



Welcome to the Coverage
Ambassadors Webinar! We will begin
shortly.

¡Bienvenidos al Seminario Web de
Embajadores de la Cobertura!
Comenzaremos en breve.

Translation and Captions



Spanish Translation - Select three dots on the top right, Language and Speech, Language Interpretation, and select Spanish.

Traducción al español - Seleccione tres puntos en la parte superior a la derecha, Idioma y Habla, Interpretación de Idiomas, y seleccione Español.



Closed captioning - Select the three dots, Language and Speech, Turn on Live Captions.

Subtítulos – Seleccione los tres puntos, Idioma y Habla, active Subtítulos en Vivo.

Chat and Q&A



All participants will remain muted during the meeting.



Use the Chat only for comments or to report technical issues.



Use the Q&A button to submit questions. We will call on participants who enter their questions there.



When called on, please turn on your camera if you're able.

Announcements

[Medi-Cal Changes](#)

[Medi-Cal Resources and Medi-Cal Changes Toolkit](#)

[July Webinar Recap Newsletter](#)

[Coverage Ambassador Webpage](#)

[Become a Coverage Ambassador](#)

Contact us:

Email: ambassadors@dhcs.ca.gov

Background

- » Federal and state changes to Medi-Cal threaten coverage and access to care for **millions of Californians**.
- » These changes require a robust outreach effort to help members understand what is changing and what actions they need to take, by when, and how.
- » In response, DHCS and its partners have launched a **coordinated, statewide communications campaign** to support members through these transitions.

Background

- » The campaign includes multilingual, plain-language toolkits; web and social content; paid and ethnic media; and text and email outreach.
- » This work is complemented by a **trusted messenger strategy** that activates Coverage Ambassadors, Community Health Workers Navigators, and other community partners.
- » This strategy includes funding for training, curriculum development, and coordination of statewide trusted messenger networks.
- » We will keep you informed as we activate this network, hold additional trainings, and share resources.

Train-the-Trainer Webinar

Medi-Cal Eligibility Changes: Helping Members Keep Coverage

Va Tyndall, Health Program Specialist I, Medi-Cal Eligibility Division

Why This Training Matters

- » New federal rules are bringing important changes to Medi-Cal, including work and community engagement requirements and more frequent renewals, and changes to retroactive coverage. **Members need to take action so they don't lose coverage.**
- » Many Medi-Cal members may not know these changes are coming or may be unsure about what steps they need to take.
- » Coverage Ambassadors play a key role in helping members understand the new rules and providing timely, helpful information so they can keep their Medi-Cal coverage.

What You Will Learn Today



How upcoming changes to Medi-Cal eligibility and enrollment will affect people in your community.



The actions members need to take to get or keep their Medi-Cal coverage.



Your Call to Action as a Coverage Ambassador and how you can share information and support members so they stay covered.

What Community Members Need to Know About Medi-Cal Eligibility Changes

Two decorative wavy lines, one in a medium blue color and one in a darker blue color, flowing horizontally across the middle of the slide.

What is Medi-Cal?



- » Medi-Cal is **California's Medicaid program**. It provides health coverage to almost 14 million Californians, including low-income adults, children, pregnant people, older adults, and people with disabilities.
- » It offers benefits like doctor visits, prescriptions, maternity and newborn care, and mental health services.
- » County offices manage most Medi-Cal cases.

Coverage Groups

Medi-Cal includes several coverage groups, and each group follows different eligibility rules:

- » Children
- » Seniors (65+)
- » People with disabilities
- » Pregnant individuals
- » Other Modified Adjusted Gross Income (MAGI) groups (e.g., parents/caretakers)

Group Most Impacted by H.R. 1 Changes

MAGI New Adult Group (ages 19–64)

Who Are New Adult Group Members?

New Adult Group

The MAGI New Adult Group refers to adults covered through the Affordable Care Act Medi-Cal expansion. is the primary population affected by upcoming federal Medi-Cal eligibility and enrollment changes. Individuals in this group **generally meet all of the following criteria:**

- » Ages 19 to 64
- » Income below 138% of the Federal Poverty Level, approximately:
 - \$22,025 for an individual
 - \$45,540 for a family of four
- » Not pregnant or within the 12-month postpartum period
- » Not enrolled in, or entitled to, Medicare Part A or B
- » Not eligible under any other Medi-Cal coverage group

Monthly Income Thresholds

To fall within the New Adult Group category, monthly income must not exceed:

- » Household of 1: \$1,836
- » Household of 2: \$2,490
- » Household of 3: \$3,143
- » Household of 4: \$3,795

