

DATE: October 01, 2026

Medi-Cal Eligibility Division Information

Letter No.: I 26-27

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

SUBJECT: Additional Reference Materials for the Qualified Non-Citizen Changes
from House Resolution 1 (H.R. 1)
(REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER [26-13](#))

The purpose of this Medi-Cal Eligibility Division Information Letter is to provide counties with additional reference materials regarding the Qualified Non-Citizen (QNC) Changes from House Resolution 1 (H.R. 1)

The enclosed script informs county eligibility workers about the information being shared when impacted members who contact the Medi-Cal Telephone Service Center about the QNC changes resulting from H.R. 1:

- 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 QNC changes from H.R. 1.

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

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

Enclosure

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DHCS Medi-Cal Helpline Script for Certain Qualified Non-Citizens (QNCs)

Background

Medi-Cal's rules are changing because of a new federal law. The federal government is limiting what it will cover for people with certain immigration statuses. Under the new federal rule, some Qualified Non-Citizens (QNCs) who are age 21 or older, not pregnant, and not within a 12-month postpartum period will no longer qualify for federal full scope Medicaid. QNCs who are under age 21 or pregnant, including throughout the 12-month postpartum period, will continue to qualify for federal full scope Medicaid.

In California, QNCs who are no longer eligible for federal full scope Medi-Cal because of their immigration status will continue to receive full scope coverage in state-funded full scope Medi-Cal until June 30, 2027.

Important Information for Members

- If the member has had a change in their immigration status or if they think Medi-Cal does not have their correct immigration status, they must contact their county to update their record by December 1, 2026.
- If the member receives a request for information from the county, they must respond with the requested information by the due date listed on the notice.

Starting September 17, 2026 – Member Outreach Notice

The California Department of Health Care Services (DHCS) will send an Outreach Notice along with the Notice of Language Services (GEN 1365) to affected QNCs. The Outreach Notice is a general informational notice informing the member about the new federal rule and how it impacts them.

October 1, 2026 – QNC Federal Full Scope Medicaid Eligibility Changes Take Effect

Impacted QNC members who are no longer eligible for full scope coverage under federal rules will maintain their full scope Medi-Cal benefits in state-funded full scope Medi-Cal. DHCS will automatically transition impacted QNCs from federal full scope Medicaid to state-funded full scope Medi-Cal. This transition will be seamless and will not require any action from the Medi-Cal member. If the member thinks their immigration status has changed or thinks Medi-Cal does not have their correct

immigration status, they must report this change to their local county office so their record can be updated by December 1, 2026.

January 1, 2027 – Managed Care to Fee-for-Service (FFS) Transition

Medi-Cal members who are not eligible for federal full scope Medicaid because of their immigration status will no longer be eligible for enrollment in the Managed Care health care delivery system. Members will transition from their Managed Care plan to the Fee-for-Service (FFS) health care delivery system.

July 1, 2027 – Restricted Scope Transition

QNC members in California who are no longer eligible for federal full scope Medicaid will continue receiving state-funded full scope coverage until June 30, 2027. On July 1, 2027, the Governor's 2026–2027 state budget will transition this group from state-funded full scope Medi-Cal to restricted scope coverage if they are not eligible under another state-funded full scope coverage group.

More information about the upcoming Medi-Cal changes is also available on the DHCS Medi-Cal Changes webpage at <https://www.dhcs.ca.gov/Medi-Cal/Pages/changes.aspx>.

Caller	Agent
Why did I get this notice?	You received this notice because federal eligibility rules are changing. We want to help you understand what this change means for you. The federal government requires Medi-Cal to inform you that it will limit full federal coverage for certain immigration status.
What is changing on October 1, 2026?	Starting October 1, 2026, your full scope Medi-Cal will continue without interruption as long as you remain eligible. The federal government will limit coverage for people with certain immigration statuses. But because you live in California, you will have state-funded full scope Medi-Cal coverage.
What will state-funded full scope Medi-Cal cover?	State-funded full scope Medi-Cal covers all Medi-Cal services below, and more: • Doctor visits and regular check-ups

