

DATE: June 30, 2025

TO: ALL COUNTY WELFARE DIRECTORS Letter No.:25-14  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: REINSTATEMENT OF ASSET LIMITS FOR NON-MODIFIED ADJUSTED  
GROSS INCOME (NON-MAGI) MEDI-CAL PROGRAMS  
(Reference: All County Welfare Directors Letters: [22-25](#) and [21-31](#))

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties and the Statewide Automated Welfare System (SAWS) with guidance regarding the reinstatement of the asset limits for Non-MAGI programs, including the Medicare Savings Programs (MSP) and Long-Term Care (LTC) programs, with the exception of the Pickle, Disabled Adult Child (DAC), and Disabled Widow/er (DW) programs. This change, enacted by the 2025-26 Health Omnibus Bill, Assembly Bill (AB) 116, amends section 14005.62 of the Welfare and Institutions Code (WIC) to remove the subdivision which had eliminated the asset limits for all Non-MAGI programs, and reenacts sections of the WIC to reinstate the consideration of resources, including property and other assets, when making Medi-Cal eligibility determinations, no sooner than January 1, 2026. For the impacted Non-MAGI programs, the asset limits will be set at \$130,000 for one person and \$65,000 for each additional person (up to a maximum of 10 people). Effective January 1, 2026, this guidance will supersede any previous guidance regarding asset limit changes and elimination of asset limits for Non-MAGI Medi-Cal programs.

## Background

As part of the Budget Act of 2021, Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021), added section 14005.62 to the WIC, which established a two-phased approach to eliminate the asset limits for Non-MAGI Medi-Cal programs. The first phase, which was effective July 1, 2022, increased the asset limits to \$130,000 for one person and \$65,000 for each additional household member (up to a maximum of 10 people). The second phase, effective January 1, 2024, eliminated the asset limits for Non-MAGI programs.

## Policy Change

No sooner than January 1, 2026, the asset test shall be reinstated for Non-MAGI programs, including LTC and MSPs, except for the Pickle, DAC, and DW programs. The asset limits were eliminated for the Pickle, DAC, and DW programs under a separate federal waiver authority. After this implementation, the Pickle, DAC, and DW programs will continue to be exempt from the asset test. DHCS will issue guidance in the future regarding the implementation of the asset test for Pickle, DAC, and DW programs once the demonstration waiver authority ends. Please see the chart on pages 8 and 9 for all affected Non-MAGI Medi-Cal programs and the new asset limits.

### **Impacted Populations**

- New Non-MAGI Population: Starting January 1, 2026, individuals applying for Medi-Cal benefits under Non-MAGI programs, except Pickle, DAC, and DW, will be required to provide verification of their assets as part of their eligibility determination.
- Existing Non-MAGI Population: Starting January 1, 2026, any existing Medi-Cal members enrolled in Non-MAGI programs, except Pickle, DAC, and DW, will be subject to the reinstated asset test at the earlier of the following dates:
  - At their next annual renewal.
  - At a change in circumstance (CIC) redetermination, if asset information was previously collected and can be verified via ex parte review.

### **Application**

Individuals applying for Medi-Cal benefits under the affected Non-MAGI programs with an application date after January 1, 2026, will be required to report asset information and provide verification of their assets as part of their eligibility determination. On any applications received before January 1, 2026, applicants will not be required to report asset information or provide verification of assets as part of the application processing, even if the county determines eligibility for the application after January 1, 2026.

When an individual requests retroactive coverage, they will not be required to provide verification of assets for any months of eligibility prior to January 1, 2026.

### **Change in Circumstance**

Medi-Cal members are required to follow Medi-Cal reporting responsibilities. Any change that affects eligibility must be reported to the member's local county office within 10 days. However, members will not be required to report potential changes to their assets until property is used to determine eligibility for Medi-Cal, as described in the Impacted Populations section above. Starting January 1, 2026, Non-MAGI Medi-Cal applicants, as well as existing Non-MAGI Medi-Cal members who complete their annual renewal or CIC with assets verified ex parte will be required to report changes to their assets (property) within 10 days. Counties will continue to follow the guidance regarding CIC redeterminations in [ACWDL 22-33](#), including an ex parte review, sending the MC 355, and allowing 30 days for a response.

When an existing member in the affected Non-MAGI coverage groups who has not yet completed their annual renewal reports a change affecting their eligibility, the county shall attempt to verify the member's assets ex parte. Counties shall not send out a Medi-Cal Request for Information form (MC 355) requesting asset information for reported changes unrelated to assets. If the county verifies a reported change affecting eligibility but cannot verify assets through an ex parte review, the county will update the case eligibility based on the reported change but will not extend the annual renewal date by one year.

### **Annual Renewal**

For annual renewals due on or after January 1, 2026, members in the affected Non-MAGI coverage groups will be required to report and provide verification of their assets as part of the eligibility determination. DHCS will provide a property supplement form that will be included as an insert with the MC 210 RV and MC 217 Annual Renewal Forms for the January 2026 and February 2026 annual renewals, mailed in November 2025 and December 2025, respectively, until programming is completed to include property information in the prepopulated renewal forms.

