County of Santa Clara, Social Services Agency
Medi-Cal Program Changes 2026-2027

WEBSITE: https://www.sccgov.org/sites/ssa/debs

Medi-Cal:

California's version of the federal Medicaid program provides health insurance to low-income families and individuals.

ELIGIBILITY CRITERIA:

- Santa Clara County Residency
- Tax Household/Family Size
- Income
- Full Scope Medi-Cal Regardless of Immigration Status in CA (will change in 2026)
- Property is NOT Counted in CA (will change in 2026)

MEDI-CAL PROGRAM CHANGES 2026-2027

What Medi-Cal Members Need to Know

For most Medi-Cal members, eligibility and benefits will stay the same

This means you will continue to have access to doctor visits, hospital stays, emergency care, prescription drugs, mental health and substance use disorder treatment, preventive services like screenings and immunizations, and long-term care and transportation, when needed. Coverage also includes dental and vision care, as well as other benefits that support your health and well-being.

Change for Older Adults and People with Disabilities

Asset Limit- January 1, 2026

Medi-Cal will once again consider assets (what you own) when reviewing eligibility for seniors and people with disabilities as part of the application and renewal process.

WHO:

Medi-Cal members and applicants whose eligibility is based on age (65+), disability (physical, mental, or developmental), or long-term care needs.

KEY INFORMATION:

- The asset limit is $130,000 for one person. Each additional household member adds $65,000 to the asset limit, up to 10 members per household.
- Assets include bank accounts, cash, and anything over one home and one vehicle.
- Some assets don't count, like the home you live in, one vehicle, household items, and certain savings, like retirement accounts.
- If you are already a Medi-Cal member, assets will be reviewed at your annual renewal. Income rules are not changing.

Changes for Certain Adult Immigrants

Medi-Cal Enrollment Freeze for Undocumented Members 19+- January 1, 2026

Medi-Cal will freeze new enrollments for certain adults who are undocumented and do not have a satisfactory immigration status for federal full scope Medi-Cal. This group will no longer be able to newly enroll in full scope Medi-Cal, even if they qualified before under state-funded programs.

WHO:

Californians aged 19 and older, who are not pregnant, who are undocumented, and who qualified for full scope Medi-Cal because of the state-funded Adult Expansions.

KEY INFORMATION:

- If you are already enrolled in full scope Medi-Cal, you will stay covered no matter your immigration status as long as you complete your annual renewal. Make sure to renew and use your benefits!
- If you are part of this group and lose your coverage, you won't be able to sign up again—except for emergency and pregnancy care.
- If your coverage stops because of a late renewal or missing paperwork, you will have 90 days to fix it and stay enrolled.

- Income-eligible children (0-18) and pregnant people can enroll in full scope Medi-Cal, no matter their immigration status. Coverage is for the entire pregnancy and one year after the pregnancy ends.

Dental Coverage- July 1, 2026

Dental benefits will no longer be provided to adult Medi-Cal members who do not have satisfactory immigration status

https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx

WHO:

Californians aged 19 and older who do not have satisfactory immigration status, including, but not limited to:

- Green card holders not exempt from the five-year waiting period, who have had their permanent resident status for less than five years.
- PRUCOL (e.g., with temporary protected status or refugee status).
- People with no immigration status, but who currently qualify under past Medi-Cal expansions.
- People enrolled through a trafficking or crime victim assistance program.
- Lawfully present immigrants who are older than age 20 and not pregnant.

KEY INFORMATION:

- Emergency dental care (such as treatment for severe pain or infection and tooth extractions) will still be covered for everyone, no matter their immigration status.
- If you are pregnant and do not have satisfactory immigration status, you will continue to receive full dental benefits during pregnancy and up to one year after the pregnancy ends.

