

DATE: April 12, 2023

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 23-08  
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: FULL SCOPE MEDI-CAL EXPANSION FOR PERSONS 26 THROUGH  
49 YEARS OF AGE

Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) amended Welfare and Institutions Code section 14007.8 to expand eligibility for full scope Medi-Cal to individuals who are 26 through 49 years of age, and who do not have satisfactory immigration status (SIS) as required by Welfare and Institutions Code section 14011.2, if otherwise eligible. This new coverage is referred to as the Age 26-49 Adult Expansion. SB 184 provides that the Age 26-49 Adult Expansion will not take effect until the Department of Health Care Services (DHCS) confirms that both the State and counties' automated systems are programmed as needed to enroll the new population into coverage. DHCS is planning system readiness and effectuation of the Age 26-49 Adult Expansion no later than January 1, 2024.

Upon system readiness and implementation, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and the Statewide Automated Welfare System (SAWS) will grant full scope Medi-Cal to eligible new applicants 26 through 49 years of age, who previously would have been granted restricted scope Medi-Cal. At the same time DHCS, CalHEERS, SAWS, and the counties will transition existing restricted scope Medi-Cal beneficiaries who are 26 through 49 years of age to full scope Medi-Cal.

### Impacted Populations

- New Enrollee Population: The new enrollee population consists of individuals who are 26 through 49 years of age in January 2024, who are not currently enrolled in Medi-Cal, but who apply for Medi-Cal after implementation of the Age 26-49 Adult Expansion and meet all eligibility criteria for full scope Medi-Cal, under any eligibility group, including Modified Adjusted Gross Income (MAGI) and Non-MAGI, except for SIS.
- Transition Population: The transition population consists of individuals who are 26 through 49 years of age and are currently enrolled in restricted scope Medi-Cal because they do not have an SIS or are unable to establish SIS for full scope

Medi-Cal under any eligibility group, including MAGI and Non-MAGI, before implementation of this expansion.

### **Age Policy**

With the implementation date of January 1, 2024, CalHEERS, SAWS, and DHCS will use the following age policy to determine who is eligible for the Age 26-49 Adult Expansion, if otherwise eligible:

- An individual who is 26 through 49 years of age on any day in January 2024 will be eligible for full scope Medi-Cal under any eligibility group, including MAGI and Non-MAGI, for the entire month of January 2024, if they are otherwise eligible.
- Individuals who turn 26 years of age on January 1, 2024 are considered 26 years of age for the month of January 2024 and are eligible for full scope coverage under the Age 26-49 Adult Expansion.
- Individuals who turn 26 years of age between January 2, 2024 and January 31, 2024, are considered age 25 for the month of January 2024, and remain eligible for full scope coverage under the Young Adult Expansion.

### **System Readiness**

DHCS' goal is to complete and implement all system changes necessary to implement the Age 26-49 Adult Expansion no later than January 1, 2024. DHCS is working with SAWS and the counties to ensure that necessary system changes are implemented in SAWS, including all necessary Notice of Action (NOA) revisions in all threshold languages, updated Eligibility Determination and Benefits Calculation (EDBC) functionality, County Eligibility Worker (CEW) training and supports, and more.

- Contingency Planning: If the system implementation date is delayed, it will not change the effective date of the policy change. The policy shall be implemented no later than January 1, 2024 even if system implementation is delayed to the month of February 2024. If necessary, DHCS will effectuate full scope eligibility on January 1, 2024.

DHCS is also working with CalHEERS to ensure that necessary CalHEERS system changes are implemented for the Age 26-49 Adult Expansion.

### **Aid Codes**

There are no new aid codes for the Age 26-49 Adult Expansion. Individuals who are eligible under this expansion will be placed into existing full scope MAGI and Non-MAGI Medi-Cal aid codes respectively. For the transition population, DHCS has developed an aid code crosswalk that identifies the appropriate full scope aid code for eligible individuals in restricted scope aid codes to move into, once the Age 26-49 Adult Expansion is implemented (see Enclosure 1 – "Aid Code Crosswalk").

### **Deficit Reduction Act and Satisfactory Immigration Status Verification Requirements**

Pursuant to federal regulations and state law, the requirement to verify citizenship for Medi-Cal applicants and beneficiaries who are citizens of the United States set by the Deficit Reduction Act (DRA) remains in effect. In addition, all federal and state requirements for Medi-Cal applicants and beneficiaries who claim SIS, to verify their immigration status, remain in effect. Counties are required to follow current Medi-Cal policy regarding DRA and SIS verification. Counties must not request verification from immigrants who claim an immigration status for which verification is not required under current policy. For example, individuals age 26 through 49 years of age under this expansion who do not claim SIS are not required to provide immigration status verification. If after the Reasonable Opportunity Period (ROP), verification of SIS cannot be obtained when it is required or if documentation establishing U.S. citizenship, U.S. National status or SIS is not provided at the time of application or renewal, otherwise eligible individuals 26 through 49 years of age will no longer be reduced to restricted scope benefits after the Age 26-49 Adult Expansion implementation.

