

DATE: June 30, 2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:25-13
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 EXPANSION FREEZE FOR ADULTS 19 AND OLDER
WITHOUT SATISFACTORY IMMIGRATION STATUS
(Reference: ACWDLs [16-12](#), [19-13](#), [21-13](#), [23-08](#), [98-55](#), [21-33](#), [22-23](#),
[20-14](#), [18-09](#), [17-01](#), [16-21](#), and [24-04](#))

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide updated policy guidance to counties to determine Medi-Cal eligibility on or after January 1, 2026, for individuals who are 19 years of age and older and do not have Satisfactory Immigration Status (SIS) or are unable to establish SIS. California's 2025-26 Health Omnibus bill, Assembly Bill (AB) 116, amends Welfare and Institutions (W&I) Code section 14007.8 to grant restricted scope Medi-Cal to individuals 19 years of age and older who do not have Satisfactory Immigration Status (SIS) or are unable to establish SIS as required by W&I Code Section 14011.2.

Background

Current federal law states that federally funded full scope Medi-Cal coverage is available to immigrants who are Qualified Non-Citizens and have been in the United States for a minimum of five years (or who are exempt from the five-year bar) and Lawfully Present Immigrants who are under 21 years of age or who are pregnant. Federal Financial Participation (FFP) is limited to emergency and pregnancy-related services for individuals who do not have SIS for federally funded Medi-Cal or are unable to establish SIS for federally funded Medi-Cal.

California implemented the following expansions of state-funded full scope Medi-Cal, regardless of immigration status, beginning in May 2016 in a phased approach based on age.

- Senate Bill (SB) 75 (Chapter 18, Statutes of 2015) provides Californian children under age 19, regardless of immigration status, full scope Medi-Cal, if otherwise eligible. SB 75 was implemented May 2016.

- The Young Adult Expansion in SB 104 (Chapter 67, Statutes of 2019) provides full scope Medi-Cal to eligible Californians 19 to 26 years of age, regardless of immigration status, if otherwise eligible. The Young Adult Expansion was implemented January 2020.
- The Older Adult Expansion in Assembly Bill (AB) 133 (Budget Act of 2021) provides full scope Medi-Cal to eligible Californians 50 years of age or older, regardless of immigration status, if otherwise eligible. The Older Adult Expansion was implemented May 2022.
- The Age 26-49 Adult Expansion in SB 184 (Chapter 47, Statutes of 2022) provides full scope Medi-Cal to Californians who are 26 through 49 years of age, regardless of immigration status, if otherwise eligible. The Age 26-49 Adult Expansion was implemented January 2024.

Medi-Cal Expansion Freeze for Adults 19 and Older Without Satisfactory Immigration Status

No sooner than January 1, 2026, the Medi-Cal Expansion Freeze for Adults 19 and Older Without Satisfactory Immigration Status (Expansion Freeze) will pause all enrollments to full scope Medi-Cal for new applicants applying on or after January 1, 2026, who are aged 19 and older, and do not have SIS or are unable to establish SIS.

Upon implementation, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and the California Statewide Automated Welfare System (CalSAWS) will grant restricted scope Medi-Cal to new applicants 19 years of age and older who do not have SIS or are unable to establish SIS, as required by W&I Code section 14011.2, if otherwise eligible.

Current Medi-Cal members who are aged 19 and older, and do not have SIS or are unable to establish SIS, who enrolled prior to January 1, 2026, are eligible for limited scope Medi-Cal with the implementation of the Expansion Freeze, unless they experience a loss of eligibility that exceeds three months following discontinuance. This three-month period will be referred to as the Expansion Grace Period, in which the member can provide outstanding documents to reenroll into limited scope Medi-Cal, if they are otherwise eligible. A loss of eligibility is when an individual's Medi-Cal has been terminated. This includes discontinuance due to procedural reasons such as failure to complete the annual renewal process or when an individual is over income for Medi-Cal and is not eligible for Medi-Cal with a share of cost. Suspension of benefits due to

incarceration is not considered a loss of eligibility and the member will retain their limited scope Medi-Cal upon release, if otherwise eligible. For information on Medi-Cal suspension policies and processes, please see ACWDL [24-04](#).

Limited Scope Medi-Cal will cover the same services covered under full scope with the exception of dental care services effective July 1, 2026. Limited scope Medi-Cal members will retain their chosen Managed Care Plan (MCP). Restricted scope Medi-Cal will cover emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. Restricted scope Medi-Cal members are not eligible to enroll into an MCP.

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](#).

Impacted Populations

- New Enrollee Population: The new enrollee population consists of individuals who are 19 years of age and older, who are not currently enrolled in Medi-Cal, but who apply for Medi-Cal on or after January 1, 2026, and do not have SIS or are unable to establish SIS, but meet all eligibility criteria for restricted scope Medi-Cal, under any eligibility group, including Modified Adjusted Gross Income (MAGI) and Non-MAGI.
- Medi-Cal Limited Scope Expansion Population: The Medi-Cal Limited Scope Expansion population consists of individuals 19 years of age and older, who enrolled in Medi-Cal prior to January 1, 2026 and do not have SIS or are unable to establish SIS, and were granted state-only full scope Medi-Cal under the Young Adult, Older Adult, or Age 26-49 Adult Expansions because of their immigration status. As of January 1, 2026, this population is eligible for limited

scope Medi-Cal unless they experience a loss of eligibility that exceeds the Expansion Grace Period. Once exceeded, the individual must reapply and will be eligible only for restricted scope Medi-Cal thereafter.

