Virtual Meeting Tips

🔊 Use either a computer or phone for audio connection.

🎤 Mute your line when not speaking.

🖥️ Members are encouraged to turn on their cameras during the meeting.

✉️ For questions or comments, email voicesandvisioncouncil@dhcs.ca.gov.

Welcome and Opening

Language Justice

» One person speaks at a time

» Speak slowly and clearly

» Pause (if needed) when asked by meeting facilitators

» Avoid acronyms

» Raise your hand if you are not following or understanding the presentation

» Drop in the chat your comment or questions, during the meeting

Community Norms

» Embrace an honest, brave, and kind space.

» Choose collaboration.

» **Everyone participates, no one dominates.**

» Acknowledge and respect differing views, opinions, and experiences.

» **Practice active listening. Don't interrupt or assume; ask for clarification.**

» **Avoid acronyms, and if we have acronyms and program names, we will explain the acronym or program before having a conversation as a group.**

» There are no "stupid questions." We all have different levels of understanding and different perspectives.

» Speak your truth, without blame or judgement.

» Attack the problem, not the person – no blame game.

» **Be intrigued by the differences you hear.**

» Check egos and titles at the door.

» Please share what you need in order to feel comfortable and welcomed here.

» Support each other and learn together as we go.

» Stay on task, no side conversations.

» What happens here, stays here. What's learned here leaves here.

» **Identify pending issues and agreements at the end of the meeting.**

» Identify actions that result from decisions.

[DHCS's Engagement and Participation Guide](#)

Agenda

5:30 – 5:45	Welcome and Opening
5:50 – 6:10	Communications Plan for Work and Community Engagement Requirements
6:10 – 7:00	Small Group Activity and Discussion
7:00 - 7:15	Open Discussion
7:15 - 7:25	Public Comment
7:25 – 7:30	Closing Remarks

Disclose Conflict of Interest

» What is a conflict of interest?

- When someone has a personal, professional, or financial interest that makes it hard to participate in a fair way.

» If you have a conflict of interest, we will provide the space for you to state your situation, and we will move forward.

Recommendations Process

We're beginning a new way of developing recommendations along with the Medi-Cal Member Advisory Committee (MMAC).

We appreciate your partnership as we try this new process and learn with you.

How it works

» We will revisit topics over multiple meetings instead of discussing them once.

» You share input early on, help explore solutions, and review draft recommendations.

» Recommendations are finalized through a majority vote.

After approval

» Approved recommendations will be posted online, along with the DHCS response.

» We'll track progress and include your recommendations and feedback in the annual report.

Member Communications Plan for Work and Community Engagement Requirements

Yingjia Huang, Deputy Director, Health Care Benefits & Eligibility

Krissi Khokhobashvili, Deputy Director, Office of Communications

DHCS

Overview

1. Refresher on the new Work and Community Engagement Requirements.
2. Introduction to the communications plan that will support Medi-Cal members as they learn about this new requirement.
3. Gather feedback on the plan in breakout rooms.

Who Will Need to Meet the Work and Community Engagement Requirements?

» **Low-income adults (19-64) without children or disabilities.**

- For example, a person making under $21,597 will need to follow the new requirement.

» About **4.6 million out of more than 14 million** Medi-Cal members.

- Of these, roughly 2.8 million cannot be exempted based on August 2025 data.

% FPL	100%	138%	DHCS monthly 138%
1	$15,650	$21,597	$1,801
2	$21,150	$29,187	$2,433
3	$26,650	$36,777	$3,065
4	$32,150	$44,367	$3,699
5	$37,650	$51,957	$4,331
6	$43,150	$59,547	$4,963
7	$48,650	$67,137	$5,596
8	$54,150	$74,727	$6,228
add'l, add	$5,500	$7,590	$634

Household Size

Medi-Cal

Medi-Cal for Adults
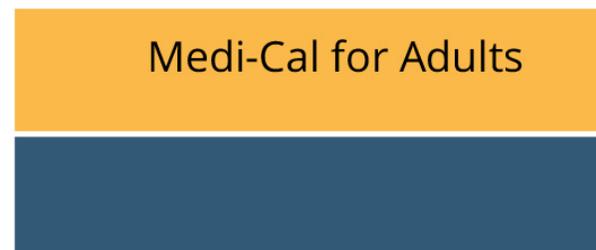
What Activities Count Toward Meeting the Requirements?

