The Medi-Cal logo features a stylized orange flower with five petals and a white sunburst in the center.

Medi-Cal

Overview



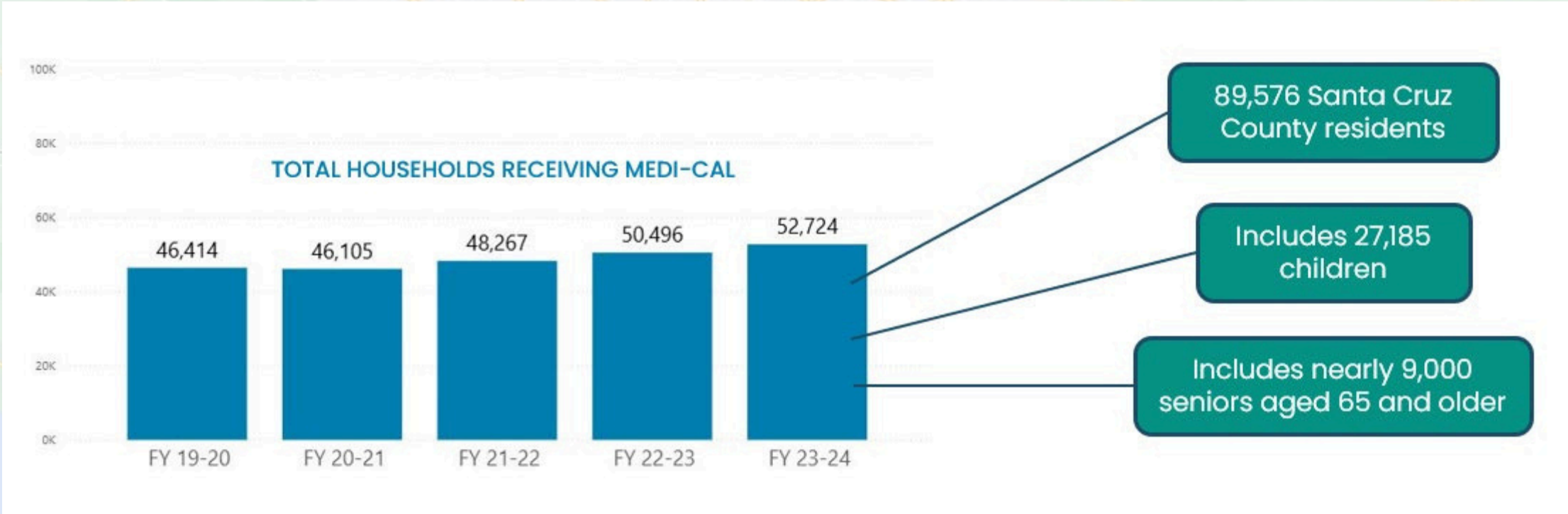
COUNTY OF SANTA CRUZ
**HUMAN
SERVICES
DEPARTMENT**

04.2026

Welcome and Agenda

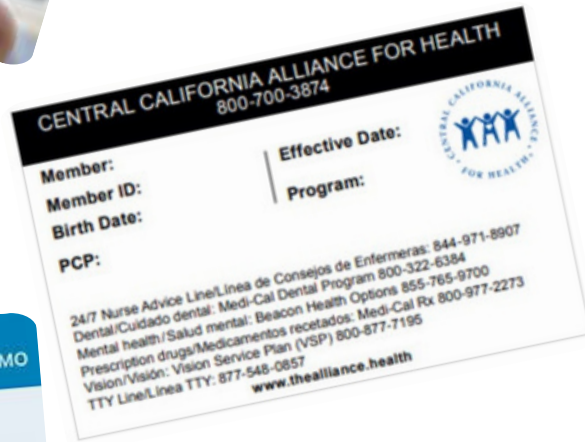
- Welcome
- Medi-Cal: A Lifeline in Santa Cruz County
- Medi-Cal Basics
- Medi-Cal Changes in 2026 and Beyond
- Ways to Apply
- BenefitsCal
- Medi-Cal Renewals
- Additional Questions?





