

Supporting Families Through Medi-Cal Changes: Staff Q&A Guide

This Q&A document summarizes common questions and real-life situations staff are encountering related to Medi-Cal policy changes. Responses are intended for general informational and educational purposes only and are based on current guidance at the time of this session. Policies and procedures may change, and individual cases may vary. Staff are encouraged to verify information with appropriate organizations or supervisors when addressing specific family situations.

Staff Role Reminder:

- **Staff do not determine Medi-Cal eligibility or make case decisions**
- **Staff provide general information, reassurance, and support to families**
- **Staff help connect families to trusted organizations or navigators for case-specific assistance**

Special thanks to Liz Ramirez, Director of Training and Education at Maternal Child Health Access, for providing up-to-date guidance on Medi-Cal changes impacting families.

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Questions on Policy Changes impacting Medi-Cal Eligibility & Coverage:

1. Undocumented & Immigrant Eligibility	
Question: Can undocumented individuals still apply for Medi-Cal?	Answer: <i>Yes, but undocumented individuals and individuals with a non-immigrant visa, who are over the age of 19, will only be eligible for Restricted Medi-Cal, unless they are pregnant or in 12-month post-pregnancy Medi-Cal coverage.</i>
Question: Is full-scope Medi-Cal being taken away or limited?	Answer: <i>New applicants, applicants applying after January 1, 2026, will be eligible for Restricted Medi-Cal.</i>
Question: Who is affected vs. not affected?	<p>Answer: <i>Medi-Cal members eligible in 2025, who are age 19 and older, and are either undocumented or non-immigrant visa holders will continue with Full Scope Medi-Cal “without dental,” (only eliminates the preventive dental benefit.)</i></p> <p>Answer: <i>If coverage is lost for more than 90 days, a new application is required.</i></p>
Question: Will emergency Medi-Cal continue?	Answer: <i>Restricted Scope Medi-Cal will continue.</i>
<p>Summary of What Families Are Asking: Families are asking whether undocumented individuals can still apply for Medi-Cal, if full-scope Medi-Cal is being taken away, and what types of coverage (emergency, pregnancy, child coverage) are still available. Many are worried about being cut off or losing coverage they already have.</p> <p>Speaker Response: <i>Undocumented individuals and individuals with non-immigrant visa status who are age 19 or older will be eligible for Restricted Medi-Cal in 2026. Restricted Medi-Cal covers long-term care, dialysis, emergencies, and pregnancy. Individuals with Restricted Medi-Cal who are or become pregnant must notify the Department of Public Social Services (DPSS) to report on the pregnancy. This ensures Full Scope Medi-Cal during the pregnancy and 12 months of post-pregnancy coverage. Please see our flyer for ways to report the pregnancy.</i></p> <p>https://www.mchaccess.org/pdfs/misc/Medi-Cal%20and%20MCAP.pdf</p>	

What Staff Should do:

- Validate feelings: *“A lot of families are feeling this way right now – you are not alone.”*
- Clarify simply: *“Adults 19 and older who are undocumented or have a non-immigrant visa may qualify for Restricted Medi-Cal.”*
- Explain what that means: *“Restricted Medi-Cal covers services like emergencies, pregnancy care, dialysis, and long-term care.”*
- Highlight (VERY important): *“If you become pregnant, you need to report the pregnancy to DPSS. Reporting the pregnancy will allow you to receive full Medi-Cal coverage during pregnancy and up to 12 months after.”*
- Be honest: *“I may not have the answers, but I can help connect you to someone who does.”*
- Use the pregnancy coverage resource in the resource page to support families with reporting their pregnancy and understanding their coverage options.