Income-Based Exception for Caretakers

Parents, guardians, and caretakers of children under 19 are not included in the New Adult Group if monthly income is below:

- » Household of 2: \$1,967
- » Household of 3: \$2,482
- » Household of 4: \$2,998

Upcoming Medi-Cal Eligibility and Enrollment Changes

Change	Affected Groups	Effective Date
Immigration Status (QNC) Change*	Certain non-citizen members	October 1, 2026
Work and Community Engagement Requirements	MAGI New Adult Group	January 1, 2027
Six-Month Renewals	MAGI New Adult Group (ages 19–64)	January 1, 2027
Shorter Retroactive Coverage	All Medi-Cal Members	January 1, 2027

**Change already in effect*

DHCS Implementation Guiding Principles

- » **Automate to Protect Coverage:** Use data to confirm eligibility, reduce paperwork, and keep members covered.
- » **Communicate with Clarity and Connection:** Share plain-language, culturally relevant information that helps members and families understand what's changing.
- » **Simplify the Renewal Experience:** Use clearer forms and streamlined steps—starting with the New Adult Group and expanding over time.
- » **Educate and Train Those Who Support Medi-Cal Members:** Provide practical tools, clear guidance, and ongoing training for counties, plans, providers, and Coverage Ambassadors.
- » **Provide Timely and Transparent Communication:** Communicate changes through multiple channels so members know what to expect and how to prepare.

How Eligibility Determinations Work - Today and in 2027

1

Apply Anytime

- » Members can apply for Medi-Cal at any time, renew once a year, and may receive up to three months of retroactive coverage.

2

County Checks First (Ex Parte Review)

- » Counties use existing data to verify eligibility automatically before contacting members.

3

Renewal Packet if Needed

- » If more information is needed, the county sends a renewal packet that must be completed and returned.

4

Deadlines Matter

- » Missing deadlines can result in denial or gaps in coverage.

Starting in 2027

Retroactive coverage will be limited to one or two months. In addition, some adults will need to meet work and community engagement requirements and renew their Medi-Cal every six months.

Immigration Status (QNC) Change

What's Changed

Certain immigration statuses shifted from federally funded Medi-Cal to state-funded full-scope Medi-Cal. This is a coverage transition, not a loss of coverage.

Effective October 1, 2026

What to Tell Members

- » This change is not a termination, coverage continues.
- » Once on state-funded Medi-Cal, additional state-level changes may apply, such as movement from managed care to fee-for-service for certain members.
- » **Starting July 1, 2027**, people in this group will only be able to get pregnancy-related care and emergency services.

Who's Impacted

This change applies to:

- » Refugees
- » Asylees
- » Individuals granted withholding of removal
- » Conditional entrants
- » People paroled into the U.S. for one year or more
- » Amerasian immigrants
- » Victims of trafficking
- » Battered non-citizens and certain family members

Work and Community Engagement Requirement

What's Changing

Members in the MAGI New Adult Group will need to meet Work & Community Engagement requirements in order to get and keep Medi-Cal coverage.

Effective January 1, 2027

Who's Impacted

Members ages 19–64 in the MAGI New Adult Group who do not qualify for one of the exclusions or exceptions on the following slides.

What to Tell Members

If this rule applies to you, you must complete one of the following:

- » Earn at least \$580 in monthly income
- » Complete 80 hours of work per month
- » Complete 80 hours of community service per month
- » Participate participation in a work program for 80 hours per month
- » Be enrolled in an education program at least half-time.
- » Any combination of activities totaling 80 hours.

Check whether your current activities already meet the requirement. If not, begin identifying a qualifying activity before the change takes effect.

Excluded Individuals

Evaluated in month of application, when you report a change, or renewal

- » The following individuals are excluded from (i.e., do not have to meet) Work & Community Engagement Requirements:
 - Medically frail individuals
 - Participants in a drug addiction or alcohol treatment and rehabilitation program
 - Parents, guardians, caretaker relatives, or family caregivers of a dependent child under age 14 or a dependent with a disability
 - Veterans with a disability rated as total under 38 U.S.C. § 1155
 - Members of a household receiving SNAP who are not exempt from SNAP work requirements
 - Individuals compliant with TANF work reporting requirements
 - American Indians and Alaska Natives
 - Former foster care youth under age 26
 - Inmates of a public institution
 - Pregnant individuals or those entitled to postpartum Medi-Cal coverage

Mandatory & Optional Exceptions

Evaluated in lookback month(s)

Mandatory Exceptions

- » These individuals **automatically receive an exemption** if they meet one of these conditions:
 - Entitled to or enrolled in Medicare Part A or Part B
 - Part of a mandatory eligibility group (e.g., certain caretaker relatives, SSI recipients)
 - Incarcerated at some point in the three-month period before the relevant month.