As of March 2025, over 8,500 undocumented immigrants received Medi-Cal, 12% of all recipients.

Medi-Cal: A Lifeline in Santa Cruz County



What is Medi-Cal?

Medi-Cal is California's version of the federal Medicaid program administered by the Centers for Medicare & Medicaid Services (CMS).

- **Medi-Cal offers no-cost and low-cost** health coverage to eligible people who live in California.
- **Department of Health Care Services (DHCS)** oversees the Medi-Cal program for the State of California.
- **Santa Cruz County Human Services** Department administers the Medi-Cal program at the county level.
- **Managed Care Plans: *Central Coast Alliance for Health, or Kaiser Permanente.***



Special Programs

Medi-Cal provides coverage through special programs for specific needs related to:

- Breast Cancer and Cervical Cancer (BCCTP)
- Tuberculosis
- HIV/AIDS

Medi-Cal also provides coverage to specific populations:

- CalWORKs families
- Children in Foster Care & Former Foster Youth
- Minor Consent
- SSI recipients



What does Medi-Cal Cover?

Full-scope coverage includes:

- Doctor visits
- Preventative care
- Prescribed medications
- Vaccines
- Mental health care
- Substance use care
- Vision care/eyeglasses
- Dental care
- Emergency services
- Referrals to specialists
- Long-Term Care
- Linkage to In-Home Supportive Services
- Transportation to medical services

Is Medi-Cal Free?

- Medi-Cal is free for individuals and families who are income-eligible.
- For individuals and families with linkage to Non-MAGI Medi-Cal, whose income is over the income guidelines, they can have Medi-Cal with a Share-of-Cost (monthly deductible).



What is Non-MAGI Medi-Cal?

- Non-MAGI refers to the Pre-ACA Medi-Cal programs (Classic Medi-Cal).
- Requires “linkage”: age under 21 or 65+, federally blind, federally disabled, pregnant, in skilled nursing facility, refugee status for a limited time, parent or caretaker/relative of a child under 21.
- Eligibility criteria include income test & asset test
 - There are many special programs for Aged, Blind, Disabled (ABD)
 - Assisted Living “Board & Care” (B&C)
 - Skilled Nursing Facility (SNF) / Long Term Care (LTC)
 - Home & Community Based Services (HCBS) Waiver programs with Spousal Impoverishment (SI) provisions
 - Medicare Savings Programs (QMB, SLMB, QI-1)
- Non-MAGI budgeting methodology uses **family relationships, age, and who is living in the home.**

What is MAGI Medi-Cal?

- Modified Adjusted Gross Income (MAGI).
- Affordable Care Act (ACA) simplified Medi-Cal eligibility requirements, and expanded the eligible population to include:
 - Adults (21-64 years of age) with no dependents = “New Adult Group”
 - Households with income at or below 138% Federal Poverty Level (FPL).
 - Children qualify for free programs at higher FPLs, depending on age.
- The MAGI budgeting methodology looks at income & household composition based on marital status, relationship, and **federal tax rules along with tax filing status.**



January 1, 2026 – Reinstatement of property limits for Non-MAGI Medi-Cal

# of Persons	Property Limit
1	\$130,000
2	\$195,000
3	\$260,000
4	\$325,000
5	\$390,000
6	\$455,000
7	\$520,000
8	\$585,000
9	\$650,000
10	\$715,000



What is Property?

- **Real** property: land, buildings, mobile homes taxed as real property, life estates in real property, mortgages, promissory notes, deeds of trust
- **Personal** property: any liquid or non-liquid asset, including motor vehicles, jewelry, stocks, bonds, financial institution accounts, watercraft, aircraft, oil & mineral rights, burial assets/policies, life insurance policies, trusts, annuities, retirement accounts
- Any income received from income-producing assets count as income, and may exempt a portion of the property itself.
- Estate Recovery Program
 - DHCS will continue to seek repayment from the estates of deceased MC beneficiaries who meet the criteria under federal and state laws.