Non-MAGI members with annual renewals due on or after January 1, 2026, who are discontinued from Medi-Cal because of a failure to provide asset information or asset verification must be provided with a 90-day cure period. If the individual provides the needed information during the 90-day cure period and is found property eligible, then the discontinuance shall be rescinded, and eligibility restored as though the information or verification was provided timely.

Non-MAGI members with annual renewals due before January 1, 2026, who were discontinued from Medi-Cal for failure to provide information or verification needed to

confirm ongoing eligibility, will not be required to provide asset information or verification to restore their case when their 90-day cure period extends past January 1, 2026.

Counties will continue to follow the guidance regarding Annual Renewal redeterminations in [ACWDL 22-33](#), including an ex parte review, sending the annual renewal form, and additional contact as needed.

### **Reinstatement of the Asset Test Examples**

- **Example #1:**

An individual, aged 70, submits a Medi-Cal application after January 1, 2026.

The asset test applies at the time of application, as the submission date falls on or after January 1, 2026. The applicant must provide verification of assets as part of the application eligibility determination process.

- **Example #2:**

An individual, aged 66, submits a Medi-Cal application on December 31, 2025.

The asset test does not apply at the time of application, as the submission date is after January 1, 2024, but before January 1, 2026.

The individual is not required to provide information regarding their assets until their next annual renewal in November 2026, at which point verification of assets will be required as part of the annual redetermination process.

- **Example #3:**

Spouse A, aged 54, and Spouse B, aged 65, applies for Medi-Cal on June 15, 2025.

The asset test does not apply at the time of application, as the submission date is after January 1, 2024, but before January 1, 2026.

On March 3, 2026, Spouse B reports a decrease in income but does not provide any information regarding their current assets. The county can redetermine eligibility based on the income change. However, since asset information was never collected for the members, the county is unable to verify both income and property through an ex parte review and cannot reset the annual renewal date.

Spouse B is not required to provide information regarding their assets until their next annual renewal in May 2026, at which point verification of assets is required for all household members as part of the annual redetermination process.

- Example #4:  
Spouse A, aged 66, Spouse B, aged 54, and their child, aged 16, applied for Medi-Cal on June 1, 2025.

The asset test does not apply at the time of application, as the submission date is after January 1, 2024, but before January 1, 2026.

Spouse A is not required to provide information regarding their assets until their next annual renewal in May 2026, at which point verification of assets will be required for both spouses as part of the annual redetermination process. Spouse B's and the child's information is run through auto ex parte in CalHEERS and is able to be electronically verified. However, Spouse A and Spouse B fail to respond to the request for asset information and do not provide asset verification. As a result, Spouse A is discontinued for failure to provide necessary asset information during annual renewal. Spouse B and the child are approved, as all necessary information is electronically verified.

### **Spenddown of Excess Property**

Applicants and members with excess property are permitted time to reduce their assets, referred to as "spenddown," to bring their countable assets within the asset limits. Individuals are required to meet their spenddown by the end of the month in which eligibility is to be established. As a reminder, counties must provide applicants and members with the MC 007 form and explain the options for spenddown at application, redetermination, and change in circumstances.

Under the Principe v. Belshe court settlement, individuals with excess property who were unable to reduce their assets during the application month, or some later month during the application process, may retroactively reduce their assets by applying qualified medical expenses. For more information on Principe v. Belshe settlement please refer to [ACWDL 97-41](#).

Transfers of non-exempt assets for less than fair market value may result in a period of ineligibility for nursing facility level of care under Medi-Cal. Additional guidance regarding transfers of assets and period of ineligibility will be issued in a subsequent letter.

### **Overpayment Due to Excess Property Beginning January 1, 2026**

Beginning January 1, 2026, counties are required to compute and report potential overpayments based on excess property, as outlined in MEPM Article 16C Section II, because resources, including property or other assets, will be used to determine eligibility for Non-MAGI Medi-Cal programs outlined in this letter. Counties shall not report/refer cases for potential overpayment based on excess property for dates of eligibility from January 1, 2024, through December 31, 2025, nor for dates of eligibility prior to existing Non-MAGI members' annual renewal or CIC with assets verified ex parte, as described in the Impacted Populations section above.

### **System Programming**

CalSAWS shall make programming changes to reinstate the asset limits as outlined in this ACWDL by January 1, 2026. DHCS will work with CalSAWS to ensure that necessary system changes are implemented in CalSAWS, including all necessary Notice of Action (NOA) revisions and updates to Eligibility Determination and Benefits Calculation (EDBC) functionality.

### **Notices and Forms**

DHCS will be adding Notice of Action (NOA) snippet language, enclosed with this letter, to be used when issuing a denial or discontinuance for the Non-MAGI Programs listed in the chart below. These snippets will apply to cases where individuals exceed the asset (property) limit and/or fail to provide asset (property) information. Additionally, DHCS will update the necessary forms for collecting asset (property) information as part of the Medi-Cal eligibility process and provide these forms to SAWS.