Identifying the Existing Medi-Cal Full Scope Expansion Population

CalSAWS shall identify current members eligible under the Medi-Cal Full Scope Expansions who do not have SIS and provide counties the option to apply an expansion flag on the case or receive a list of impacted members. The expansion flag will indicate when there is an active member who is part of the Medi-Cal Full Scope Expansion population freeze. The expansion flag does not impact eligibility determination and is only intended to identify the Medi-Cal Full Scope Expansion population for outreach purposes.

System Readiness

DHCS will complete and implement all system changes necessary to implement the Expansion Freeze no sooner than January 1, 2026. DHCS is working with CalSAWS and CalHEERS to ensure that necessary system changes are implemented based on the policy outlined in this letter, including all necessary Notice of Action (NOA) revisions.

County Eligibility Worker (CEW) Training and Supports

DHCS will provide general technical assistance to counties regarding the Expansion Freeze through workgroup sessions. DHCS may also utilize other processes such as a CIT – CalHEERS Information Transmittal and CalSAWS Information Transmittal.

Aid Codes

There will be no new aid codes created for the implementation of the Expansion Freeze. Existing members granted full scope under the Medi-Cal Full Scope Expansions will retain their full scope aid code. Changes to the scope in coverage will be handled by DHCS, which includes noticing to Medi-Cal members.

Applications received on or after January 1, 2026, for an individual age 19 years of age and older who does not have SIS or is unable to establish SIS will be eligible for restricted scope Medi-Cal, if otherwise eligible. The restricted scope aid codes that were utilized prior to the Medi-Cal Full Scope Expansions will be utilized for this population.

DHCS will publish an eligibility crosswalk based on immigration status in a forthcoming MEDIL.

Deficit Reduction Act and Satisfactory Immigration Status Verification Requirements

Pursuant to federal guidelines and state law, the requirement to verify citizenship for Medi-Cal applicants and members 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 members 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. 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, otherwise eligible individuals 19 years of age and older will be eligible for restricted scope benefits.

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 CalSAWS 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 verification process. See [ACWDL 18-09](#) for additional information on citizenship and immigration status coding.

Reasonable Opportunity Period (ROP)

An applicant attesting to U.S. citizenship or SIS shall be granted full scope Medi-Cal benefits without delay, if otherwise eligible. The applicant will have 90 days to provide verification of their immigration status. If the applicant provides the requested verification during the ROP that confirms their U.S. citizenship/SIS, they will be eligible for continued full scope Medi-Cal. If the member does not provide verification during the ROP, the CEW will transition the member to restricted scope Medi-Cal with timely 10-day notice ([ACWDL 18-09](#) and [16-21](#)). However, under the Medi-Cal Full Scope Expansions, full scope Medi-Cal was granted regardless of immigration status. Therefore, applicants prior to January 1, 2026, who are otherwise eligible and fail to provide verification during the ROP, will remain eligible to full scope Medi-Cal, transitioning to limited scope following implementation of changes to dental benefits. Individuals who have a Lawfully Present Immigrant status are eligible to purchase a Qualifying Health Plan (QHP) through Covered California.

Once the member's immigration status has been verified by the end of the ROP, CEWs will not need to review at annual renewal unless there is a change to their immigration status.

Application Process

Individuals may apply for Medi-Cal online, by mail, by telephone, by fax or in person. Applications received prior to January 1, 2026, for individual(s) who do not have SIS or are unable to establish SIS, are eligible for limited scope Medi-Cal beginning January 1, 2026, regardless of immigration status, if otherwise eligible, even if processing is delayed until after implementation. They will transition to limited scope Medi-Cal on January 1, 2026.

Applications received on or after January 1, 2026, for individual(s) 19 years of age and older who do not have SIS or are unable to establish SIS, are eligible for restricted scope Medi-Cal, if otherwise eligible. If the applicant is under 19 years of age, they will be eligible for full scope Medi-Cal under SB 75, regardless of immigration status. Children reaching the age limit of SB 75 will be eligible to limited scope Medi-Cal under the Expansion Freeze. When they turn 19, they will transition to limited scope Medi-Cal, if otherwise eligible.

CalSAWS and CalHEERS will use the following age policy in their eligibility systems for applications received on or after January 1, 2026, for individuals subject to the Expansion Freeze:

- Individuals who turn age 19 on or after the second day of the month are considered 18 for the entire month and qualify for full scope Medi-Cal under SB 75, transitioning to limited scope Medi-Cal the following month.
- Individuals who turn age 19 on the first day of the month are considered 19 for the entire month and will not qualify for eligibility under SB 75 that month or thereafter.

Applicants may designate an individual or an organization as an Authorized Representative (AR) and specify the scope of the AR's authorized duties as they related to their case. The applicant may use the Appointment of Authorized Representative form (MC 382), the Single-Streamlined Application, or Statewide Automated Welfare Systems (SAWS) 2 PLUS to appoint an AR.

Retroactive Medi-Cal

Applicants may request retroactive Medi-Cal coverage for up to three months prior to the month of application. Individuals requesting retro-active Medi-Cal are required to

complete and submit the Supplement to Statement of Facts for Retroactive Coverage/Restoration (MEDIL I [14-27](#)). Under the Medi-Cal Full Scope Expansions, regardless of immigration status, full scope retroactive coverage will be available for the months prior to the implementation of the Expansion Freeze. The applicant will be eligible for restricted scope retroactive coverage beginning January 1, 2026, if otherwise eligible.