Optional Short-Term Hardship Exceptions

- » These exceptions apply **only when the member requests them**:
 - Receiving inpatient or institutional care
 - Traveling outside one's community for medical care (for themselves or a dependent)
 - Living in a county with a federal emergency or disaster declaration
 - Living in a county with high local unemployment

Qualifying Activities

- » Members can meet the requirement by completing **one of the following**:
 - Monthly income of at least \$580
 - Seasonal workers may meet this through Reasonably Projected Annual Income (RPAI) averaging \$580/month
 - 80 hours of work in a month
 - 80 hours of community service
 - 80 hours participating in a work program
 - Enrolling at least half-time in an education program
 - Any combination of the above totaling 80 hours/month
- » New applicants: compliance must be shown in the month before applying.
- » Renewals: compliance or a qualifying exception must be shown in at least one month since the last renewal.

6-Month Renewals

What's Changing

The renewal cycle for the MAGI New Adult Group will shift from once a year to twice a year.

Effective January 1, 2027

Current members will move to six-month renewals at their 2027 annual renewal, beginning with those due in March 2027.

What to Tell Members

- » Renewal packets will arrive twice a year instead of once.
- » Make sure to **keep your contact information updated** and **respond by the deadline** every time.
- » Members should respond by the deadline every time.
- » Members should keep contact information up to date, so notices are received.

Who's Impacted

- » Members ages 19–64 in the MAGI New Adult Group.
- » **Does not apply to:**
 - Pregnant or postpartum people
 - Alaska Native or American Indian members
 - People under age 26 who were in foster care on their 18th birthday
 - Individuals not enrolled in the New Adult Group.

Shorter Retroactive Coverage

What's Changing

The retroactive coverage window is shrinking.

Effective January 1, 2027

Who's Impacted

- » MAGI New Adult Group members will be eligible for 1 month of retroactive coverage.
- » All other Medi-Cal members will be eligible for up to 2 months.

What to Tell Members

- » Starting January 1, 2027, Medi-Cal will pay for fewer months of medical bills from before you applied. If this rule applies to you, Medi-Cal will send you a letter.
- » Apply as soon as possible if coverage might be needed.

How to Prepare for Upcoming Changes



What Should Impacted Medi-Cal Members Expect

Before January 1, 2027

- » Outreach and education from DHCS, counties, community partners, and advocates.
- » Information shared through texts, emails, flyers, social media, and other channels to build awareness of upcoming changes.

After January 1, 2027

- » More frequent reminders and notices about eligibility changes through mail, email, text, and BenefitsCal accounts.
- » Requests for information to show proof of Work & Community Engagement activities.
- » Eligibility checks twice a year.

Community Health Workers (CHW), Coverage Ambassadors, and Navigators play an important role in helping members interpret notices and understand when action is required.

Preparing Members for Upcoming Changes

Member Communication and Outreach

DHCS will coordinate communications across mail, text, phone, and digital channels. CHW's, Coverage Ambassadors, and Navigators will help distribute messages locally and assist members in understanding notices and knowing when action is required.

Phase 1: Awareness and Preparation (February – July 2026)

- » DHCS will raise awareness about upcoming Medi-Cal changes and help members understand what is coming.
- » Advocates will use DHCS materials like social media content, earned media, and outreach toolkits to share information widely.



Phase 2: Support and Action (September – January 2027)