Until the necessary updates can be implemented in the following forms, DHCS will provide previously approved versions for county use, effective January 1, 2026:

- Medi-Cal Renewal Form (MC 210 RV)
- Pre-Populated Renewal Form (MC 217)
- Additional Income and Property Information Needed for Medi-Cal (MC 604 IPS)
- Non-MAGI Informing Letter (ED\_0004037)
- Non-MAGI Medi-Cal Information Sheet (Pub 10)

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- Medi-Cal General Property Limitations (MC 007)
- Notice Regarding Standards for Medi-Cal Eligibility (MC 7077)

DHCS will provide additional future guidance regarding forms, including the Non-MAGI Screening Packet, that will either be reinstated or require updates as a result of this policy change.

**Additional Guidance**

DHCS will provide further guidance in the future regarding the following items as they relate to the reinstatement of asset limits:

- Transfers of assets and periods of ineligibility (POIs)
- Spousal Impoverishment Provisions and the Community Spouse Resource Allowance (CSRA)
- Asset Verification Program (AVP) operations and requirements

If you have any questions, or if we can provide further information, please contact [assetlimitchanges@dhcs.ca.gov](mailto:assetlimitchanges@dhcs.ca.gov). County questions regarding this policy guidance should be sent to [MCED-Policy@dhcs.ca.gov](mailto:MCED-Policy@dhcs.ca.gov).

Sincerely,

Sarah Crow  
Division Chief, Medi-Cal Eligibility  
Department of Health Care Services

Enclosures

Non-MAGI Programs Affected by Reinstatement of Asset Limits	
Program name	Aid code
Aged, Blind, Disabled (ABD) Long-Term Care (LTC) Medically Needy (MN)	13, 23, 63, D2, D3, D4, D5, D6, D7
Aged, Blind, Disabled Medically Needy (ABD MN)	14, 24, 64, C1, C2, C3, C4, C7, C8
Aged, Blind, Disabled Medically Needy Share of Cost (ABD MN SOC)	17, 27, 67
Aged, Blind, Disabled (ABD) Federal Poverty Level (FPL)	1H, 2H, 6H, 1U, 6U
250% Working Disabled Program	6G
Severely Impaired Working Individual (SIWI)	8G
Multipurpose Senior Services Program (MSSP)	1X, 1Y
DDS Waiver	6V, 6W
Home- and Community-Based Alternative (formerly In-Home Operations (IHO)) Waiver	6X, 6Y
Aid to Families with Dependent Children (AFDC) Medically Needy	34, 37, C5, C6
Medically Indigent LTC (state only)	53
Dialysis Special Treatment Program (state only)	71
Total Parenteral Nutrition (hyperalimentation) Special Treatment Program (state only)	73
Tuberculosis	7H
Medically Indigent (MI) Adults (state only)	81
Medically Indigent (MI) Children	82, 83
Medically Indigent (MI) Pregnant Women	86, 87
Inmates – All Programs	F1, F2, F3, F4, G0, G1, G2, G3, G4, G5, G6, G7, G8, G9
Refugee Medical Assistance (RMA)	02
Trafficking and Crime Victims Assistance Program (TCVAP)	2V, 4V, 5V, 7V
Qualified Medicare Beneficiary (QMB)	80



Non-MAGI Programs Affected by Reinstatement of Asset Limits	
Program name	Aid code
Qualified Disabled Working Individual (QWDI)	8A
Specified Low-Income Medicare Beneficiary (SLMB)	8C
Qualifying Individual (QI)	8D
Deactivated – Medically Needy Long-Term Care Restricted	55, 58, 5F

Household Asset Limits for Non-MAGI Programs as of January 1, 2026	
Household size	Asset limits
1 person	\$130,000
2 people	\$195,000
3 people	\$260,000
4 people	\$325,000
5 people	\$390,000
6 people	\$455,000
7 people	\$520,000
8 people	\$585,000
9 people	\$650,000
10 people	\$715,000