Available Managed Care Plans

Santa Cruz County has two (2) Managed Care Plans available for Medi-Cal recipients:

- Central CA Alliance for
- Health Kaiser Permanente

Medi-Cal Health Care Options notifies new members of their automatic enrollment with CCAH or Kaiser based on plan/family linkage default assignment.

Members can contact Health Care Options to choose the other MCP, with Kaiser being subject to specific eligibility criteria (listed on next slide).

- Health Care Options:
- 1-800-430-4263
- www.healthcareoptions.dhcs.ca.gov

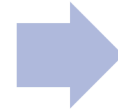


Medi-Cal Changes in 2026 and Beyond

State Budget Impacts

January 1st, 2026

- Reinstatement of Assets Limits for Non-MAGI: \$130,000 for individuals and \$195,000 for couples.
- Full-scope enrollment freeze for adults with Unsatisfactory Immigration Status (UIS) ages 19 years and older, with a 3-month re-enrollment grace period.
- New UIS enrollees only eligible for Emergency-and pregnancy-related services only.



July 1st, 2026

- Elimination of dental benefits for adults with UIS ages 19 years and older (IHSS benefits remain).



July 1st, 2027

- \$30 per month premiums for adults ages 19 years and older with UIS.

Federal Budget Impacts

January 1st, 2027

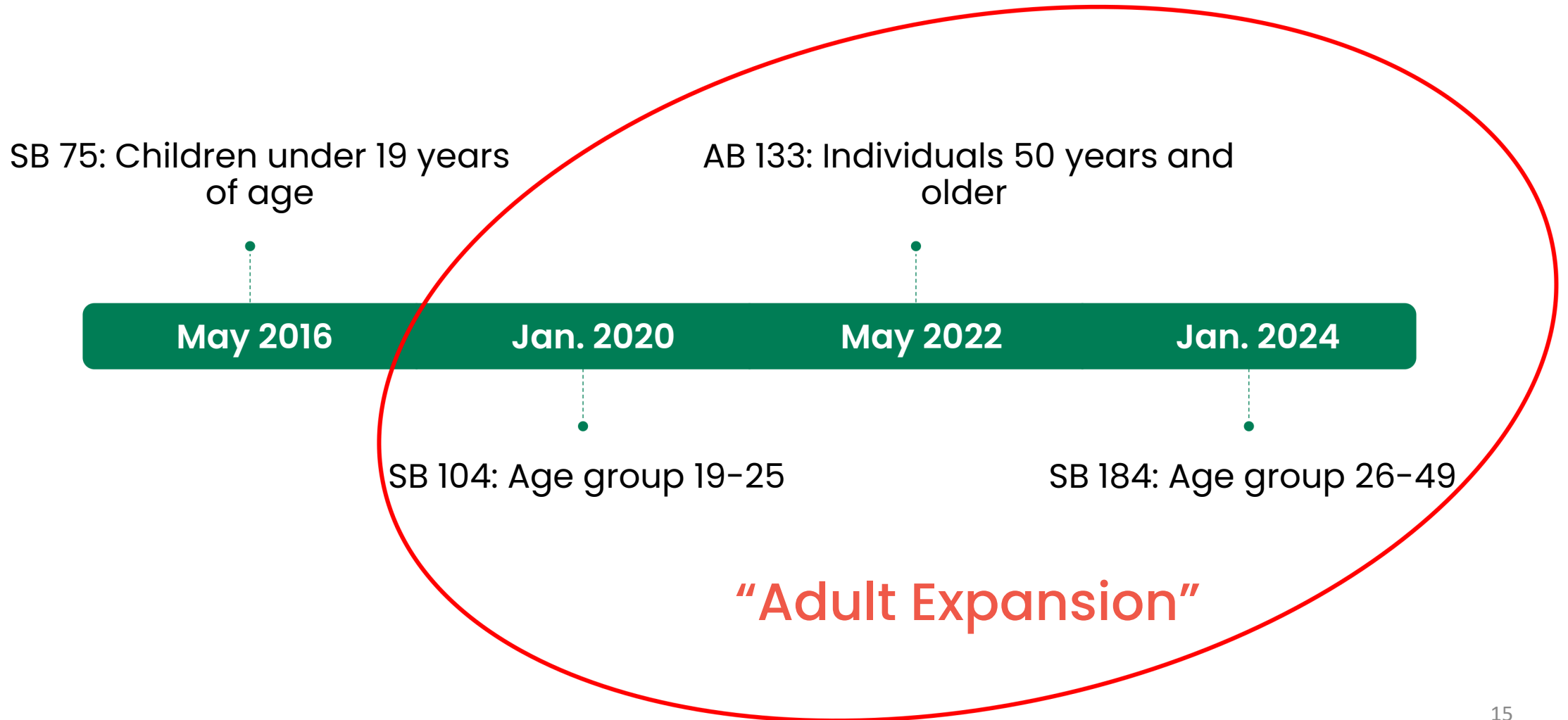
- Work requirements introduced for adults aged 19–64, requiring 80 hours/month of work, education, or community service, or \$580/month.
- Redetermination every 6 months
- Reduction of Retro months