Caller	Agent
	• Emergency and urgent care • Pregnancy care and birth control • Medicine, medical supplies and medical tests • Specialty care • Dental care, vision care, eyeglasses, and hearing aids • Mental health care • Foot care • Alcohol and drug-use treatment • Rides to the doctor and to pick up medicine In-home help so you can stay safely at home
What is changing on January 1, 2027?	Because of federal rules, on January 1, 2027, you will no longer be a member of a Medi-Cal health plan. Instead, you will be a member of a “regular” Medi-Cal, also called Fee-for-Service (FFS) Medi-Cal. “Regular” Medi-Cal does not mean you pay. Medi-Cal will still pay for your care. More information about this upcoming change will be shared in a separate information notice in December 2026 or it can be found on the DHCS Medi-Cal Changes webpage at https://www.dhcs.ca.gov/Medi-Cal/Pages/changes.aspx.
What is “regular” Medi-Cal?	In “regular” Medi-Cal: • You will not be in a health plan. • You can still go to any doctor, clinic, hospital, or provider that accepts “regular” Medi-Cal. • You will use your Medi-Cal Beneficiary Identification Card (BIC), also called Medi-Cal card, instead of a health plan card. Some services that only exist in Medi-Cal health plans will stop, but many other services will stay the same.
How do I find a “regular” Medi-Cal doctor?	I can help you find a “regular” Medi-Cal doctor. • Medi-Cal FFS Provider Lookup Tool: https://bit.ly/Medi-CalProviderLookup. • https://bit.ly/Medi-CalProviderList

Caller	Agent
Will I lose my Medi-Cal coverage because of these changes?	No. Your full scope Medi-Cal will continue without interruption as long as you meet all other Medi-Cal eligibility requirements.
Do I need to take any action?	Medi-Cal needs correct information to help you stay covered. Make sure we have your current immigration status. Your local county Medi-Cal office uses this information to help you get all the benefits you may qualify for. Find local county office here: https://dhcs.ca.gov/COL. The county may contact you to ask for updated information. If your immigration status has changed, or if you think we do not have your most current information, you must contact your local county Medi-Cal office to update your information as soon as possible. You must provide updated immigration information by December 1, 2026. Find local county office here: https://dhcs.ca.gov/COL.
Where can I update my information?	• I can help you find your local county office to update your information. Find local county office here: https://dhcs.ca.gov/COL. • Or you can visit https://benefitscal.com.
Why does the notice say my immigration status doesn't qualify me for federally funded Medi-Cal?	Starting October 1, 2026, a new federal law changes federal full scope eligibility for some Qualified Non-citizen immigration statuses. Qualified Non-citizen immigration statuses that will continue to be eligible for federal full scope Medi-Cal are:

Caller	Agent
	• Lawful Permanent Residents who are exempt from or have met their 5-year waiting period, • Cuban/Haitian Entrants, and Compact of Free Association (COFA) migrants.
Where can I find support about my immigration status?	DHCS and county Medi-Cal offices cannot give you legal advice about your immigration status or answer questions related to immigration status or public charge. If you have questions about your immigration status and how it impacts your Medi-Cal benefits, talk to a qualified immigration lawyer. The California Department of Social Services (CDSS) funds qualified nonprofit organizations to provide services to immigrants who live in California. A list of organizations is available on the Immigration Services Contractors website at https://www.cdss.ca.gov/inforesources/immigration/contractor-contact-information For immigration information and resources, visit the California Immigrant Guide: Home. 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/
Where can I get more information or help with my Medi-Cal coverage?	You can contact your local Medi-Cal office to speak with a county eligibility worker. I can help you find your local county office. Find local county office here: https://dhcs.ca.gov/COL. https://benefitscal.com 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.
Why will I move to restricted scope on July 1, 2027?	Starting July 1, 2027, your coverage will change to restricted scope because of a new state law.

Caller	Agent
	The Governor's 2026–2027 state budget shifts impacted QNC members who are longer eligible for federal full scope Medicaid to restricted scope if they are not eligible under another state-funded full scope coverage group. This change was delayed until June 30, 2027, but will now take effect on July 1, 2027.