Citizenship or immigration status verification requirements will be tracked using the Citizen/Alien Indicator, Alien Eligibility Code, and Date of Entry/Grant Date in the Medi-Cal Eligibility Data System (MEDS). Therefore, it is critical that counties and SAWS take the steps necessary to ensure that MEDS is updated with all necessary citizenship or immigration status coding based on the outcome of the citizenship or immigration status verification process. See [ACWDL 18-09](#) for additional information on citizenship and immigration status coding.

As a reminder, under current Medi-Cal policy, a signed MC 13 is required when an individual claims PRUCOL in the last category; however, counties are not to delay granting full scope eligibility to these immigrants while obtaining the signed MC 13. The signed MC 13 can be obtained after approval of benefits. Please note that a telephonic signature is also acceptable for this purpose. In addition, a new signed MC 13 is not required for immigrants who claim PRUCOL status based on the last category on the MC 13 if they already have a signed MC 13 on file with that status indicated. For new applicants who have a previously signed MC-13 on file, the county must confirm that the applicant is claiming PRUCOL for the new application and include that information in the case file. As a reminder, the last PRUCOL category on the MC-13 is used for: "An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances."

### **Application Process**

Individuals can apply for Medi-Cal online, by mail, by telephone, by fax or in person. If the applicant qualifies for full scope Medi-Cal under the Age 26-49 Adult Expansion, they will receive the appropriate NOA notifying them of their eligibility for full scope Medi-Cal effective no sooner than the month of implementation, which is expected to be January 2024.

### **Retroactive Medi-Cal**

Applicants can request retroactive Medi-Cal coverage for up to three months prior to the month of application. However, under the Age 26-49 Adult Expansion, full scope

retroactive coverage will be available no sooner than the month of implementation, which is expected to be January 2024. Eligible Age 26-49 Adult Expansion individuals who request retroactive coverage, for any month(s) prior to the month of implementation, will be granted restricted scope Medi-Cal based on eligibility policies in effect prior to implementation of the Age 26-49 Adult Expansion. The following scenarios are being provided to assist in clarifying retroactive Medi-Cal coverage eligibility for individuals without an SIS for federally-funded full scope Medi-Cal, assuming an implementation date of January 1, 2024:

Scenario 1: An individual who turns 26 in January 2024 applies for Medi-Cal in January 2024 and requests retroactive Medi-Cal. Because full scope Medi-Cal is available for people under age 26, the individual is determined eligible for full scope Medi-Cal during the three retroactive months when they were 25 years old.

- Individual is eligible for full scope retroactive Medi-Cal for October 2023, November 2023, and December 2023, if otherwise eligible.

Scenario 2: An individual who turns 45 in January 2024 applies for Medi-Cal in February 2024 and requests retroactive Medi-Cal. Individual is determined that due to their age they are only eligible for one month of full scope retroactive coverage. The individual is eligible for restricted scope retroactive Medi-Cal for November 2023 and December 2023, if otherwise eligible.

- Individual is eligible for full scope retroactive Medi-Cal for January 2024, if otherwise eligible.

Scenario 3: An individual who is 30 years old applies for Medi-Cal in April 2024 and requests retroactive Medi-Cal.

- Individual is eligible for full scope retroactive Medi-Cal for January 2024, February 2024, and March 2024, if otherwise eligible.

Scenario 4: An individual who turns 26 in February 2024 applies for Medi-Cal in February 2024 and requests retroactive Medi-Cal. Individual is determined that due to their age they are eligible for full scope retroactive Medi-Cal.

- Individual is eligible for full scope retroactive Medi-Cal for November 2023, December 2023, and January 2024, if otherwise eligible because they were 25 years old and eligible for full scope Medi-Cal under the Young Adult Expansion.

