactive coverage



- **WHO:** Everyone on Medi-Cal
- **WHAT:** This policy reduces the amount of time for retroactive coverage.
 - Federal adult expansion population: 1 month of retroactive coverage
 - Other Medicaid groups, including children, older adults, and people who qualify based on disability: 2 months of retroactive coverage.
- **WHY:** Federal HR 1



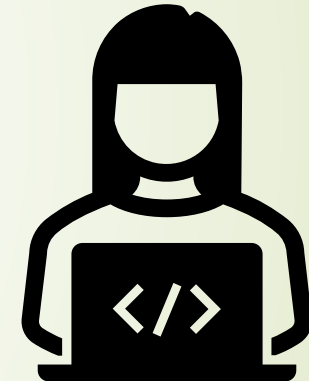
Work/community engagement reporting requirements



➤ **WHO:** ACA Adult Medicaid Expansion population.

➤ Exemptions include:

- Parents of children age 13 and under;
- Caregivers of people with disabilities of any age;
- Medically frail people;
- Veterans with disabilities.



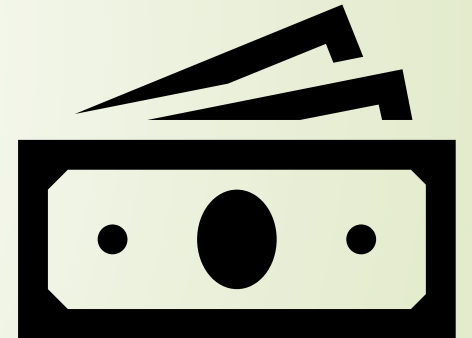
➤ **WHAT:** People in this group will have to report 80 hours a month of work, volunteering, or school to maintain eligibility for Medicaid. Verification is required at application and at each redetermination (every 6 months).

➤ **WHY:** Federal HR 1

\$30 monthly premiums



- **WHO:** Adults with unsatisfactory immigration status
- **WHAT:** People in this group will have to pay a \$30 a month premium to keep their Medi-Cal benefits. This coverage will be limited to *state-funded* Medi-Cal, which will not include dental coverage, except for emergency dental care. If they miss premium payments for 90 days, they will be reduced to emergency coverage.
- **WHY:** State budget



\$35 copays for some services



- ➔ **WHO:** ACA Adult Medicaid Expansion population who make over 100% of the Federal Poverty Level (FPL).
- ➔ **WHAT:** Certain Medicaid services will have a copay of up to \$35. Primary care, mental health, and substance use disorder services will not have a copay.
- ➔ **WHY:** Federal HR 1



Additional Resources

Medi-Cal Eligibility Procedures Manual:

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/MedEligProcManual.aspx>.

2025 Federal Poverty Levels (DHCS):

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/25-01.pdf>.

Program Eligibility by Federal Poverty Level (2026):

<https://www.coveredca.com/pdfs/FPL-chart.pdf>.

Health Consumer Alliance:

<https://healthconsumer.org/>.

Medi-Cal Managed Care Health Care Options:

<https://www.healthcareoptions.dhcs.ca.gov/en>.

Managed Care Office of the Ombudsman:

<https://www.dhcs.ca.gov/services/MH/Pages/mh-ombudsman.aspx>.

Questions?



Intake Line: 1-800-776-5746.

<https://www.disabilityrightsca.org/get-help>.

Monday, Tuesday, Thursday, or Friday
from 9 a.m. to 3 p.m.

OCRA Intake Line: 1-800-390-7032.