October 1st, 2028

- Medi-Cal expansion enrollees with Household income over 100% FPL will have a per service co-pay of \$1 - \$100, based on income, not to exceed 5% of individual's income.
- Will not apply to pediatric care, primary care, prenatal care, or emergency room (unless you go to ER for non-emergency care)

Medi-Cal For All Expansion: A Look Back



Medi-Cal Coverage Levels

Full Scope Coverage

Covered beneficiaries are eligible for **all** Medi-Cal related services including Dental, Vision, Long-Term Care, and In Home Supportive Services (IHSS)

"Full-Scope-without-Dental"

Covered beneficiaries are eligible for **most** Medi-Cal related services.

- * Beginning July 1, 2026: excludes Dental Services
- * Beginning October 1, 2026: excludes Dental Services for certain QNCs
- * Beginning January 1, 2027: Monthly Premiums \$30 per Adult

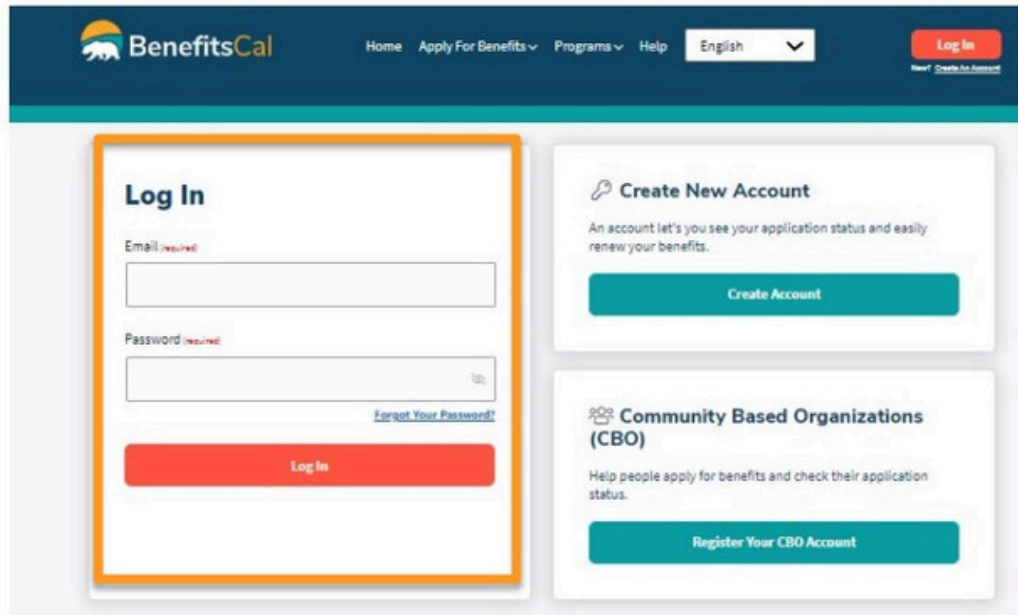
Restricted Scope Coverage

Covered beneficiaries are eligible for **Emergency- and Pregnancy-related services only**, including emergency dental.