2. Pregnancy, Postpartum & Infant Coverage	
Question: What coverage is available for undocumented pregnant individuals?	Answer: <i>Medi-Cal, the Medi-Cal Access Program (MCAP), LA DHS Child Delivery Pre-payment program, and private health insurance.</i>
Question: What coverage do infants have after birth?	Answer: <i>The infant can be covered under the mother’s Medi-Cal coverage for the birth month and the following month.</i> <i>Infants born to a mother with Medi-Cal or MCAP coverage are deemed eligible and are guaranteed to receive Medi-Cal coverage for their first year of life.</i>
Question: When do babies need their own Medi-Cal number?	Answer: <i>Babies will need their own Medi-Cal card within 60 days of birth.</i>
Question: What is the post-pregnancy coverage timeline?	Answer: <i>It is 12-months postpartum for Full Scope Medi-Cal.</i>
<p>Summary of What Families Are Asking: Families want clarity on Medi-Cal coverage during pregnancy and after birth, especially for undocumented birthing people. They are unsure how long postpartum coverage lasts, whether newborns are automatically covered, and what steps are required to avoid gaps in care.</p> <p>Speaker Response: <i>Medi-Cal, the Medi-Cal Access Program (MCAP), L.A. Department of Health Services Child Delivery Pre-payment program, and private health insurance provide coverage for</i></p>	

undocumented pregnant individuals. Medi-Cal and MCAP both provide 12-month post-pregnancy Full Scope Medi-Cal, no matter how the pregnancy ends. The infant's health care can be covered under the mother's Medi-Cal coverage for the birth month and the following month. Babies will need their own Medi-Cal card within 60 days of birth.

What Staff Should do:

- If pregnant, remind them: *"It's important to report your pregnancy so you can get full Medi-Cal coverage."*
- Explain baby coverage simply: *"Your baby is covered at birth, but you'll need to add them to Medi-Cal within 60 days of birth."*
- Reinforce postpartum coverage: *"You can have Medi-Cal for up to 12 months after pregnancy."*
- Encourage continued care: *"It's important to keep going to your appointments after baby is born."*

3. Children, Youth & Special Populations

Question: Are children under the age of 18 affected?	Answer: <i>No, children under the age of 18 are not affected by new Medi-Cal immigration rules.</i>
Question: Will young adults in school be affected?	Answer: <i>The new immigration rules apply to those over the age of 19.</i>
Question: Are foster or former fostered youth affected?	Answer: <i>They will not be affected by new immigration rules.</i>
Question: Are Regional Center services for infants affected by new immigration rules?	Answer: <i>No, these services are not impacted.</i>

Summary of What Families Are Asking: Families are asking how Medi-Cal changes affect children under 18, young adults, foster/former foster youth, and infants receiving Regional Center services. Many are concerned about losing protections for children, even if parents are undocumented.

Speaker Response: *Children under the age of 19 are not impacted by the new immigration rules that began on January 1, 2026. Medi-Cal members eligible in 2025, who are age 19 and older, and are either undocumented or non-immigrant visa holders, will continue with Full Scope Medi-Cal without Dental," which only eliminates the preventive dental benefit. A loss of eligibility for more than 90 days will require a new application.*

What Staff Should do:

- Keep it simple and focus on what applies to them right now
- Reassure: *"Your child's coverage is not affected by these new changes."*

- Explain clearly: *“If a person is 19 or older, is undocumented or has a non-immigrant visa, and already had Medi-Cal in 2025, they can keep Full Scope Medi-Cal, the main change is that preventive dental is no longer included.”*
- Remind them: *“If coverage stops for more than 90 days, you will need to reapply.”*

4. Income, Renewals & Eligibility Rules

Question: What are the income thresholds?	Answer: <i>The income thresholds vary by person.</i>
Question: What is the renewal frequency?	Answer: <i>It needs to be renewed every 12 months.</i>
Question: Does an incorrect income lead to denial?	Answer: <i>Work with an advocate/navigator to review income, confirm eligibility and file a case compliant with the advocate’s liaison assigned to the district in which the client’s case is held.</i>
Question: When is a re-application needed?	Answer: <i>A new application is needed after the 90-day cure period; 90 days after the termination date.</i>

Summary of What Families Are Asking: Families report being denied or losing coverage during renewal, often due to income issues, self-employment documentation, or household changes. Some families avoid applying because they believe they will not qualify.

Speaker Response: Every case is different; income limits vary from person to person. It’s important to work with an experienced advocate who can review the case and take the appropriate steps to resolve the issue.

