

DATE: October 30, 2025

Medi-Cal Eligibility Division Information

Letter No.: I 25-27

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

SUBJECT: Additional Reference Materials for the Adult Expansion Freeze
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER 25-13)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with additional reference materials for the Medi-Cal Expansion Freeze for Adults 19 Years of Age and Older Without Satisfactory Immigration Status (Adult Expansion Freeze).

The following enclosures are included in this letter:

- Questions and Answers – This document provides additional clarification regarding the Adult Expansion Freeze policy, including who it impacts and guidance on various circumstances.
- Immigration Status Chart – This chart provides a list of Unsatisfactory Immigration Statuses, along with their associated MEDS codes and scope of coverage effective January 1, 2026.

The following scripts are included to inform county eligibility workers of the information being shared when members contact the call centers regarding the Adult Expansion Freeze:

- Department of Health Care Services (DHCS) Medi-Cal Helpline Script – This script was developed for use at the DHCS Medi-Cal Helpline to address questions related to the Adult Expansion Freeze.
- Health Care Options (HCO) Call Center Script – This script was developed by HCO and is in use at the Health Care Options Call Center to address questions related to the Adult Expansion Freeze.
- Dental Call Center Script – This script was developed by Medi-Cal Dental Services Division and is in use at the Dental Call Center to address questions related to the Adult Expansion Freeze.

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

Sincerely,

Theresa Hasbrouck
Branch Chief, Policy Development Branch
Medi-Cal Eligibility Division

Enclosure

Questions and Answers – Medi-Cal Adult Expansion Freeze

1. What changes are expected with the implementation of the Adult Expansion Freeze?

Effective January 1, 2026, individuals 19 years of age or older newly applying for Medi-Cal, who do not have an immigration status, who failed to verify their immigration status, and certain non-immigrant visa holders, and are not pregnant will be eligible for restricted scope Medi-Cal only.

2. Who is impacted by the Adult Expansion Freeze?

The Adult Expansion Freeze applies to individuals 19 years of age and older who do not have an immigration status, who failed to verify their immigration status, and certain non-immigrant visa holders. This population is referred to as the Adult Expansion Population.

3. Will members receive communication regarding these changes?

Yes, DHCS is mailing outreach materials to members impacted by the Adult Expansion Freeze in November 2025. Please reference [ACWDL 25-13](#) and [MEDIL 25-22](#).

DHCS anticipates the mailing of the outreach materials to begin the first week of November and complete by the end of November.

4. Are all individuals considered unsatisfactory immigration status (UIS) affected by this change?

No. Only individuals 19 and older who are not pregnant with the following immigration statuses are impacted by this change:

- No immigration status
- Unverified immigration status
- Certain non-immigrant visa holders

5. How will the Adult Expansion Freeze population be identified?

California Statewide Automated Welfare System (CalSAWS) will identify a person as part of the Adult Expansion Freeze and will apply an Expansion Freeze case indicator. The indicator will be located in the Expansion Freeze Details screen in CalSAWS and will be reflected in CalHEERS in the MAGI Budget. The indicator will not be displayed in MEDS.

Members will remain in their current full scope aid code.

6. Please define the different scopes of Medi-Cal coverage.

- Full scope coverage – Covers a full range of Medi-Cal benefits, such as primary and specialty care, mental health services, substance use disorder treatment, vision, prescriptions, transportation, and comprehensive dental

services.

- Full scope Medi-Cal with no Dental (effective July 1, 2026) – Covers the same services as full scope Medi-Cal, except dental services. Dental services are covered only for emergencies.
- Restricted scope (emergency) coverage – Covers emergency medical services and pregnancy-related care, such as prenatal care, labor, delivery, 365-days postpartum care, and long term care services. Dental services are covered only for emergencies.
- Limited scope coverage – Covers a narrower set of benefits for specific services or diagnoses, such as family planning, dialysis, and organ transplant.

7. 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. For more information, visit the Medi-Cal Benefits webpage (<https://www.dhcs.ca.gov/Medi-Cal/Pages/benefits.aspx>).

8. What outpatient services will be covered under Emergency Medicaid? Will outpatient dialysis be a continued covered service?