Ways to Apply for – and Renew – Benefits

1. **ONLINE:** www.benefitscal.com
2. **PHONE:** 1-888-421-8080
3. **FAX:** 831-786-7100
4. **MAIL:**
 - Santa Cruz HSD
P.O. BOX 1320
Santa Cruz, CA95061
5. **IN PERSON:**
 - 1020 EmelineAve.,SantaCruz
 - 500 WestridgeDr.,Watsonville



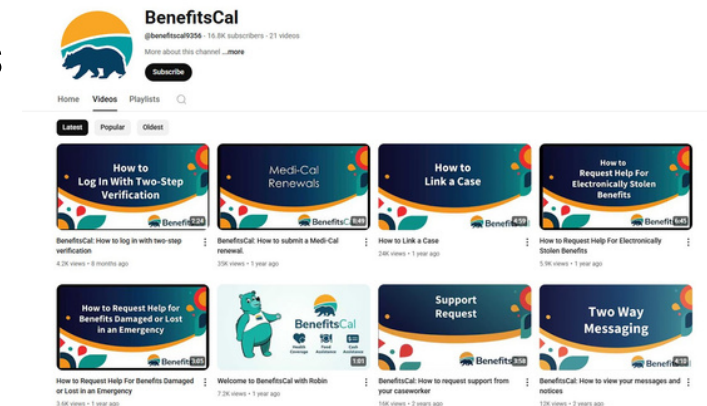


- Customers who have a BenefitsCal account may:
 - Apply for benefits
 - Upload documents
 - Report changes and submit reports
 - View case details and renewal month
 - Print verification of benefits

- CBO BenefitsCal portal

- Assist clients in applying for benefits
- Track application results
- Admin users can add & delete staff as needed

- [YouTube](#) videos



CBO users can email Eric.Kollars@santacruzcountyca.gov with any password or BenefitsCal issues.

What type of information is needed for an MC app?

(These are examples, not an all inclusive list.)

Basic Demographics

For each person applying:

- Full legal name
- Date of birth
- Address (or mailing address)
- Phone number or best way to contact
- Household Composition (tax filing status)

Identification

Is required, but can often be electronically verified:

- Driver's license or state ID
- Passport or birth certificate

👉 Do not delay your application because of lack of ID.

Income Information

For each household member:

- Recent pay stubs (last 30 days)
- Unearned income (SSA, UIB, etc.)
- Self-employment income estimate

👉 If you have **no income**, you can state that.

Health Coverage Information (If Any)

- Current or recent health insurance
- Medicare card (if enrolled)

Assets (If Applicable)

For each household member:

- Bank accounts, stocks, bonds, Retirement accounts, Real Property, Life Insurance, Trusts, Annuities, vehicles

Immigration Information

Only the person applying needs to provide immigration information. Other household members do not need to share their status.

Examples (if available):

- Permanent Resident Card (green card)
- Work permit (EAD)
- Other immigration documents

+ Other Case Specific Documents

Medi-Cal Best Practices

- ✓ **Apply as soon as possible** — do not wait for documents
- ✓ **Submit what you have**; the county may request more later
- ✓ **Respond to county** requests by the deadline
- ✓ **Call the county** if you need more time
- ✓ **Keep copies or photos** of what you submit
- ✓ **Report changes** within 10 days (income, address, household, etc.)
- ✓ **Create a BenefitsCal** account to monitor benefits

Medi-Cal Renewal Form

You can get this form in another language or accessible format of your choice.
To ask for help in your language, call: [redacted]

You may lose
your Medi-Cal if
you do not
respond by

Notice date: [redacted]
Case number: [redacted]
Case name: [redacted]
Worker name: [redacted]
Worker telephone number: [redacted]

It's time to renew benefits for:

Name	Date of birth
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Household members not on this form will get a separate letter about their Medi-Cal.