Monthly Income

At least 80x the federal hourly minimum wage ($580) or employment of 80 hours/month

Volunteer Service

80 hours/month

Educational Program

At least enrolled half-time

Work Training Program

80 hours/month

Note: The law allows for mandatory and short-term hardship exemptions. These exemptions must be checked every 6 months.

Mandatory Exemptions to Work and Community Engagement Requirements

1. Enrolled in one of the following Medi-Cal eligibility groups:
   - Pregnant or up to 12 months postpartum.
   - Foster youth and former foster care youth under age 26.
   - People who are aged, blind, or have a disability (including individuals who receive Supplemental Security Income).
   - Children under age 19.
2. American Indian/Alaska Natives
3. Parents/guardians/caregivers of a dependent child age 13 and younger.
4. Parents/guardians/caregivers of an individual with a disability.

5. Veterans with a disability.
6. Incarcerated or recently released from a correctional facility within the past 90 days.
7. Entitled to Medicare Part A or enrolled in Part B.
8. Meeting work requirements for Temporary Assistance for Needy Families (CalWORKs) or Supplemental Nutrition Assistance Program (CalFresh).
9. Participating in drug/alcohol treatment programs.
10. Medically frail, per the statute.

Six Month Renewals

Medi-Cal members will have their eligibility checked every six months

» **WHO THIS APPLIES TO:**

* Low-income adults (19-64) without children or disabilities.

» **EXEMPTIONS (will continue with annual renewals):**

* Members in a Medi-Cal program that is **not** under the Affordable Care Act new adult group.
* **Pregnant or postpartum** individuals.
* **Alaska Native or American Indian** members.
* **Foster youth or former foster youth who were in foster care on their 18th birthday** ages 0–26 (as designated by the county).

» **IMPORTANT TO KNOW:**

* Missing deadlines could cause loss of coverage.

Guiding Principles for H.R. 1 Implementation

1. Automate to Protect Coverage
2. **Communicate with Clarity and Connection***
3. Simplify the Renewal Experience
4. **Educate and Train Those Who Serve Medi-Cal Members***
5. **Provide Timely and Transparent Communication to Members***

H.R. 1 Implementation Plan

*Communications-related principle

Message Development

» Deliver **clear, consistent, and culturally responsive** messaging that helps members:

- Understand changes
- Identify actions they may need to take
- Know which communications are from DHCS to avoid scams
- Find the support available to them

» Translate materials in all **19 Medi-Cal languages**.

Communications Channels

» Deploy a multi-channels communications strategy including:

- **Toolkits:** Messaging, flyers, and FAQs posted on the DHCS website and disseminated to counties, community partners, Coverage Ambassadors and Managed Care Plans.
- **Public Notices:** Formal notices and FAQs aligned with toolkit messaging and mailed directly to affected members in their preferred language.
- **Earned media:** Print, television and radio outlets, including ethnic media.
- **Social media:** Facebook, Twitter, TikTok, LinkedIn, etc.
- **Texting:** A limited, targeted texting strategy to raise awareness about the new work reporting requirements started in early 2026.

Utilize Trusted Messengers

» **Front-line Workers:** DHCS will provide training, support, and member-facing materials to county eligibility workers, Managed Care Plans, providers, Community Health Workers, clinic-based navigators, and community-based partners.

» **DHCS Coverage Ambassadors:** With a network of more than 6,000 partners statewide, DHCS will engage Coverage Ambassadors network to distribute resources and messaging at the local level. Ambassadors receive updates via email, webinars, and a web portal, with webinars also serving as a feedback loop to improve communications.

Implementation Timeline

2026				2027
Q1	Q2	Q3	Q4	Q1

Phase 1: Awareness and Preparation

» Develop clear, culturally relevant messaging and member-facing materials.

» Update DHCS website.

» Message testing and refining.

» Share materials with partners and trusted messengers through webinars, website, emails.

» Social media and text campaigns begin.

Phase 2: Support and Action

» Produce partner tool-kits and member-facing materials.

» Train partners on toolkits and information to help assist members.

» Clinic-based navigators.