### **Transition Process**

At the same time CalHEERS and SAWS are ready to enroll newly eligible individuals into full scope aid codes, DHCS will implement the transition of current Medi-Cal eligible individuals who fall in the transition period who the county cannot renew from restricted scope Medi-Cal to full scope Medi-Cal (through SAWS). Individuals in restricted scope aid codes will receive advance notice of the transition process in the month of October 2023 and no action is required on their part. However, if the Medi-Cal annual

redetermination falls in the transition period (October 2023 through January 2024) and the county cannot renew their Medi-Cal eligibility using an ex parte review of available information, these individuals will receive an annual renewal packet to renew their Medi-Cal eligibility. Individuals who receive a renewal packet must provide the county with any requested information. All 90-day cure policies applicable to Medi-Cal redeterminations and NOAs apply to redeterminations and NOAs for the Age 26-49 Adult Expansion population. An individual must have active restricted scope Medi-Cal eligibility effective on the Age 26-49 Adult Expansion implementation date in order to be automatically transitioned to full scope coverage.

Once both systems are determined ready, SAWS will:

1. Identify eligible individuals 26 through 49 years of age enrolled in restricted scope MAGI Medi-Cal aid codes and process the transition into full scope aid codes via CalHEERS, based on the Age 26-49 Adult Expansion aid code crosswalk (Enclosure 1).
2. Identify eligible individuals 26 through 49 years of age enrolled in restricted scope, Non-MAGI Medi-Cal aid codes and process the transition to full scope aid codes via SAWS based on the Age 26-49 Adult Expansion aid code crosswalk (Enclosure 1).
3. Use a batch process to identify the MAGI and Non-MAGI Age 26-49 Adult Expansion transition population and transmit the appropriate aid code change to MEDS.
4. After the batch processes begin in December 2023, generate and send the NOA to inform transitioned beneficiaries that their level of benefits will increase from restricted to full scope Medi-Cal coverage.

When an Age 26-49 Adult Expansion eligible individual transitions from restricted scope Medi-Cal to full scope Medi-Cal due to the implementation of the program, the Medi-Cal annual redetermination date will not be reset. The Age 26-49 Adult Expansion is an increase in the level of benefits for the individual and is not considered a change in circumstance; therefore, a change to the redetermination date is not required and so the date should remain unchanged (See [ACWDL 14-22](#)).

### **Quality Assurance and Reporting Requirements**

To ensure Age 26-49 Adult Expansion individuals have a smooth transition to full scope Medi-Cal, DHCS is developing the following tracking data reports from MEDS (assuming a January 1, 2024, implementation):

- In November 2023, DHCS will compile county level data identifying eligible Age 26-49 Adult Expansion individuals, 26 through 49 years of age who are in restricted scope aid codes in MEDS.

- After SAWS completes their batch process to provide full scope eligibility to the transition population effective January 1, 2024, DHCS will compile data identifying eligible Age 26-49 Adult Expansion individuals, who were transitioned into full scope aid codes in MEDS.
- In December 2023, DHCS will reconcile these data reports to identify Age 26-49 Adult Expansion individuals who were properly transitioned into full scope Medi-Cal, and those who were not. DHCS will create a batch process to place individuals who did not properly transition into a full scope aid code.
- Beginning in February 2024, DHCS will provide monthly reports to the counties and work with the counties to transition individuals who were batched by DHCS into the appropriate full scope Medi-Cal aid code. Counties are responsible for manually correcting these transition exceptions and effectuating eligibility back to January 1, 2024. DHCS will continue this process until all eligible individuals are properly transitioned into the appropriate full scope Medi-Cal aid code.

### **Age 26-49 Adult Expansion Notices**

DHCS has developed three notices that will be translated into all Medi-Cal threshold languages and will be sent to beneficiaries in the written threshold language indicated on their MEDS record. The following assumes a January 1, 2024 implementation.

#### **First Notice – General Information Notice**

All individuals in the Age 26-49 Adult Expansion transition population will receive the First Notice approximately 60 days prior to January 1, 2024 implementation. The First Notice includes general information about the Age 26-49 Adult Expansion, including Frequently Asked Questions (FAQs) that provide information about full scope Medi-Cal, Medi-Cal managed care plans, benefits, and how to get more information or help. In October 2023, DHCS will identify all active restricted scope individuals who are 26-49 years of age, who do not have verified citizenship or SIS in MEDS. These individuals make up the expected transition population and will be sent the First Notice. For individuals who meet the Age 26-49 Adult Expansion eligibility criteria, who apply for Medi-Cal after October 1, 2023, and up to implementation, counties are required to include the First Notice and Frequently Asked Questions (FAQ) in the materials provided at application.

#### **Second Notice – NOA Snippets**

DHCS has developed NOA snippets for the Age 26-49 Adult Expansion (Enclosure 2). These NOA snippets will be translated into all Medi-Cal threshold languages and must be sent to beneficiaries in their indicated threshold language.

- New Enrollee Population: When an individual is determined to be newly eligible for Medi-Cal under the Age 26-49 Adult Expansion, SAWS will generate a NOA with the appropriate translated snippet included.

