Medi-Cal Eligibility and CalABLE

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 2026

Topics Covered in this Presentation

- Medi-Cal Overview
- How to Apply
- Eligibility Criteria and How eligibility is Determined
  - Asset Limit Changes
- Who is eligible?
- Medicare and Medi-Cal
- ABD FPL Program
- Share of Cost
- 250% Working Disabled Program
- CalABLE Accounts and Medi-Cal

What is Medi-Cal?

- Medi-Cal is California's Medicaid program, which provides access to affordable health care, preventive services, behavioral health care, and support for chronic conditions. By reducing medical costs and connecting members with comprehensive services, Medi-Cal helps Californians maintain their health, well-being, and independence.
- Medi-Cal provides coverage to:
  - Children and pregnant individuals
  - Parents and caretaker relatives
  - Adults with low incomes
  - Older adults and people with disabilities
  - Foster youth

Medi-Cal Benefits

- Medi-Cal provides a core set of health benefits, including:
- doctor visits
- hospital care
- immunization
- pregnancy-related services
- nursing home care.
- More information about Medi-Cal benefits and programs can be found here:
- https://www.dhcs.ca.gov/services/Pages/AllServices.aspx

How do I apply for Medi-Cal?

- How to apply for Medi-Cal
  - Online at Benefitscal.com or CoveredCA.com
  - Visit your local County office
  - Apply by mail
  - Apply by phone
- You can apply any time of the year; there is no enrollment period.

Eligibility Criteria

- To be eligible for Medi-Cal you must meet certain criteria:
  - California Residency
  - Income within certain limits depending on your age, household size, and coverage group
  - Asset and Property limits apply for some programs.

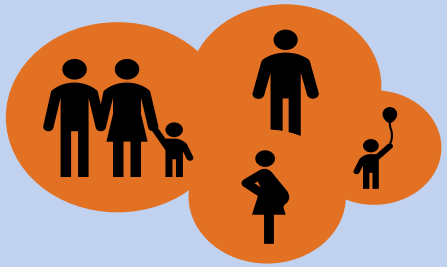
Medi-Cal Asset Limits

- There have been changes to the Medi-Cal Asset Limits:
  - Most recently, the asset limits were reinstated for Non-MAGI programs
  - January 1, 2026, asset limits were reinstated for most Non-MAGI programs
  - The asset limits are $130,000 for one person and $65,000 for each additional person up to 10.
  - There was no asset limit January 1, 2024, through December 31, 2025.

MAGI and Non-MAGI

MAGI

The MAGI Medi-Cal method uses Federal tax rules to decide if you qualify based upon how you file your taxes and your countable income.



- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

Non-MAGI

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.



- Adults aged 65 or older
- Children under 21
- Pregnant individuals
- Parent/Caretaker relative of an age-eligible child
- Adult or child in long-term care
- Person with Medicare
- Blind or Disabled

How does the county determine my eligibility?

- Federal law requires a specific order of evaluation.
- Certain programs must be considered before others.
- Eligibility is determined step-by-step.
- The county will find the best program for you based on your circumstances.

Non-MAGI Eligibility

- Non-MAGI requires “linkage.”
  - Aged 65 or older
  - Blind
  - Disabled
  - Parent or Caretaker Relative
  - Pregnant
  - Child under Age 21
- Common Non-MAGI programs:
  - SSI-Linked Programs
  - Aged, Blind, and Disabled (ABD) Federal Poverty Level (FPL)
  - 250% Working Disabled Program (WDP)
  - Medically Needy with a Share of Cost

Medicare and Medi-Cal

- Individuals with both Medicare and Medi-Cal are referred to as “duals,” “dually eligible,” or “Medi-Medi.”
- If you have Medicare you will be evaluated for one of the Non-MAGI Medi-Cal programs and the Medicare Savings Programs.
- If you are already eligible for Medi-Cal and become eligible for Medicare, the county will review your current eligibility and determine whether you need to be evaluated for another program.
- Medicare Beneficiaries can be eligible for the MAGI Parent/Caretaker Relative Group and do not have to be assessed for a Non-MAGI program.

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

- The ABD FPL Program provides full-scope, no cost Medi-Cal to individuals who:
  - Are aged 65 or older, blind, or disabled
  - Have countable income at or below 138% of the Federal Poverty Level. This means that in 2026, an individual can have monthly countable income of $1836 or less and be eligible for this program.
- There are deductions that can reduce the person's income that will be counted. Health insurance premiums are subtracted from your income.
  - This includes Medicare, Medicare Supplemental Plans, Dental, Vision.
  - Some people get insurance when they want to bring their income under the limit for no-cost Medi-Cal.

