

DATE: 12/30/2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 25-28
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: Medi-Cal Adult Expansion Freeze Impacts to the Breast and Cervical Cancer
Treatment Program (BCCTP)
(Reference: ACWDLs [22-02](#), [22-02E](#), [25-13](#) & MEDIL [I-22-03](#))

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to outline changes to the Department of Health Care Services (DHCS) BCCTP policies and procedures resulting from the passage of California's 2025-26 Omnibus bill, Assembly Bill (AB) 116 (Chapter 21, Statutes of 2025).

Background

AB 430 (Chapter 71, Statutes of 2001) provides DHCS with legal authority to process applications and manage the caseload for individuals diagnosed with breast and/or cervical cancer. To be eligible for BCCTP Medi-Cal, an individual must be a California resident, have a qualifying diagnosis of breast and/or cervical cancer and need treatment, and their gross family income must not exceed 200 percent of the Federal Poverty Level (FPL) for their family size.

Federal BCCTP provides full scope Medi-Cal benefits, which include cancer treatment, to individuals under age 65. State BCCTP Medi-Cal only covers treatment and services related to the care of the member's breast and / or cervical qualifying diagnosis. All uninsured adults under the age of 65, who meet other eligibility criteria, are currently eligible for full scope BCCTP coverage, regardless of immigration status, due to the state-funded Adult Medi-Cal expansions.

California implemented expansions to state-funded, full scope Medi-Cal to individuals regardless of immigration status in several phases:

- Senate Bill (SB) 75 (Chapter 18, Statutes of 2015) expanded full scope Medi-Cal to individuals under the age of 19, regardless of their immigration status
- SB 104 (Chapter 67, Statutes of 2019) expanded full scope Medi-Cal to individuals aged 19-25, regardless of their immigration status
- SB 184 (Chapter 47, Statutes of 2022) expanded full scope Medi-Cal to individuals aged 26-49, regardless of their immigration status
- AB 133 (Budget Act of 2021) expanded full scope Medi-Cal to individuals aged 50 and above, regardless of their immigration status

Under the respective Medi-Cal expansions listed above, the scope of coverage for BCCTP eligible individuals who qualify regardless of immigration status increased to state-funded full scope BCCTP Medi-Cal.

Policy

Effective January 1, 2026, California AB 116 will limit certain new enrollments for adults ages 19 and older who are not eligible for federal full scope Medi-Cal due to their immigration status. These individuals, if eligible, will receive restricted scope Medi-Cal. This change is called the "Expansion Freeze." The Expansion Freeze does not apply to Newly Qualified Immigrants (NQI) under the five-year bar, Qualified Non-Citizens as defined in Section 1641(b) of Title 8 of the United States Code, individuals claiming to be Permanently Residing in the United States Under Color of Law (PRUCOL), and the Medi-Cal Access Program (MCAP). Individuals identified as NQI under the five-year bar or PRUCOL will remain eligible for state-funded full scope Medi-Cal (ACWDL 98-55, 21-33, 17-01). Individuals reporting a pregnancy will be eligible for full scope Medi-Cal through the pregnancy and 12 months postpartum (ACWDL 22-23, 20-14).22-23, 20-14).20-14). The Expansion Freeze does apply to the Medi-Cal Inmate Eligibility Program (MCIEP) population. Counties must follow the processes detailed in this letter for this population. For more information on MCIEP policy, counties may reference ACWDL 24-04.

Consequently, the scope of BCCTP coverage will change to align with the updated statute for new applicants and continuing members.

Impacted populations

- **New BCCTP Applicants**

No sooner than January 1, 2026, newly enrolled individuals to BCCTP who are subject to the Expansion Freeze and meet BCCTP eligibility criteria shall be granted State BCCTP Medi-Cal. State BCCTP Medi-Cal only covers treatment and

services related to the care of the member's qualifying diagnosis. Applicants in the Postpartum Program may be eligible for State or Federal BCCTP if they meet eligibility criteria. For more information about the Expansion Freeze, refer to ACWDL 25-13.

DHCS will begin approving applications with the State BCCTP Medi-Cal aid code below:

- **0U**: federal/state-funded, covers emergency and pregnancy related medical services and state-funded breast/cervical cancer treatment and related services for uninsured individuals under the age of 65 and not eligible for federal full scope Medi-Cal

Other State BCCTP Medi-Cal aid codes include:

- **0R**: state-funded, covers individuals of any age with High-Cost Other Health Coverage (out-of-pocket expenses greater than \$750 annually)
- **0T**: state-funded, covers uninsured individuals ages 65 and above

- **Current BCCTP Members**

Starting January 1, 2026, current BCCTP members who have active Medi-Cal coverage through BCCTP, are 19 years of age and older, are not pregnant, not eligible for federal full scope Medi-Cal, and meet BCCTP eligibility criteria will not be transitioned to State BCCTP Medi-Cal coverage. Members will remain on their current level of coverage unless they experience a loss of eligibility that exceeds three months following discontinuance.

BCCTP members who are not eligible for federally funded Medi-Cal will receive an outreach notice with Frequently Asked Questions (FAQ) informing them that starting July 1, 2026, their BCCTP Medi-Cal will no longer cover dental care services. This new coverage for BCCTP is called full scope BCCTP Medi-Cal with no Dental. For reference materials, refer to MEDIL 25-22.

The **Reasonable Opportunity Period** allows applicants who attest to U.S. citizenship or attest to being potentially eligible for federal full scope Medi-Cal to be granted federal full scope Medi-Cal coverage through BCCTP, provided they meet BCCTP eligibility requirements. The applicant will have 90 days to provide verification of their citizenship or immigration status. If not confirmed, the BCCTP member will transition to State BCCTP Medi-Cal.

Expansion Grace Period

BCCTP members who are covered under the Adult Expansions who are discontinued for any reason will have three months to reestablish eligibility. The three-month period to reestablish eligibility is called the **Expansion Grace Period**. After the lapse in coverage of more than three months, the member may only be eligible for State BCCTP Medi-Cal coverage. For populations exempted from the Expansion Freeze, refer to [ACWDL 25-13](#).

Example 1: A member receiving state-funded full scope due to the Adult Expansions reports that they have moved outside of California and are discontinued effective 12/31/2025. In February 2026, during the Expansion Grace Period, the member notifies DHCS that they are now residing in California, and they meet all other eligibility criteria. The DHCS BCCTP unit will reestablish state-funded full scope BCCTP coverage effective February 2026 with a break in aid.

Contact information

Questions regarding policy guidance related to the Medi-Cal Expansion Freeze Impacts to BCCTP should be sent to MCED-Policy@dhcs.ca.gov

For case questions or referrals, contact the BCCTP unit by email at: BCCTP@dhcs.ca.gov or call 1-800-824-0088.

Sincerely,

Sarah Crow
Division Chief, Medi-Cal Eligibility
Department of Health Care Services