Coverage Ambassadors Webinar

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

November 2025

Asset Limit Reinstatement and the Adult Expansion Freeze

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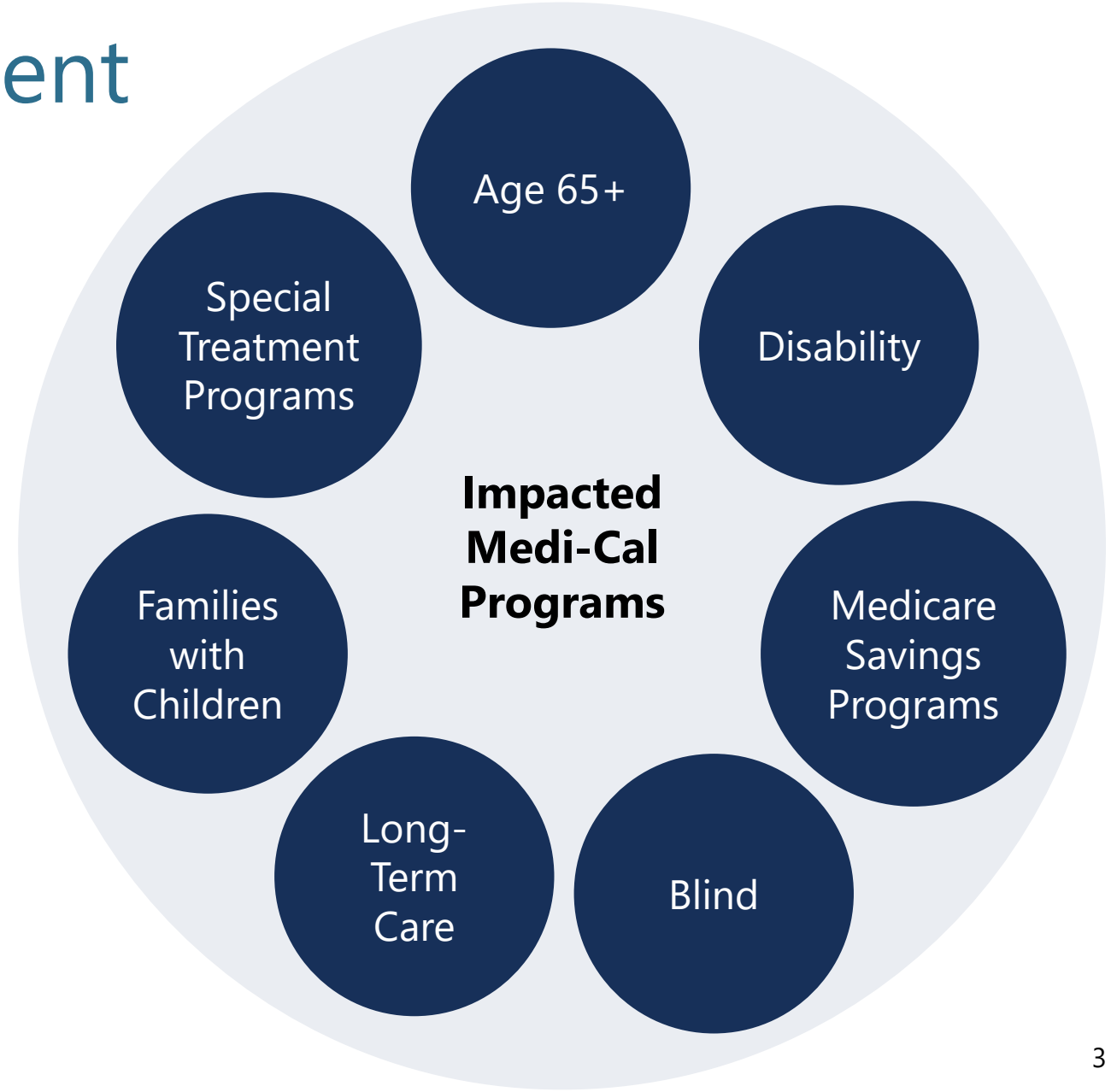
Asset Limit Reinstatement

- Starting January 1, 2026, certain Medi-Cal members and applicants will have to answer questions about their assets. This is called an asset check.
- Impacted individuals include:
  - Are age 65 and older and meet the household income limit for Medi-Cal.
  - Have a disability (physical, mental, or developmental).
  - Live in a nursing home.
  - Are in a family that makes too much money to qualify under federal tax rules.