- **Step 1.** Read the form and answer the questions
- **Step 2.** Sign and date on the Declaration and Signature page
- **Step 3.** Send the form with proof by the due date of [redacted]

Easy ways to give us your form and proof:

 **Online**
at [redacted] or coveredca.com.

 **By mail**
in the envelope that came with this letter.

 **By phone**
at [redacted]

 **In person**
to [redacted]
at [redacted]
They are open Monday through Friday
a.m. to p.m.

 **Questions? Call your local county office at [redacted] before the due date.**

Medi-Cal: Renewals

- The Medi-Cal certification period is 12 months and must be redetermined annually, at minimum.
- As of January 1, 2027, "New Adult Group" must renew every six-months.
- The County will attempt to auto-renew the case two months prior to when the annual renewal is due.
 - If the case information is compatible with the Federal Data Services Hub (FDSH), the case may auto-renew without any client contact needed. Otherwise, a renewal packet will be mailed to the last known address. (So, it's important to keep reporting changes as they occur!)
- A renewal may be completed online at BenefitsCal, by phone, or submitted on paper via mail, fax, drop-box, or in person.

Importance of Completing Medi-Cal Renewals

- ✓ **Prevent loss/gap of coverage** – keep continuity of care, prevent tax penalties for not having health coverage
- ✓ **Prevent the reduction in scope of benefits** – for those with UIS, a gap in coverage of more than three months will mean you can never go back to full-scope or full-scope-without-dental.
- ✓ **Three-Month Grace Period** – for those with UIS on Expansion Freeze, if you complete the renewal within three months of discontinuance, you can go back to full-scope (or full-scope-without-dental).
- ✓ **90 Day Cure Period** – if you complete the renewal within 90 days of discontinuance, we may be able to go all the way back to when you were discontinued.

Aged, Blind, Disabled Federal Poverty Level (ABD FPL) Program

2026 Federal Poverty Level (FPL) Chart

HH Size	Asset Limit <i>eff. 1/01/26</i>	Medi-Cal Maintenance Need Levels (MMNL)*	Medicare Savings Program (MSP) <i>(eff. 3/01/26)**</i>			ABD FPL <i>(4/01/26)</i>	TMC	250%WD
			QMB 100%	SLMB 120%	QI-1 135%	138%	202%	250%
1	\$130,000	\$600	\$1,330	\$1,596	\$1,796	\$1,836	\$2,687	\$3,325
2	\$195,000	\$750 (1 adult+1 child) \$934 (2 adults)	\$1,804	\$2,165	\$2,436	\$2,490	\$3,645	\$4,510
3	\$260,000	\$934	\$2,277	\$2,733	\$3,074	\$3,143	\$4,600	\$5,693
4	\$325,000	\$1,100	\$2,750	\$3,300	\$3,713	\$3,795	\$5,555	\$6,875
5	\$390,000	\$1,259	\$3,224	\$3,869	\$4,353	\$4,450	\$6,513	\$8,060
6	\$455,000	\$1,417	\$3,697	\$4,437	\$4,991	\$5,102	\$7,468	\$9,243
7	\$520,000	\$1,550	\$4,170	\$5,004	\$5,630	\$5,755	\$8,424	\$10,425
8	\$585,000	\$1,692	\$4,644	\$5,573	\$6,270	\$6,409	\$9,381	\$11,610
9	\$650,000	\$1,825	\$5,117	\$6,141	\$6,908	\$7,062	\$10,337	\$12,793
10	\$715,000	\$1,959	\$5,590	\$6,708	\$7,547	\$7,715	\$11,292	\$13,975

*The MMNL has not changed since 1989.