- **Transition Population:** When an individual is transitioned from restricted scope Medi-Cal to full scope Medi-Cal, SAWS will generate a NOA with the appropriate translated snippet included to notify the individual of their benefit increase.

### **Third Notice (Medi-Cal Managed Care Plan Enrollment Notice) – Transition Population**

Prior to implementation, DHCS will mail out the Medi-Cal Managed Care Plan Enrollment Notice at least 30 days prior to January 1, 2024. This notice provides information for transitioned beneficiaries who are required to enroll in a Medi-Cal managed care plan.

- **County Organized Health Systems (COHS) Counties and Single Plan Counties:** The enrollment notice will explain what a Medi-Cal managed care plan is, the name of the Medi-Cal managed care plan that the individual will be enrolled into (each COHS county only has one plan and each Single Plan county has a Local Initiative plan and Kaiser as plan options<sup>1</sup>), the date of enrollment, effective January 1, 2024, and the Medi-Cal managed care plan contact information.
- **Non-County Organized Health Systems (non-COHS)/non-Single Plan Counties:** The enrollment notice will explain what a Medi-Cal managed care plan is and inform the individual of their Medi-Cal managed care plan options and that they should have received their Choice Packet. Individuals, who do not make a plan selection by the date listed in the *My Medi-Cal* Choice Packet, will be enrolled into the Medi-Cal managed care plan listed in the notice, effective February 1, 2024. DHCS will assign all beneficiaries in a family to the same plan unless beneficiaries in the household affirmatively choose otherwise.

Managed care dental coverage is available in Sacramento, Los Angeles, and San Mateo counties. The remaining counties have dental coverage through the fee-for-service delivery system. Information about dental services is included in the enrollment notices.

### **Managed Care Enrollment Process – New Enrollee Population**

The existing Medi-Cal managed care enrollment process applies to individuals who first apply for Medi-Cal and receive full scope Medi-Cal after the Age 26-49 Adult Expansion implementation.

### **Managed Care Enrollment Process – Transition Population**

DHCS will implement a managed care enrollment process for the Age 26-49 Adult Expansion transition population, as explained below (assuming a January 1, 2024, implementation):

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<sup>1</sup> Beneficiaries will be enrolled in the Local Initiative Plan in Single Plan counties. Beneficiaries must meet special eligibility requirements to enroll in Kaiser.

### **COHS and Single Plan Counties**

- DHCS will send the Third Notice (Medi-Cal Managed Care Enrollment Notice) with the Frequently Asked Questions (FAQs) to individuals at least 30 days prior to January 1, 2024.
- Beginning January 1, 2024, individuals will be enrolled into the COHS plan in their county or into the Local Initiative plan in their Single Plan county. The COHS plan or the Local Initiative plan will mail a welcome packet to individuals within a week of enrollment.

### **Non-COHS/non-Single Plan Counties**

- DHCS will send the Third Notice (Medi-Cal Managed Care Enrollment Notice) with the Frequently Asked Questions (FAQs) to individuals at least 30 days prior to January 1, 2024.
- DHCS will send Medi-Cal Choice Packets to individuals starting in November through December 2023.
- Individuals can enroll in a Medi-Cal Managed Care plan as early as January 1, 2024. Beneficiaries who do not enroll in a Medi-Cal Managed Care plan listed by the date in the *My Medi-Cal* Choice Packet will be enrolled into the Medi-Cal managed care plan listed in the notice, effective February 1, 2024.

### **Medi-Cal Choice Packets – New Enrollee and Transition Populations**

Individuals in non-COHS/non-Single Plan counties will receive a Medi-Cal Choice Packet in their threshold language. The packets include all of the following:

- An Enrollment Choice Form;
- A self-addressed stamped envelope to return the completed form;
- A Medi-Cal managed care plan enrollment choice booklet that provides health plan information;
- Guidance on how to enroll in a Medi-Cal managed care plan or change plans;
- The Health Care Options presentation schedule;
- A summary list of Medi-Cal managed care plan benefits;
- Instructions and forms for the Medical Exemption Request/Waiver, and;
- A Medi-Cal managed care plan provider directory for their county, if applicable.

Medi-Cal Choice Packets will be mailed starting in November through December 2023 for the non-COHS/non-Single Plan transition population. New enrollees will receive the packets after applying and being determined eligible for full scope Medi-Cal.

Health Care Options has posted Choice Packet documents on its website at <https://www.healthcareoptions.dhcs.ca.gov/download-forms>. Listing the individual's social security number (SSN) is not required on any Health Care Options form. Contact information for Health Care Options is available at

<https://www.healthcareoptions.dhcs.ca.gov/contact-us>. Health Care Options can be reached toll-free at 1-800-430-4263 (TTY 1-800-430-7077).