Asset Limits

Household Size	Asset Limit
1 person	$130,000
2 people	$195,000
3 people	$260,000
4 people	$325,000
5 people	$390,000
6 people	$455,000
7 people	$520,000
8 people	$585,000
9 people	$650,000
10+ people	$715,000

Types of Assets

Real Property

- Land
- Buildings
- Mobile homes w/ real property titles
- Life estates in real property
- Mortgages
- Promissory notes
- Deeds of Trust

Personal Property

- Cars
- Boats
- Trucks
- Trailers
- Stocks
- Bonds
- Financial institution accounts
- Other liquid and non-liquid assets

Applying the Asset Test

New Applicants

Existing Members

When to apply asset test:

- At intake

If over asset limit:

- Offer spenddown

Applying the Asset Test

New Applicants

Existing Members

When to apply asset test:

- At annual redetermination

If over asset limit:

- Offer spenddown

Outreach – Asset Limit Reinstatement

General Informing Notice

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

November 2025

Important changes about Medi-Cal asset limits rules

Dear Medi-Cal Member,

A new California law sets a limit on the total amount of assets (property) a person or family can have to qualify for Medi-Cal. Starting January 1, 2026, California will count assets when determining eligibility for Medi-Cal members and applicants whose eligibility is based on being age 65 or older, having a disability, living in a nursing home, or being part of a family that is over the income for Medi-Cal using federal tax rules.

The new asset limits are:
- $130,000 for one person.
- Plus $65,000 for each additional household member (up to 10 people total).
- There may be higher asset limits for some married couples and registered domestic partners (ask your county office about "Spousal Impoverishment" to see if you qualify).

What are assets?
Assets are things you own that have a monetary value. Assets include:
- **Bank accounts** (checking, savings, CD balances)
- **Cash**
- **Secondary vehicles and homes** (secondary homes meaning homes you own, but do not live in)
- **Stocks, bonds, and investment accounts**
- **Other financial resources, no matter where those items are located**

Assets also include things you own jointly with others.

Some Assets Do Not Count
Some things you own do not count toward the asset limit, such as:
- The home you live in
- One vehicle
- Household items
- Certain retirement accounts

Not all assets count toward the asset limit, but all assets should be reported so the county Medi-Cal office can make an official decision.

California Department of Health Care Services
Medi-Cal Eligibility Division
1501 Capitol Avenue | Sacramento, CA | 95899-7413
MS 4607 | Phone (916) 552-9200 | www.dhcs.ca.gov

State of California
Gavin Newsom, Governor
California Health and Human Services Agency

Frequently Asked Questions

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FREQUENTLY ASKED QUESTIONS

When will asset limits count?
Starting January 1, 2026, California will count assets (property) when determining eligibility for Medi-Cal members and applicants whose eligibility is based on being age 65 and older, having a disability, living in a nursing home, or being part of a family that is over the income limits for Medi-Cal using federal tax rules. This means that, starting in 2026, Medi-Cal will ask for information about the things you own, which may change your eligibility status.

What are assets?
Assets are things you own that have a monetary value. These items include, but are not limited to, bank accounts, cash, second vehicles, second homes, and other financial resources, no matter where those assets are located. Please see below for examples.

Examples of Asset Types

Not Countable	Countable
Primary Home (where you live)	Second Homes
Primary Vehicle	Second Vehicles
Household items (furniture, clothing, etc.)	Cash
Retirement funds (like IRAs), if you are receiving the Required Minimum Monthly Distribution or periodic payments of interest and principal	Bank Accounts

What are asset limits?
Asset limits are the maximum amount of countable assets you can have and still get or stay on Medi-Cal under certain programs. Starting January 1, 2026, the asset limit is $130,000 for one person only, and the limit increases by $65,000 for each additional family member (10 people maximum). Not all members of your household may be included when determining eligibility. For example, if you are living with your adult children, they would not be included when determining your family size or your countable assets.