- What Staff Should do:**
- Remind: *“Keep an eye on your mail or BenefitsCal account for any notices.”*
 - Guide next steps: *“If coverage was denied or stopped, it’s important to have someone review your case.”*
 - Be clear about support: *“A navigator can help check your income, make sure everything was reported correctly, and help fix any issues.”*
 - Reinforce timelines:
 - *“If it’s been less than 90 days since your coverage ended, you may still be able to fix it.”*
 - *“If it’s been more than 90 days, you may need to submit a new application.”*
 - Offer connection: *“I can help connect you to someone who can walk you through this.”*

5. Access to Care, Covered Services & Benefits

Question: Will there be changes to benefits or provider networks?	Answer: <i>Preventive dental services were eliminated for those over age 19 who are either</i>
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	<i>undocumented or here on a non-immigrant visa. Clients with Restricted Medi-Cal need to report the pregnancy to the Department of Public Social Services (DPSS). This step is necessary for the client to receive access to Full Scope Medi-Cal and the 12-month post-pregnancy Medi-Cal coverage.</i>
Question: How will this impact managed care plans?	Answer: <i>Clients have the option to change Medi-Cal health plans at any time during the year.</i>
Summary of What Families Are Asking: Families are asking about access to doctors, referrals, dental care, mental health and substance use services, medications, and second opinions. Some report providers refusing care or confusion about what services are covered.	
Speaker Response: Full Scope Medi-Cal	
What Staff Should do:	
<ul style="list-style-type: none"> • Guide: <i>“You can call the number on your Medi-Cal card to ask about your benefits.”</i> • Remind: <i>“If you’re not happy with your current plan, you can change your Medi-Cal plan any time during the year.”</i> 	

6. Navigation, System Errors & Data Concerns	
Question: What trusted organizations can help clients with their Medi-Cal applications?	Answer: <u>Here is a list of organizations, in all SPAs, that can support clients.</u>
Question: How should staff guide families in this process?	Answer: <i>Work with trusted CBOs.</i>
Summary of What Families Are Asking: Families report system-related issues such as Medi-Cal showing active but providers saying it’s inactive, errors in baby names or records, confusion about whether to call or go in person, and concerns about how their information is shared.	
Speaker Response: Each case must be individually reviewed to ensure the appropriate next steps are taken to resolve the issue.	
What Staff Should do:	
<ul style="list-style-type: none"> • Be specific about actions: <i>“If coverage shows active but the provider says it’s not, it’s important to get it reviewed.”</i> • Offer options: <i>“There are local organizations that can help you in person with Medi-Cal. I can share a list based on your area.”</i> • Provide additional clarity: <i>“These organizations can help you fix errors, review your case, and answer questions step by step.”</i> 	

Common Family Situations & Concerns:

1. Fears of Losing Coverage & Sudden Terminations	
<p>Question: Why is coverage stopped without notice?</p>	<p>Answer: Clients must receive a 10-day termination notice before benefits can be terminated. If there is no termination notice, then clients should work with an advocate to review their case, assist with creating a BenefitsCal account and linking their case so that they can access any notices that were sent to the client. https://benefitscal.com/</p>
<p>Question: What can a client do if their portal says their insurance is active, but a provider says it's inactive?</p>	<p>Answer: Some Medi-Cal programs are temporary and expire within 60 days. These types of temporary Medi-Cal require a formal application for benefits to continue after 60 days. Families should work with an advocate to review eligibility for the affected member.</p>
<p>Question: What can be done when services are denied unexpectedly?</p>	<p>Answer: Request the denial in writing and work with an advocate to review the case.</p>
<p>Summary: Families Are Asking: Report fear and confusion about whether they are still covered. Some say their Medi-Cal stopped without notice, was cancelled at renewal, or shows as active in the system, but providers say it is invalid. These disruptions affect both adults and infants.</p> <p>Speaker Response: Each case must be individually reviewed to ensure the appropriate next steps are taken to resolve the issue.</p>	
<p>What Staff Should do:</p> <ul style="list-style-type: none"> • Clarify expectations: <i>“Usually, Medi-Cal should send a notice before coverage ends, we want to check if you received anything.”</i> • Guide first action: <i>“Let’s check your BenefitsCal account to see if there are any notices or updates.”</i> • Share concrete support: <i>“A navigator or local organization can help you look at your case and figure out what happened.”</i> • Encourage advocacy: <i>“You can also ask for any denial or termination in writing so you understand what happened.”</i> • Use the list of organizations in the resource page (CHOI Contractor List – LA County) to identify local support for the family. 	

