

### Release Date

9/22/2025

## MAGI Medi-Cal Income Budget Periods

The Income pages in the Single Streamlined Application will display new income calculations, messaging, and functionality.


- Updates the income attestation from 4 months to 12 months
- New In-Home Support Services (IHSS) income type

The *Estimate [YYYY] Household Income* page displays updated messaging and new income calculations.

The *Next 12-Month Household Income* calculation estimates income prospectively for 12 months from the month of application, Report a Change (RAC), or Renewal.

### Estimate 2025 Household Income

Click "Add" for each member of your household to start entering their income.



MemOnedjbfjdnfj M. (36)

\$6,788.00 / year

#### Income

State

9/1/2025 - Current

\$1,697.00 / month

Edit

Calculated Yearly Household Income

January - December

\$6,788.00 / year

Next 12-Month Household Income

Variable earnings starting this month

\$20,364.00 / next 12-months

Back

Done adding income



The [HHM]'s *Income* page displays new messaging and a new In-Home Support Services (IHSS) income type with a tooltip.

**Karen's Income**

Group 1 of 6

### Employment & Self-Employment Income

If Karen has had a job, owned a business or done freelance or contract work in 2025, click "Add" to enter that here. Add current income and all income from earlier this year.

**Note:** Tell us how much money you expect to make this year. We also need to know if you are expecting changes to your income in the next 12 months.

**Employment Income** ⓘ + Add

Tips, wages, pay, salary, bonuses

satet 01/01/2025 - Current	\$2,100.00 / month	Edit
-------------------------------	--------------------	------

**Self-Employment Income** ⓘ + Add

Own business, freelance, contract, trade work

**Foreign Earned Income** ⓘ + Add

Taxable and nontaxable, see IRS Form 2555

**Farming or Fishing** ⓘ + Add

Income from farming or fishing

**In-Home Support Services** ⓘ + Add

Money earned providing in-home services to people who would otherwise require care in a hospital, nursing, or Intermediate care facility.


**Tooltip:** If you receive IHSS income for providing care to someone you live with, this amount will not be counted towards your eligibility determination.

Back Next Income Group



The new *In-Home Support Services* page displays income questions similar to questions for other income types.

*Does [HHM] live with the individual that they provide care for?* displays only for this income type.



**In-Home Support Services**  
Money earned providing in-home services to people who would otherwise require care in a hospital, nursing, or intermediate care facility.

Name this income

Income amount (before taxes)

If income from this job changes month-to-month, enter what you expect Karen to make. You can enter average income per month or estimate income for a full year.

If your income changes month-to-month, enter an average amount.

\$ 32,000

annually

How often does Karen get this income?

annually

monthly

weekly

twice-a-month

every two weeks

daily

hourly

one-time payment

Did Karen first get this income before January 1, 2025?

☒ Yes ☐ No

Does Karen still get this income?

☒ Yes ☐ No

Do you expect this income to end in the next 12 months?

☐ Yes ☒ No

Does Karen live with the individual that they provide care for?

☐ Yes ☒ No


Cancel

Save

The *Review [HHM]'s Income* page displays the *Next 12-Month Income* type with tooltips.

Updating the yearly income displays the *Projected Annual Income UPDATED* with a **Delete** and **Edit** option.

### Review Celine D.'s Income



**Celine D.**  
45 yrs

#### Income

Hanz Pizza

01/01/2025 - 12/01/2025

\$1,000.00 / month

Edit

+ Add

#### Deductions

+ Add

#### Celine's Total Income

Current Monthly Income ⓘ

\$1,000.00 / month

Next 12-Month Income ⓘ

\$1,032.26 / next 12-months

Variable earnings starting this month

Calculated Yearly Income ⓘ

\$11,032.32 / year

January - December

Click here if this looks wrong

Calculated Yearly Income ⓘ

\$30,000.00 / year

Projected Annual Income

UPDATED

January - December

\$35,000.00 / year

Delete

Edit

Back

Page 4 of 24



The following pages display new income calculations during a RAC or Renewal application:

- *Confirm Your Income Is Correct*
- *Final Household Review*
- *Review Household Income*

### Confirm Your **Income** Is Correct

You may need to update this section if these events apply to anyone in your household:

Got a new job or lost a job Got a raise Change in income or hours worked

[Click here to learn more about types of income](#)

Based on what you last told us, this is what we expect your income to be

**Karen K.**  
40 yrs

#### Income

+ Add

Fanthom service 01/01/2025 - Current	\$12,000.00 / year	Edit
-----------------------------------------	--------------------	------

#### Deductions

+ Add

#### Karen's Total Income

Current Monthly Income ⓘ  
Next 12-Month Income ⓘ  
Variable earnings starting this month  
Calculated Yearly Income ⓘ  
January - December

\$1,000.00 / month

\$12,000.00 / next 12-months

\$12,000.00 / year

Click here if this looks wrong

This update is reflected in the [Single Streamlined Application Job Aid for Enrollers](#)



## New Disclaimer Messaging

New disclaimer messaging dynamically displays on the Health Plan Details page to align with prorated APTC, CAPS, and SLS premium amounts when an Admin user overrides a Consumer's benefit start and/or end date.