Notice Type	English Text Snippet
Medi-Cal Denial due to Excess Assets	<p><b>We reviewed your application to see if you are eligible for the Medi-Cal program.</b> We determined that you are not eligible for the Medi-Cal program for the month of &lt;MonthYear1&gt; Here is why:</p> <p>You and your family's countable property of \$&lt;countable property&gt; is above the MediCal program limit. The monthly limit is \$&lt;property limit&gt;.</p> <p>IMPORTANT INFORMATION: IF THIS NOTICE IS A DENIAL BECAUSE OF EXCESS PROPERTY AND YOU HAVE UNPAID MEDICAL BILLS. The MC 007 form explains how to reduce your excess property to qualify for Medi-Cal. If you owe medical bills from the month when you applied for Medi-Cal or after, you can use your excess property to pay your medical expenses and still qualify for Medi-Cal. This will not work if you wait more than three years. Ask your eligibility worker for an MC 007.</p> <p><b>Keep your Benefits Identification Card (BIC)</b> If you have a plastic Benefits Identification Card (BIC), be sure to keep it. You will use your BIC number again if you qualify for Medi-Cal in the future.</p> <p>Based on California Code of Regulations, Title 22, sections 50179 and 50420.</p>
Medi-Cal Discontinuance due to Excess Assets	<p><b><u>We reviewed your case to see if you are still eligible for the Medi-Cal program.</u></b> <u>We determined that you are not eligible for the Medi-Cal program and the last day of your Medi-Cal is &lt;mm/dd/yyyy&gt; Here is why:</u></p> <p>You and your family's countable property of \$&lt;countable property&gt; is above the MediCal program limit. The monthly limit is \$&lt;property limit&gt;.</p> <p>If your excess property is spent down before the end of this month or the end of the following month, your discontinuance can be rescinded. Save your receipts for documenting your spend down.</p> <p><b>Keep your Benefits Identification Card (BIC)</b> If you have a plastic Benefits Identification Card (BIC), be sure to keep it. You will use your BIC number again if you qualify for Medi-Cal in the future.</p> <p>Based on California Code of Regulations, Title 22, sections 50179 and 50420.</p>

Notice Type	English Text Snippet
Medi-Cal Denial for Failure to Provide Proof of Assets	<p><b>We reviewed your application to see if you are eligible for the Medi-Cal program.</b> We determined that you are not eligible for the Medi-Cal program for the month of &lt;MonthYear1&gt; Here is why:</p> <p>&lt;Person&gt; you failed to give us required proof of the value of real and/or personal property that you and your family own to show you are under the asset limit for the Medi-Cal program.</p> <p>We asked you to send us some important information, but we have not received it yet. This information is important to see if you can get Medi-Cal.</p>
	<p><b>Keep your Benefits Identification Card (BIC)</b> If you have a plastic Benefits Identification Card (BIC), be sure to keep it. You will use your BIC number again if you qualify for Medi-Cal in the future.</p> <p>Based on California Code of Regulations, Title 22, sections 50175 and 50179.</p>
Medi-Cal Discontinuance for Failure to Provide Proof of Assets	<p><b><u>We reviewed your case to see if you are still eligible for the Medi-Cal program.</u></b> <u>We determined that you are not eligible for the Medi-Cal program and the last day of your Medi-Cal is &lt;mm/dd/yyyy&gt; Here is why:</u></p> <p>&lt;Person&gt; you failed to give us required proof of the value of real and/or personal property that you and your family own to show you are under the asset limit for the Medi-Cal program.</p> <p>We asked you to send us some important information, but we have not received it yet. This information is important to see if you can get Medi-Cal.</p> <p><b>Keep your Benefits Identification Card (BIC)</b> If you have a plastic Benefits Identification Card (BIC), be sure to keep it. You will use your BIC number again if you qualify for Medi-Cal in the future.</p> <p>Based on California Code of Regulations, Title 22, sections 50175 and 50179.</p>

Notice Type	Spanish Text Snippet
Medi-Cal Denial due to Excess Assets	<p><b>Revisamos su solicitud para ver si usted es elegible para el programa de Medi-Cal.</b> Determinamos que usted ya no es elegible para el programa de Medi-Cal para el mes de {MONTH_YEAR_1} Esto es porque:</p> <p>La propiedad contable de usted y de su familia de \${COUNTABLE_PROPERTY} está por encima del límite del programa Medi-Cal. El límite mensual es de \${PROPERTY_LIMIT}.</p> <p>INFORMACIÓN IMPORTANTE: SI ESTE AVISO ES UNA NEGACIÓN POR EXCESO DE PROPIEDADES Y USTED TIENE FACTURAS MÉDICAS SIN PAGAR. El formulario MC 007 explica cómo reducir el exceso de su propiedad para calificar para Medi-Cal. Si usted debe facturas medicas del mes en que solicito Medi-Cal o después, usted puede utilizar su exceso de propiedad para pagar sus gastos médicos y aun así calificar para Medi-Cal. Esto no funcionará si usted espera más de tres años. Pida el formulario MC 007 a su trabajador de elegibilidad.</p> <p><b>Conserve su Tarjeta de identificación para beneficios (BIC, por sus siglas en inglés)</b> Si usted tiene la Tarjeta de identificación para beneficios (BIC) de plástico, asegúrese de conservarla. Usted volverá a usar su número (BIC) si usted califica para Medi-Cal en el futuro.</p> <p>Basado en el código de regulaciones de California, Titulo 22, secciones 50179 y 50420.</p>
Medi-Cal Discontinuance due to Excess Assets	<p><b><u>Revisamos su caso para ver si todavía es elegible para el programa de Medi-Cal.</u></b> <u>Determinamos que usted no es elegible para el programa de Medi-Cal y el último día de su Medi-Cal es {MM DD YYYY}</u> Esto es porque:</p> <p>La propiedad contable de usted y de su familia de \${COUNTABLE_PROPERTY} está por encima del límite del programa Medi-Cal. El límite mensual es de \${PROPERTY_LIMIT}.</p> <p>Si el exceso de propiedad se gasta antes de finales de este mes o del siguiente mes, se puede rescindir la suspensión. Guarde sus recibos para documentar sus gastos.</p> <p><b>Conserve su Tarjeta de identificación para beneficios (BIC, por sus siglas en inglés)</b> Si usted tiene la Tarjeta de identificación para beneficios (BIC) de plástico, asegúrese de conservarla. Usted volverá a usar su número (BIC) si usted califica para Medi-Cal en el futuro.</p> <p>Basado en el código de regulaciones de California, Titulo 22, secciones 50179 y 50420.</p>