Monthly Premiums- July 1, 2027

Certain adult Medi-Cal members who do not have a satisfactory immigration status must pay $30 per month to keep full scope Medi-Cal.

https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx

WHO:

Californians aged 19-59, who are not pregnant, and who do not have, including but not limited to:

- Green card holders subject to the five-year waiting period, who have had their permanent resident status for less than five years.
- PRUCOL (e.g., with temporary protected status or refugee status).
- People without federal immigration status who currently qualify under past Medi-Cal expansions.
- People enrolled through a trafficking or crime victim assistance program.
- Lawfully present immigrants older than age 20 who are not pregnant.

KEY INFORMATION:

- Full scope Medi-Cal coverage for this group includes doctor visits and preventive care, hospital and emergency services, prescription drugs, mental health and substance use disorder treatment, vision care, immunizations, and reproductive health services.
- If you are part of this group and do not pay your premium, your coverage will be reduced to emergency and pregnancy-related services.

Federal HR-1 Policy Changes

October 1, 2026 – Amended Definition of the Qualified Non-Citizen

New definition includes:
- Lawful Permanent Residents
- Cuban or Haitian Entrants
- Compact of Free Association

New definition excludes:
- Conditional Entrant granted before April 1980
- Paroled into the United States for one year or more
- Battered non-citizen, or parent or child of a battered non-citizen
- Refugees
- Asylees

Individuals that do not meet the new federal definition of Qualified Non-Citizen will transition to the state-funded full scope Medi-Cal for those without satisfactory immigration status.

To maintain full-scope coverage individuals must complete their annual renewal or lose their full-scope coverage.

January 1, 2027 – 6-Month Redeterminations

- 6-month instead of 12-month redeterminations for "New Adult Group" for the adult expansion group under the Affordable Care Act (ACA)
- Tribal members, pregnant members, and children are not subject to this requirement

January 1, 2027 – New Adult Group Work Requirements

- 19-64 not exempt to work requirements
- Must engage in a minimum of 80 hours per month qualifying activity
  - Employment,
  - Community Service,
  - Education, or
  - Participating in an approved work program or combination of thereof.

January 1, 2027 – New Adult Group Retroactive Medi-Cal

The allowable timeframe for Retroactive Medi-Cal coverage will be reduced from months to one month for the New Adult Group and two months for all other members.

October 1, 2028 – New Adult Group Cost Sharing for Services

Individuals in the New Adult Group with income above 100% Federal Poverty Level (FPL) will be charged cost-sharing ranging from $1 to $35 dollars for certain services.

What You Can Do: Stay Covered!

- Keep your **contact information updated** https://ssa.santaclaracounty.gov/apply-public-benefits so you don't miss important notices.
- Watch your mail and respond to renewal packets or letters from your health plan or local county office.
- Know your renewal date so you can go online or work with your local county Medi-Cal office to renew your Medi-Cal if you do not receive notifications.
- Keep going to the doctor and other medical appointments.

WAYS TO APPLY:

- Online: https://BenefitsCal.com
- Phone: 408-758-3800 | For hearing impaired: 7-1-1
- Mail: PO Box 11018, San Jose, CA 95103
- Office & Drop Box Locations:
    - Benefit Assistance Center- 1867 Senter Rd, San Jose
    - Continuing Benefit Services- 1877 Senter Rd, San Jose

- General Assistance Services- 1919 Senter Rd, San Jose
- North County- 1330 W. Middlefield Rd, Mtn. View
- South County- 379 Tomkins Ct, Gilroy

BENEFITSCAL.COM

Benefit Application & Management System

i) Check benefit amounts/Transactions

ii) Request for a worker to call

iii) Submit annual reports

iv) Request a Benefits Identification Card

v) Submit documents

vi) View Notices of Action

BenefitsCal YouTube Channel-

https://www.youtube.com/channel/UCCdgEsuQPysaAShiE-msz7Q/videos

APPLICATION PROCESS:

1. Client applies
2. Client may appoint an Authorized Representative (i.e. Family, Friend or Organization Representative).
3. Missing verifications, if any, are requested (i.e. CZ, Photo ID, SSN, Residency, Income, Property).

