Expansion Freeze Questions and Answers

1. What changes are expected with the implementation of the Adult Expansion Freeze?

Effective January 1, 2026, individuals 19 years of age or older newly applying for Medi-Cal, who do not have an immigration status, who failed to verify their immigration status, and certain non-immigrant visa holders, and are not pregnant will be eligible for restricted scope Medi-Cal only.

2. Who is impacted by the Adult Expansion Freeze?

The Adult Expansion Freeze applies to individuals 19 years of age and older who do not have an immigration status, who failed to verify their immigration status, and certain non-immigrant visa holders. This population is referred to as the Adult Expansion Population.

3. Will Beneficiaries receive communication regarding these changes?

Yes, DHCS is mailing outreach materials to members impacted by the Adult Expansion Freeze in November 2025. DHCS anticipates the mailing of the outreach materials to begin the first week of November and complete by the end of November.

4. Are all individuals considered unsatisfactory immigration status (UIS) affected by this change?

No. Only individuals 19 and older who are not pregnant with the following immigration statuses are impacted by this change:

- No immigration status
- Unverified immigration status
- Certain non-immigrant visa holders

5. How will the Adult Expansion Freeze population be identified?

California Statewide Automated Welfare System (CalSAWS) will identify a person as part of the Adult Expansion Freeze and will apply an Expansion Freeze case indicator. The indicator will be in the Expansion Freeze Details screen in CalSAWS and will be reflected in CalHEERS in the MAGI Budget. The indicator will not be displayed in MEDS. beneficiaries will remain in their current full-scope aid code.

6. Please define the different scopes of Medi-Cal coverage.

- Full scope coverage – Covers a full range of Medi-Cal benefits, such as primary and specialty care, mental health services, substance use disorder treatment, vision, prescriptions, transportation, and comprehensive dental services
- Full scope Medi-Cal with no Dental (effective July 1, 2026) – Covers the same services as full scope Medi-Cal, except dental services. Dental services are covered only for emergencies.
- Restricted scope (emergency) coverage – Covers emergency medical services and pregnancy-related care, such as prenatal care, labor, delivery, 365-days postpartum care, and long-term care services. Dental services are covered only for emergencies.
- Limited scope coverage – Covers a narrower set of benefits for specific services or diagnoses, such as family planning, dialysis, and organ transplant.

7. What services are covered with full scope Medi-Cal with no Dental?

Full scope Medi-Cal with no Dental covers all medically necessary services except dental services. For more information, visit the Medi-Cal Benefits webpage.

8. What outpatient services will be covered under Emergency Medicaid? Will outpatient dialysis be a continued covered service?

There are no changes to services covered under Emergency Medicaid (restricted scope Medi-Cal). Emergency Medicaid covers emergency services and treatment related to the emergency, as well as pregnancy-related services such as prenatal care, labor, delivery, and one-year postpartum period. Restricted scope Medi-Cal will cover emergency-related dialysis only.

9. Can the Adult Expansion Freeze population re-enroll into full scope Medi-Cal following a discontinuance within the 90-Day Cure Period?

Adult Expansion beneficiaries, who were enrolled in full scope prior to January 1, 2026, who experience a discontinuance will have a three-month grace period to reestablish eligibility and re-enroll in full scope Medi-Cal (full scope Medi-Cal with no dental effective July 1, 2026). This grace period is available only to the Adult Expansion Freeze population and is not limited to specific discontinuance reasons.

The 90-Day Cure period remains in place for beneficiaries who experience a discontinuance due to failure to provide at annual renewal or a change in circumstance redetermination.

10. What is the difference between the 90-Day Cure Period and the three-month Expansion Grace Period?

The 90-Day Cure Period applies for certain discontinuance reasons, such as failure to provide verification at annual renewal or change in circumstance redetermination. The 90-Day Cure will allow eligibility to be established without a new application.

The Expansion Grace Period applies only to the Adult Expansion Population. The grace period is not limited to specific discontinuance reasons. If the beneficiary returns within the grace period and determined eligible, may re-enroll in full scope Medi-Cal. Counties should continue to follow normal policies to determine whether someone in the Expansion Grace period requires a new application. These two periods can run in parallel depending on the discontinuance reason. If the discontinuance reason is not eligible for the 90-Day Cure, the grace period will run independently. Beneficiaries determined eligible within the grace period will be reenrolled in full scope Medi-Cal, even if there is a break in aid.

11. If a member of the Adult Expansion Population who is eligible for full scope Medi-Cal is discontinued for more than three months, will they be eligible only for restricted scope Medi-Cal? If good cause exists, can they re-enroll in full scope Medi-Cal?