Some married couples and registered domestic partners may have higher asset limits (ask your county Medi-Cal office about "Spousal Impoverishment" to see if you qualify).

Adult Expansion Population

Starting January 1, 2026, some adults will no longer be able to sign up for full-scope Medi-Cal coverage based on their immigration status.

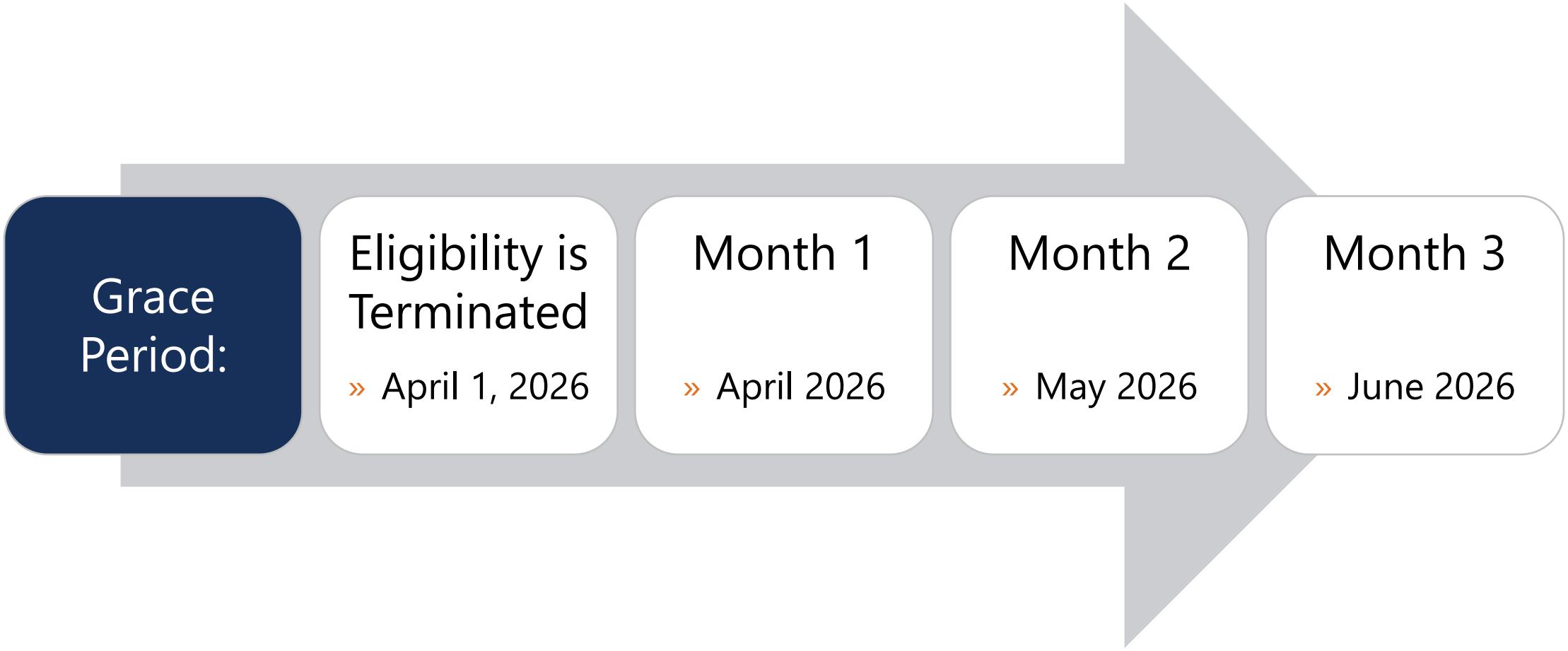
Impacted individuals include:

- Those without an immigration status or with an unverified immigration status
- Certain non-immigrant visa holders