New static disclaimer messaging displays on the following pages regarding possible premium proration:

- *Change Health Enrollment Details*
- *Terminate Health Enrollment*

The screenshot shows the 'Health Plan Details' page for the 'Anthem Blue Cross Silver 73 EPO' plan. The 'Key Costs and Features' section is expanded, showing the 'Monthly premium' as \$271.25/month. A red box highlights the 'Monthly Premium' section at the bottom of the page, which contains the following text:

**Monthly Premium**

The monthly premium is the amount you pay and may be prorated if there was less than a full month of coverage. Do not change subsidy amounts as this would create inaccurate proration calculations when plans start or end mid-month.

Covered California offers financial help programs that help save you money by lowering your premium (monthly cost). See which financial help programs you qualify for below.

The screenshot also shows the 'Enrollments' page for the same plan, which includes a table of enrollees and a section for 'Premium and APTC'.

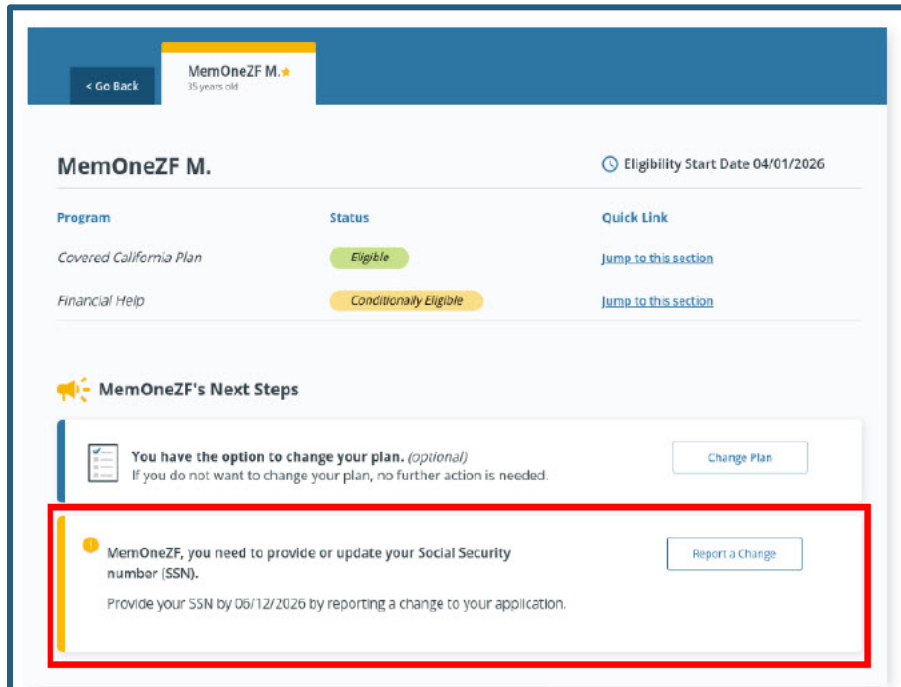
Name	Type	Gender	DOB	SSN	Coverage Start Date	Coverage End Date	Member ID
Mirage Walls	Self	Male	08/02/2000	6032	11/11/2025	12/31/2025	622918458
Matria Walls	Spouse	Female	08/01/2000	6033	11/11/2025	12/31/2025	622918459

Month	Gross Premium	Group Max APTC	Applied APTC	Group Max CAPS	Applied CAPS
January					

## 2026 Renewals

New banners display when a Social Security Number (SSN) is not entered for an HHM.

The *See Full Details* and *Welcome to Your Household Eligibility Results Summary* pages display a new yellow banner messaging when a consumer does not provide verification of the SSN.