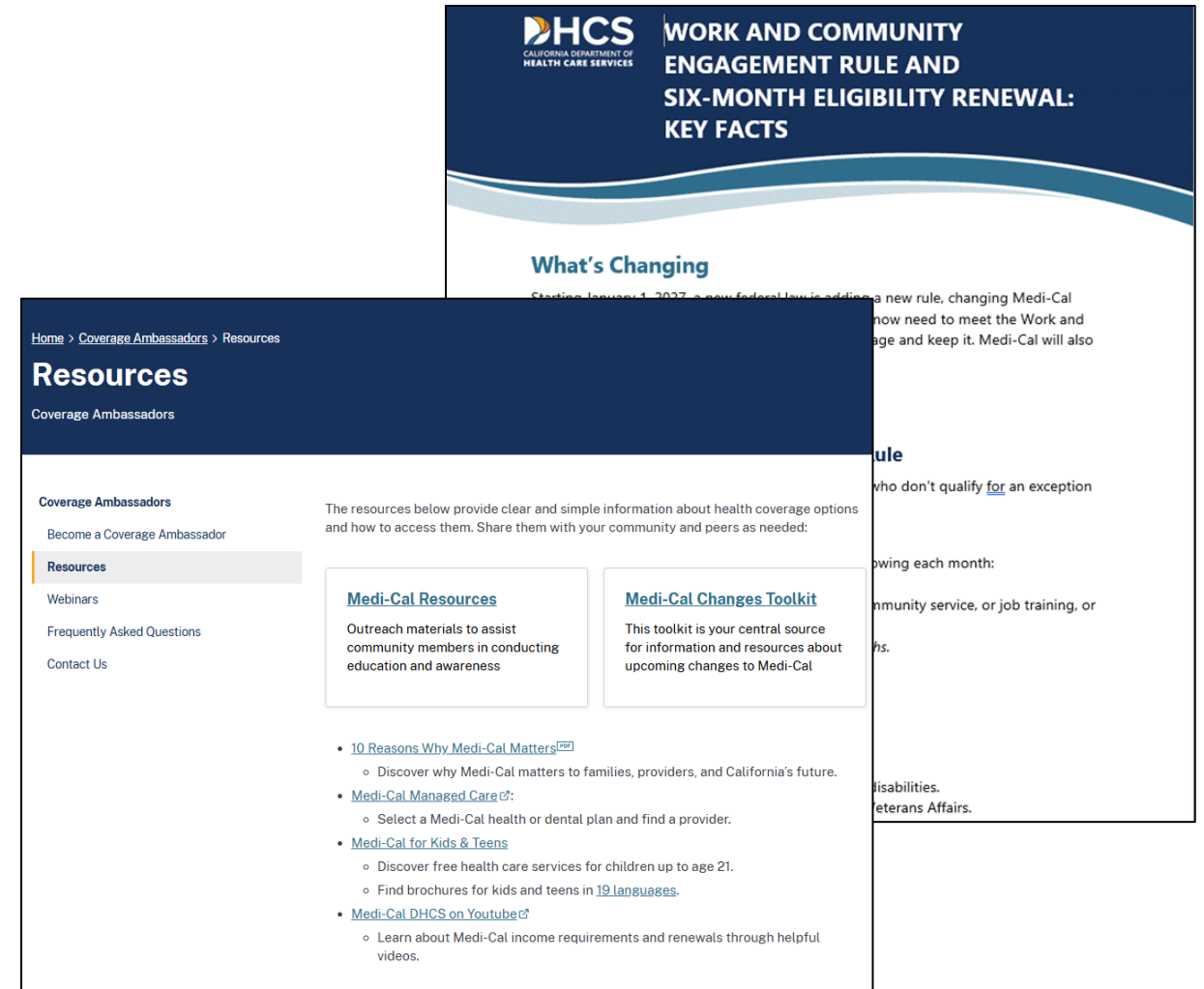
- » As the implementation date approaches, DHCS will shift to more direct guidance on what actions members need to take, such as responding to notices, submitting information, or completing renewal packets.

General Messaging Resources

Partners can use DHCS's communications toolkit to help members understand upcoming changes and prepare for new Medi-Cal requirements. The toolkit is available in all 19 Medi-Cal threshold languages and in accessible formats.

Toolkit includes:

- » Talking points
- » Call center scripts
- » Text messaging samples
- » Flyers
- » FAQs
- » Additional member facing materials



Social Media Graphics



Keep your Medi-Cal info updated so you don't lose your health coverage.

It's an easy way to make sure you can always see a doctor when you need to!



Ask questions if you're unsure:

- Contact your local Medi-Cal office.
- Call the Medi-Cal Member Help Line at **(800) 541-5555**.
- Contact your health plan.



Do Work Rules Apply to You?

Starting January 2027, some adults who get Medi-Cal must work, volunteer, go to school, or get job training.



Find out if this applies to you.

