

DATE: September 4, 2025

Medi-Cal Eligibility Division Information

Letter No.: I 25-22

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

SUBJECT: Outreach Materials for the Medi-Cal Expansion Freeze for Adults 19 Years of Age and Older Without Satisfactory Immigration Status
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER [25-13](#))

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with the General Informing Notice and Frequently Asked Questions (FAQs) as part of the Medi-Cal Expansion Freeze for Adults 19 Years of Age and Older Without Satisfactory Immigration Status (Expansion Freeze) outreach efforts.

The Expansion Freeze General Information Notice and FAQs are available in the 18 threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese. Members with an alternate format option selected will receive the outreach materials in their preferred format.

The General Information Notice and FAQs will be mailed to current members who are within three months of their 19th birthday or aged 19 and older who meet the UIS Adult Expansion criteria and have active Medi-Cal eligibility at least 45 days before the implementation date of January 1, 2026.

County eligibility workers (CEWs) are strongly encouraged to provide both notices to new applicants aged 19 and older, who meet the UIS Adult Expansion criteria, and are eligible for full scope Medi-Cal in November 2025 and December 2025.

If you have any questions, or if we can provide further information, please send them to MCED-Policy@dhcs.ca.gov.

Sincerely,

Medi-Cal Eligibility Division Information Letter No.: I 25-22

Page 2

September 4, 2025

Sarah Crow

Division Chief, Policy Development Branch

Medi-Cal Eligibility Division

Enclosure

October 2025

Important news about your Medi-Cal coverage

Dear Medi-Cal Member,

Your Medi-Cal coverage is changing because of a new California law. **Starting July 1, 2026**, your Medi-Cal will no longer cover dental services, except for emergency situations. When dental services are removed, your Medi-Cal will be called full scope Medi-Cal with no Dental. **Full scope Medi-Cal with no Dental will cover all the same services you have now, except for dental services.** Your eligibility will continue without interruption. You will keep full scope Medi-Cal with no Dental as long as you remain eligible for Medi-Cal.

What do I need to know in the coming months?

- You may continue to use your dental services until July 1, 2026.
- If you get a packet in the mail to renew your Medi-Cal, fill it out and return it to keep your Medi-Cal.
- You can keep full scope Medi-Cal with no Dental as long as you don't lose your Medi-Cal for more than three months.

Full scope Medi-Cal with no Dental covers these services and more:

- Medical care
- Medicine your doctor orders
- Specialty care
- Mental health care
- Family planning and maternity care
- Emergency care (includes dental emergencies)
- Tests your doctor orders

- Medical supplies
- Alcohol and drug use treatment
- Transportation to the doctor and to get prescriptions
- In-home care and supports to help avoid nursing home care
- Vision care (eyeglasses)
- Hearing aids
- Foot care

If you are pregnant, your pregnancy and one-year postpartum period will be covered by Medi-Cal. During this time, you will be eligible for full scope Medi-Cal, which will include dental services.

You can learn more about Medi-Cal in the Frequently Asked Questions (FAQ) that came with this letter.

If you would like to get more information or help:

- Call the DHCS Medi-Cal Helpline at **1-800-541-5555**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free.
- Call the DHCS Ombudsman Office at **1-888-452-8609**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free. The Ombudsman Office can help you with your Medi-Cal health plan.
- Learn more on the DHCS web site at www.DHCS.ca.gov/Medi-Cal/Pages/changes.aspx.
- Email ImmigrationPolicy@dhcs.ca.gov.
- Visit www.DHCS.ca.gov/services/medi-cal/Pages/CountyOffices.aspx to find your local county office.

Thank you,

Department of Health Care Services

Frequently Asked Questions (FAQ)

About Changes to Medi-Cal for Californians without Satisfactory Immigration Status

1. Am I still covered by Medi-Cal?

Yes. You still have Medi-Cal and can continue to use your benefits.

2. What is changing with Medi-Cal?

Starting **January 1, 2026**, new Medi-Cal applicants who are 19 years of age and older, who are not pregnant, and who do not have an immigration status eligible for full scope Medi-Cal will be eligible for **restricted scope** Medi-Cal. Restricted scope Medi-Cal covers emergency and pregnancy-related services.