**Provider and Medi-Cal Managed Care Plan Updates**

DHCS will post a provider bulletin on the Medi-Cal Provider website approximately 45 days prior to the transition date. This bulletin will remind providers of the implementation of the Age 26-49 Adult Expansion and will include contact information for provider questions. The posted bulletin will be available to FFS providers and shared with Medi-Cal managed care plans. DHCS will continue to update the Medi-Cal managed care plans through weekly conference calls and webinars.

If you have any questions or require additional information, please contact Jillian Davis, by phone at (916) 345-8172 or via email at [Jillian.Davis@dhcs.ca.gov](mailto:Jillian.Davis@dhcs.ca.gov) or Kavita Gaunder by phone at (916) 345-7107 or via email at [Kavita.Gaunder@dhcs.ca.gov](mailto:Kavita.Gaunder@dhcs.ca.gov).

Original Signed By:

Yingjia Huang  
Assistant Deputy Director  
Health Care and Benefits  
Department of Health Care Services

Enclosures

Enclosure 1 – Aid Code Crosswalk for the Age 26 through 49 Adult Expansion

The left side of the chart shows restricted scope aid codes. The right side of the chart shows full scope aid codes that beneficiaries 26 through 49 must be transitioned into for the Age 26-49 Adult Expansion.

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>0U</b>	Breast and Cervical Cancer Treatment Program (BCCTP) for individuals Age 65 or younger without SIS – At or below 200% FPL - Limited to breast and/or cervical cancer treatment, LTC and emergency services. During pregnancy and for 365 days post, the full breadth of medically needy services. (No SOC)	<b>0P</b>	Breast and Cervical Cancer Treatment Program (BCCTP) - Age 65 or younger – Citizen/with SIS – At or below 200% FPL (No SOC)
<b>58</b>	Omnibus Budget Reconciliation Act (OBRA) Individuals  Covers eligible aliens who do not have satisfactory immigration status. Women who are pregnant, who would qualify as categorically needy, except for income.	<b>Varies</b>	The county must redetermine the individual and place them in the appropriate full scope aid code.
<b>3T</b>	Transitional Medi-Cal (TMC) - Initial 6 Months for individuals without SIS - Discontinuance of 1931(b) (No SOC)	<b>39</b>	Transitional Medi-Cal (TMC) - Initial 6 Months - Discontinuance of 1931(b)(No SOC)
<b>5J</b>	SB 87 Pending Disability Program (No SOC)	<b>6J</b>	SB 87 Pending Disability Program - Age 21 up to 65 who have lost their non-disability linkage to M/C and are claiming disability (No SOC)

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<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>5R</b>	SB 87 Pending Disability Determination (SOC)	<b>6R</b>	SB 87 Pending Disability Determination – Age 21 up to 65 who have lost their non-disability linkage to M/C and are claiming disability (SOC)
<b>5T</b>	Continuing Transitional Medi-Cal (TMC) – Provides an additional 6 months for individuals without SIS who received 6 months of initial TMC coverage under aid code 3T (No SOC)	<b>59</b>	Continuing Transitional Medi-Cal (TMC) – Provides an additional 6 months of TMC for beneficiaries who had 6 months of initial TMC coverage under aid code 39 (No SOC)
<b>5W</b>	Four Month Continuing (FMC) – Emergency Services and, during pregnancy and for 365 days post, the full breadth of medically necessary services. For individuals without SIS who are no longer eligible for Section 1931(b) (No SOC)	<b>54</b>	Four Month Continuing (FMC) – Covers individuals discontinued from CalWORKs or Section 1931(b) (No SOC)
<b>6U</b>	Restricted - Disabled – Covers the disabled in the Aged & Disabled (A&D) FPL Program without SIS (No SOC)	<b>6H</b>	Disabled – Covers the disabled in the Aged & Disabled (A&D) FPL Program (No SOC)
<b>6U</b>	Restricted - Blind – Covers blind individuals in the Aged & Disabled (A&D) FPL Program without SIS (No SOC)	<b>2H</b>	Blind – Federal Poverty Level – Covers blind individuals in the Aged & Disabled (A&D) FPL Program (No SOC)

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<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>C3</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (No SOC)	<b>24</b>	Blind - Medically Needy (MN) (No SOC)
<b>C4</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (SOC)	<b>27</b>	Blind - Medically Needy (MN) (SOC)
<b>C5</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)	<b>34</b>	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)
<b>C6</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)	<b>37</b>	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)
<b>C7</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (No SOC)	<b>64</b>	Disabled - Medically Needy (MN) (No SOC)
<b>C8</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (SOC)	<b>67</b>	Disabled - Medically Needy (MN) (SOC)