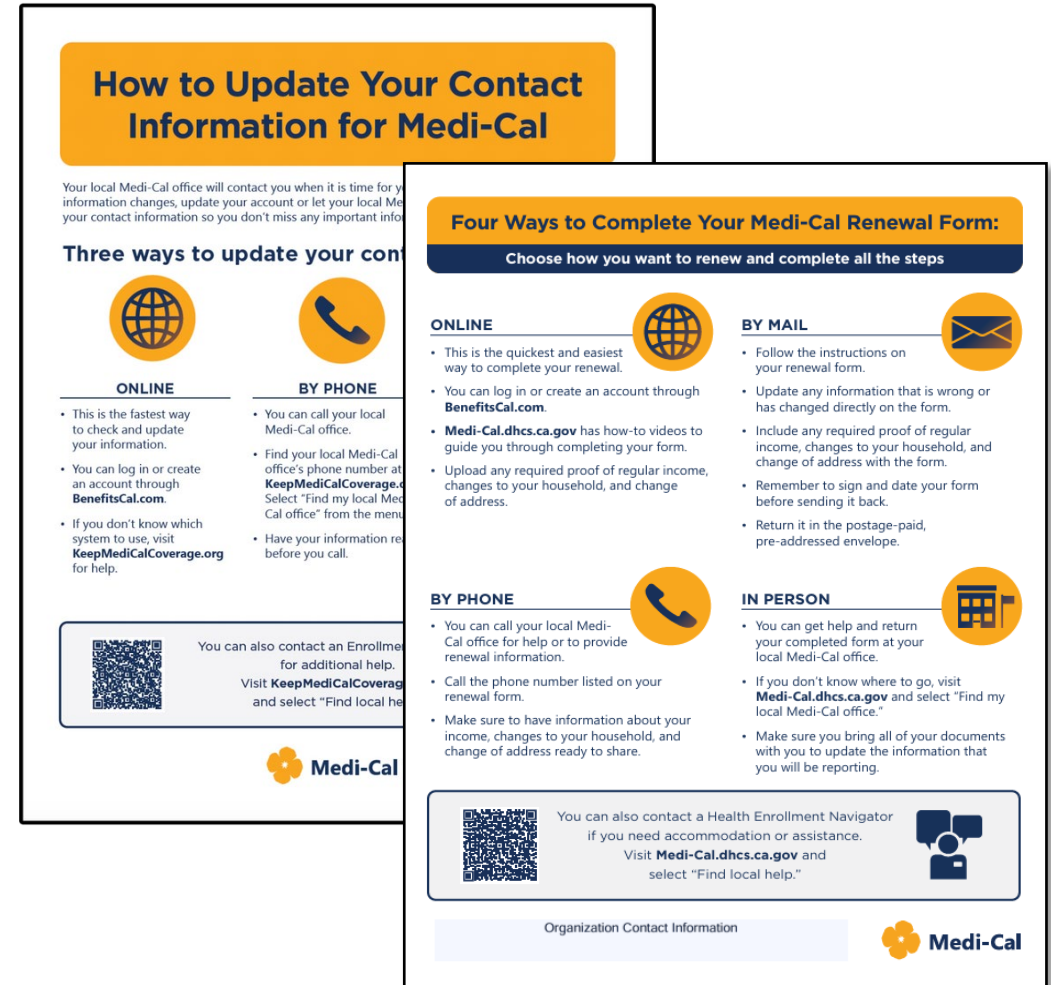
Visit www.dhcs.ca.gov/workrules or scan the QR code more information.

Call the Medi-Cal help line (800) 541-5555.



Print Materials

- » Customizable print materials are available to support outreach efforts and help members understand upcoming Medi-Cal changes. These materials come in 19 Medi-Cal threshold languages and can be adapted for use by community organizations.
- » Available print materials include flyers, posters, and palm cards
- » Organizations can add their logo and contact information using free Adobe Reader:
 - Click the gray image placeholder to upload a logo.
 - Use the text box to add local contact details.



What Community Partners Can Do



Help With the Basics

- » Encourage members to keep their address and contact information up to date so they receive important notices on time.



Point, Don't Determine

- » Direct members with questions to their county office or the Medi-Cal member line.
- » Eligibility decisions are not made by community partners.



Remind Members to Watch for Notices

- » Remind members that renewal packets and change notices are real, time-sensitive, and must be read and acted on promptly.



Know Where This Deck Fits

- » Use this training as an overview to help start conversations, not as a replacement for official guidance from DHCS or counties.

Become a DHCS Coverage Ambassador

DHCS is conducting a statewide public education and outreach campaign about upcoming work and community engagement requirements and six-month renewals. Community partners and trusted messengers play a key role in helping Medi-Cal members stay informed and connected.

How to participate:

- » [Sign up](#) to become a DHCS Coverage Ambassador.
- » Receive biweekly email updates with the latest campaign information.
- » Get early access to new resources, outreach tools, and bimonthly webinars that support your work with members.

Resources



- » Sign Up to Become [an Ambassdor](#)
- » [Keep](#) Your Medi-Cal
- » [Mantenga Su Medi-Cal](#)
- » [Medi-Cal Fair Hearing](#)
- » [Audiencia Imparcial de Medi-Cal](#)



Questions?

Email DHCSHR1@dhcs.ca.gov

2026 Coverage Ambassador Webinar Dates



- » September 24, 2026
- » November 19, 2026