2. Immigration Status & Impact on Family Coverage	
Question: What can we tell clients when they express fear of being cut off their insurance?	Answer: <i>Immigration status does not determine eligibility; it determines scope of coverage.</i>
Question: Are undocumented parents with U.S. born children impacted?	Answer: <i>There is no impact.</i>
Question: Does immigration status affect children?	Answer: <i>No, it does not.</i>
Question: Will client’s data be shared?	Answer: <i>According to an AP report, on or around June 10, 2025, the Center for Medicare and Medicaid Services (CMS) was directed by the Department of Health and Human Services (HHS) to share data about Medicaid enrollees in certain states (including California) with the federal Department of Homeland Security (DHS), which includes Immigration and Customs Enforcement (ICE), for immigration enforcement purposes.</i>
<p>Summary of What Families Are Asking: Immigrant families, especially those with undocumented parents, are worried they will be cut off or denied renewal. Families ask whether immigration status affects their children, whether emergency Medi-Cal remains available, and if their information is shared with other agencies.</p> <p>Speaker Response: Immigration status does not determine eligibility; it determines the scope of coverage. Undocumented parents have no impact on the U.S. born children.</p> <p>Medicaid/Medi-Cal Data sharing - The federal government’s decision to share the personal information of Medicaid beneficiaries with DHS for immigration enforcement purposes is a change from long-standing policies and practices.</p> <p>BAILA Network Team at Neighborhood Legal Services of LA County has compiled information on the data-sharing incident. Please see the link below for more information.</p> <p>Data Privacy and Public Benefits 2025 – 2026: What to Know</p> <p>https://docs.google.com/document/d/1-MrxLWc2jeXTnQO7x2S8nOAHE-RYD_QghXCYSVJAaM/edit?tab=t.0</p>	

What Staff Should do:

- Reassure: *“Immigration status does not affect your child’s Medi-Cal eligibility.”*
- Clarify in a simple manner: *“Immigration status may affect TYPE of coverage, but not whether someone can apply.”*
- Address fears gently: *“A lot of families have concerns about this right now – you are not alone.”*
- Refer to the resource page for materials related to data privacy and immigration concerns.
- Be honest and supportive: *“I want to make sure you get the right information, so it’s best to speak with someone who specializes in this.”*

3. Pregnancy, Postpartum & Newborn Transitions

Question: How long coverage lasts after birth?

Answer: *The infant can be covered under the mother’s Medi-Cal coverage for the birth month and the following month. Infants born to a mother with Medi-Cal or MCAP coverage are deemed eligible and are guaranteed to receive Medi-Cal coverage for their first year of life.*

Summary of What Families Are Asking: Pregnant and postpartum families report confusion about how long coverage lasts after birth, what steps are needed to cover the newborn, and how to prevent gaps during the transition period.

Speaker Response: The infant can be covered under the mother’s Medi-Cal coverage for the birth month and the following month. Infants born to a mother with Medi-Cal or MCAP coverage are deemed eligible and are guaranteed to receive Medi-Cal coverage for their first year of life.

What Staff Should do:

- Explain simply: *“Babies born to a parent with Medi-Cal or MCAP are generally eligible for coverage during their first year of life, but they still need to be added to Medi-Cal within 60 days.”*
- Highlight timing: *“It’s important to take care of this early so there are no delays in care.”*
- Share specific support if needed: Refer families to the DPSS Infant Registration Line found in the resource page for help adding a newborn or fixing name issues.

4. Denials, Renewals & Documentation Barriers

Summary of What Families Are Asking: Families report being denied Medi-Cal due to renewal issues, incorrect income information, or missing documentation—especially among self-employed clients. Some families do not apply at all because they assume they are not eligible.

Speaker Response: Each case must be individually reviewed to ensure the appropriate next steps are taken to resolve the issue.

What Staff Should do:

- Normalize the situation: *“This happens to a lot of families – renewals and documents could be confusing.”*
- Avoid overpromising: *“Each case is different, so it’s important to have someone look at your specific situation.”*
- Guide next step: *“The best next step is to have someone review your case.”*
- Use the CHOI Contractor List (LA County) in the resource page to identify a local organization that can support the family.

