



DATE: December 30, 2025

Medi-Cal Eligibility Division Information

Letter No.: I 25-28

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: REMINDERS AND ADDITIONAL GUIDANCE TO COUNTIES ON
PROCESSING COUNTY REFERRALS TO THE DEPARTMENT OF HEALTH
CARE SERVICES (DHCS) AND DHCS REFERRALS TO COUNTIES
(REFERENCE: ACWDL 22-02E, 25-28, MEDIL I22-03)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is for the Department of Health Care Services (DHCS) to provide reminders to counties and additional guidance when processing referrals between DHCS and counties.

Referrals from County to DHCS

Per [ACWDL 22-02E](#), counties must initiate a referral to DHCS immediately upon request if a Medi-Cal applicant states they have breast and/or cervical cancer and appears to be eligible for the Breast and Cervical Cancer Treatment Program (BCCTP). Due to the nature of the program and the urgency of providing access to care for a vulnerable population, there is a need to expedite the coordination of services between the BCCTP Eligibility Specialist (ES) and County Eligibility Worker (CEW).

The CEW will submit the County Referral to DHCS ([MC 373](#)) form (MEDIL [I22-03](#)), including their direct contact information, to facilitate communication between county and state. DHCS will confirm a qualifying diagnosis, evaluate the member, and complete a determination of continuing eligibility. In addition to following the steps outlined in ACWDL 22-02E, the CEW will complete the new steps below when placing a referral to DHCS:

- If there is an Authorized Representative listed, the CEW will include the Authorized Representative form(s) ([MC382](#) and/or [MC383](#)).
- The County shall keep members on Medi-Cal while DHCS is determining eligibility to avoid a lapse in coverage in transition from county Medi-Cal to BCCTP. Due to the Medi-Cal Adult Expansions and Expansion Freeze, members referred to and from BCCTP shall be kept on the same level of coverage, if they meet eligibility criteria. For more information on the Medi-Cal Adult Expansion Freeze, refer to ACWDL 25-28.

Medi-Cal applicants enrolled into BCCTP may be placed on BCCTP Presumptive Eligibility (PE), if eligible, while both county and state process the Medi-Cal applications. BCCTP PE provides temporary, immediate, full scope Medi-Cal benefits. DHCS can concurrently evaluate the member for BCCTP while the county completes their determination of eligibility. DHCS will contact and inform the CEW of the outcome of the referral. The CEW will take the necessary action on the case.

Scenarios

The following scenarios are included to assist when an individual not eligible for federal full scope Medi-Cal is approved for restricted scope Medi-Cal on or after January 1, 2026, and needs treatment for breast and/or cervical cancer. The member may concurrently qualify for restricted scope Medi-Cal and State BCCTP coverage.

Scenario 1: Individual not eligible for federal full scope Medi-Cal is approved for aid code M2 restricted scope Medi-Cal. County submits the MC 373 form to DHCS for review. The applicant meets BCCTP eligibility criteria and is approved for State BCCTP Medi-Cal with aid code 0U, which covers breast and cervical cancer treatment and related services.

- Aid codes M2 and 0U can be approved simultaneously

Scenario 2: Aged individual not eligible for federal full scope Medi-Cal is approved for aid code 1U. The county submits the MC 373 form to DHCS for review. The applicant meets BCCTP eligibility criteria and is approved for BCCTP with aid code 0T, which covers breast and cervical cancer treatment and related services.

- Aid codes 1U and 0T can be approved simultaneously

Scenario 3: Individual not eligible for federal full scope Medi-Cal and has other health coverage is approved for Medi-Cal aid code M4. County submits the MC 373 form to DHCS for review. The applicant meets eligibility criteria and is approved for BCCTP with aid code OR, which covers breast and cervical cancer treatment and related services.

- Aid codes M4 and OR can be approved simultaneously

Referrals from BCCTP to County

DHCS initiates a Change in Circumstance (CIC) referral when a member turns 65, gets other health coverage, or no longer needs treatment. When a CIC occurs, DHCS will transition the member to an interim aid code with the same level of benefits and initiate a CIC referral to the county, per ACWDL 22-02E. The member will remain on the interim aid code while the county evaluates the member for county Medi-Cal programs.

Under the Medi-Cal Adult Expansions, BCCTP members below age 65 not eligible for federal full scope Medi-Cal transitioned from State BCCTP to state-funded full scope BCCTP Medi-Cal. For this population, the CIC process should be considered a continuing transition from state to county Medi-Cal, **not** a new application subject to the Medi-Cal expansion freeze. For more information on the Medi-Cal Adult Expansion Freeze Impacts to BCCTP, refer to ACWDL 25-28.

If you have any questions, or if we can provide further information, please contact the Medi-Cal Eligibility Division (MCED) Policy inbox at MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division