Each claim for good cause is evaluated on a case-by-case basis and verification may be requested. An example would be incarceration by a law enforcement agency, and the incarceration status was not communicated with DHCS and/or the appropriate county Medi-Cal office. If good cause is determined to exist, the beneficiary will be re-enrolled in full scope Medi-Cal or full scope Medi-Cal with no Dental.

12. Is incarceration considered a loss of eligibility and if it exceeds three months, will the beneficiary become ineligible for full scope Medi-Cal?

No, incarceration is not considered a loss of eligibility. Individuals who are incarcerated will have their Medi-Cal benefits suspended until they are released. If they were eligible for full scope Medi-Cal prior to their incarceration, they will remain on full scope after their release, if otherwise eligible.

13. **Will county eligibility workers (EWs) be able to apply the case indicator as necessary to re-enroll a member in full scope Medi-Cal?**

Yes, EWs will have the ability to apply the Expansion Freeze case indicator to reenroll a beneficiary into full scope Medi-Cal. The indicator will be located in the Expansion Freeze Details screen in CalSAWS and will be reflected in CalHEERS in the MAGI Budget.

14. **Home and Community-Based Services (HCBS), Long-Term Care (LTC), and Spousal Impoverishment (SI) are often considered together – please confirm if HCBS was also included in the Adult Expansion Freeze.**

The Adult Expansion Freeze will impact individuals requesting Home and Community-Based Services (HCBS) Waivers. Recipients of HCBS Waivers must be eligible for full scope non-Modified Adjusted Gross Income (non-MAGI) MediCal. New applicants aged 19 and older, who are not pregnant, applying on or after January 1, 2026, and determined eligible for restricted scope Medi-Cal, will be ineligible for HCBS Waivers and therefore not a candidate for Spousal Impoverishment (SI) provisions.

15. **What impact does the Adult Expansion Freeze have on the Trafficking and Crime Victims Assistance Program (TCVAP)?**

The Adult Expansion Freeze does not impact the TVCAP populations.

16. **How will the Adult Expansion Freeze impact pregnant individuals?**

Pregnant individuals are not subject to the Adult Expansion Freeze for the duration of the pregnancy and the 365-day postpartum period.

17. **An individual applies for Medi-Cal in December 2025 with income at 150% of the FPL in December but is income-eligible in January 2026. Will this individual be granted full scope or restricted scope?**

While the date of application is considered when determining the scope of coverage, the individual must be determined eligible and enrolled into full scope Medi-Cal for December 2025 to be protected in full scope Medi-Cal beginning January 1, 2026. Although this individual applied prior to January 1, 2026, because the individual was not found eligible to full scope Medi-Cal in December 2025, they will be granted restricted scope benefits for the January 2026 month of eligibility.

18. **An individual applies in December 2025 and is conditionally eligible for full scope Medi-Cal. The EW processes the case in February 2026 and confirms**

full scope Medi-Cal eligibility for December 2025. Will the beneficiary be protected in their full scope aid code?

Yes, if the individual is conditionally eligible for full scope Medi-Cal with an application submitted in 2025, they will be protected in full scope Medi-Cal after January 1, 2026, so long as they remain eligible.

19. How long can individuals subject to the Adult Expansion Freeze remain on full scope?

Beneficiaries granted full scope (full scope with no dental effective July 1, 2026) can remain on full scope for as long as they continue to meet all other eligibility criteria and do not experience a discontinuance that exceeds the three-month Expansion Grace Period.

20. Prior to January 1, 2026, an individual attested to being a naturalized citizen but did not provide verification and therefore their citizenship verification is Administratively Failed. They are granted full scope Medi-Cal. After January 1, 2026, there is a change in circumstance reported. Should the beneficiary remain on full scope or transition to restricted scope?

This beneficiary would be protected and, if they meet all other eligibility criteria, remain eligible for full scope Medi-Cal (full scope with no dental effective July 1, 2026).

21. How will the Adult Expansion Freeze impact Former Foster Youth (FFY)?

FFY will not be subject to the Adult Expansion Freeze. When they turn 26, they will remain in full scope Medi-Cal (full scope with no dental effective July 1, 2026) if they continue to meet all other eligibility criteria.

22. If a FFY is discontinued before their 26th birthday and reapplies, will they be eligible for full scope Medi-Cal?

If the FFY reapplies before they turn 26, they will be re-enrolled in full scope MediCal. Once they turn 26, they will continue with full scope Medi-Cal (full scope with no dental after July 1, 2026) if they are otherwise eligible.

23. Does the three-month Expansion Grace Period apply to Former Foster Youth?

Yes, the three-month Expansion Grace Period will apply to FFY who are 26 years of age and older, who do not have an immigration status, verified immigration status,

or certain non-immigration visa holders, who are not pregnant, and eligible for continued full scope benefits after January 1, 2026.