There are no changes to services covered under Emergency Medicaid (restricted scope Medi-Cal). Emergency Medicaid covers emergency services and treatment related to the emergency, as well as pregnancy-related services such as prenatal care, labor, delivery, and one-year postpartum period. Restricted scope Medi-Cal will cover emergency-related dialysis only.

9. Can the Adult Expansion Freeze population re-enroll into full scope Medi-Cal following a discontinuance within the 90-Day Cure Period?

Adult Expansion members, who were enrolled in full scope prior to January 1, 2026, who experience a discontinuance will have a three-month grace period to re-establish eligibility and re-enroll in full scope Medi-Cal (full scope Medi-Cal with no dental effective July 1, 2026). This grace period is available only to the Adult Expansion Freeze population and is not limited to specific discontinuance reasons.

The 90-Day Cure period remains in place for members who experience a discontinuance due to failure to provide at annual renewal or a change in circumstance redetermination.

10. What is the difference between the 90-Day Cure Period and the three-month Expansion Grace Period?

The 90-Day Cure Period applies for certain discontinuance reasons, such as failure to provide verification at annual renewal or change in circumstance redetermination. The 90-Day Cure will allow eligibility to be established without a new application.

The Expansion Grace Period applies only to the Adult Expansion Population. The grace period is not limited to specific discontinuance reasons. If the member returns within the grace period and determined eligible, may re-enroll in full scope Medi-Cal. Counties should continue to follow normal policies to determine whether

someone in the Expansion Grace period requires a new application.

These two periods can run in parallel depending on the discontinuance reason. If the discontinuance reason is not eligible for the 90-Day Cure, the grace period will run independently. Members determined eligible within the grace period will be re-enrolled in full scope Medi-Cal, even if there is a break in aid.

11. If a member of the Adult Expansion Population who is eligible for full scope Medi-Cal is discontinued for more than three months, will they be eligible only for restricted scope Medi-Cal? If good cause exists, can they re-enroll in full scope Medi-Cal?

Each claim for good cause is evaluated on a case-by-case basis and verification may be requested. An example would be incarceration by a law enforcement agency, and the incarceration status was not communicated with DHCS and/or the appropriate county Medi-Cal office. If good cause is determined to exist, the member will be re-enrolled in full scope Medi-Cal or full scope Medi-Cal with no Dental.

12. Is incarceration considered a loss of eligibility and if it exceeds three months, will the member become ineligible for full scope Medi-Cal?

No, incarceration is not considered a loss of eligibility. Individuals who are incarcerated will have their Medi-Cal benefits suspended until they are released. If they were eligible for full scope Medi-Cal prior to their incarceration, they will remain on full scope after their release, if otherwise eligible.

13. Will county eligibility workers (CEWs) be able to apply the case indicator as necessary to re-enroll a member in full scope Medi-Cal?

Yes, CEWs will have the ability to apply the Expansion Freeze case indicator to re-enroll a member into full scope Medi-Cal. The indicator will be located in the Expansion Freeze Details screen in CalSAWS and will be reflected in CalHEERS in the MAGI Budget.

14. Home and Community-Based Services (HCBS), Long-Term Care (LTC), and Spousal Impoverishment (SI) are often considered together – please confirm if HCBS was also included in the Adult Expansion Freeze.

The Adult Expansion Freeze will impact individuals requesting Home and Community-Based Services (HCBS) Waivers. Recipients of HCBS Waivers must be eligible for full scope non-Modified Adjusted Gross Income (non-MAGI) Medi-Cal. New applicants aged 19 and older, who are not pregnant, applying on or after January 1, 2026, and determined eligible for restricted scope Medi-Cal, will be ineligible for HCBS Waivers and therefore not a candidate for Spousal Impoverishment (SI) provisions. Please reference [MEDIL I 24-16](#).

15. What impact does the Adult Expansion Freeze have on the Trafficking and Crime Victims Assistance Program (TCVAP)?

The Adult Expansion Freeze does not impact the TVCAP populations.

16. How will the Adult Expansion Freeze impact pregnant individuals?

Pregnant individuals are not subject to the Adult Expansion Freeze for the duration of the pregnancy and the 365-day postpartum period.

17. An individual applies for Medi-Cal in December 2025 with income at 150% of the FPL in December but is income-eligible in January 2026. Will this individual be granted full scope or restricted scope?