Current Medi-Cal Members

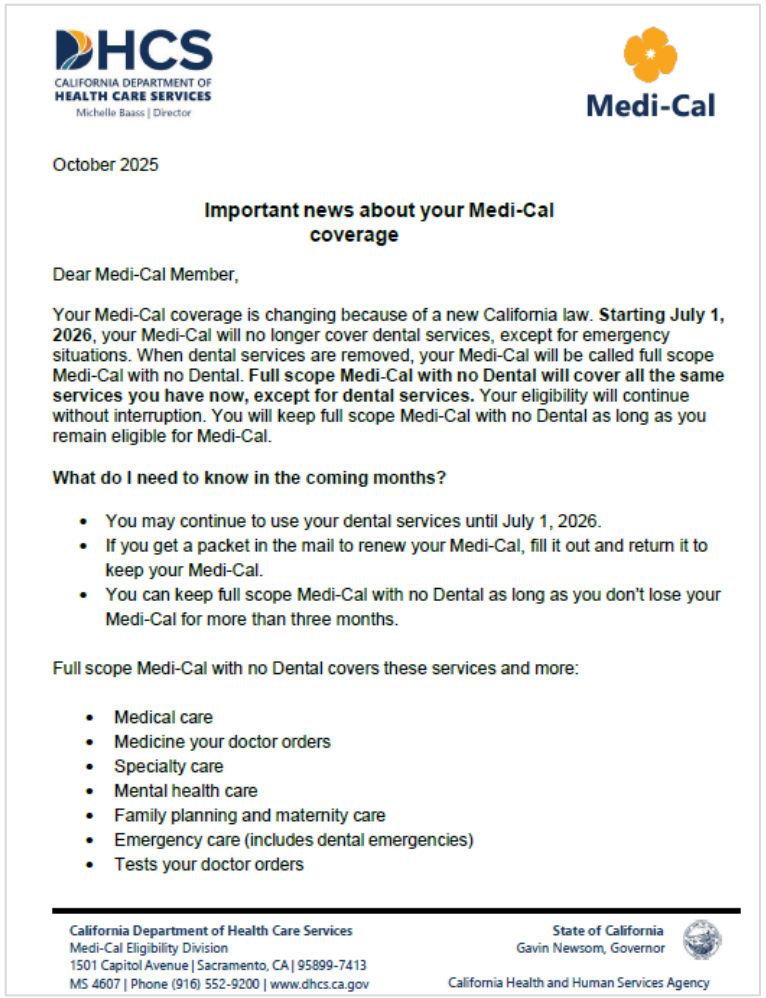
- Individuals currently on Medi-Cal can stay covered no matter their immigration status.
- To keep Medi-Cal, members must:
  - Complete a renewal every year
  - Still meet the Medi-Cal rules (like income and living in California)
  - If their Medi-Cal ends, they will have a three-month grace period to fix the problem or reapply for Medi-Cal to qualify for full-scope coverage.