The following scenarios are being provided to assist in clarifying retroactive Medi-Cal coverage for individuals who do not have SIS and who are subject to the Age 19 or Older Expansion Freeze, assuming an implementation date of January 1, 2026. All scenarios describe individuals without SIS.

Scenario 1: An individual who turns 19 between January 2 and 31, 2026, applies for Medi-Cal in January 2026 and requests retroactive Medi-Cal. Because full scope Medi-Cal is available for people under age 19 under SB 75, the individual is determined eligible for full scope Medi-Cal during the three retroactive months.

- Individual is eligible for full scope retroactive Medi-Cal for October 2025, November 2025, and December 2025, if otherwise eligible, under SB 75.
- Individual is eligible for full scope Medi-Cal for January 2026 under SB 75, and limited scope Medi-Cal beginning February 2026 under the Expansion Freeze, if otherwise eligible. (Note: If the individual turns 19 on January 1, 2026, they would be considered 19 for the month of January 2026 and eligible only to restricted scope Medi-Cal beginning January 2026, if otherwise eligible.)

Scenario 2: An individual who turns 45 in January 2026 applies for Medi-Cal in February 2026 and requests retroactive Medi-Cal. The individual is determined to be eligible for two months of full scope retroactive coverage for November 2025 and December 2025 under the Age 26-49 Adult Expansion, and one month of restricted scope retroactive coverage for January 2026, if otherwise eligible.

- Individual is eligible for two months full scope retroactive Medi-Cal for November 2025 and December 2025, if otherwise eligible.
- Individual is eligible for restricted scope retroactive Medi-Cal for January 2026, if otherwise eligible.

Scenario 3: An individual who is 30 years old applies for Medi-Cal in April 2026 and requests retroactive Medi-Cal. The individual is determined to be eligible for restricted scope retroactive Medi-Cal.

- Individual is eligible for restricted scope retroactive Medi-Cal for January 2026, February 2026, and March 2026, if otherwise eligible.

Scenario 4: An individual who turns 26 in February 2026 applies for Medi-Cal in February 2026 and requests retroactive Medi-Cal. The individual is determined that due to their age they are eligible for two months full scope retroactive Medi-Cal under the Young Adult Expansion and one month of restricted scope retroactive Medi-Cal.

- Individual is eligible for full scope retroactive Medi-Cal for November 2025 and December 2025 under the Young Adult Expansion.
- Individual is eligible for restricted scope retroactive Medi-Cal for January 2026, if otherwise eligible.

Scenario 5: An individual who is 57 years old and applies for Medi-Cal in March 2026 and requests retroactive Medi-Cal. The individual is determined to be eligible for one month of full scope retroactive and two months restricted scope retroactive Medi-Cal.

- Individual is eligible for full scope retroactive Medi-Cal for December 2025 under the Older Adult Expansion.
- Individual is eligible for two months restricted scope retroactive Medi-Cal for January 2026 and February 2026, if otherwise eligible.

Changes in Circumstance and Annual Renewal

Members must follow current Medi-Cal reporting responsibilities. Changes in circumstance (CIC) must be reported within 10 business days to the member's local county office and annual renewals completed by the end of their renewal month. If the CIC or renewal (RE) is processed on or after January 1, 2026, and results in discontinuance, members who are 19 years of age and older who do not have SIS will be able to reenroll into limited scope Medi-Cal during the Expansion Grace Period. Once the Expansion Grace Period is over, the individual will be eligible only for restricted scope Medi-Cal.

Additionally, Medi-Cal Full Scope Expansion members can move between the various Medi-Cal coverage groups while retaining their limited scope coverage. For example, an existing single member active on limited scope Medi-Cal may report income over 138% of the FPL and transitions to a share of cost. The following month, they provide verification they are now within MAGI Medi-Cal income limits and transition back to the M1. Once a member transitions to restricted scope Medi-Cal, they will be unable to reenroll into full scope Medi-Cal unless they can provide proof of U.S. citizenship or SIS.

Expansion Grace Period

The Expansion Grace Period allows a member three months to reestablish eligibility for limited scope Medi-Cal. Regardless of the discontinuance reason, if the member is able to meet the outstanding eligibility requirements within this timeframe, the CEW shall reevaluate eligibility for Medi-Cal, and, if still eligible, place the member into limited scope Medi-Cal.

The Expansion Grace Period is not the same as the 90-Day Cure Period. Counties must follow current guidance in [ACWDL 19-13](#) and MEDIL I [23-58](#) to determine who is eligible for a 90-Day Cure Period and when it should be applied. There may be individuals who reestablish eligibility in limited scope Medi-Cal during the Expansion Grace Period who are not eligible for a 90-Day Cure Period. Discontinuances that result from an administrative error, such as late processing or a data collection error, shall be rescinded and the member reenrolled into limited scope Medi-Cal, if otherwise eligible, even if it is outside the Expansion Grace Period.

In the event a case is discontinued due to failure to complete the annual renewal process, and the county of residence receives the annual renewal form as returned mail that is undeliverable, the discontinuance should be rescinded without a break in aid. The CEW will send an MC 355 requesting both the updated address and missing renewal information and verification, following the process outlined in ACWDL [22-09](#).

Applicants and members who do not agree with the county's actions and/or determined eligibility results can file for a fair hearing within 90 days of receiving their Notice of Action (NOA). If the member is eligible to aid paid pending as outlined in ACWDL [82-73](#), they should maintain their previous scope of coverage while the request is under review.

