



Medi-Cal Overview



SELF-SUFFICIENCY SERVICES



TOPICS

- Application Process
- Medi-Cal Programs
- Income and Deductions
- Annual Renewal
- Property
- Updates for those without Satisfactory Immigration Status
- Resources





WAYS TO APPLY

- Call the Access customer service call center to request a mail-in application
- Call 2-1-1 to apply over the phone with a 2-1-1 San Diego agent
- Visit a Family Resource Center (FRC), or outstation site
- Electronically through BenefitsCal or Covered California
- Request Medi-Cal while receiving aid under another Public Assistance (PA) program such as CalFresh
- Apply for In Home Supportive Services (IHSS)

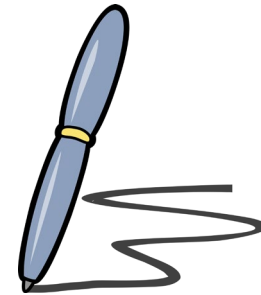




WHO MAY APPLY

The following individuals may complete and sign the application:

- The applicant
- An adult in the applicant's household
- An Authorized Representative (AR)
- The primary tax filer for the household





MEDI-CAL PROGRAMS

Medi-Cal is evaluated using the following hierarchy:

- Mega Mandatory - programs required by federal law or where eligibility is determined by another program that automatically includes Medi-Cal.
 - SSI/SSP
 - Foster Care
 - Adoption Assistance
 - Kinship Guardianship Assistance Program (Kin-GAP)
 - Former Foster Care
 - Pickle
 - Disabled Adult Child (DAC)
 - Disabled Widow/Widower
 - Medicare Savings Program (MSP)
- Modified Adjusted Gross Income (MAGI)
- Non-MAGI - including Share of Cost (SOC) Medi-Cal.
- State Only





MAGI MEDI-CAL

(MODIFIED ADJUSTED GROSS INCOME)

- Uses tax rules to determine eligibility - based on the filing status of individuals in the household.
- Adults 19 - 64 years old with income under 138% of the Federal Poverty Level (FPL)
- Income is sent through the Federal Hub to be verified electronically and evaluated under IRS regulations.
- Full scope MC benefits with no SOC





NON-MAGI MEDI-CAL

Individuals who do not qualify for MAGI will be evaluated for Non-MAGI Medi-Cal under one of these programs:

- Aged and Disabled (A&D) FPL
- Blind FPL
- 250 Percent Working Disabled Program (250% WDP)
- Aged, Blind, or Disabled (ABD) Medically Needy (MN)
- Medically Indigent (MI) Child
- MI Pregnant Woman
- Breast and Cervical Cancer Treatment Program (BCCTP)
- Tuberculosis

The SOC is determined by available income after the appropriate exclusions/deductions are allowed:

- Work related deductions are applied for those with earnings from a job or self-employment.
- Spousal Impoverishment provisions are applied when a spouse/registered domestic partner is in LTC or receives Home and Community-Based Services (HCBS) Waiver benefits.
- Customers residing in a Board & Care facility receive related deductions.
- ABD customers are entitled to additional deductions/exemptions.



APPLICATION REVIEW

When an application is received, staff will review it for completeness and determine if additional information is needed.

A Verification Checklist is sent to notify the customer when something additional is needed. The customer is given 10 days to respond with the information. The checklist contains contact information for the worker along with the list of pending verifications.



If the customer does not respond, a second Verification Checklist will be sent and an additional 10 days allowed. If all information is not received by the second due date...

- The application is denied, and the customer is sent a denial letter to inform of missing verification.
- A 30-day grace period is given to the customer to provide information before a new application is required.
- Staff will evaluate *good cause* on a case-by-case basis if customer or AR are unable to comply with eligibility requirements within the timeframes of the application process.