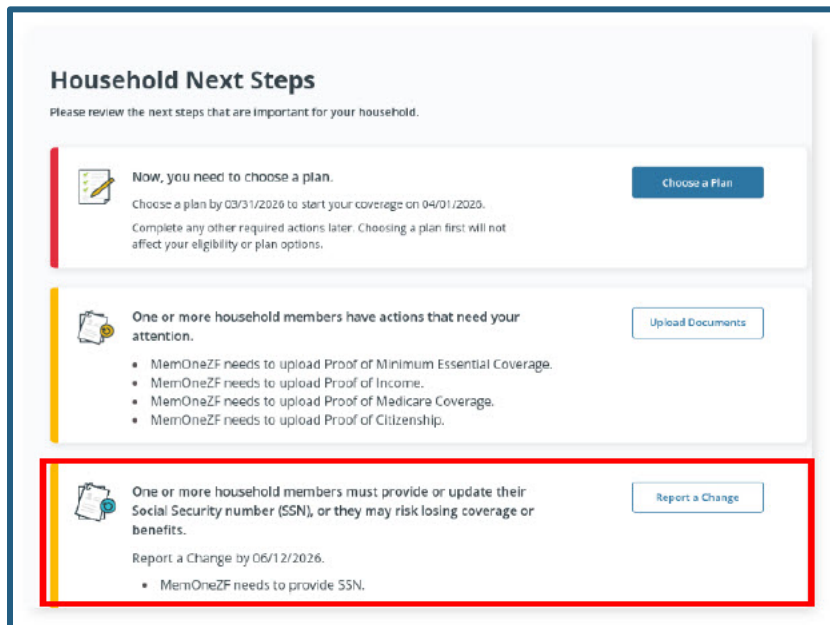


**MemOneZF M.** Eligibility Start Date 04/01/2026

Program	Status	Quick Link
Covered California Plan	Eligible	<a href="#">Jump to this section</a>
Financial Help	Conditionally Eligible	<a href="#">Jump to this section</a>

**MemOneZF's Next Steps**

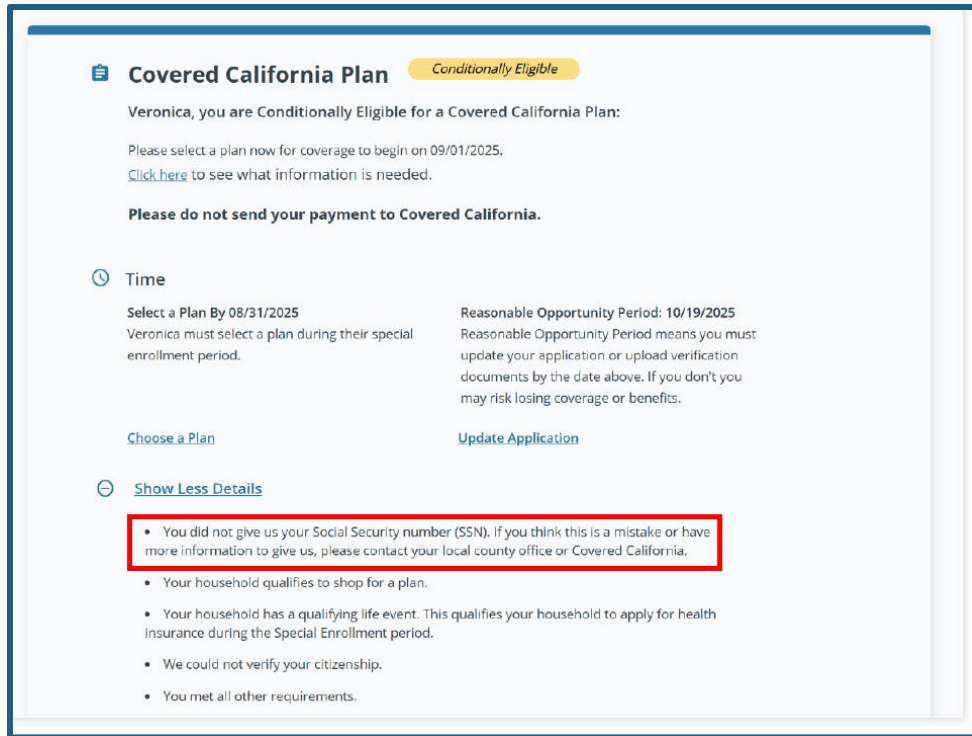
- ☒ You have the option to change your plan. (optional)  
If you do not want to change your plan, no further action is needed. [Change Plan](#)
- MemOneZF, you need to provide or update your Social Security number (SSN).**  
Provide your SSN by 06/12/2026 by reporting a change to your application. [Report a Change](#)



**Household Next Steps**  
Please review the next steps that are important for your household.

- Now, you need to choose a plan.**  
Choose a plan by 03/31/2026 to start your coverage on 04/01/2026.  
Complete any other required actions later. Choosing a plan first will not affect your eligibility or plan options. [Choose a Plan](#)
- One or more household members have actions that need your attention.**
  - MemOneZF needs to upload Proof of Minimum Essential Coverage.
  - MemOneZF needs to upload Proof of Income.
  - MemOneZF needs to upload Proof of Medicare Coverage.
  - MemOneZF needs to upload Proof of Citizenship.[Upload Documents](#)
- One or more household members must provide or update their Social Security number (SSN), or they may risk losing coverage or benefits.**  
Report a Change by 06/12/2026.
  - MemOneZF needs to provide SSN.[Report a Change](#)

Messaging displays to remind the user when SSN verification is not yet verified in the *Cost Sharing Reductions (CSR)*, *Covered California Plan*, *Financial Help*, and *Medi-Cal* sections of the *See Full Details* page.



**Covered California Plan** Conditionally Eligible

Veronica, you are Conditionally Eligible for a Covered California Plan:

Please select a plan now for coverage to begin on 09/01/2025.  
[Click here](#) to see what information is needed.