Consumer Protection Programs (CPPs)

Current members enrolled in full scope Medi-Cal under the Medi-Cal Full Scope Expansions entering a CPP, such as the 365 Day Postpartum Period and Transitional Medi-Cal (TMC), are not subject to the Medi-Cal Expansion Freeze for Adults 19 and

Older Without Satisfactory Immigration Status for the duration of the CPP. Members of a CPP will retain full scope Medi-Cal even in the event the remaining household members lose eligibility to Medi-Cal, such as failure to complete redetermination.

Once the CPP time limit is reached, the member will continue eligibility with limited scope Medi-Cal. Should they experience a loss of eligibility following the end of the CPP, they may be eligible to reenroll into limited scope Medi-Cal during the Expansion Grace Period, if otherwise eligible.

Scenario: Application for Medi-Cal received in March 2025. Medi-Cal household consists of two parents and a minor child. The parents were unable to establish SIS but are determined eligible for full scope MAGI Medi-Cal under the Age 26-49 Adult Expansion. The minor child is a U.S. born citizen and determined eligible for full scope MAGI Medi-Cal. Parents report the birth of a new child in January 2026 and the mother is eligible for 365 days postpartum period. At annual renewal in February 2026, the remaining household members are discontinued due to failure to provide verification. In April 2025, the family provides all necessary verification and Medi-Cal discontinuance is rescinded.

- Parent in CPP: Eligible for Postpartum CPP through December 2025. Following CPP, will continue on limited scope Medi-Cal.
- Second parent: Because the verification was received within the Expansion Grace Period, they are eligible to reenroll into limited scope Medi-Cal without a break in aid, if otherwise eligible.
- Minor child: Eligible for full scope Medi-Cal.
- Newborn: Eligible for full scope Medi-Cal as a deemed infant.

Notices

Notices developed for the Young Adult, Older Adult, and Age 26-49 Adult Expansions will remain available for applications received prior to January 1, 2026, for individuals determined eligible for full scope Medi-Cal under the Medi-Cal Full Scope Expansions, if otherwise eligible.

DHCS has developed two notices, which will be translated into all Medi-Cal threshold languages. The first notice is a general information notice to current Medi-Cal members informing them of the change in the scope of coverage from full scope to limited scope

and the services covered. Additionally, DHCS created Notice of Action (NOA) snippets for new applicants, existing members with continued Medi-Cal eligibility at renewal, and existing members discontinued from Medi-Cal post January 1, 2026, implementation.

Medi-Cal members under the Medi-Cal Full Scope Expansions and new applicants will receive their notices in the language that corresponds to the written language on their MEDS record. (The following assumes a January 1, 2026, implementation.

Outreach Notice – General Information Notice

Current Medi-Cal members who do not have SIS or were unable to establish SIS at intake or their last annual renewal, will receive the Outreach Notice with general information about the Expansion Freeze. The notice will be sent approximately 45-60 days prior to the January 1, 2026, implementation and will include Frequently Asked Questions (FAQs). The Outreach Notice will not be sent to incarcerated members.

DHCS will identify all active Medi-Cal Full Scope Expansion members 19 years of age and older who do not have a verified citizenship or SIS in MEDS. Counties should include the First Notice in the materials provided at application to individuals who apply for Medi-Cal after October 1, 2025, and up to implementation. DHCS will publish the Outreach Notice in a forthcoming Medi-Cal Eligibility Division Information Letter (MEDIL).

CalSAWS – NOA Snippet

DHCS has developed a NOA snippet for the Age 19 and Older new applicants and existing members without satisfactory immigration status. The NOA snippets will be translated in all Medi-Cal threshold languages.

- Applications received on or after January 1, 2026, determined eligible for restricted scope Medi-Cal: When an individual is 19 years of age and older and is determined eligible for restricted scope Medi-Cal because of their immigration status, CalSAWS will generate a NOA with the appropriate snippet.
- Medi-Cal Redetermination: When an existing Medi-Cal Full Scope Expansion member, regardless of immigration status, completes their annual renewal timely or a change in circumstance redetermination, and is determined to have ongoing Medi-Cal eligibility on or after January 1, 2026, CalSAWS will generate a NOA with the appropriate snippet.

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- Medi-Cal Discontinuance: When an existing Medi-Cal Full Scope Expansion member, regardless of immigration status, is determined no longer eligible for Medi-Cal at annual renewal or due to a change in circumstance, resulting in discontinuance on or after January 1, 2026, CalSAWS will generate a NOA with the appropriate snippet.

The NOA snippets are effective no sooner than January 1, 2026, with the exception of the following snippets. These snippets will be effective July 1, 2026.

- Pregnancy/Postpartum
- Medi-Cal Expansion Population - No Change NOA Snippet
- Medi-Cal Expansion Population – Discontinuance NOA Snippet

Questions regarding policy guidance related to the Medi-Cal Expansion Freeze for Adults 19 and Older Without Satisfactory Immigration Status should be sent to MCED-Policy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division

Enclosure

Please note that review of the Notice of Action (NOA) Snippets is for preparation purposes only. This policy will not go into effect if it is not included in the final state budget.