» Continue social media and text campaigns.

» Ongoing website updates.

JANUARY 1, 2027: Work requirements go into effect.

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

[Coverage Ambassadors Medi-Cal Changes Toolkit](#)

Text Messaging Campaign
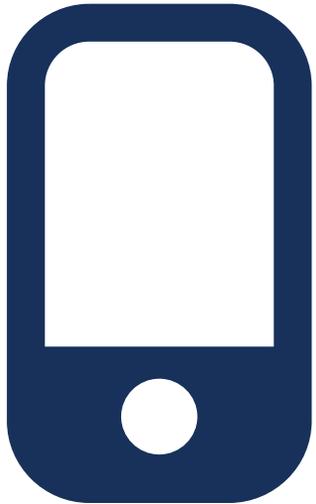
» **Audience:** Adult Medi-Cal members (19–64) without dependent children under age 14 who may be subject to work & community engagement requirements.

» **Goal:** Raise awareness of the new rule and direct members to our What Members Need To Know page to learn more.

» **Timing:** Members are being texted 12 months in advance of their renewal date. A second text will follow 6 months in advance of their renewal date.

Initial Text Messaging Insights

How members responded:

» 315,971 members received messages in February

» Very few people chose to stop getting texts (0.68%)

» 10.9% of those delivered messages led people to click the link to learn more

Engagement by Language:

» English: 9.3%

» Spanish: 12.7%

» All other languages (10,278 recipients): 21.1%

What this tells DHCS:

» Members are highly responsive to text updates

» Members who speak a language other than English are far more likely to engage when information is provided in the language they use

Budget Proposal

» Governor's 2026-27 Budget Proposal includes:

- **$17.5 million** in to fund an awareness and outreach campaign about the upcoming Medi-Cal changes and help members stay enrolled.
- **Up to $4 million** to fund clinic-based navigators to support Medi-Cal members understand changes and complete forms.
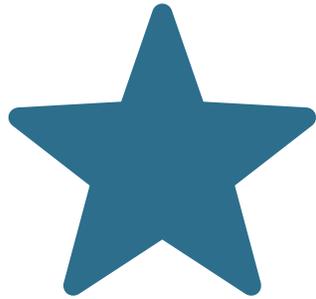
Clarification Questions?

MMAC Meeting Key Takeaways

Small Group Activity and Discussion

How This Activity Will Work

We'll be working in two groups:

» **Group A:** Participates in a verbal discussion and feedback session

» **Group B:** Works on a Miro board to review the communications timeline and share feedback

Halfway through the activity, the groups will switch so everyone has the opportunity to participate in both.

Open Discussion

Public Comment

DHCS

Public Comment Guidelines

» During the public comment period, we do not answer questions, but simply listen to public comments.

» All public comments are recorded in the meeting minutes.

» Please state your name and organization.

» Please keep your comments concise and limited to 1 minute.

» If you would like to make a public comment, use the "raise hand" feature in Teams.
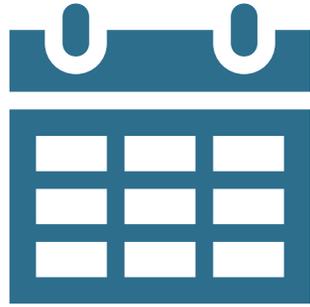
Closing Remarks

Upcoming Meeting Dates

MMAC:

» Wednesday, June 3, 2026, from 5:30 - 7:30 p.m.

» Virtual via Teams

» Closed to the public

Medi-Cal Voices and Vision Council:

» Wednesday, June 17, 2026, from 5:30 - 7:30 p.m.

» Virtual via Teams

» Open to the public

2026 Voices and Vision Council Meeting Dates

» March 18, 2026 – *Open to the public*

» June 17, 2026 – *Open to the public*

» September 30, 2026

» December 16, 2026

Thank you!

Acronyms

» DHCS – Department of Health Care Services

» U.S. HHS – U.S. Department of Health and Human Services

» MMAC – Medi-Cal Member Advisory Committee

» H.R. 1 – House Resolution 1: One Big Beautiful Bill Act

» SNAP – Supplemental Nutrition Assistance Program

» FAQ – Frequently Asked Questions

» TA – Technical Assistance