**Please do not send your payment to Covered California.**

**Time**

**Select a Plan By 08/31/2025**  
Veronica must select a plan during their special enrollment period.

**Reasonable Opportunity Period: 10/19/2025**  
Reasonable Opportunity Period means you must update your application or upload verification documents by the date above. If you don't you may risk losing coverage or benefits.

[Choose a Plan](#) [Update Application](#)

[Show Less Details](#)

- You did not give us your Social Security number (SSN). If you think this is a mistake or have more information to give us, please contact your local county office or Covered California.
- Your household qualifies to shop for a plan.
- Your household has a qualifying life event. This qualifies your household to apply for health insurance during the Special Enrollment period.
- We could not verify your citizenship.
- You met all other requirements.





The *See Full Details* page displays the following:

- Updated messaging to clarify ROP outstanding eligibility verification requirements
- New **Update Application** link to navigate users to the Consumer Home page when a consumer's SSN is not provided or verified.

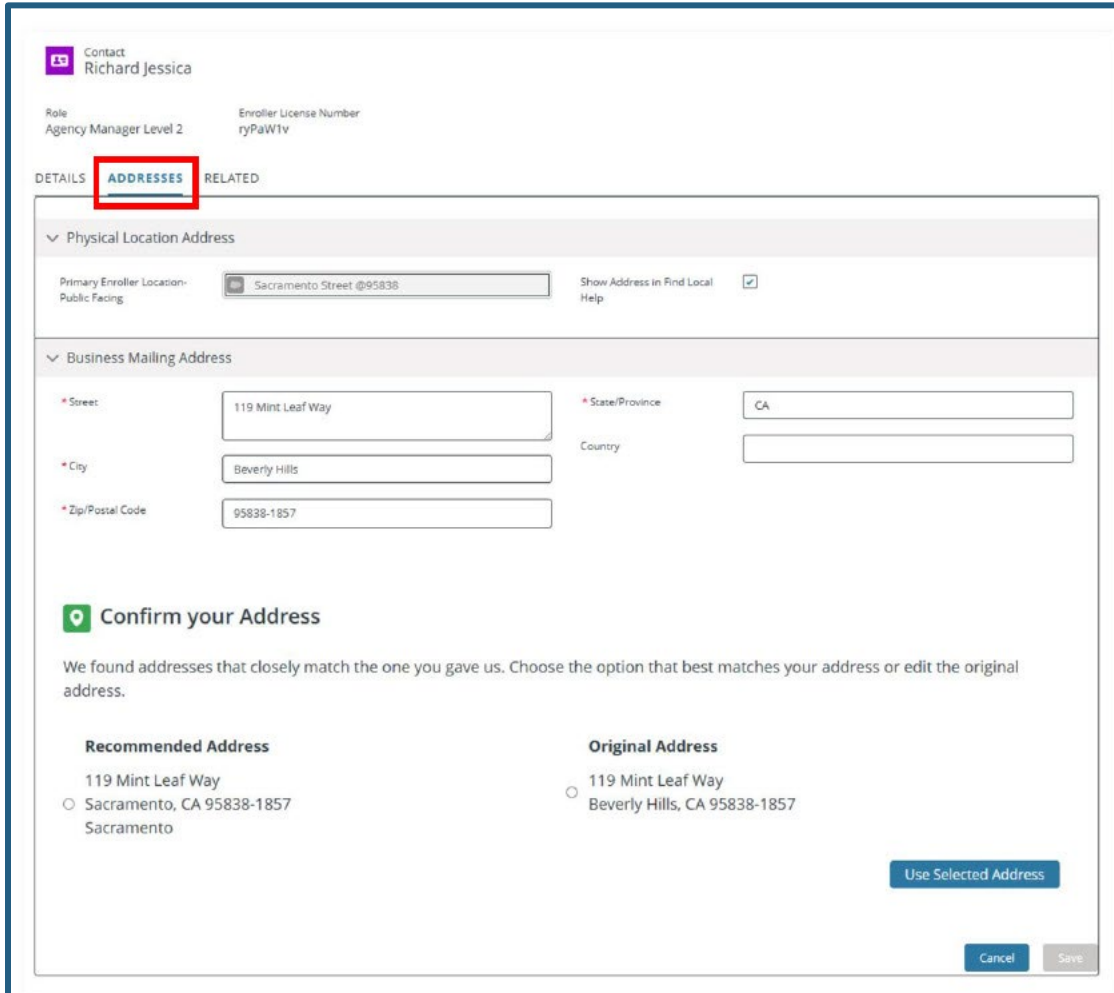
The screenshot shows the 'Covered California Plan' selection interface. At the top, a yellow badge indicates 'Conditionally Eligible'. The main heading is 'Covered California Plan'. Below this, a message states: 'bob, you are Conditionally Eligible for a Covered California Plan:'. A sub-message says: 'Please select a plan now for coverage to begin on 07/01/2025. [Click here](#) to see what information is needed.' A warning message reads: 'Please do not send your payment to Covered California.' A section titled 'Time' with a clock icon contains the text: 'Select a Plan By 06/30/2025' and 'bob must select a plan during their special enrollment period.' To the right of this section, a red-bordered box contains the text: 'Reasonable Opportunity Period: 09/28/2025' and 'Reasonable Opportunity Period means you must update your application or upload verification documents by the date above. If you don't you may risk losing coverage or benefits.' Below the 'Time' section, there are two links: 'Choose a Plan' and 'Update Application' (which is highlighted with a red border). At the bottom left, there is a plus icon and a link 'Show More Details'.