Notice Type	English Text MAGI Snippets
Restricted ScopeRetro Approval	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <month yyyy> because you are 19 years of age or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Individuals 19 years of age or older who cannot provide proof of U.S. citizenship or satisfactory immigration status are eligible only to restricted scope Medi-Cal, unless exempt or pregnant. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get other notices about your eligibility for other time periods. This notice is only telling you that you got restricted scope Medi-Cal coverage for <month yyyy>.</p> <p>If you have proof of your U.S. citizenship or satisfactory immigration status that you can give us now, or want to let us know you are having problems getting your documents, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopeMedi-Cal when you provide us with your documents. Full scope Medi-Cal benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit,</p>

Notice Type	English Text MAGI Snippets
	<p>so you qualify for Medi-Cal. You received restrictedscope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" onthe last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
Restricted Scope Approval	<p>You have been approved for restricted scope Medi-Cal because you are 19 years of age or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under theage of 19 and who do not have or cannot provide proof of U.S. citizenship or satisfactory immigration status. Individuals 19 years of age or older who cannot provide proof of U.S. citizenship or satisfactory immigration status are eligible only to restricted scope Medi-Cal, unless exempt or pregnant. Because you are over the age limit of 19 years of age, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p> <p>Your eligibility for restricted scope Medi-Cal begins <month dd, yyyy>. Your restricted scope Medi-Cal coverage will continue unless you are foundno longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>If you have proof of your U.S. citizenship or satisfactory immigration status that you can give us now, or want to let us know you are having problems getting your documents, please call your county Medi-Cal office at the number listed on this</p>

Notice Type	English Text MAGI Snippets
	<p>notice. Your benefits may change from restricted scope to full scope Medi-Cal when you provide us with your documents. Full scope Medi-Cal benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
Restricted Scope to Full Scope	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status, you are under 19 years old, exempt or pregnant. Your full scope Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Full scope Medi-Cal covers more services than restricted scope,</p>

Notice Type	English Text MAGI Snippets
	<p>including primary care and medication. To learn more about full scope Medi-Cal benefits, go to: https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 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
Restricted Retro Approval	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <month year> because you are 19 years of age or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Individuals 19 years of age or older who cannot provide proof of U.S. citizenship or satisfactory immigration status are eligible only to restricted scope Medi-Cal, unless exempt or pregnant. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for <month year>.</p>

Notice Type	English Text Non-MAGI Snippets
	<p>If you have proof of your U.S. citizenship or satisfactory immigration status that you can give us now, or want to let us know you are having problems getting your documents, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope Medi-Cal when you provide us with your documents. Full scope Medi-Cal benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
Restricted Scope Approval	<p>You have been approved for restricted scope Medi-Cal because you are 19 years of age or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under the age of 19 and who do not have or cannot provide proof of U.S. citizenship or satisfactory immigration status. Individuals 19 years of age or older who cannot provide proof of U.S. citizenship or satisfactory immigration status are eligible only to restricted scope Medi-Cal, unless exempt or pregnant. Because you are over this age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p> <p>Your eligibility for restricted scope Medi-Cal begins <month dd, yyyy>. Your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p>

Notice Type	English Text Non-MAGI Snippets
	<p>If you have proof of your U.S. citizenship or satisfactory immigration status that you can give us now, or want to let us know you are having problems getting your documents, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope Medi-Cal when you provide us with your documents. Full and limited scope Medi-Cal benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
Pregnancy/Postpartum	<p>Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd, yyyy>.</p> <p>Your Medi-Cal is changing from limited scope to restricted scope because your pregnancy and 12-month postpartum period has ended. Individuals 19 years of age or older who cannot provide proof of U.S. citizenship or satisfactory immigration status are eligible only to restricted scope Medi-Cal, unless exempt or pregnant. Now that your postpartum period is over, you only qualify for restricted scope Medi-Cal.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p>

Notice Type	English Text Non-MAGI Snippets
	<p>If you have proof of your U.S. citizenship or satisfactory immigration status that you can give us now, or want to let us know you are having problems getting your documents, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you send us your documents. Full and limited scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof of your immigration status within one year, your Medi-Cal may change back to full or limited scope Medi-Cal starting the month your restricted benefits began.</p> <p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
Restricted Scope to Full Scope	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status, you are under 19 years old, exempt or pregnant. Your full scope Medi-Cal coverage will continue unless you are found to be no longer eligible. This could</p>

Notice Type	English Text Non-MAGI Snippets
	<p>happen at the time your eligibility is renewed or when your situation changes.</p> <p>Full scope Medi-Cal covers many more services than restricted scope, including primary care and medication. To learn more about full scope Medi-Cal benefits, go to: https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Medi-Cal Expansion Population.</p> <p>No Change NOA snippet addition</p>	<p>Good news! Your Medi-Cal is renewed for the next year.</p> <p>Once a year, we check to see if you can still get Medi-Cal. We also check when there is a change in your circumstances. To decide, we used information you gave us or that is available to us. Based on this information, you will have Medi-Cal for the next year. We will check again in one year, or sooner if you have a change in circumstance, to see if you can keep getting Medi-Cal.</p> <p>We used the information below to make our decision. If anything below is wrong, please contact us to tell us the right information. To learn how to report updated information to your county office, read</p>

Notice Type	English Text Non-MAGI Snippets
	<p>the section called "Do you have any changes?" below.</p> <p>Household size: <#></p> <p>Monthly Countable Household Income: <\$></p> <p>Tax Filing Status: <Status></p> <p>Marital Status: <Status></p> <p>Citizenship/Immigration Status: <Status; blank if undocumented></p> <p>We counted your household size and income to make our decision. For Medi-Cal:</p> <ul style="list-style-type: none"> • Your household size is <#>. • Your monthly household income is <\$>. <p>The monthly Medi-Cal income limit for your household size is <\$>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p>You are eligible for limited scope Medi-Cal benefits under the Medi-Cal Expansions, regardless of your immigration status. To keep limited scope Medi-Cal, you must follow your Medi-Cal reporting responsibilities. If you lose eligibility to Medi-Cal, you will not be eligible for limited scope Medi-Cal going forward. If you reapply, you will be eligible only to restricted scope Medi-Cal.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 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>Medi-Cal Expansion Population.</p> <p>Discontinuance NOA snippet</p>	<p>Your Medi-Cal is ending <month dd, yyyy> because you did not provide the renewal information that we asked for. We need you to give us information about the following to see if you can still get Medi-Cal:</p> <ul style="list-style-type: none"> • Proof of your <missing Verification> <p>Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information.</p> <p>Once your Medi-Cal ends, you will no longer be eligible for limited scope Medi-Cal. If you reapply, you will be eligible only to restricted scope Medi-Cal going forward. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery and postpartum care.</p> <p><Regulation> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