Keep Full Scope Medi-Cal: Current Members



Outreach – Adult Expansion Freeze

General Informing Notice



DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

Medi-Cal

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

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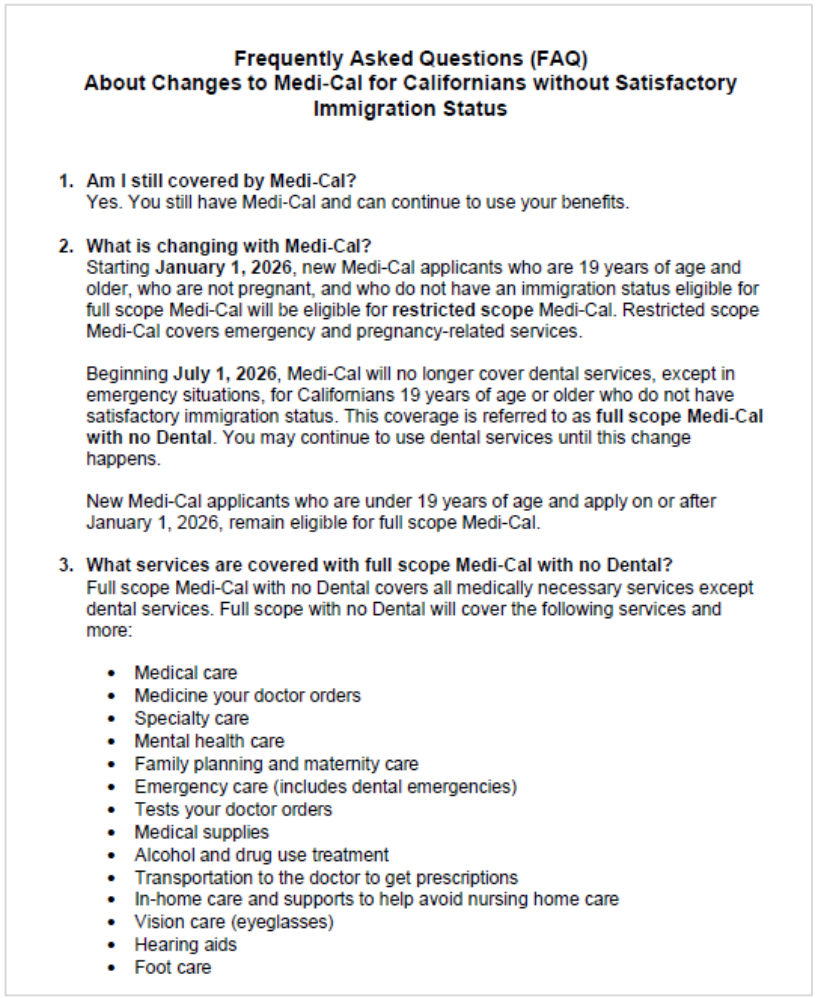
Frequently Asked Questions



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

County Support Training

Asset Limit Reinstatement

- October 14, 2025
- October 28, 2025

Adult Expansion Freeze

- November 4, 2025

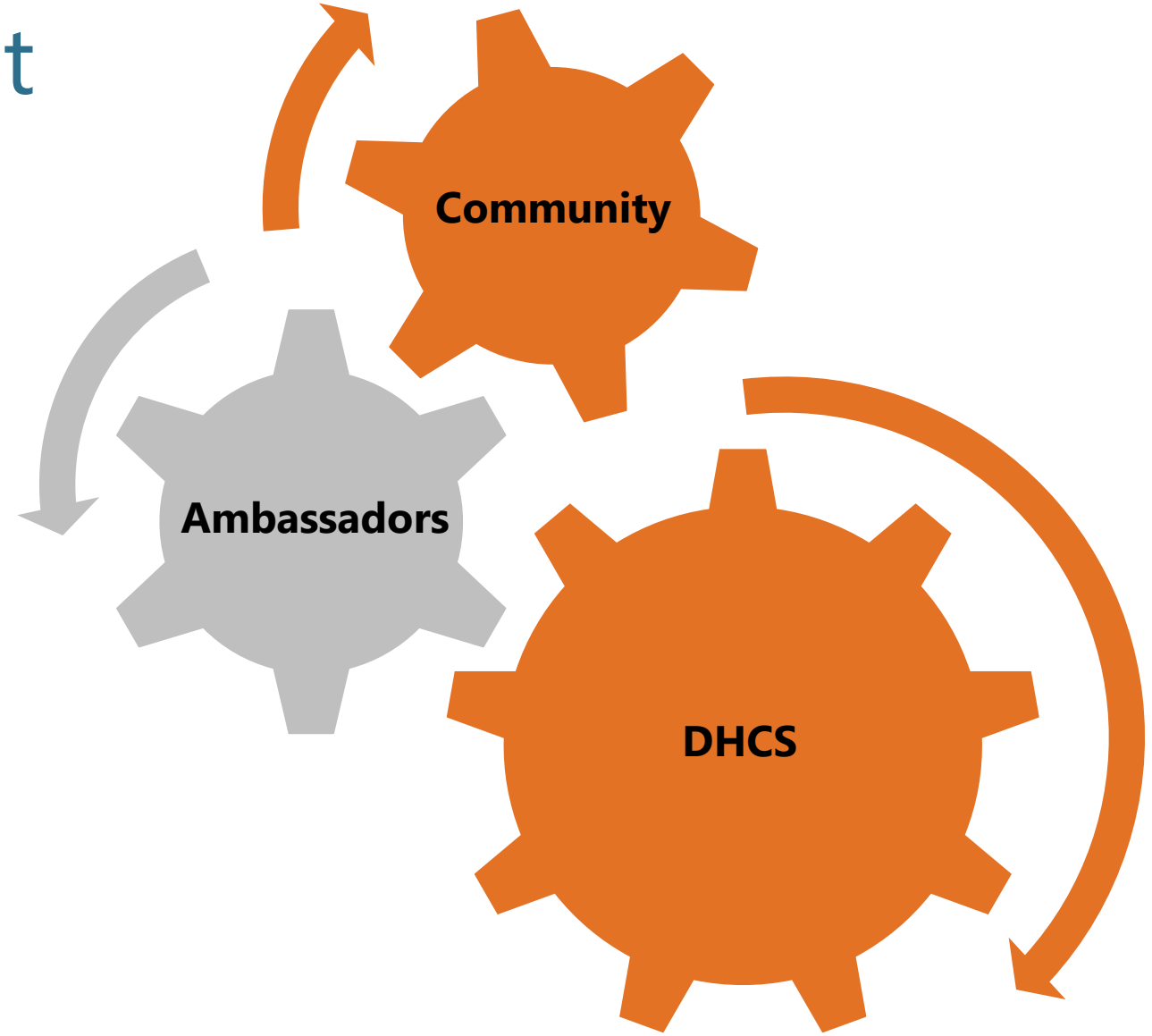
System Demonstration for Assets and Freeze