This update is reflected in the [Job Aid: Renewal](#) and [Understanding ROP and Auto-Discontinuance](#) Guide.

## Address Functionality Updates in Enroller Portal

A new *Addresses* tab displays on the *Lead*, *Contact*, *Account*, and *Location* pages with address location details.

SmartyStreets address validation updates in real-time and displays an inline *Confirm Your Address* section.



**Contact**  
Richard Jessica

Role: Agency Manager Level 2      Enroller License Number: ryPaW1v

DETAILS **ADDRESSES** RELATED

▼ Physical Location Address

Primary Enroller Location- Public Facing:       Show Address in Find Local Help: ☒

▼ Business Mailing Address

\* Street:       \* State/Province:

\* City:       Country:

\* Zip/Postal Code:

**Confirm your Address**

We found addresses that closely match the one you gave us. Choose the option that best matches your address or edit the original address.

Recommended Address	Original Address
<input type="radio"/> 119 Mint Leaf Way <input type="radio"/> Sacramento, CA 95838-1857 <input type="radio"/> Sacramento	<input type="radio"/> 119 Mint Leaf Way <input type="radio"/> Beverly Hills, CA 95838-1857

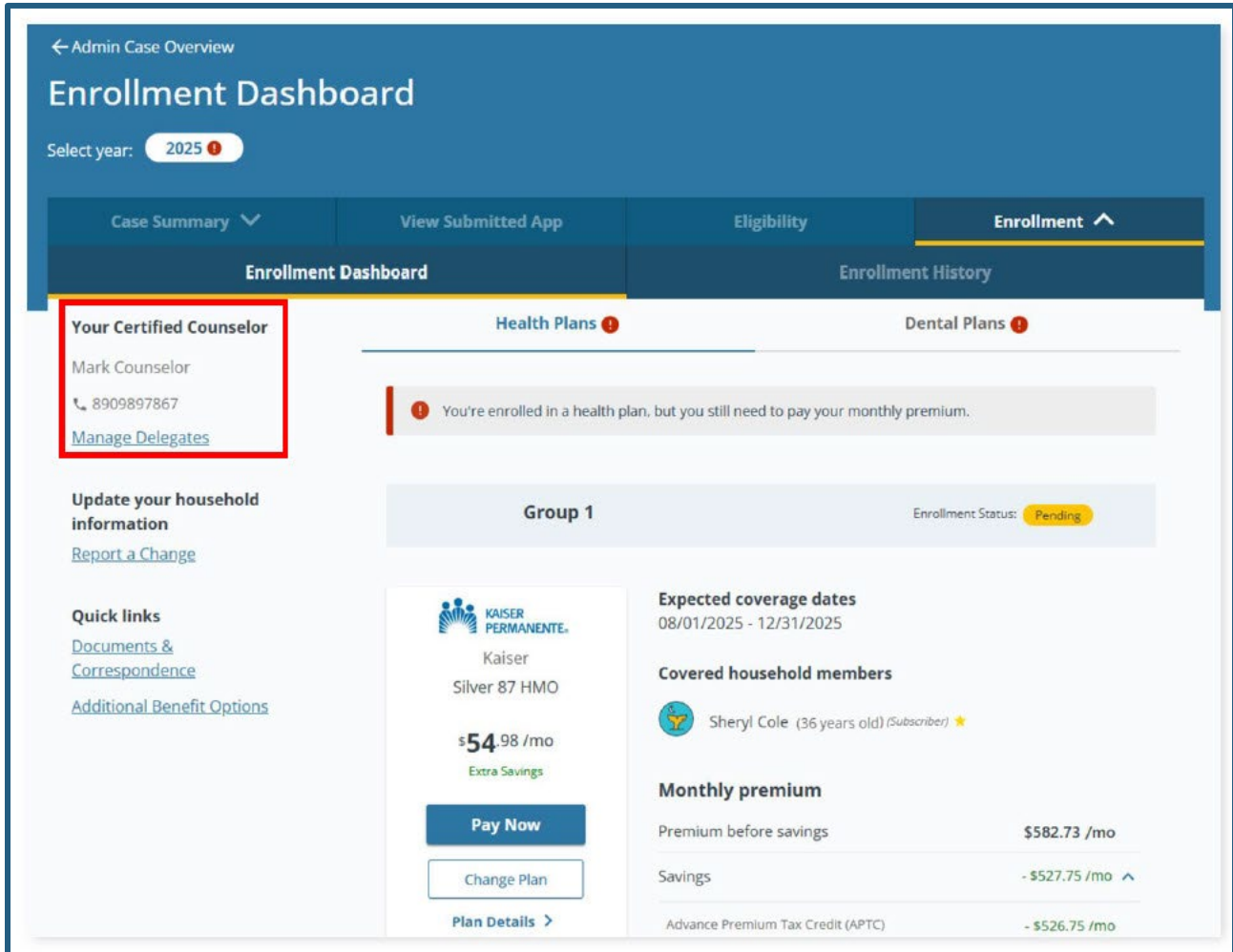
[Use Selected Address](#)

[Cancel](#) [Save](#)

## User Interface Updates

A new Your Certified Counselor section displays on the Enrollment Dashboard.