Notice Type	Spanish Text MAGI Snippets
Restricted Scope Retro Approval	<p>Usted nos pidió que revisemos si usted podría obtener Medi-Cal para cubrir sus facturas de cualquiera de los tres meses anteriores a la fecha en que solicitó. Usted calificó para Medi-Cal restringido en {MONTH_YYYY} porque usted tiene 19 años de edad o más y no nos envió comprobantes de ciudadanía de U.S. o de su estatus migratorio satisfactorio para fines de Medi-Cal. Las personas de 19 años de edad o mayores que no puedan proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio son elegibles sólo para Medi-Cal restringido, a menos que esté exenta o embarazada. Medi-Cal restringido sólo cubre servicios de emergencia y servicios relacionados con el embarazo como cuidados prenatales, trabajo de parto, parto y cuidados posparto. Si no está seguro si Medi-Cal restringido cubre un servicio, pregunte a su proveedor médico. Posiblemente usted reciba otros avisos sobre su elegibilidad para otros períodos de tiempo. Este aviso sólo es para informarle que usted obtuvo cobertura de Medi-Cal restringido para {MONTH_YYYY}.</p> <p>Si usted tiene comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio que nos pueda proporcionar ahora, o si quiere avisarnos que tiene problemas para obtener sus documentos, por favor llame a la oficina de Medi-Cal de su condado al número anotado en este aviso. Sus beneficios podrían cambiar de restringidos a completos cuando usted nos proporcione sus documentos. Los beneficios completos le permiten ver un doctor para todas sus necesidades médicas.</p> <p>Contamos el tamaño de su hogar e ingresos para tomar nuestra decisión.</p> <p>Para Medi-Cal, el tamaño de su hogar es {HOUSEHOLD_SIZE} y los ingresos mensuales de su hogar son {MODIFIED_ADJUSTED_GROSS_INCOME}. El límite de ingresos mensuales de Medi-Cal para el tamaño de su hogar es de {MAGI_LIMIT}. Sus ingresos están por debajo de este límite, por lo que usted califica para Medi-Cal. Usted recibió Medi-Cal restringido porque no nos dio comprobantes de su ciudadanía de U.S. o de su estatus migratorio satisfactorio.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días</p>

Notice Type	Spanish Text MAGI Snippets
	comenzaron el día después de la fecha de este aviso.
Restricted Scope Approval	<p>Usted ha sido aprobado para Medi-Cal restringido porque usted tiene 19 años de edad o más y no nos envió comprobantes de su ciudadanía de U.S. o de su estatus migratorio satisfactorio para fines de Medi-Cal. La ley de California cubre Medi-Cal completo sólo para personas menores de 19 años de edad y que no tienen o no pueden proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio. Las personas de 19 años de edad o mayores que no puedan proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio son elegibles sólo para Medi-Cal restringido, a menos que esté exentas o embarazada. Como usted es mayor del límite de 19 años de edad, usted sólo califica para Medi-Cal restringido. Medi-Cal restringido sólo cubre servicios de emergencia y servicios relacionados con el embarazo como cuidados prenatales, trabajo de parto, parto y cuidados de posparto. Si no está seguro si Medi-Cal restringido cubre un servicio, pregunte a su proveedor médico.</p> <p>Su elegibilidad para Medi-Cal restringido comienza el {MONTH_DD_YYYY}. Su cobertura de Medi-Cal restringido continuará a menos que se determine que usted ya no es elegible. Esto podría suceder al momento en que se renueve su elegibilidad o cuando cambie su situación.</p> <p>Si usted tiene comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio que nos pueda proporcionar ahora o si quiere avisarnos que tiene problemas para obtener sus documentos, por favor llame a la oficina de Medi-Cal de su condado al número anotado en este aviso. Sus beneficios podrían cambiar de restringido a Medi-Cal completo cuando usted nos proporcione sus documentos. Los beneficios de Medi-Cal completo le permiten ver un doctor para todas sus necesidades médicas.</p> <p>Contamos el tamaño de su hogar e ingresos para tomar nuestra decisión.</p> <p>Para Medi-Cal, el tamaño de su hogar es {HOUSEHOLD_SIZE} y los ingresos mensuales de su hogar son de {MODIFIED_ADJUSTED_GROSS_INCOME}. El límite de ingresos mensuales de Medi-Cal para el tamaño de su hogar es de {MAGI_LIMIT}.</p> <p>Sus ingresos están por debajo de este límite, por lo que usted califica para</p>