Notice Type	Spanish Text Snippet
Medi-Cal Denial for Failure to Provide Proof of Assets	<p><b>Revisamos su solicitud para ver si es elegible para el programa de Medi-Cal.</b>  Determinamos que usted no es elegible para el programa de Medi-Cal durante el mes de {MONTH_YEAR_1}  Esto es porque:</p> <p>{PERSON}  usted no nos proporcionó los comprobantes requeridos del valor de los bienes raíces y/o bienes personales de los que usted y su familia son propietarios para demostrar que está por debajo del límite de activos para el programa de Medi-Cal.</p> <p>Le pedimos que nos enviara información importante, pero aún no la hemos recibido. Esta información es importante para ver si usted puede obtener Medi-Cal.</p> <p><b>Conserve su Tarjeta de identificación para beneficios (BIC, por sus siglas en inglés)</b> Si usted tiene la Tarjeta de identificación para beneficios (BIC) de plástico, asegúrese de conservarla. Usted volverá a usar su número (BIC) si usted califica para Medi-Cal en el futuro.</p> <p>Basado en el código de regulaciones de California, Título 22, secciones 50175 y 50179.</p>
Medi-Cal Discontinuance for Failure to Provide Proof of Assets	<p><b><u>Revisamos su caso para ver si todavía es elegible para el programa de Medi-Cal.</u></b>  <u>Determinamos que usted no es elegible para el programa de Medi-Cal y el último día de su Medi-Cal es {MM DD YYYY} Esto es porque:</u></p> <p>{PERSON}  usted no nos proporcionó los comprobantes requeridos del valor de los bienes raíces y/o bienes personales de los que usted y su familia son propietarios para demostrar que está por debajo del límite de activos para el programa Medi-Cal.</p> <p><b>Conserve su Tarjeta de identificación para beneficios (BIC, por sus siglas en inglés)</b> Si usted tiene la Tarjeta de identificación para beneficios (BIC) de plástico, asegúrese de conservarla. Usted volverá a usar su número (BIC) si usted califica para Medi-Cal en el futuro.</p> <p>Basado en el código de regulaciones de California, Título 22, secciones 50175 y 50179.</p>

Notice Type	English Text Snippet
Header for All MSP Notices	<p><b>About Your Medicare Savings Program Eligibility</b> This does <b>not</b> change any regular Medi-Cal benefits you get.</p>
All MSP – Denial due to Excess Assets	<p><b>We reviewed your application to see if you are eligible for the Medicare Savings Programs.</b></p> <p>We determined that you are not eligible for these programs for the month of &lt;MonthYear1&gt; Here is why:</p> <p>Your countable property of \$&lt;countable property&gt; is above the &lt;MSP&gt; program limit. The monthly limit is \$&lt;property limit&gt;.</p> <p>Property limits may change each year. If you have Medicare Part A and/or Part B and your property decreases, you may apply any time.</p> <p>If you also applied for regular Medi-Cal benefits, you will get another letter.</p> <p><b>If your Qualified Medicare Beneficiary (QMB) program ends and you do not qualify for premium-free Medicare Part A:</b></p> <ul style="list-style-type: none"> <li>▪ The state will no longer pay your Medicare Part A premiums.</li> <li>▪ The state may no longer pay your Medicare Part B premiums.</li> <li>▪ When your coverage ends, the Social Security Administration may deduct up to 3 months of Medicare Part B premiums from your monthly benefit payment. This would be for the current month plus 2 past months.</li> <li>▪ You may be able to get financial help with Medicare Part B premiums billed in past months.</li> <li>▪ If you do not get a monthly Social Security benefit payment, you will get a bill for your Medicare premiums.</li> <li>▪ If you do not pay your Medicare premiums, your Medicare may end. You may lose access to your doctors, medications, or hospitals. ▪ You may qualify for financial relief from Medicare Part B premiums.</li> </ul> <p><b>Questions?</b></p> <p>Go to your local Social Security Office or call <b>1-800-MEDICARE</b> (1-800-6334227).</p> <p>To learn more about Medicare Savings Programs, go to <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p>Based on California Code of Regulations, Title 22, sections 50179 and 50421.</p>