- **Manage Delegates** link – Navigates the user to the *Manage Delegates* page.



The screenshot shows the 'Enrollment Dashboard' for the year 2025. The dashboard has a top navigation bar with 'Case Summary', 'View Submitted App', 'Eligibility', and 'Enrollment'. Below this is a sub-navigation bar with 'Enrollment Dashboard' and 'Enrollment History'. The main content area is divided into 'Health Plans' and 'Dental Plans'. A red box highlights the 'Your Certified Counselor' section, which includes the name 'Mark Counselor', a phone number '8909897867', and a 'Manage Delegates' link. Other sections include 'Update your household information', 'Quick links' (Documents & Correspondence, Additional Benefit Options), 'Group 1' with 'Enrollment Status: Pending', 'Expected coverage dates' (08/01/2025 - 12/31/2025), 'Covered household members' (Sheryl Cole, 36 years old), and 'Monthly premium' details.

New links display in the Quick links section of the Enrollment Dashboard:

- **Additional Benefit Options**
- **Find Local Help** – Displays when an Agent or Certified Counselor is not delegated to the Consumer

A new *Manage Enrollment* section displays for the plan with one of the following links:

- **Cancel Plan** – Navigates the user to the *Who's Cancelling Their [Health/Dental] Plan* page
- **Update Cancellation Date** – Navigates the user to the *Household Members Ending [Health/Dental] Coverage* page



The screenshot shows the 'Enrollment Dashboard' for the year 2025. It features a navigation bar with 'Case Summary', 'View Submitted App', 'Eligibility', and 'Enrollment'. The 'Enrollment' tab is active, showing 'Health Plans' and 'Dental Plans'. A red alert banner states: 'You're enrolled in a health plan, but you still need to pay your monthly premium.' Below this, 'Group 1' is listed with an 'Enrollment Status' of 'Pending'. The plan details for 'Anthem Blue Cross Silver 73 EPO' show a monthly premium of \$297.79. A 'Manage Enrollment' button is highlighted with a red box. A blue arrow points from this button to a 'Manage Enrollment' sidebar, which includes a link to 'Update Cancellation Date'. Other links like 'Additional Benefit Options' and 'Find Local Help' are also visible in the quick links section.

This update is reflected in the [Enrollment Dashboard Task Guide for Enrollers](#)

New red alert banners and messaging displays in the *Account Alerts* section of the Consumer Home page when a consumer's Consent for Verification is expiring.

- **Consent for Verification** link – Navigates the user to the *Consent for Verification* page

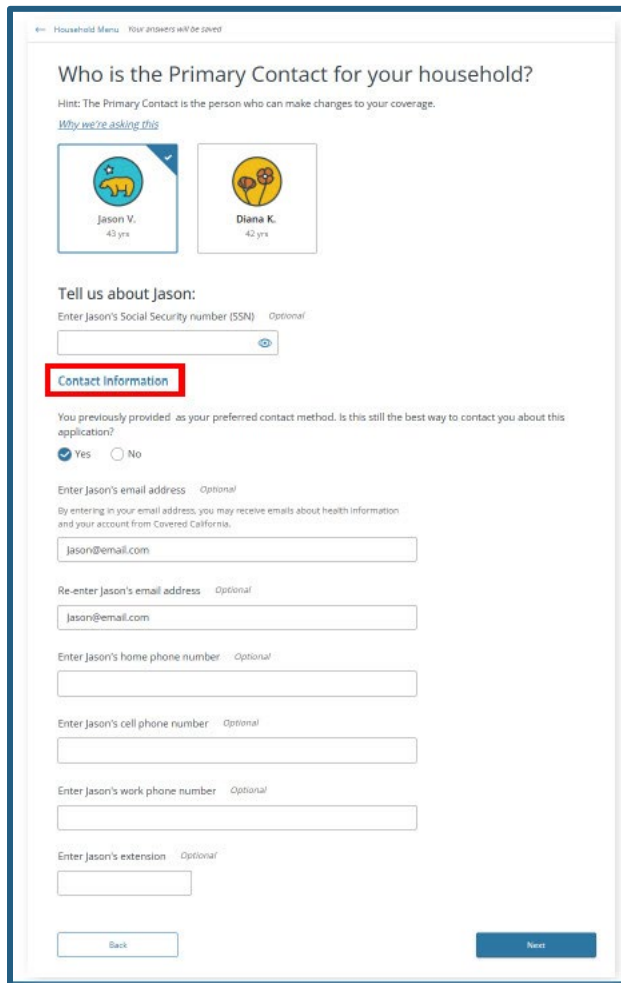
The screenshot shows two red alert banners in the 'Account Alerts' section. The first banner states: 'Action Required by 09/30/2025: We need your consent to use your tax return information to renew your plan. If you don't give us this consent, you will lose your financial help. Please update your [Consent for Verification](#).' The second banner states: 'We need your consent to use your tax return information. We use this to see if you can get financial help. Please update your [Consent for Verification](#).'