- December 9, 2025

Ambassador Support

Ambassadors are vital in assisting DHCS and the community.

Help us spread this information to our members!



Resources

- ACWDL 25-13 – Medi-Cal Expansion Freeze for Adults 19 and Older Without Satisfactory Immigration Status
- ACWDL 25-14 – Reinstatement of Asset Limits for Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal Programs
- MEDIL 25-22 - Outreach Materials for the Medi-Cal Expansion Freeze for Adults 19 Years of Age and Older Without Satisfactory Immigration Status
- MEDIL 25-23 - Outreach Materials for the Reinstatement of Asset Limits

Questions

Adult Expansion Freeze:
ImmigrationPolicy@dhcs.ca.gov

Asset Limit Reinstatement:
AssetLimitChanges@dhcs.ca.gov

Questions?

Upcoming Changes to the Medi-Cal Rx Pharmacy Benefit

Bassant Khalil, Pharmacy Benefits Division, DHCS

DHCS

Agenda

- Upcoming Changes Impacting Medi-Cal Rx Benefits
  - Coverage for OTC Covid-19 Antigen Tests
  - Exclusion of GLP-1 Medications for Weight Loss
  - Changes to Continuing Care for Select Products
  - Changes to OTC Product Coverage for Select Medications
- Medi-Cal Member Notification of Changes
- Prescriber and Pharmacy Provider Readiness
- Resources

State Budget Policy Changes

- Pursuant to the enacted 2025-26 State Budget, the Department of Health Care Services (DHCS) will be implementing several Medi-Cal Rx policy updates to:
  - Reduce pharmacy spending,
  - Improve program integrity,
  - Ensure continued, equitable access to quality pharmacy benefits and services.
- The changes presented will all go into effect January 1, 2026.

Coverage for Over-the-Counter (OTC) Covid-19 Antigen Tests

This applies to everyone, no matter their eligibility, age, or specialty program enrollment (e.g. CCS or GHPP)

Members can speak with their health care provider or pharmacist about alternative testing options.

OTC Covid-19 Antigen Tests will require prior authorization (PA) approval for Medi-Cal Rx coverage.

- Prior authorization requests are for one-time only approval and restricted to up to 4 tests per member, per 30 days.
- Prior authorization must demonstrate medical necessity for testing.
  - Request for coverage within the first seven days of symptom onset; and
  - Exposure from asymptomatic individuals; and/or
  - Pneumonia due to coronavirus disease; and
  - A documented one-on-one encounter.
- Test kits may be prescribed by pharmacists and obtained at point-of-sale pharmacy locations.