Beginning **July 1, 2026**, Medi-Cal will no longer cover dental services, except in emergency situations, for Californians 19 years of age or older who do not have satisfactory immigration status. This coverage is referred to as **full scope Medi-Cal with no Dental**. You may continue to use dental services until this change happens.

New Medi-Cal applicants who are under 19 years of age and apply on or after January 1, 2026, remain eligible for full scope Medi-Cal.

3. What services are covered with full scope Medi-Cal with no Dental?

Full scope Medi-Cal with no Dental covers all medically necessary services except dental services. Full scope with no Dental will cover the following services and more:

- Medical care
- Medicine your doctor orders
- Specialty care
- Mental health care
- Family planning and maternity care
- Emergency care (includes dental emergencies)
- Tests your doctor orders
- Medical supplies
- Alcohol and drug use treatment
- Transportation to the doctor to get prescriptions
- In-home care and supports to help avoid nursing home care
- Vision care (eyeglasses)
- Hearing aids
- Foot care

If you are pregnant, your pregnancy and one-year postpartum period will be covered by Medi-Cal. During this time, you will be eligible for full scope Medi-Cal, which will include dental services.

Starting July 1, 2026, dental benefits will no longer be provided to adult members 19 years of age or older, who are not pregnant, and who do not have a satisfactory immigration status. Dental services will remain available in emergency situations and for care related to the emergency.

You can continue to use the Benefits Identification Card (BIC) you already have and keep the doctor(s) you have chosen.

To learn more about Medi-Cal benefits, go to <https://bit.ly/medi-cal-ehb-benefits>.

4. What services does restricted scope Medi-Cal cover?

Restricted scope Medi-Cal covers emergency related services and pregnancy related services, such as prenatal care, labor, delivery and postpartum care. It also includes long-term care services.

5. I already have Medi-Cal. Do I need to take any action right now?

No. Your Medi-Cal benefits will continue as long as you remain eligible. If you get a packet in the mail to renew your Medi-Cal, fill it out and return it by the due date. You can call your county Medi-Cal office for help. Respond to all county requests to avoid losing your Medi-Cal benefits.

6. I applied in 2025, and my case is still pending. Will I be eligible for Medi-Cal if it is processed after January 1, 2026?

Yes. Because your application was received before January 1, 2026, if you qualify for Medi-Cal, regardless of your immigration status, you will receive full scope Medi-Cal beginning the month we received your application.

7. I applied after January 1, 2026, and am eligible for restricted scope Medi-Cal. How can I become eligible for full scope Medi-Cal?

You can receive full scope Medi-Cal if you provide proof of U.S. citizenship or satisfactory immigration status. If there is a change to your immigration status, report it to your county Medi-Cal office to check if you are eligible for more benefits.

8. Will I need to take any action when dental services are eliminated?

No. You do not need to take any action.

9. I'm pregnant and need healthcare. Will my pregnancy be covered under full scope with no Dental or restricted scope Medi-Cal?

Your pregnancy and one-year postpartum period will be covered by Medi-Cal. During this time, you will be eligible for full scope Medi-Cal, which will include dental services. After your postpartum period ends, you will be re-evaluated and if you

remain eligible for Medi-Cal, you will go back to full scope with no Dental or restricted scope Medi-Cal as you were before the pregnancy.

10. What can I do to make sure I can keep my Medi-Cal?

If you receive a packet in the mail to renew your Medi-Cal, fill it out and return it by the due date to avoid losing your coverage. Respond to all county requests to make sure your Medi-Cal continues without interruption. You can call or visit your county Medi-Cal office to speak to a county eligibility worker. You can visit and create an account on BenefitsCal (www.BenefitsCal.org) to keep track of your Medi-Cal and other county public assistance programs for which you have applied for.

11. If I lose my Medi-Cal coverage and reapply, will I be eligible only for restricted scope Medi-Cal?

If you are discontinued from Medi-Cal, you will have a three-month Grace Period from the last date of eligibility provided on your Notice of Action, to reenroll into full scope Medi-Cal with no Dental.