This update is reflected in the [Consent for Verification and Tax Attestation](#) and [Cancel and Disenroll Coverage](#) guides.

## Updates to the Single Streamlined Application

The *Who is the Primary Contact for your household?* page dynamically displays a new *Contact Information* section when selecting a HHM tile.

*Home Address and Mailing Address* information for the Primary Contact displays in the new *We need [HHM]'s Home and Mailing Addresses* page.



The new *We need [HHM]'s Home and Mailing Addresses* page displays the following:  
Is *[HHM] experiencing homelessness?* *Optional* question with **Yes** and **No** radio buttons

- Selecting the **Yes** radio button displays:
  - *Home Address* section – New messaging and *Optional* label
  - SmartyStreets updates:
    - *Home Address* information only validates when entering a *Street address*
    - Entering **General Delivery** in the street address displays the nearest post office as a *Recommended Address*



← Household Menu Your answers will be saved

## We need Jason's Home and Mailing Addresses.

Is Jason experiencing homelessness? *Optional*

☒ Yes ☐ No

### Home Address

We need the City, State, and ZIP Code for where you spend the most time to help you find the best health care options. You can also enter a home address below. This could be a family member's or friend's address.

Street address *Optional*

Apt. or suite number *Optional*

City

State

▼

ZIP Code

### Mailing Address

We need a mailing address to send important updates about your eligibility. If you don't have one, you can use a family member's or friend's address. You can also use General Delivery at a nearby Post Office. For General Delivery, enter "General Delivery" as the street address, along with the City, State, and ZIP Code.

Street address

Apt. or suite number *Optional*

City

State

▼

ZIP Code

### Confirm Your Address

We found addresses that closely match the one you gave us. Choose the option that best matches your address or edit the original address. A mistake in your address could affect your eligibility, your monthly payment, and the county your case is assigned to.


Recommended Address	Original Address
<input checked="" type="radio"/> General Delivery Whittier, CA 90605-9999 Los Angeles County	<input type="radio"/> General Delivery Whittier, CA 90604



The *Select all household members who do not live with [HHM]* page displays the same new fields and functionality for other HHMs experiencing homelessness.

Household Menu Your answers will be saved

Select all household members who do not live with Tony.



Alani S.  
42 yrs

Nobody

Tell us about Alani:

Does Alani live outside of the United States?

☐ Yes ☒ No

Is Alani experiencing homelessness? *Optional*

☒ Yes ☐ No

Home Address


We need the City, State, and ZIP Code for where you spend the most time to help you find the best health care options. You can also enter a home address below. This could be a family member's or friend's address.

Street address *Optional*

Apt. or suite number *Optional*

City

State



ZIP Code

**Mailing Address**

We need a mailing address to send important updates about your eligibility. If you don't have one, you can use a family member's or friend's address. You can also use General Delivery at a nearby Post Office. For General Delivery, enter "General Delivery" as the street address, along with the City, State, and ZIP Code.

Street address

General Delivery

Apt. or suite number *Optional*

City

Susanville

State

CA

ZIP Code

96130

[Back](#) [Next](#)

The *Basic Information Review* page displays the following new homelessness related labels:

- *Experiencing Homelessness*
- *Location Information* – displays when the HHM indicates they are experiencing homelessness



New messaging displays for HHMs that do not live with the Primary Contact and indicate they are homeless.




### Basic Information Review

**Qualifying life event:** Permanently moved to/within California 06/01/2025 [Edit](#)

**Review Household Members:** [Edit](#)

 Jason V.  
43 yrs
  Diana K.  
42 yrs

**Primary Contact:** [Edit](#)

 Jason  
43 Yrs
 

Social Security Number (SSN):  
—


**Experiencing Homelessness:** Yes

**Location Information:**  
Whittier, CA 90605


**Mailing Address:**  
General Delivery  
Whittier, CA 90605-9999

**Preferred Contact Method:**

**Same address as Primary Contact:** [Edit](#)

 Jason V.  
43 yrs

**Different address:**

 Diana  
42 Yrs
 

**Experiencing Homelessness:** Yes

If You Need To Make A Change To This Household Member's Contact Information, Please Contact Your Local County Office For Help.