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<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>D4</b>	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (No SOC)	<b>23</b>	Blind - Long Term Care (LTC) (SOC/No SOC)
<b>D5</b>	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (SOC)	<b>23</b>	Blind - Long Term Care (LTC) (SOC/No SOC)
<b>D6</b>	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (No SOC)	<b>63</b>	Disabled - Long Term Care (LTC) (SOC/No SOC)
<b>D7</b>	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (SOC)	<b>63</b>	Disabled - Long Term Care (LTC) (SOC/No SOC)
<b>D8</b>	OBRA Unverified Pregnant Women - Medically Indigent (MI) Confirmed Pregnancy – Age 21 or older without SIS who meet the eligibility requirements of MI (No SOC)	<b>86</b>	Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older who meet the eligibility requirements of MI (No SOC)
<b>D9</b>	OBRA Unverified Pregnant Women - Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older without SIS who meet the eligibility requirements of MI but are not	<b>87</b>	Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older who meet the eligibility requirements of MI but are not eligible for 185%/200% or the Medically Needy (MN) programs (SOC)

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
	eligible for 185%/200% or the Medically Needy (MN) programs (SOC)		
<b>F2</b>	Inmate – Adult State Inmate Program (ASIP) – Individuals without SIS - Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)	<b>F1</b>	Inmate – Adult State Inmate Program (ASIP) – Title XIX, Limited to covered inpatient hospital, inpatient mental health, and inpatient pregnancy-related services only (No SOC)
<b>F4</b>	Inmate - Adult County Inmate Program (ACIP) – Individuals without SIS- Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)	<b>F3</b>	Inmate – Adult County Inmate Program (ACIP) – Limited to covered inpatient hospital and inpatient mental health services only (No SOC)
<b>G4</b>	Inmate - Adult County Inmate Program (ACIP) – Individuals without SIS- Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (SOC)	<b>G3</b>	Inmate – Adult County Inmate Program (ACIP) – Limited to covered inpatient hospital and inpatient mental health services only (SOC)
<b>G9</b>	Inmate - State Medical Parole Program (MPP) – Title XIX, Individual without SIS – Limited to all M/C covered emergency,	<b>G0</b>	Inmate - State Medical Parole Program (MPP) – Title XIX, entitled to all Medi-Cal

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
	including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)		covered services because they are not considered to be incarcerated (No SOC)
<b>J3</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) – Individuals without SIS – Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)	<b>J1</b>	Inmate - County Compassionate Release/Medical Probation (CCRPCMPP) – Entitled to all M/C covered services because they are not considered to be incarcerated (No SOC)
<b>J4</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Individuals without SIS – Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (SOC)	<b>J2</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Entitled to all M/C covered services because they are not considered to be incarcerated (SOC)
<b>J6</b>	Inmate – County Compassionate Release/Medical Probation County Inmates who reside in LTC facilities– Without SIS – Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth	<b>J5</b>	Inmate – County Compassionate Release/Medical Probation County Inmates who reside in LTC facilities – Title XIX, entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated. (No SOC/SOC)

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
	of medically necessary services. Covers all Medi-Cal covered LTC services. (No SOC/SOC)		
<b>J8</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - LTC - Disabled individuals without SIS who resides in a LTC facility – Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services. Covers all Medi-Cal covered LTC services. (SOC/No SOC)	<b>J7</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) – LTC – Disabled (not on SSI) who resides in a LTC facility – Title XIX, entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated (SOC/No SOC)
<b>K3</b>	Inmate – State Medical Parole Program (MPP) - Newly eligible – Without SIS – age 19 up to 65 – with (MAGI) income 0% to 138% FPL, including disabled/blind with income 128% to 138% FPL – Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)	<b>K2</b>	Inmate - State Medical Parole Program (MPP) – Newly eligible, Citizen/with SIS aged 19 up to 65 – with (MAGI) income 0% to 138% FPL, including disabled/blind individuals with income 128% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)
<b>K5</b>	Inmate – State Medical Parole Program (MPP) – Not newly eligible – Without SIS –	<b>K4</b>	Inmate – State Medical Parole Program (MPP) – Not newly eligible – Citizen/with SIS