Notice Type	English Text Snippet
All MSP – Discontinuance due to Excess Assets	<p data-bbox="396 109 1438 184"><b>We reviewed your case to see if you are still eligible for the Medicare Savings Programs.</b></p> <p data-bbox="396 193 1500 268">We determined that you are not eligible for these programs and the last day of your &lt;MSP&gt; program is &lt;mm/dd/yyyy&gt; Here is why:</p> <p data-bbox="396 310 1523 420">Your countable property of \$&lt;countable property&gt; is above the &lt;MSP&gt; program limit. The monthly limit is \$&lt;property limit&gt;. Your &lt;MSP&gt; program will end &lt;mm/yyyy&gt;.</p> <p data-bbox="396 462 1533 537">Property limits may change each year. If you have Medicare Part A and/or Part B and your property decreases, you may apply any time.</p>

Notice Type	English Text Snippet
	<p>If you also applied for regular Medi-Cal benefits, you will get another letter.</p> <p><b>If your Qualified Medicare Beneficiary (QMB) program ends and you do not qualify for premium-free Medicare Part A:</b></p> <ul style="list-style-type: none"> <li>▪ The state will no longer pay your Medicare Part A premiums.</li> <li>▪ The state may no longer pay your Medicare Part B premiums.</li> <li>▪ When your coverage ends, the Social Security Administration may deduct up to 3 months of Medicare Part B premiums from your monthly benefit payment. This would be for the current month plus 2 past months.</li> <li>▪ You may be able to get financial help with Medicare Part B premiums billed in past months.</li> <li>▪ If you do not get a monthly Social Security benefit payment, you will get a bill for your Medicare premiums.</li> <li>▪ If you do not pay your Medicare premiums, your Medicare may end. You may lose access to your doctors, medications, or hospitals. ▪ You may qualify for financial relief from Medicare Part B premiums.</li> </ul> <p><b>Questions?</b></p> <p>Go to your local Social Security Office or call <b>1-800-MEDICARE</b> (1-800-6334227).</p> <p>To learn more about Medicare Savings Programs, go to <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p>Based on California Code of Regulations, Title 22, sections 50179 and 50421.</p>



Notice Type	English Text Snippet
All MSP – Denial for other reason	<p><b>We reviewed your application to see if you are eligible for the Medicare Savings Programs .</b></p> <p>We determined that you are not eligible for these benefits for the month of &lt;MonthYear1&gt; Here is why: <b>&lt;Other reason&gt;</b></p> <p>Income limits may change each year. If you have Medicare Part A and/or Part B and your income decreases, you may apply any time.</p> <p>If you also applied for regular Medi-Cal benefits, you will get another letter.</p> <p><b>If your Qualified Medicare Beneficiary (QMB) program ends and you do not qualify for premium-free Medicare Part A:</b></p> <ul style="list-style-type: none"> <li>• The state will no longer pay for your Medicare Part A premiums.</li> <li>• The state may no longer pay for your Medicare Part B premiums.</li> <li>• When your coverage ends, the Social Security Administration may deduct (subtract) up to 3 months of Medicare Part B premiums from your monthly benefit payment. This would be for the current month plus 2 past months.</li> <li>• You may have options for financial help from retroactive (past months) Part B premium billing.</li> <li>• If you do not get a monthly Social Security benefit payment, you will get a bill for the premiums.</li> <li>• If you do not pay your Medicare premiums, your Medicare may end. You may lose access to your doctors, medications, or hospitals. • You may qualify for financial relief from Part B premiums.</li> </ul> <p><b>Questions?</b></p>
	<p>Go to your local Social Security Office or call <b>1-800-MEDICARE</b> (1-800-6334227).</p> <p>To learn more about Medicare Savings Programs, go to <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p>Based on California Code of Regulations, Title 22, sections 50175 and 50179.</p>

Notice Type	English Text Snippet
All MSP – Discontinuance for other reason	<p data-bbox="399 128 1382 163">&lt;Other reason&gt; Your &lt;MSP&gt; program will end on &lt;mm/dd/yyyy&gt;.</p> <p data-bbox="399 207 1520 279">Income limits may change each year. If you have Medicare Part A and/or Part B and your income decreases, you may apply any time.</p> <p data-bbox="399 323 1446 359">If you also applied for regular Medi-Cal benefits, you will get another letter.</p> <p data-bbox="399 403 1536 474"><b>If your Qualified Medicare Beneficiary (QMB) program ends and you do not qualify for premium-free Medicare Part A:</b></p> <ul data-bbox="456 485 1560 932" style="list-style-type: none"> <li data-bbox="456 485 1398 520">• The state will no longer pay for your Medicare Part A premiums.</li> <li data-bbox="456 522 1414 558">• The state may no longer pay for your Medicare Part B premiums.</li> <li data-bbox="456 560 1544 667">• When your coverage ends, the Social Security Administration may deduct (subtract) up to 3 months of Medicare Part B premiums from your monthly benefit payment. This would be for the current month plus 2 past months.</li> <li data-bbox="456 669 1560 741">• You may have options for financial help from retroactive (past months) Part B premium billing.</li> <li data-bbox="456 743 1536 814">• If you do not get a monthly Social Security benefit payment, you will get a bill for the premiums.</li> <li data-bbox="456 816 1520 932">• If you do not pay your Medicare premiums, your Medicare may end. You may lose access to your doctors, medications, or hospitals. • You may qualify for financial relief from Part B premiums.</li> </ul> <p data-bbox="399 976 574 1012"><b>Questions?</b></p> <p data-bbox="399 1014 1552 1050">Go to your local Social Security Office or call <b>1-800-MEDICARE</b> (1-800-6334227).</p> <p data-bbox="399 1094 1179 1165">To learn more about Medicare Savings Programs, go to <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p data-bbox="399 1215 1495 1251">Based on California Code of Regulations, Title 22, sections 50175 and 50179.</p>