5. Access to Care, Referrals & Covered Services

Summary of What Families Are Asking: Families struggle with accessing care even when they believe they are covered. Concerns include referrals to doctors, dental care, mental health and substance use services, medications, second opinions, and providers for refusing services.

Speaker Response: Individuals with full scope Medi-Cal have access to services that are medically necessary. Filing a grievance with the health plan by calling member services. It is an effective tool available to those enrolled in a managed care plan. Work with an advocate who can help with the process.

What Staff Should do:

- Reassure families: *“If you have Full Scope Medi-Cal, you should be able to get the care you need.”*
- Guide first step: *“Call the number on your Medi-Cal card to ask about your benefits or find a provider.”*
- Guide next step for ongoing issues: *“If you’re still having trouble getting care, it’s best to have someone help review your situation.”*
- Use the CHOI Contractor List (LA County) in the resource page to identify a local organization that can support the family.

6. System Errors, Records & Data Concerns

Summary of What Families Are Asking: Families report errors such as incorrect baby names on Medi-Cal cards, coverage appearing active online but not recognized by providers, confusion about whether to call or go in person, and concerns about data sharing.

Speaker Response: Each case must be individually reviewed to ensure the appropriate next steps are taken to resolve the issue. In Los Angeles County, there is an infant registration line that can assist with adding a newborn to the case and correcting name errors. DPSS Infant Registration Line: 1-(833) 735-9359.

What Staff Should do:

- Normalize the issue: *“This happens sometimes—systems don’t always match, and it can be really frustrating.”*
- Be specific about action: *“If something doesn’t match, like your baby’s name or coverage status, it’s important to get it corrected as soon as possible.”*
- Share with the family the DPSS Infant Registration Line (1(833) 735-9359) for support with adding a newborn or correcting baby information.

Medi-Cal Changes Cheat Sheet

- **Children (under 19):** Not affected by recent changes
- **Undocumented Adults (19+):** Eligible for Restricted Medi-Cal
- **Emergency care:** Still covered under Restricted Medi-Cal
- **Immigration status:** Affects *type* of coverage, not eligibility
- **Pregnancy:** Full coverage + 12 months postpartum (Must report pregnancy to receive full coverage)
- **Newborns:** Covered at birth + first year (must be added within 60 days of birth)
- **Renewal:** Required every 12 months (ensure families know their renewal date)
- **If you receive a notice in the mail that coverage is ending:**
 - **Within 90 days:** Submit renewal or missing information
 - **More than 90 days:** A new application is required

Medi-Cal Support Resources for Staff and Families

➤ **Apply, Renew, or Check Medi-Cal**

BenefitsCal

<https://benefitscal.com/>

- Apply for Medi-Cal
- Renew coverage
- Check case status and notices
- Upload documents

➤ **Local Support (Los Angeles County)**

DPSS (Department of Public Social Services)

- Help with applications, renewals, and case questions

DPSS Infant Registration Line

- 1-(833) 735-9359
- Add a newborn to a case
- Fix baby name or record errors

➤ **In-Person Help (LA County)**

CHOI Contractor List (LA County)

<http://publichealth.lacounty.gov/mch/choi/CHOIContractorListEngSp.pdf>

- List of local organizations that help with Medi-Cal in SPAs 1-8
- Includes bilingual support and in-person assistance

➤ **Pregnancy Coverage Information**

Maternal Child Health Access (MCHA)

<https://www.mchaccess.org/pdfs/misc/Medi-Cal%20and%20MCAP.pdf>

- Explains coverage during pregnancy
- Shows how to report pregnancy

➤ **Privacy & Immigration Information**

BAILA Network Resource: Data Privacy & Public Benefits (2025–2026)

https://docs.google.com/document/d/1-MrxLWc2jeXTnQO7x2S8nOAHE-RYD_QghXCYSVJAaM/edit

- Information about data sharing
- Helps families understand their rights

➤ **Health Plan Support**

Medi-Cal Managed Care Plans (Member Services)

- Phone number on the back of the Medi-Cal card
- Help with:
 - Finding providers
 - Understanding benefits
 - Filing complaints