Notice Type	Spanish Text MAGI Snippets
	<p>Medi-Cal. Usted recibió Medi-Cal restringido porque no nos dio comprobantes de su ciudadanía de U.S. o estatus migratorio satisfactorio.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>
Restricted Scope to Full Scope	<p>¡Buenas noticias! Su Medi-Cal cambió a completo el {MONTH_DD_YYYY}.</p> <p>Su Medi-Cal cambió de restringido a completo porque usted pudo comprobar su ciudadanía de U.S. o su estatus migratorio satisfactorio, es menor de 19 años de edad, esta extento o embarazada. Su cobertura de Medi-Cal completo continuará a menos que se determine que usted ya no es elegible. Esto podría pasar al momento de renovar su elegibilidad o cuando cambie su situación.</p> <p>Medi-Cal completo cubre más servicios que el de cobertura restringida, incluyendo cuidados primarios y medicamentos. Para obtener más información sobre los beneficios de Medi-Cal completo, vaya a: https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.asp x.</p> <p>Su elegibilidad para los beneficios de Medi-Cal completo podría cubrir los meses anteriores. Usted podría recibir la devolución de su dinero si pagó por cuidados médicos que no fueran de emergencia o relacionados con el embarazo mientras tenía beneficios de Medi-Cal restringido. Llame a Servicios para el beneficiario de Department of Health Care Services al 1-916-403-2007 para obtener respuestas a sus preguntas sobre reembolsos.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>

Notice Type	Spanish Text Non-MAGI Snippets
Restricted Retro Approval	<p>Usted nos pidió que revisemos si usted podría obtener Medi-Cal para cubrir sus facturas de cualquiera de los tres meses anteriores a la fecha en que solicitó. Usted calificó para Medi-Cal restringido en {MONTH_YYYY} porque usted tiene 19 años de edad o más y no nos envió comprobantes de ciudadanía de U.S. o de su estatus migratorio satisfactorio para fines de Medi-Cal. Las personas de 19 años de edad o mayores que no puedan proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio son elegibles sólo para Medi-Cal restringido, a menos que esté exenta o embarazada. Medi-Cal restringido sólo cubre servicios de emergencia y servicios relacionados con el embarazo como cuidados prenatales, trabajo de parto, parto y cuidados posparto. Si no está seguro si Medi-Cal restringido cubre un servicio, pregunte a su proveedor médico. Posiblemente usted reciba otros avisos sobre su elegibilidad para otros períodos de tiempo. Este aviso sólo es para informarle que usted obtuvo cobertura de Medi-Cal restringido para {MONTH_YYYY}.</p> <p>Si usted tiene comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio que nos pueda proporcionar ahora o si quiere avisarnos que tiene problemas para obtener sus documentos, por favor llame a la oficina de Medi-Cal de su condado al número anotado en este aviso. Sus beneficios podrían cambiar de restringidos a Medi-Cal completo cuando usted nos proporcione sus documentos. Los beneficios de Medi-Cal completo le permiten ver un doctor para todas sus necesidades médicas.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>
Restricted Scope Approval	<p>Usted ha sido aprobado para Medi-Cal restringido porque usted tiene 19 años de edad o más y no nos envió comprobantes de su ciudadanía de U.S. o estatus migratorio satisfactorio para los fines de Medi-Cal. La ley de California cubre Medi-Cal completo sólo para personas menores de 19 años y no tienen o no pueden proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio. Las personas de 19 años de edad o mayores que no puedan proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio son elegibles sólo para Medi-Cal restringido, a menos que esté exenta o embarazada. Debido a que tiene más del límite de 19 años de edad, usted sólo califica para Medi-Cal restringido. Medi-Cal restringido sólo cubre</p>

Notice Type	Spanish Text Non-MAGI Snippets
	<p>servicios de emergencia y servicios relacionados con el embarazo como cuidados prenatales, trabajo de parto, parto y cuidados de posparto. Si no está seguro si Medi-Cal restringido cubre un servicio, pregunte a su proveedor médico.</p> <p>Su elegibilidad para Medi-Cal restringido comienza el {MONTH_DD_YYYY}. Su cobertura de Medi-Cal restringido continuará a menos que se determine que usted ya no es elegible. Esto podría suceder al momento en que se renueve su elegibilidad o cuando cambie su situación.</p> <p>Si usted tiene comprobantes de ciudadanía de U.S. o su estatus migratorio satisfactorio que nos pueda proporcionar ahora, o si quiere avisarnos que tiene problemas para obtener sus documentos, por favor llame a la oficina de Medi-Cal de su condado al número anotado en este aviso. Sus beneficios podrían cambiar de restringidos a Medi-Cal completo cuando usted nos proporcione sus documentos. Los beneficios completos y limitados de Medi-Cal le permiten ver un doctor para todas sus necesidades médicas.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>
Pregnancy/ Postpartum	<p>Cambio importante en sus beneficios. Su Medi-Cal cambiará a restringido el {MONTH_DD_YYYY}.</p> <p>Su Medi-Cal está cambiando de limitado a restringido porque su embarazo y el periodo de 12 meses posparto han terminado. Las personas de 19 años de edad o mayores que no puedan proporcionar comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio son elegibles sólo para Medi-Cal restringido, a menos que esté exenta o embarazada. Ahora que terminó su período posparto, usted sólo califica para Medi-Cal restringido.</p> <p>Medi-Cal restringido sólo cubre servicios de emergencia, servicios relacionados con el embarazo, como cuidados prenatales, trabajo de parto, parto y servicios de cuidados de posparto. Si no está seguro de que un servicio esté cubierto por restringido, llame a su proveedor médico.</p>