Notice Type	Spanish Text Snippet
Header for All MSP Notices	<p><b>Sobre su elegibilidad para el Medicare Savings Program</b>  Esto <b>no</b> cambia ningún beneficio de Medi-Cal regular que usted recibe.</p>
All MSP – Denial due to Excess Assets	<p><b>Revisamos su solicitud para ver si usted es elegible para Medicare Savings Programs.</b>  Determinamos que usted ya no es elegible para estos programas durante el mes de {MONTH_YEAR_1}  Esto es porque:</p> <p>Su propiedad contable de \${COUNTABLE_PROPERTY} está por encima del límite del programa {MSP}. El límite mensual es de \${PROPERTY_LIMIT}.</p> <p>Los límites de la propiedad pueden cambiar cada año. Si usted tiene Medicare Part A y/o Part B y su propiedad disminuye, usted puede solicitar en cualquier momento.</p> <p>Si usted también solicitó beneficios regulares de Medi-Cal, usted recibirá otra carta.</p> <p><b>Si su programa Qualified Medicare Beneficiary (QMB, por sus siglas en inglés) termina y usted no califica para Medicare Part A sin primas:</b></p> <ul style="list-style-type: none"> <li>□ El estado ya no pagará sus primas de Medicare Part A.</li> <li>□ Es posible que el estado ya no pague sus primas de Medicare Part B.</li> <li>□ Cuando termine su cobertura, la administración del seguro social podría deducir hasta 3 meses de primas de Medicare Part B del pago mensual de su beneficio. Esto sería para el mes actual más 2 meses anteriores.</li> <li>□ Es posible que pueda obtener ayuda financiera con las primas de Medicare Part B facturadas de meses anteriores.</li> <li>□ Si usted no recibe un pago mensual de beneficios del seguro social, usted recibirá una factura por las primas de Medicare.</li> <li>□ Si usted no paga sus primas de Medicare, su Medicare podría terminar. Usted podría perder el acceso a sus doctores, medicamentos y hospitales.</li> <li>□ Usted podría calificar para el alivio financiero de las primas de Medicare Part B.</li> </ul> <p><b>¿Preguntas?</b>  Vaya a su oficina local del seguro social o llame al <b>1-800-MEDICARE</b> (1-800-633-4227).</p> <p>Para obtener más información sobre Medicare Savings Programs, vaya a <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p>Basado en el código de regulaciones de California, Título 22, secciones 50179 y 50421.</p>

Notice Type	Spanish Text Snippet
All MSP – Discontinuance due to Excess Assets	<p><b>Revisamos su aplicación para ver si usted es elegible para Medicare Savings Programs.</b>  Determinamos que usted ya no es elegible para estos programas y el último día de su programa {MSP} es {MM_DD_YYYY}  Esto es porque:</p> <p>Su propiedad contable de \${COUNTABLE_PROPERTY} está por encima del límite del programa {MSP}. El límite mensual es de \${PROPERTY_LIMIT}. Su programa {MSP} terminará el {MM/YYYY}.</p> <p>Los límites de la propiedad pueden cambiar cada año. Si usted tiene Medicare Part A y/o Part B y su propiedad disminuye, usted puede solicitar en cualquier momento.</p> <p>Si usted también solicito beneficios regulares de Medi-Cal, usted recibirá otra carta.</p> <p><b>Si su programa Qualified Medicare Beneficiary (QMB, por sus siglas en inglés) termina y usted no califica para Medicare Part A sin primas:</b></p> <ul style="list-style-type: none"> <li>☐ El estado ya no pagará sus primas de Medicare Part A.</li> <li>☐ Es posible que el estado ya no pague sus primas de Medicare Part B.</li> <li>☐ Cuando termine su cobertura, la administración del seguro social podría deducir hasta 3 meses de primas de Medicare Part B del pago mensual de su beneficio. Esto sería para el mes actual más 2 meses anteriores.</li> <li>☐ Es posible que pueda obtener ayuda financiera con las primas de Medicare Part B facturadas de meses anteriores.</li> <li>☐ Si usted no recibe un pago mensual de beneficios del seguro social, usted recibirá una factura por sus primas de Medicare.</li> <li>☐ Si usted no paga sus primas de Medicare, su Medicare podría terminar. Usted podría perder el acceso a sus doctores, medicamentos y hospitales.</li> <li>☐ Usted podría calificar para el alivio financiero de las primas de Medicare Part B.</li> </ul> <p><b>¿Preguntas?</b>  Vaya a su oficina local del seguro social o llame al <b>1-800-MEDICARE</b> (1-800-633-4227).</p> <p>Para obtener más información sobre Medicare Savings Programs, vaya a <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p>Basado en el código de regulaciones de California, Título 22, secciones 50179 y 50421.</p>

