

DHCS County Support Webinar

Thank you for joining!
The Webinar will begin soon.

Introductions

Speakers

- » Kathryn Floto (DHCS)
- » Theresa Hasbrouck (DHCS)



Support Calls - Housekeeping

- » Slidedecks will be e-mailed to attendees by 5 pm every Monday.
- » All attendees are automatically muted.
- » ***NEW*** Due to changes in Webex, please utilize the chatbox for questions when enabled.
 - **Please only use the chatbox for questions**
- » This session is being recorded and will be placed in county SFTP folders.

Agenda

- » County Support Call Updates (Kathryn Floto)
- » HR 1 Overview (Theresa Hasbrouck)
- » Q&A

County Support Calls Platform Update

- » Due to changes in Webex functionality, the County Support Calls will be moving from Webex to a different platform (*currently under review*).
- » DHCS will provide counties with more information at a future date.
 - Counties will have at least several weeks to prepare and register.

H.R. 1 – One Big Beautiful Bill Act Medi-Cal Eligibility Changes

Key Provisions and Implementation Impacts

Background

- » One Big Beautiful Bill Act (OBBBA, [P.L. 119-21](#)) was signed into law on July 4, 2025.
- » Includes substantial changes to Medi-Cal ranging from limitations on enrollment to redefining immigration statuses.
- » Also made significant policy changes related to the Affordable Care Act's Marketplaces and the Supplemental Nutrition Assistance Program.

H.R. 1 OBBBA Medi-Cal Eligibility Provisions

Provision	Section	Implementation Date
Effective Immediately Upon Enactment (July 4, 2025)		
Streamlining Final Rule Moratorium	71101	Effective immediately
Eligibility Final Rule Moratorium	71102	Effective immediately
Effective 2026		
Redefining Qualified Non-Citizen Definition	71109	October 1, 2026
Effective 2027		
Reducing Duplicate Enrollment Under the Medicaid and CHIP Programs	71103	January 1, 2027- Address Standards October 1, 2029- Federal Database
Deceased Member Verification	71104	January 1, 2027
6-Month Redeterminations	71107	January 1, 2027
Reducing State Medicaid Costs- Retroactive Medi-Cal Reduced Timeframes	71112	January 1, 2027
Work/Community Engagement Requirements	71119	January 1, 2027
Effective 2028		
Cost sharing for New Adult Group	71120	October 1, 2028

H.R. 1 Implementation Timeline

10/26: Redefine
QNC Definition

10/28:

- Cost Sharing
- Deceased Member Verification

2026

2027

2028

2029

*Effective
Immediately:
Moratorium on
streamlining
eligibility final rules.

1/27:

- Address Standards
- 6-Month Redeterminations
- Retro Medi-Cal Reduced Timeframes
- Work/Community Engagement Requirements
- Cost sharing for New Adult Group

10/29:
Federal Eligibility
Database

Provisions Effective Immediately Upon Enactment (July 4, 2025)

Moratorium on Streamlined Eligibility and Enrollment Rules (Sec. 71101 & 71102)

- » Prohibits Health and Human Services from implementing, administering or enforcing the 2023 and 2024 streamlining eligibility final rules for 10 years through September 30, 2034.
- » Auto-enrollment of SSI members into the Qualified Medicare Beneficiary program was not included in the moratorium and will continue as outlined in [MEDIL 24-17](#).
- » DHCS is determining the impact the moratorium will have on the requirement to apply for other benefits outlined in [ACWDL 24-19](#).

Provisions Effective in 2026

Amended Definition of “Qualified Non-Citizen” (Sec. 71109)

- » **Effective Date: October 1, 2026**
- » Establishes a new definition for “qualified non-citizen” (QNC) for federal Medicaid eligibility.
- » Only the following QNC categories will remain eligible for federal Medicaid:
 - Lawful permanent residents
 - Specified Cuban or Haitian entrants
 - Residents under a Compact of Free Association (Palau, Micronesia, Marshall Islands)
- » Refugees, parolees, asylees, trafficking survivors, and similar groups no longer qualify for federally-funded full-scope Medicaid.