VERIFICATIONS AT APPLICATION

Verifications Required Before Approval

Certain information indicated on the Statement of Facts by the customer must be verified PRIOR to approval of the application:

- ✓ Income
- ✓ Income deductions (to be allowed in budget)
- ✓ Residency
- ✓ Age
- ✓ Blindness/Disability (for Non-MAGI only)
- ✓ Legal Responsibility for a child (if child is applying alone, except for Minor Consent)
- ✓ Substantial Gainful Activity (SGA) (for Non-MAGI only)



Note: The Social Security Number (SSN) or application for one is due within 60 days of application date.



INCOME



Here are some of the income types we consider when evaluating eligibility:

- Earned Income (Employment)
- Unearned Income (Social Security, Unemployment, Disability, Pensions, IRA Distributions, Spousal Support)
- Self - Employment
- Income Producing Property



INCOME DEDUCTIONS

Income deductions may be applied when determining the SOC for Non-MAGI individuals.

Aged, Blind and Disabled (ABD) Deductions

- Earned Income ($\$65 + \frac{1}{2}$ per case)
- Any Income Deduction (\$20)
- Alimony Paid
- Child support Paid
- Board and Care Expense

Non-ABD Deductions

- Earned Income ($\$30 + \frac{1}{3}$ per case)
- Dependent Care
- Alimony Paid
- Child support Paid





ANNUAL RENEWAL

All Medi-Cal cases require an eligibility redetermination every **12** months. The renewal due date is based upon the date eligibility begins.

For example, if a case is approved beginning February 2025, the annual renewal will be set for January 2026.

- MAGI Medi-Cal cases are run through the federal hub and will auto renew if there is no discrepant information.
- Cases that do not auto renew are sent renewal forms 60 days prior to the last day of their renewal month. If the forms are not returned timely and the case discontinues, the customer has 90 days to provide the renewal information for possible reinstatement.



PROPERTY

Effective January 1, 2026, property will again be considered when reviewing eligibility for individuals under the Non-MAGI.

- New Non-MAGI customers will be required to provide verification as part of their eligibility determination.
- Existing Non-MAGI customers will have their property evaluated at their next annual renewal.

The maximum property allowed is \$130,000 for one person and \$65,000 for each additional person.

Note: One vehicle and the home the customer lives in are exempt.



CHANGES FOR CERTAIN ADULT IMMIGRANTS

Currently, full scope Medi-Cal is available to otherwise eligible individuals regardless of their immigration status.


Effective January 1, 2026:

- Newly applying adults aged 19 years and older with Unsatisfactory Immigration Status (UIS) will only receive restricted Medi-Cal (emergency services) if they meet the eligibility requirements.
- Adults 19 years and older with UIS who established their full scope eligibility January 1, 2026, will continue under full scope Medi-Cal but will no longer have Dental coverage effective July 1, 2026.

Note: Pregnant individuals will receive full scope Medi-Cal throughout pregnancy and for 12 months postpartum.



MEDI-CAL RESOURCE INFORMATION

 **Health & Human Services Agency**


[HOME](#) [MENU](#) [PROGRAMS](#) [ALL SERVICES A-Z](#) [FACILITIES](#) [ADVISORY BOARDS](#) [CONTACT](#)


Medi-Cal Program


Medi-Cal is California's Medicaid program that provides free or low-cost health coverage to children and adults.


Immigration status does not matter. All California residents can get full Medi-Cal benefits if otherwise eligible.


For questions call **1-866-262-9881**.

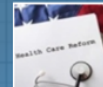

How to Apply for Medi-Cal



Eligibility Requirements



Benefits


FAQs


Family Resource Centers


Affordable Care Act


Medi-Cal Program Guide

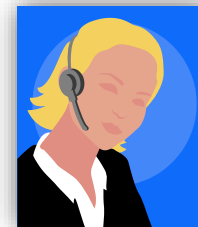

Additional Resources

Access Customer Service Call Center [1-866-262-9881](tel:1-866-262-9881)

**Apply for Medi-Cal and submit verifications here:
[BenefitsCal](#)**

[211 San Diego](#) - Local Resource Guide

sandiegocounty.gov/HHSA/Medi-Cal





Questions

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Answers

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