**For applicants and recipients of the MSPs who do not receive Title II-RSDI income, the new FPL figures apply effective January 1, 2026.

Aged, Blind, Disabled – Federal Poverty Level Program (ABD FPL)

Eligibility Criteria

- 138% FPL
 - One Person 2025 = \$ 1,801 2026 = \$ 1,836
 - Married Couple 2025 = \$2,433 2026 = \$2,490
- Medicare Part B Premium Disregard regardless of Buy-In status
- Annual Social Security COLA (Cost of Living Adjustment) happens every January, but FPL goes up in April for ABD FPL
 - 2026 ☒ 2026 COLA increased by 2.8%
 - We use pre-COLA income January through March
- Income calculation
 - Unearned income
 - Earned income
 - Income In-Kind
 - Allowable deductions



ABD FPL Example – One Person

Gross Social Security Income \$ 2,083.00

\$20 “Any Income Disregard” – \$ 20.00

Medicare Part B Disregard – \$ 202.90

Other health insurance premium – \$ 25.00

Total Countable Income \$ 1,835.10

138% FPL (2026) for one person = \$1,836.00

ELIGIBLE



ABD FPL Example – Married Couple

Spouse A, Gross SSA Income	\$ 1,965.00
Spouse B, Gross SSA Income	\$ 1,000.00
\$20 “Any Income Disregard”	– \$ 20.00
Medicare Part B Disregard (x2)	– \$ 405.80
Other health insurance premium (x2)	– \$ 50.00
<hr/>	
Total Countable Income	\$ 2,489.20

138% FPL (2026) for married couple = \$2,490.00

ELIGIBLE



Share-of-Cost (SOC) Medi-Cal

- What does it mean to have a SOC?
- Gross Income
 - Unearned income
 - Earned income
 - Income In-Kind
- Allowable Deductions
 - \$20 "any income" deduction
 - Health insurance premiums, including Medicare
 - Court-ordered child/spousal support
 - Childcare expenses incurred in order to work
 - Board & Care Deduction
 - Home Upkeep Allowance
(SNF, requires doctor's note about expected to return home within six months)
- Maintenance Need Level
 - 1 Person = \$ 600
 - 2 People (1 Adult, 1 Child) = \$ 750
 - 2 People (2 Adults) = \$ 934
 - 3 People = \$ 934

but if LTC/SNF, then \$35



Share-of-Cost Example – One Person

Gross Social Security Income	\$2,100.00
\$20 “Any Income Disregard”	-\$ 20.00
Medicare Part B premium (self-pay)	-\$ 202.90
Other health insurance premium	-\$ 25.00
<hr/>	
Total Countable Income	\$ 1,852.10
<i>(Ineligible for ABDFPL, limit \$1,836)</i>	
Subtract Maintenance Need (1)	-\$ 600.00
<hr/>	
Share of Cost per month (rounded)	\$ 1,252.00





Comparing...

ABD FPL Example – One Person

Gross Social Security Income	\$ 2,083.00
\$20 “Any Income Disregard”	- \$ 20.00
Medicare Part B Disregard	- \$ 202.90
Other health insurance premium	- \$ 25.00
Total Countable Income	\$ 1,835.10

138% FPL (2026) for one person = \$1,836.00

ELIGIBLE

Share-of-Cost Example – One Person

Gross Social Security Income	\$2,100.00
\$20 “Any Income Disregard”	- \$ 20.00
Medicare Part B premium (self-pay)	- \$ 202.90
Other health insurance premium	- \$ 25.00
Total Countable Income	\$ 1,852.10

(Ineligible for ABD FPL, limit \$1,836)