The Grace Period is the three months following your Medi-Cal discontinuance. If you reach out to your county Medi-Cal office during this time and are eligible for Medi-Cal, you will be reenrolled in full scope Medi-Cal with no Dental.

For example, you receive a Notice of Action that says you will no longer have Medi-Cal on August 1, 2026. The Grace Period gives you three months to enroll back into full scope Medi-Cal with no Dental. In this example, you have until the end of October 2026 to enroll back into full scope Medi-Cal with no Dental.

If your Medi-Cal is discontinued, you should contact your county Medi-Cal office as soon as possible. The county eligibility worker will tell you what is needed to reactivate your Medi-Cal. Respond to all county requests to make sure your Medi-Cal is reactivated and continues without interruption. If you do not re-enroll by the end of the Grace Period, you must reapply for Medi-Cal. You will be eligible only for restricted scope Medi-Cal.

12. Do I need to choose a new healthcare provider when Medi-Cal changes to full scope coverage with no Dental?

There will be no changes to your chosen healthcare provider. If you have already chosen a healthcare provider, you do not need to choose a new one. You can continue receiving services with your chosen provider.

If you are discontinued and do not reenroll during the Grace Period, you will be disenrolled from your Medi-Cal health plan.

If you have questions about your health plan and provider choices, call Medi-Cal Health Care Options, Monday – Friday, 8 a.m. to 6 p.m. 1-800-430-4263 (TTY users call 1-800-430-7077 or 711). You can also go to the Medi-Cal Health Care Options website at <https://www.healthcareoptions.dhcs.ca.gov>.

13. What if I need help in a different language?

If you need help in a language other than English, you can call your county Medi-Cal office for assistance. You can also call one of the following numbers for help:

- Dental Services – 1-800-322-6384 (TTY 1-800-735-2922)
- Mental Health Services – 1-800-896-4042 (TTY 1-800-896-2512)
- Substance Use Disorder Services – 1-800-879-2772 (TTY 711)
- Long-Term Services and Supports – 1-916-552-9105 (TTY (800)430-7077)
- Fee-for-Service or General Beneficiary Questions – 1-800-541-5555 (TTY 1-800-430-7077)

14. What if I need materials in a different format?

You can ask to get all written information about your Medi-Cal benefits in a different format. The format can be braille, large print, an audio or data CD, or some other format to help you understand and read letters or fill out your packet. To ask for this, you can:

- Go to <https://www.dhcs.ca.gov/Pages/Alternative-Formats.aspx>. Follow the instructions to choose a different format.
- Call **1-833-284-0040** (California Relay 711). The call is free.
- Contact your county Medi-Cal office. You can find your local county Medi-Cal office information at [dhcs.ca.gov/COL](https://www.dhcs.ca.gov/COL).

15. Where can I learn more or get help?

- Call the DHCS Medi-Cal Helpline at **1-800-541-5555**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free.
- Call the DHCS Ombudsman Office at **1-888-452-8609**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free. The Ombudsman Office can help you with managed care.
- Call or visit your local county Medi-Cal office. Visit www.DHCS.ca.gov/services/medi-cal/Pages/CountyOffices.aspx to find an office near you.
- Learn more on the DHCS website at www.DHCS.ca.gov/Medi-Cal/Pages/changes.aspx.
- Email ImmigrationPolicy@dhcs.ca.gov.

16. Where can I get more information on how my immigration status affects my Medi-Cal?

DHCS and county Medi-Cal offices cannot answer questions related to immigration status or public charge. If you have questions about your immigration status and Medi-Cal benefits, talk to a qualified immigration lawyer.

The California Department of Social Services (CDSS) funds qualified nonprofit organizations to give services to immigrants who live in California. A list of organizations is available at <https://bit.ly/immigration-service-contractors>.

For immigration information and resources, go to California's Immigrant Guide at <https://immigrantguide.ca.gov/>.

To learn about public charge, see the California Health and Human Services Agency Public Charge Guide at <https://www.chhs.ca.gov/blog/2022/10/19/joint-statement-from-calhhs-leaders-on-new-public-charge-regulation/>.