Notice Type	Spanish Text Non-MAGI Snippets
	<p>Si usted tiene comprobantes de ciudadanía de U.S. o estatus migratorio satisfactorio que nos pueda proporcionar ahora o si quiere avisarnos que tiene problemas para obtener sus documentos, por favor llame a la oficina de Medi-Cal de su condado al número anotado en este aviso. Sus beneficios podrían cambiar de restringido a completo cuando usted nos proporcione sus documentos. Los beneficios completos y limitados le permiten ver un doctor para todas sus necesidades médicas.</p> <p>Si usted nos proporciona comprobantes aceptables de su estatus migratorio en el transcurso de un año, su Medi-Cal podría cambiar de nuevo a completo o Medi-Cal limitado a partir del mes en que comenzaron sus beneficios restringidos.</p> <p>Mientras tanto, su cobertura de Medi-Cal restringido continuará a menos que se determine que usted ya no es elegible. Esto podría suceder al momento en que se renueve su elegibilidad o cuando cambie su situación.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>
Restricted Scope to Full Scope	<p>¡Buenas noticias! Su Medi-Cal cambió a completo el {MONTH_DD_YYYY}.</p> <p>Su Medi-Cal cambió de restringido a completo porque usted pudo comprobar su ciudadanía de U.S. o estatus migratorio satisfactorio, usted es menor de 19 años de edad, esté exenta o embarazada. Su cobertura de Medi-Cal completo continuará a menos que se determine que usted ya no es elegible. Esto podría pasar al momento de renovar su elegibilidad o cuando cambie su situación.</p> <p>Medi-Cal completo cubre más servicios que el de cobertura restringida, incluyendo cuidados primarios y medicamentos. Para obtener más información sobre los beneficios de Medi-Cal completo, vaya a: https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx.</p>

Notice Type	Spanish Text Non-MAGI Snippets
	<p>Su elegibilidad para los beneficios de Medi-Cal completo podría cubrir los meses anteriores. Usted podría recibir la devolución de su dinero si pagó por cuidados médicos que no fueron de emergencia o relacionados con el embarazo mientras tenía beneficios de Medi-Cal restringido. Llame a Servicios para el beneficiario de Department of Health Care Services al 1-916-403-2007 para obtener respuestas a sus preguntas sobre reembolsos.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>
<p>Medi-Cal Expansion Population.</p> <p>No Change NOA snippet addition</p>	<p>¡Buenas noticias! Su Medi-Cal se renueva para el próximo año.</p> <p>Una vez al año, revisamos para ver si usted todavía puede recibir Medi-Cal. También revisamos cuando hay algún cambio en sus circunstancias. Para decidir, utilizamos la información que usted nos proporcionó o la que está disponible. De acuerdo con esta información, usted tendrá Medi-Cal para el próximo año. Volveremos a revisar de nuevo en un año, o antes si hay cambio en las circunstancias, para ver si usted puede seguir recibiendo Medi-Cal.</p> <p>Utilizamos la información de abajo para tomar nuestra decisión. Si algo de abajo es incorrecto, por favor comuníquese con nosotros para proporcionarnos la información correcta. Para saber cómo reportar la información actualizada a la oficina de su condado, lea a continuación la sección titulada “¿Tiene algún cambio?”.</p> <p>Tamaño del hogar: {#}</p> <p>Ingresos contables mensuales del hogar: {\$} Estado de declaración de impuestos: {STATUS}</p> <p>Estado civil: {STATUS}</p> <p>Ciudadanía/Estatus migratorio: {STATUS_BLANK_IF_UNDOCUMENTED}</p> <p>Contamos el tamaño de su hogar e ingresos para tomar nuestra decisión. Para Medi-Cal:</p> <ul style="list-style-type: none"> • El tamaño de su hogar {#}. • Los ingresos mensuales de su hogar son {\$}. <p>El límite de ingresos mensuales de Medi-Cal para el tamaño de su hogar es de {\$}. Sus ingresos están por debajo de este límite, por lo que usted califica para Medi-Cal.</p>

Notice Type	Spanish Text Non-MAGI Snippets
	<p>Usted es elegible para los beneficios de Medi-Cal limitado bajo las Expansiones de Medi-Cal, sin importar su situación migratoria. Para conservar Medi-Cal limitado, usted deberá cumplir con su obligación de reportes a Medi-Cal. Usted ya no será elegible para Medi-Cal limitado en el futuro si pierde la elegibilidad para Medi-Cal. Si usted vuelve a solicitar, será sólo elegible para Medi-Cal restringido.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>
<p>Medi-Cal Expansion Population. Discontinuance NOA snippet</p>	<p>Su Medi-Cal terminará el {MONTH_DD_YYYY} porque usted no nos proporcionó la información de renovación que solicitamos. Necesitamos que nos proporcione información sobre lo siguiente para ver si usted todavía puede recibir Medi-Cal:</p> <ul style="list-style-type: none"> • Comprobante de su {MISSING_VERIFICATION} <p>Por favor llámenos, visite la oficina de servicios sociales de su condado o devuelva su formulario de renovación completo y firmado para proporcionarnos esta información.</p> <p>Una vez que termine su Medi-Cal, usted no será elegible para Medi-Cal limitado. Si usted vuelve a solicitar, sólo será elegible para Medi-Cal restringido en el futuro. Medi-Cal restringido sólo cubre servicios de emergencia y servicios relacionados con el embarazo como cuidados prenatales, trabajo de parto, parto y cuidados de posparto.</p> <p>{REGULATION} es la regulación o ley en que nos basamos para tomar esta decisión. Si le parece que cometimos un error, usted puede apelar. Lea "Su Derecho a una Audiencia" en la última página de este aviso para saber cómo apelar. Usted sólo tiene 90 días para solicitar una audiencia. Los 90 días comenzaron el día después de la fecha de este aviso.</p>