Medically Needy (MN) Program and Share of Cost (SOC)

- If you have income that is above the limit for no-cost Medi-Cal you can still be eligible in the MN program with a share of cost.
- Share of cost is how much you need to spend on qualified medical expenses in a month before you are eligible for Medi-Cal coverage.
- The county calculates the SOC amount based on your income after deductions, and your household size, and allows a standard amount called the maintenance need, which is income that is not used toward the SOC.
- The SOC is like a deductible. You only pay when you need services. The SOC is paid directly to the provider.

Share of Cost Calculation

Share of Cost Example	
Gross Income:	$ 2,700.00
2026 Medicare Part B Premium	-$202.90
$20 Deduction (everyone gets this deduction)	-$20.00
Maintenance Need Income Level (MNIL) for one person	-$600
Share of Cost	=$1,877.00

How to Reduce or Eliminate Share of Cost

- Provide proof of extra health insurance premium to reduce countable income.
- Evaluate for the 250 Percent Working Disabled Program.
- Apply Medi-Cal Spousal Impoverishment rules for spouses in LTC or HCBS
- Submit proof of medical expenses to meet the current month's SOC.
- Schedule non-urgent medical and dental appointments in the same month.
- Apply unpaid medical bills to a month’s SOC.

250 Percent Working Disabled Program (250 WDP) Features

- Allows individuals with a disability to continue to work and qualify for full scope Medi-Cal.
- Medi-Cal pays Medicare Part B premium.
- Automatically eligible for “Extra Help” (Medicare Part D Low Income Subsidy), which assists with the cost of prescriptions under Medicare.
- Currently, the monthly premiums are reduced to $0.

250 WDP Eligibility Criteria

- To participate in the program, the individual must:
  - Be a California resident.
  - Be disabled by Social Security Administration (SSA) standards, not including Substantial Gainful Activity.
  - Pay the monthly premium ($0 as of 7/1/2022).
  - Meet SSI eligibility criteria
    - Does not count disability-related income
  - Be **employed** part-time, full-time, or self-employed with **countable income below 250%** of the federal poverty level.
    - There are deductions to reduce income such as the earned income deduction, and Impairment Related Work Expenses.

250 WDP Work Requirement

- Any type of verifiable employment qualifies.
- There is no minimum level of employment or minimum hours to work each month.
- The employer can be a business, neighbor, friend, or family member.
- Beneficiary must be able to show proof of employment.
- Examples: babysitting, tutoring, recycling cans/bottles, or collecting the neighbor’s mail.

Key Takeaways

- You will be assessed for the most beneficial program.
- Medicare often triggers a Non-MAGI evaluation.
- Most Non-MAGI programs have asset limits.
- ABD-FPL is generally reviewed first.
- Medically Needy can provide coverage with a Share of Cost.
- 250 WDP offers an important alternative for working individuals with disabilities.

Medi-Cal and CalABLE

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July 2026

Overview

- The California ABLE Act allows qualified individuals with disabilities to open tax-advantaged ABLE accounts through California's ABLE program.
- ABLE accounts allow individuals with disabilities to establish tax-free savings accounts without losing eligibility to public benefit programs.
- Individuals should report their CalABLE accounts during the eligibility process and redeterminations.

Medi-Cal Eligibility Scenario



Household

Husband

Age 65 • Disabled
$1,800 monthly unearned income
Medicare Parts A and B
$205 monthly Part B premium

Wife

Part-time employment
$500 gross monthly earnings

Child

Age 16
Evaluated under the child/MAGI pathway

Reported assets

Primary home
Excluded

Bank account
$2,500 countable

CalABLE
$1,000 exempt

Non-MAGI Income Budget

Husband’s unearned income	$1,800.00
General income disregard	– $20.00
Medicare Part B premium	– $205.00
Wife’s earned income	$500.00
Earned-income disregard	– $65.00
Remaining earnings counted at 50%	÷ 2
Countable income	**$1,792.50**

Income test result

$1,792.50

Family is below the 2026 ABD-FPL couple screening level of about $2,490 per month.

PASS: NO SHARE OF COST

Asset Test

Primary residence

$0 counted

The home where the family lives is excluded.

Bank account

$2,500 counted

Liquid funds are countable.

CalABLE account

$0 counted

$1,000 is treated as exempt in this scenario.

Countable assets: $2,500

Well below the 2026 limit of $195,000 for a two-person household. If the child is included in the asset household, the limit increases by $65,000.

PASS: ASSET TEST

Eligibility

Husband	**Eligible**	No-cost ABD-FPL Medi-Cal as a Medicare/Medi-Cal dual eligible.
Wife	**Eligible**	Income appears below the applicable family-based/MAGI level.
Child, age 16	**Eligible**	Evaluated under the child/MAGI pathway. The reported household income is within the applicable child Medi-Cal income range.

The family is eligible for Medi-Cal. The husband's Medicare premium deduction and exempt CalABLE account strengthen the result.

Questions?

Email: NonMAGIInbox@dhcs.ca.gov

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