While the date of application is considered when determining the scope of coverage, the individual must be determined eligible and enrolled into full scope Medi-Cal for December 2025 in order to be protected in full scope Medi-Cal beginning January 1, 2026. Although this individual applied prior to January 1, 2026, because the individual was not found eligible to full scope Medi-Cal in December 2025, they will be granted restricted scope benefits for the January 2026 month of eligibility.

18. An individual applies in December 2025 and is conditionally eligible for full scope Medi-Cal. The CEW processes the case in February 2026 and confirms full scope Medi-Cal eligibility for December 2025. Will the member be protected in their full scope aid code?

Yes, if the individual is conditionally eligible for full scope Medi-Cal with an application submitted in 2025, they will be protected in full scope Medi-Cal after January 1, 2026, so long as they remain eligible.

19. How long can individuals subject to the Adult Expansion Freeze remain on full scope?

Members granted full scope (full scope with no dental effective July 1, 2026) can remain on full scope for as long as they continue to meet all other eligibility criteria and do not experience a discontinuance that exceeds the three-month Expansion Grace Period.

20. Prior to January 1, 2026, an individual attested to being a naturalized citizen but did not provide verification and therefore their citizenship verification is Administratively Failed. They are granted full scope Medi-Cal. After January 1, 2026, there is a change in circumstance reported. Should the member remain on full scope or transition to restricted scope?

This member would be protected and, if they meet all other eligibility criteria, remain eligible for full scope Medi-Cal (full scope with no dental effective July 1, 2026).

21. How will the Adult Expansion Freeze impact Former Foster Youth (FFY)?

FFY will not be subject to the Adult Expansion Freeze. When they turn 26, they will remain in full scope Medi-Cal (full scope with no dental effective July 1, 2026) if they continue to meet all other eligibility criteria.

22. If a FFY is discontinued before their 26th birthday and reapplies, will they be eligible for full scope Medi-Cal?

If the FFY reapplies before they turn 26, they will be re-enrolled in full scope Medi-Cal. Once they turn 26, they will continue with full scope Medi-Cal (full scope with

no dental after July 1, 2026) if they are otherwise eligible.

23. Does the three-month Expansion Grace Period apply to FFY?

Yes, the three-month Expansion Grace Period will apply to FFY who are 26 years of age and older, who do not have an immigration status, verified immigration status, or certain non-immigration visa holders, who are not pregnant, and eligible for continued full scope benefits after January 1, 2026.

24. Can an individual who is eligible for full scope Medi-Cal request the county to transition them to restricted scope Medi-Cal?

Please contact DHCS if this scenario presents itself and we will review and provide guidance.

I. General

If a caller is asking about Medi-Cal eligibility or benefits changes for 2026, regarding their eligibility and benefits related to immigration status, proceed with the following script and utilize the FAQs and talking points to inform the member.

“I understand you may have questions about upcoming Medi-Cal changes. I can help explain what’s changing and how it may affect you or your household. You can find this information at www.dhcs.ca.gov for your reference as well.”

II. General Information Notice

The following notice will be mailed to impacted members beginning mid-September. (Please see [MEDIL 25-22](#))

III. Frequently Asked Questions (FAQs)

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

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- 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.

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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>.

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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.

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

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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/>.

III: Resources

- MEDIL [I25-22](#)

DHCS Medi-Cal Helpline Script – Adult Expansion Freeze

Background:

DHCS will begin mailing outreach materials in October to individuals that may be impacted by the Medi-Cal Adult Expansion Freeze.

Effective January 1, 2026, new applicants 19 and older who are not pregnant and do not have an immigration status eligible for full scope Medi-Cal will be eligible for restricted scope Medi-Cal. If they were granted full scope Medi-Cal prior to January 1, 2026, they can keep full scope Medi-Cal as long as they continue to meet all other eligibility criteria.