Exclusion of GLP-1 Medications for Weight Loss

This applies to everyone, no matter their eligibility, age, or specialty program enrollment (e.g. CCS or GHPP)

Members can speak with their health care provider about alternative strategies for weight loss management including exercise guidance, nutritional counseling, and/or alternative medications.

GLP-1 medications used for weight loss and weight loss-related indications will be excluded from Medi-Cal Rx coverage.

- GLP-1s may be covered when prescribed for non-weight loss indications such as Type 2 Diabetes, Chronic Kidney Disease, or Cardiovascular Disease.
- History of the condition and/or a PA request will be required and reviewed on a case-by-case basis.
- For members under age 21, GLP-1 medications may be covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) with an approved PA, reviewed on a case-by-case basis.
- DHCS has issued letters to all Medi-Cal members to notify them of change in coverage for GLP-1 drugs.

Changes to Continuing Care for Select Products

This applies to everyone, no matter their eligibility, age, or specialty program enrollment (e.g. CCS or GHPP)

Health care providers may select alternative medications available on the CDL or submit a PA request for continued use.

Select products that are currently covered for continuation of care will no longer be covered without a prior authorization.

- Includes eight medications not available on the marketplace or removed from the Contracted Drugs List (CDL) several years ago. These products have low to no utilization.
- After January 1, products removed from the CDL will require an approved PA for coverage. Prior historical use will not be an approvable justification for coverage; medical necessity must be demonstrated.
- These drugs will be published 60-days prior to removal and will be subject to PA requirements thereafter.

Changes to OTC Product Coverage for Select Medications

Impacts Medi-Cal members 21 years of age and older.

- Multivitamin combination products will no longer be covered.
- Single ingredient vitamins and minerals listed on the CDL will require a PA for coverage with demonstrated use for treating or mitigating a disease or condition.
- Single-ingredient vitamins not listed on the CDL will require a PA for coverage with demonstrated use for treatment or mitigation of a disease or condition.
- OTC dry eye products will require a PA demonstrating medical necessity.
- First- and second-generation allergy relief medications that have generics available will be restricted to generic formulations for coverage without a PA.
- Coverage for OTC prenatal vitamins will be limited to pregnancy or lactation conditions for Medi-Cal members of reproductive age.

Note: Vitamin and antihistamine claims will be restricted to a 90- or 100-day supply per fill for all members 21 and older.

Member Notification of Changes

- DHCS issued Member Notifications regarding pharmacy policy updates.
  - All Medi-Cal members received 60-days' notice of GLP-1 coverage exclusion and information about the appeal process. Letters were released for delivery by November 1, 2025.
  - Members impacted by exclusion of select medications removed from the CDL also received 60-days' notification.
  - Letters will be mailed by December 20, 2025, to members newly enrolled who were not included in the initial mailing re GLP-1 coverage.

Prescriber and Pharmacy Provider Readiness

- To support prescribers and pharmacy providers prepare for these changes, DHCS
  - Met with key stakeholder groups, including managed care plans, in October to present information about policy changes effective January 1, 2026.
  - Published alerts beginning in August to identify key changes. 30-day rolling notices will be published including the day of implementation.
  - Trained Medi-Cal Rx Customer Service Center Representatives to address questions and provide support.
  - Additional resources including a Frequently Asked Questions (FAQ) document will be published in mid-November with updates in December.
  - Prescriber and Pharmacy Provider webinars will be available in December to review upcoming changes and answer questions.

Resources

- 60-Day Countdown: Upcoming Change to Medi-Cal Rx - Published November 1, 2025.
- 90-Day Countdown: Upcoming Changes to Medi-Cal Rx – Published October 1, 2025
- Upcoming Changes to Medi-Cal Rx – Published August 19, 2025
- DHCS-FY-2025-26-Budget-Act-Highlights – Released July 1, 2025
- 2025-26 State Budget – Enacted June 27, 2025
- State Budget Policy Updates tab located on the Medi-Cal Rx Education and Outreach webpage

Questions?

Thank you!

DHCS