4. Eligibility is determined Benefit Identification Card (BIC) mailed to client

MANAGED CARE ENROLLMENT:

Santa Clara County has three managed care plans to choose from:

- Anthem Blue Cross of California
- Santa Clara Family Health Plan
- Kaiser Permanente

  Kaiser has special requirements to select them as your health plan

  All plan enrollment and disenrollment functions are managed by Heath Care Options (HCO). 1-800-430-4263 or https://www.healthcareoptions.dhcs.ca.gov/

  Most people who get Med-Cal must join a plan. If you don't want to join a plan, you can ask for an exemption (release) from joining.

FEE FOR SERVICE PROVIDERS

If the individual is not enrolled in a Managed Care Plan, they may find a provide that accepts Medi-Cal by visiting: California Health and Humber Services Open Date Portal www.Data.chhs.ca.gov (search "Enrolled Medi-Cal Fee for Service Providers")

AUTOMATED REDETERMINATIONS

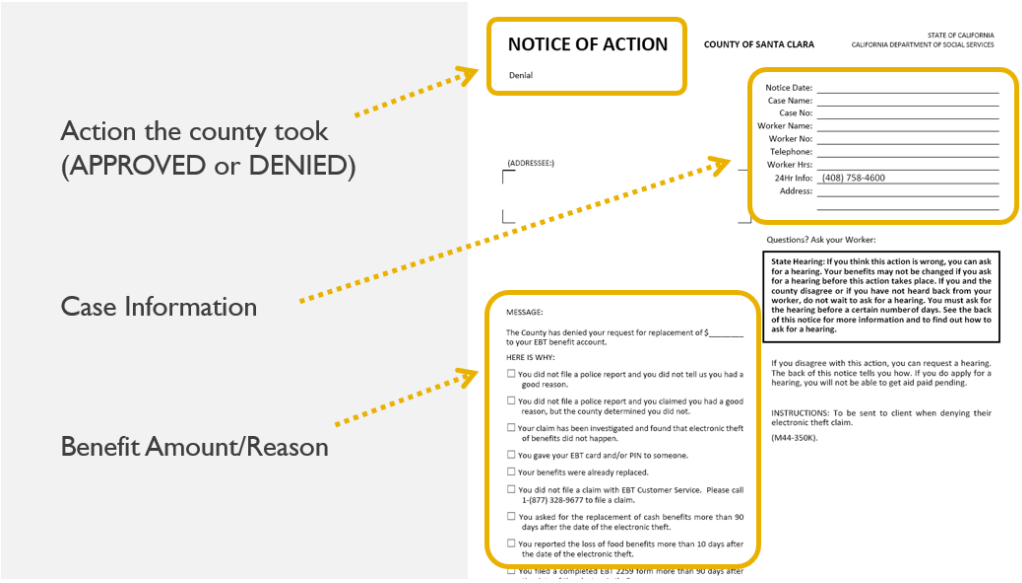
- Individuals are required to complete an Annual Redetermination.
  - For MAGI Medi-Cal, clients' information is checked against the Federal Hub to see if income can be verified electronically.

- If it is verified, the Redetermination is completed automatically and does not require the client to take any action.
- If it isn't verified, a Redetermination packet is sent out for completion.

NOTICE OF ACTION

A Notice of Action will be sent to clients when a change in eligibility for any program occurs.

On the back of every Notice of Action is an explanation of the clients' rights, and information on how to file an appeal in the event that the client does not believe the action taken was correct.



ANSWER TO QUESTIONS AND CONCERNS

- Contact the Eligibility Worker that handles your case.
- Ask to speak with a supervisor.
- If that does not resolve the issue, you can email our ombudsman at: DEBS.Ombuds@ssa.sccgov.org
- File an Appeal