Notice Type	Spanish Text Snippet
All MSP- Denial for other reason	<p><b>Revisamos su solicitud para ver si usted es elegible para Medicare Savings Program.</b>  Determinamos que usted ya no es elegible para estos beneficios para el mes de {MONTH_YEAR_1}  Esto es porque:  <b>{OTHER_REASON}</b></p> <p>Los límites de ingresos podrían cambiar cada año. Si usted tiene Medicare Part A y/o Part B y su propiedad disminuye, usted puede solicitar en cualquier momento.</p> <p>Si usted también solicitó beneficios regulares de Medi-Cal, usted recibirá otra carta.</p> <p><b>Si su programa Qualified Medicare Beneficiary (QMB, por sus siglas en inglés) termina y usted no califica para Medicare Part A sin primas:</b></p> <ul style="list-style-type: none"> <li>□ El estado ya no pagará sus primas de Medicare Part A.</li> <li>□ Es posible que el estado ya no pague sus primas de Medicare Part B.</li> <li>□ Cuando termine su cobertura, la administración del seguro social podría deducir (restar) hasta 3 meses de primas de Medicare Part B del pago mensual de su beneficio. Esto sería para el mes actual más 2 meses anteriores.</li> <li>□ Es posible que pueda obtener ayuda financiera con las primas de Medicare Part B facturadas de meses anteriores.</li> <li>□ Si usted no recibe un pago mensual de beneficios del seguro social, usted recibirá una factura por las primas de Medicare.</li> <li>□ Si usted no paga sus primas de Medicare, su Medicare podría terminar. Usted podría perder el acceso a sus doctores, medicamentos y hospitales.</li> <li>□ Usted podría calificar para el alivio financiero de las primas de Medicare Part B.</li> </ul> <p><b>¿Preguntas?</b>  Vaya a su oficina local del seguro social o llame al <b>1-800-MEDICARE</b> (1-800-633-4227).</p> <p>Para obtener más información sobre Medicare Savings Programs, vaya a <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <hr/> <p>Basado en el código de regulaciones de California, Título 22, secciones 50175 y 50179.</p>
All MSP – Discontinuance for other reason	<p><b>{OTHER_REASON} su programa {MSP} terminará el {MM/DD/YYYY}.</b></p>

Notice Type	Spanish Text Snippet
	<p>Los límites de ingresos podrían cambiar cada año. Si usted tiene Medicare Part A y/o Part B y sus ingresos disminuyen, usted puede solicitar en cualquier momento.</p> <p>Si usted también solicitó beneficios regulares de Medi-Cal, usted recibirá otra carta.</p> <p><b>Si su programa Qualified Medicare Beneficiary (QMB, por sus siglas en inglés) termina y usted no califica para Medicare Part A sin primas:</b></p> <ul style="list-style-type: none"> <li>☐ El estado ya no pagará sus primas de Medicare Part A.</li> <li>☐ Es posible que el estado ya no pague sus primas de Medicare Part B.</li> </ul> <p>Cuando termine su cobertura, la administración del seguro social podría deducir (restar) hasta 3 meses de primas de Medicare Part B del pago mensual de su beneficio. Esto sería para el mes actual más 2 meses anteriores.</p> <ul style="list-style-type: none"> <li>☐ Es posible que tenga opciones de ayuda financiera para la facturación retroactiva de primas de Part B (de meses anteriores).</li> <li>☐ Si usted no recibe un pago mensual de beneficios del seguro social, usted recibirá una factura por las primas de Medicare.</li> <li>☐ Si usted no paga sus primas de Medicare, su Medicare podría terminar. Usted podría perder el acceso a sus doctores, medicamentos y hospitales.</li> </ul> <p>☐ Usted podría calificar para el alivio financiero de las primas de Medicare Part B.</p> <p><b>¿Preguntas?</b></p> <p>Vaya a su oficina local del seguro social o llame al <b>1-800-MEDICARE</b> (1-800-633-4227).</p> <p>Para obtener más información sobre Medicare Savings Programs, vaya a <a href="https://www.dhcs.ca.gov/MSPCal">https://www.dhcs.ca.gov/MSPCal</a>.</p> <p>Basado en el código de regulaciones de California, Título 22, secciones 50175 y 50179.</p>