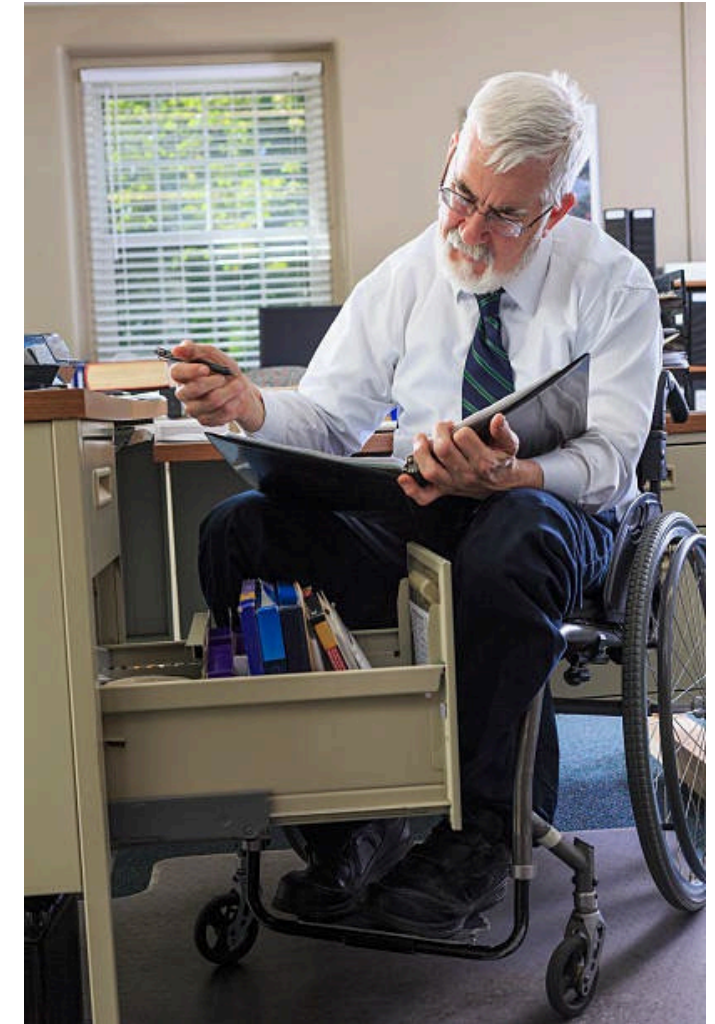
Subtract Maintenance Need (1) - \$ 600.00

Share of Cost per month (rounded) \$ 1,252.00

- An additional \$16.10/month deduction would qualify the SOC member for free ABD FPL program.

250% Working Disabled (250% WD) Program

- Must meet federal definition of disability
- Must be “working for pay” each month
 - Examples: folding clothes, babysitting, pet sitting, watering plants, running errands, sorting mail, tutoring, reading to grandchildren, even earned Income In-Kind!
 - NOTE: If the member receives IHSS services, make sure the “work” they are doing is not the same activity as what the IHSS provider is doing for them!
- Disability-based income is exempt from the budget
- Two (2) Budget Tests
 - 1) 250% FPL (2026, One Person = \$3,325)
 - 2) Countable Unearned Income must be below SSI/SSP Payment Level (2026, One Person = \$994)
- As of July 1, 2022, there is no longer a monthly premium!



Medicare Savings Program (MSP)

- Eligibility Criteria
- Medicare Part B Buy-In
- **QMB**: Qualified Medicare Beneficiary
 - 100% FPL
 - No Retro
- **SLMB**: Specified Low-Income Medicare Beneficiary
 - 120% FPL
- **QI-1**: Qualifying Individual Program
 - 135% FPL
- MSP-only vs. Dual Eligible



“Dual Eligible”: Medicare and Medi-Cal

- If have both Medicare and Medi-Cal with \$0 SOC
- Automatically qualify for Low-Income Subsidy (LIS) Program, also known as “Extra Help” Program
 - Can enroll in a \$0/month Part D prescription drug plan
 - Limits Medicare drug costs
- Medicare is primary coverage and Medi-Cal would be secondary
- Medi-Cal pays the Part B premium(\$202.90 in 2026)
- Medi-Cal pays the Medicare copayments and deductibles

QUESTIONS?