Enclosure 1 – Aid Code Crosswalk for the Age 26 through 49 Adult Expansion

Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
	age 19 up to 65, including disabled/blind (MAGI) 0% to 128% FPL – Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)		– age 19 up to 65, including disabled/blind (MAGI) 0% to 128% FPL – Limited to all covered emergency, mental health emergency, and pregnancy-related services (No SOC)
<b>K7</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Newly eligible – Without SIS aged 19 up to 65, including disabled/blind through (MAGI) 0% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)	<b>K6</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Newly eligible Citizen/with SIS aged 19 up to 65, including disabled/blind through (MAGI) 0% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)
<b>K9</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Not newly eligible – Without SIS – age 19 up to 65, including disabled/blind (not on SSI) – (MAGI) 0% to 128% FPL - Limited to all M/C covered emergency, including mental health emergency, during pregnancy and for 365 post, the full breadth of medically necessary services (No SOC)	<b>K8</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Not newly eligible – Citizen/ with SIS – age 19 up to 65, including disabled/blind (not on SSI) – (MAGI) 0% to 128% FPL - Limited to all M/C covered emergency, including mental health, and all pregnancy-related services (No SOC)

Enclosure 1 – Aid Code Crosswalk for the Age 26 through 49 Adult Expansion

Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
<b>L7</b>	Disabled/Blind – Adults ages 19 through age 64 – Without SIS – 0% to 128% FPL	<b>L6</b>	Disabled/Blind – Adults ages 19 through age 64 – Citizens/with SIS– 0% to 128% FPL
<b>M0</b>	Title XIX. Pregnancy. Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, and emergency services to pregnant individuals without satisfactory immigration status with income above 138 up to and including 213 percent of the FPL.	<b>M9</b>	Pregnant Citizen/Lawfully Present Women – (MAGI) 139% up to and including 213% FPL –Limited to family planning pregnancy-related, postpartum and emergency services (No SOC)
<b>M2</b>	Title XIX. Adults Eligible recipients age 19 through 65 years old. «Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, emergency services and LTC services to adults without SIS with income at or below 138 percent of the FPL.	<b>M1</b>	Adults age 19 through 64 – Citizens/with SIS– (MAGI) at or below 138% FPL
<b>M4</b>	Title XIX. Parents/caretaker relatives. Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, emergency services and LTC services to undocumented parents/caretaker relatives with income at or below 109 percent of the FPL.	<b>M3</b>	Parents and Caretaker Relative – Citizens/Lawfully Present - (MAGI) at or below 109% FPL (No SOC)

Enclosure 1 – Aid Code Crosswalk for the Age 26 through 49 Adult Expansion

Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
<b>M8</b>	Pregnant Women - Without SIS – (MAGI) Up to and including 138% FPL (No SOC) - Provides family planning and full breadth of services during pregnancy, and for 365 days following the end of pregnancy, and emergency services	<b>M7</b>	Pregnant Citizen/Lawfully Present Women - (MAGI) up to and including 138% FPL (No SOC)
<b>N6</b>	Inmate – Adult State Inmate Program (ASIP) – Citizen/without SIS – age 19 up to 65 – (MAGI) 0% to 138% FPL (No SOC) – Limited to inpatient hospital emergency services only (No SOC)	<b>N5</b>	Inmate – Adult State Inmate Program (ASIP) – Citizen/with SIS – age 19 up to 65 – (MAGI) 0% to 138% FPL (No SOC)
<b>N8</b>	Inmate - Adult County Inmate Program (ACIP) – Without SIS – age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to inpatient hospital emergency, inpatient mental health emergency, and inpatient pregnancy-related services only (No SOC)	<b>N7</b>	Inmate - Adult County Inmate Program (ACIP) – Citizen/with SIS – age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to all covered inpatient hospital and inpatient mental health services only (No SOC)



Notice Type	English Text MAGI Snippets
Restricted Scope Retro Approval	<p>You asked us to check if Medi-Cal could cover your bills for any of the 3 months before you applied. You qualified for <b>restricted</b> scope Medi-Cal in &lt;month year&gt;. You did not qualify for <b>full</b> scope Medi-Cal coverage before January 1, 2024 because:</p> <ul style="list-style-type: none"> <li>• You are 26 through 49 years old, <b>and</b></li> <li>• You did not send us proof of U.S. citizenship or satisfactory immigration status</li> </ul> <p>Restricted scope Medi-Cal only covers emergency services; pregnancy-related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if restricted scope Medi-Cal covers a service, ask your medical provider.</p> <p><b>This letter is to tell you that you got restricted scope Medi-Cal for &lt;month year&gt;.</b> You may get, or already got, other notices about your eligibility for other time periods.</p> <p>If you have proof of your citizenship or immigration status to give us or want to tell us you can't get your proof, call your county Medi-Cal office at the number on this letter. Your retroactive (past) benefits may change from restricted scope to full scope when you give us your proof. Full scope benefits cover doctor visits for all your medical needs.</p> <p><b>We counted your household size and income to make our decision.</b> For Medi-Cal, your household size is &lt;household size&gt;. Your monthly household income is &lt;modified adjusted gross income&gt;. The monthly Medi-Cal income limit for your household size is &lt;MAGI limit&gt;. Your income is below this limit. So, you qualify for Medi-Cal. You got restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</p> <p>The regulation or law we used to decide is Welfare and Institutions Code Section 14007.8.</p> <p><b>If you think we made a mistake, you can appeal.</b></p>