**Diana's Address:**  
La Habra, CA 90605


The *Review Household Information*, *Final Household Review*, and *Confirm These Home and Mailing Addresses Are Correct* pages also display the new homelessness related labels.


### Review Household Information

Review each section of your application carefully. Click "Edit" to make a change, and it will take you back to that section. Click "Confirm" to approve your answers and move to the next section.


**Qualifying life event:** Permanently moved to/within California 06/16/2025 [Edit](#)

**Review Household Members:** [Edit](#)

 Tony B.  
43 yrs

 Alani S.  
42 yrs

**Primary Contact:** [Edit](#)


 Tony B.  
43 yrs

Experiencing homelessness: No


**Home address:**  
605 Ash St  
Susanville, CA 96130-3713

**Mailing address:**  
Same as home address

**Same address as Primary Contact:** [Edit](#)

 Tony B.  
43 yrs

**Different address:**

 Alani S.  
42 yrs

Experiencing homelessness: Yes

**Alani's location information:**  
Susanville, CA 96130

The *Tell us about the people in your household* page is redesigned.

Clicking the **new See who you should add to your application** caret expands to display additional information.

Page 18 of 24

[← Household Menu](#) *Your answers will be saved*

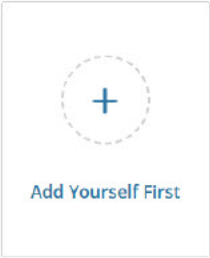
## Tell us about the people in your household

See who you should add to your application. ^

Add these people on your application, even if they do not want to apply for health coverage:

- A spouse or registered domestic partner of anyone in the home
- Any children under 21 who live with you, including stepchildren
- Any parents or stepparents who live in the home with their children under 21
- Anyone on your federal income tax return, if you file one
- All members of the tax filing household and any family members living with you, if you are claimed as a dependent on someone else's tax return

Anyone else who lives with you will need to file their own application if they want health insurance. (For example: a boyfriend, girlfriend, or roommate)



Add Yourself First

Done

Minor updates to the *In what language should we write to [HHM]?* question on the *Add Household Member* page.



### Add Household Member

Cancel

We will send notices and other information to you in the language you choose.

What language is best to write to Jeffrey? Optional

*Hint: this will default to English if another language is not chosen.*

Select Language ▼

In what language should we speak to Jeffrey? *Optional* Hint: this will default to English if another language is not chosen. ⓘ

Select Language ▼

Back

Next


The *Who is an American Indian or Alaska Native?* page displays an updated dropdown and new messaging.




← Household Menu Your answers will be saved

### Who is an American Indian or Alaska Native?

(Select all that apply)



Jason V.  
43 yrs



Diana K.  
42 yrs

Nobody

Is Jason a member of a federally recognized American Indian or Alaska Native (Native American) tribe? ⓘ

☒ Yes ☐ No

#### Tell us about Jason:

In which state is Jason's tribe recognized?

Arizona ▼

Select Jason's tribe.

Only federally recognized tribes are included. If your tribe is not listed, it could be because it is not federally recognized.

Navajo Nation (Arizona, New Mexico and Utah) ▼

Back Done

The *Earlier, you said that [HHM] is a U.S. citizen. Are they a Naturalized or Derived citizen?* page displays a new **Alien Number/USCIS Number Optional** field.

[← Individual Information Menu](#) *Your answers will be saved*

Earlier, you said that Jason is a U.S. citizen. Are they a Naturalized or Derived citizen? ⓘ

Hint: Select "No" if you do not know

☒ Yes ☐ No

Please provide any of the following information if you have it.

Certificate of Citizenship Number ⓘ *Optional*

Ex: N12345678

Certificate of Naturalization Number ⓘ *Optional*

Ex: N12345678

**Alien Number/USCIS Number ⓘ *Optional***

ex: 1234567890 ⓘ

[Back](#) [Next](#)

The *Does [HHM] have a Social Security number (SSN)?* page displays additional text in the **Does not qualify for SSN** option.



← Individual Information Menu *Your answers will be saved*

Does Jake have a Social Security number (SSN)?

☐ Yes ☒ No

If you have a Social Security number (SSN) you must provide it when you are applying for health coverage for yourself. We use Social Security numbers (SSNs) to check your income and other information to see if you are eligible to get help paying for health coverage. If you are applying for coverage and do not have a SSN and would like help getting one, visit [www.ssa.gov](http://www.ssa.gov). You may be eligible for some coverage even if you do not have an SSN. For more information call the Medi-Cal helpline, at (800) 541-5555.

Why does Jake not have a Social Security number (SSN)?

Does not qualify for SSN, or may only be issued one for a valid non-work reason

Religious exemption

Individual Taxpayer Identification Number (ITIN)

Adoption Taxpayer Identification Number (ATIN)

Does not qualify for SSN, or may only be issued one for a valid non-work reason

Done

The scrolling text box on the *Sign and Submit Your Application* page displays updated and new conditions.



These updates are reflected in the [Single Streamlined Application Job Aid](#).