Question	Response
Why did I get this notice?	You received this notice because you were identified as someone affected by the new changes and wanted to provide information to explain what these changes mean for you.
What is changing on January 1, 2026?	Effective January 1, 2026, new applicants over the age of 19 who do not have an immigration status eligible for full scope Medi-Cal and are not pregnant will be eligible for restricted scope Medi-Cal.
When will I lose my dental coverage?	Effective July 1, 2026, Medi-Cal will no longer offer dental services, except in an emergency, to members over the age of 19 who do not have satisfactory immigration status and are not pregnant. If you're unsure if you are part of this population, you can contact your local Medi-Cal office.
What will full scope Medi-Cal with no Dental cover?	Full scope Medi-Cal with no Dental covers all the same services as full scope Medi-Cal, except dental services.
What is restricted scope Medi-Cal?	Restricted scope Medi-Cal covers emergencies, including dental-related emergencies, and pregnancy-related services, such as prenatal care, labor, delivery, and postpartum.
Do I need to take any action?	No action is needed at this time. Make sure to respond to any requests from the county so you do not lose your coverage

Question	Response
Where can I get more information about my Medi-Cal coverage?	You can contact your local Medi-Cal office to speak to a county eligibility worker. BenefitsCal.org also has a lot of information. You can create an account that will help you keep track of your case and any reports that are due.
What can I do if I believe my coverage is incorrect?	If you believe your coverage is incorrect, contact your local Medi-Cal office to review your case to see if you may be eligible for full scope coverage. Your notices also include contact information to request additional information or assistance.

Medi-Cal Dental Coverage Changes

Date: September 30, 2025

BACKGROUND:

Medi-Cal coverage is changing because of a new California law. **Starting July 1, 2026**, Medi-Cal will no longer cover dental services, except for emergency situations, for individuals 19 years of age and older without satisfactory immigration status. Members who are pregnant or within 12 months postpartum will continue to receive dental services. When dental services are removed, 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 as they do now, except for dental services.** Member eligibility will continue without interruption. Members will keep full scope Medi-Cal with no Dental as long as they remain eligible for Medi-Cal.

Member	Agent
What is changing with my Medi-Cal coverage in 2026?	Starting July 1, 2026, Medi-Cal will no longer cover dental services except in emergency situations. Your coverage will be called full scope Medi-Cal with no Dental , which includes all current services <i>except</i> for dental care —only emergency dental services will be covered. More information can be found at https://www.dhcs.ca.gov/Medi-Cal/Pages/changes.aspx#enrollment-freeze
Will I lose my Medi-Cal coverage because of this change?	No. Your eligibility will continue without interruption as long as you remain eligible for Medi-Cal. Only dental services are being removed.
Can I still use my dental benefits before July 1, 2026?	Yes. You may continue using your dental services until June 30, 2026.
What happens if I lose Medi-Cal and reapply later?	If you lose Medi-Cal for more than three months, you may not be eligible for dental services when you re-enroll. You'll receive restricted scope Medi-Cal.
What services are still covered under full scope Medi-Cal with no Dental?	You'll continue to receive the following services: <ul style="list-style-type: none">• Medical care• Prescription medications• Specialty care• Mental health services• Family planning and maternity care• Emergency care (including dental emergencies)• Lab tests and imaging

Medi-Cal Dental Coverage Changes

Member	Agent
	<ul style="list-style-type: none"> Medical supplies Substance use treatment Transportation to medical appointments and pharmacies In-home care and support Vision care (including eyeglasses) Hearing aids Foot care <p>To learn more about Medi-Cal benefits, go to https://bit.ly/medi-cal-ehb-benefits.</p>
Will pregnant members still get dental coverage?	Yes. If you are pregnant or within 12 months postpartum, you will continue to receive full scope Medi-Cal, which includes dental services , during your pregnancy and for one year postpartum.
What should I do to keep my Medi-Cal coverage?	If you receive a renewal packet or request from your local Medi-Cal office in the mail, complete and return it promptly to avoid losing coverage.
Where can I get more information or help?	<ul style="list-style-type: none"> 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 questions regarding your managed care plan. 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.
Where can I get more information on how my immigration status affects my Medi-Cal?	<p>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.</p> <p>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.</p> <p>For immigration information and resources, go to California’s Immigrant Guide at https://immigrantguide.ca.gov/.</p> <p>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/.</p>

Medi-Cal Dental Coverage Changes

Member	Agent
I have additional questions about my dental coverage, who can I speak with?	You may call Medi-Cal Dental at (800)322-6384.