	<p>To learn how to appeal, read "Your Hearing Rights" on the last page of this letter. You have <b>90</b> days to ask for a hearing. The 90 days started the day after the date on this letter.</p>
<p>Restricted Scope to Full Scope</p>	<p>Good news! Your Medi-Cal changed to full scope on &lt;month dd, year&gt;.</p> <p>Your Medi-Cal changed from restricted scope to full scope because of a new law that starts January 1, 2024. To learn more about full scope Medi-Cal benefits, go to: <a href="https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx">https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx</a>.</p> <p>You will keep your full scope Medi-Cal coverage unless you are found to no longer qualify. This could happen when your eligibility is renewed or when your situation changes.</p> <p><b>You may qualify for full scope Medi-Cal for past months.</b></p> <p>If you paid for medical care while you had restricted Medi-Cal benefits, you may be able to get your money back. If you have questions about getting your money back, call the Department of Health Care Services Beneficiary Services at <b>1-916-403-2007</b>.</p> <p>The regulation or law we used to decide is Welfare and Institutions Code Section 14007.8.</p> <p><b>If you think we made a mistake, you can appeal.</b></p> <p>To learn how to appeal, read "Your Hearing Rights" on the last page of this letter. You have <b>90</b> days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

Notice Type	English Text Non-MAGI Snippets
<p>Restricted Retro Approval</p> <p>(Specific to Non-MAGI Programs)</p>	<p>You asked us to check if Medi-Cal could cover your bills for any of the 3 months before you applied. You qualified for <b>restricted</b> scope Medi-Cal in &lt;month year&gt;. You did not qualify for <b>full</b> scope Medi-Cal before January 1, 2024 because:</p> <ul style="list-style-type: none"> <li>• You are 26 through 49 years old, <b>and</b></li> <li>• You did not send us proof of your U.S. citizenship or satisfactory immigration status</li> </ul> <p>Restricted scope Medi-Cal only covers emergency services and pregnancy-related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if restricted scope Medi-Cal covers a service, ask your medical provider.</p> <p><b>This letter is to tell you that you got restricted scope Medi-Cal coverage for &lt;month year&gt;.</b> You may get, or already got, other letters about your eligibility for other time periods.</p> <p>If you have proof of your citizenship or immigration status to give us or want to tell us you can't get your proof, call your county Medi-Cal office at the number on this letter. Your retroactive (past) benefits may change from restricted scope to full scope when you give us your proof. Full scope benefits cover doctor visits for all your medical needs.</p> <p>The regulation or law we used to decide is Welfare and Institutions Code Section 14007.8.</p> <p><b>If you think we made a mistake, you can appeal.</b></p> <p>To learn how to appeal, read "Your Hearing Rights" on the last page of this letter. You have <b>90</b> days to ask for a hearing. The 90 days started the day after the date on this letter.</p>

Enclosure 2 – Age 26 through 49 Adult Expansion Notice of Action Snippets

<p>Restricted Scope to Full Scope</p> <p>(Specific to Non-MAGI Programs)</p>	<p>Good news! Your Medi-Cal changed to full scope on &lt;month dd, year&gt;.</p> <p>Your Medi-Cal changed from restricted scope to full scope because of a new law that starts January 1, 2024. To learn more about full scope Medi-Cal benefits, go to: <a href="https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx">https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx</a>.</p> <p>You will keep your full scope Medi-Cal unless you are found to no longer qualify. This could happen when your eligibility is renewed or when your situation changes.</p> <p><b>You may qualify for full scope Medi-Cal for past months.</b></p> <p>If you paid for medical care while you had restricted Medi-Cal benefits, you may be able to get your money back. If you have questions about getting your money back, call the Department of Health Care Services Beneficiary Services at <b>1-916-403-2007</b>.</p> <p>The regulation or law we used to decide is Welfare and Institutions Code Section 14007.8.</p> <p><b>If you think we made a mistake, you can appeal.</b></p> <p>To learn how to appeal, read "Your Hearing Rights" on the last page of this letter. You have <b>90</b> days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
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