Provisions Effective in 2027

Work / Community Engagement Requirement (Sec. 71119)

- » **Effective Date:** January 1, 2027
- » **Impacted Population:** Adult expansion group in aid code M1
- » **Requirement:** 80 hours monthly in one or a mix of the following activities:
 - Work (seasonal work will be averaged over the last six months)
 - Monthly earned income is at least 80 times the federal hourly minimum wage (\$580)
 - Community service
 - Enrolled at least half-time in an educational program
 - Enrolled in a work program
- » **Verification Frequency:** Application and each redetermination

Work Requirements: Exempted Groups

- Parents/guardians/caregivers of a dependent child age 13 and younger or disabled individual
- Pregnant or receiving Medicaid postpartum coverage
- Foster youth or former foster youth under age 26
- American Indians or Alaska Natives
- Disabled veterans
- Incarcerated or recently released (within past 90 days)
- Entitled to Medicare Part A or enrolled in Part B
- Meeting TANF or SNAP work requirements
- Participating in drug/alcohol treatment programs
- Medically frail (blind/disabled, substance use disorder, serious medical/mental health conditions, or developmental disability)
- Exemptions for short-term hardship may also apply; systems may need to support member-submitted requests and track temporary status.

Additional Work Requirement Policies

- Ex parte is required to determine if someone meets an exemption or is meeting the work requirements prior to asking for administrative verification.
- States must conduct advanced outreach regarding the work requirements through mail and one other modality.
- Individuals who are non-compliant will have 30 days to demonstrate compliance or that they meet an exemption prior to losing coverage.
- Individuals disenrolled due to noncompliance remain ineligible for subsidized Covered California plans if they are otherwise eligible to Medi-Cal.

Six-Month Redeterminations (Sec. 71107)

- » **Effective Date: January 1, 2027**
- » Adult expansion group in aid code M1 (excluding members of tribes) will have eligibility redetermined every 6 months instead of every 12 months.
- » Adults who fail to complete the redetermination process will lose their Medi-Cal eligibility.
- » Process will begin with ex parte, similar to the annual renewal.

Reducing Duplicate Enrollment Under the Medicaid and CHIP Programs (Sec. 71103)

» Effective Date:

- Address updates using trusted sources – January 1, 2027
- Interstate match database implementation – October 1, 2029

Standardized Process to Update Addresses

- Requires states to use trusted data sources to update a member's address, including:
 - National Change of Address Database
 - United States Postal Service
 - Managed Care Plans

National Federal Address Database for Address Verification

- Requires integration with a forthcoming national database developed by Health and Human Services Agency for address validation.

- » DHCS will work with counties and CalSAWS to identify system enhancements to automate these processes to reduce the manual workload of address changes.

Reducing State Medicaid Costs- Retroactive Medi-Cal Reduced Timeframes (Sec. 71112)

- » **Effective Date: January 1, 2027**
- » Reduces the length of retroactive Medi-Cal from three months to:
 - One month for adult expansion group in M1 aid code
 - Two months for any other coverage group
- » Changes will be made to forms, publications, and notices to align with the new policy.

Provisions Effective in 2028

Cost Sharing for Expansion Adults (Sec. 71120)

- » **Effective Date: October 1, 2028**
- » Requires implementation of copays for certain services for individuals above 100% FPL, excluding primary care, mental health, and substance use disorder treatment.
 - Primary, prenatal, pediatric, mental-health, and emergency care remain exempt from copays.
- » Copays can range from \$1 up to \$35 per service (state option).
- » Administration of copays will occur at the provider level.

Deceased Member Verification (Sec. 71104)

- » **Effective Date: January 1, 2028**
- » Quarterly checks against SSA Death Master File required
- » Information received from SSA will be considered “trusted” information and requires no additional verification from the member.
- » Automating the DHCS and county manual process to discontinue these members on MEDS and in CalSAWS.

County Support During Implementation

- » County workgroup
- » Coordination with CDSS and Covered California
- » Timely All County Welfare Director Letters and supporting automation
- » Resource documents such as FAQ's, policy flows, and charts
- » County Support Calls
- » Trainings that include CalSAWS components
- » Updated forms and notices
- » Outreach materials, including flyers, scripts, and social media posts

Questions?

For questions regarding the support call, please contact:
countysupportcall@dhcs.ca.gov

For county questions regarding policy guidance, please contact:
MCED-Policy@dhcs.ca.gov

