Virtual Meeting Tips

» Please use either a computer or a phone for audio connection.

» Please mute your line when not speaking.

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

» MMAC members, if you have issues during the meeting call 619-651-0024.

» For general questions or comments, please email MMAC@dhcs.ca.gov

Welcome and Opening

Agenda

5:30 – 5:35	Welcome and Opening
5:35 – 5:40	Electing a Chairperson
5:40 – 5:50	DHCS Director's Update
5:50 – 6:05	Preparing for Medi-Cal Work Reporting Requirement
6:05 – 6:45	Breakout Room Discussions
6:45 - 7:05	Report-Outs from Breakout Discussions
7:05 – 7:25	Member Comments
7:25 – 7:30	Closing Remarks

Language Justice

» Bilingual participation

- Teams – select language and volume

» One person speaks at a time

» Speak slowly and clearly

» Pause (if needed) when asked by meeting facilitators

» Avoid acronyms

» Raise your hand is 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](#)

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.

Introduction To DHCS Leadership

Michael Freeman

Assistant Deputy Director,
Health Care Benefits and Eligibility

MMAC and Medi-Cal Voices and Vision Council Inspired Art Piece

Chairperson Speeches and Election Next Steps

Chairperson Election

The Chairperson shall be selected from among the MMAC members by a majority vote, in accordance with the process outlined below:

1. Before the meeting, when the election will take place, DHCS notified committee members and invited those interested in running for Chairperson to express their interest.

2. During this MMAC meeting, each candidate will be given 1-2 minutes to briefly share why they are interested in serving as Chairperson.

3. Following today's meeting, MMAC members will cast their votes confidentially by a specified deadline via an anonymous online form. Voting will not take place during the meeting. Votes must be submitted within two (2) days of the meeting.

4. Each committee member can vote once, and the nominee who has the most votes shall be elected as chairperson. If there is a tie vote, voting will continue until majority wins.

5. DHCS will notify all MMAC members of the election results and confirm the new Chairperson within five (5) days of the election period's end.

New DHCS Webpage for Current and Potential Members

» Clear, plain-language content.

» Full accessibility for people with disabilities and using assistive technologies.

» Mobile-friendly navigation for easy use on mobile phones, tablets, etc.

» Multilingual support in all 19 Medi-Cal threshold languages.

» My.Medi-Cal.ca.gov

What Members Can Find

» **Members can visit this page to:**

- Learn about member benefits.

- See if they may qualify.

- Be directed to the Medi-Cal application to apply.

- Discover how to start using their Medi-Cal benefits.

- Find out how to keep their Medi-Cal coverage.

https://my.medi-cal.ca.gov/
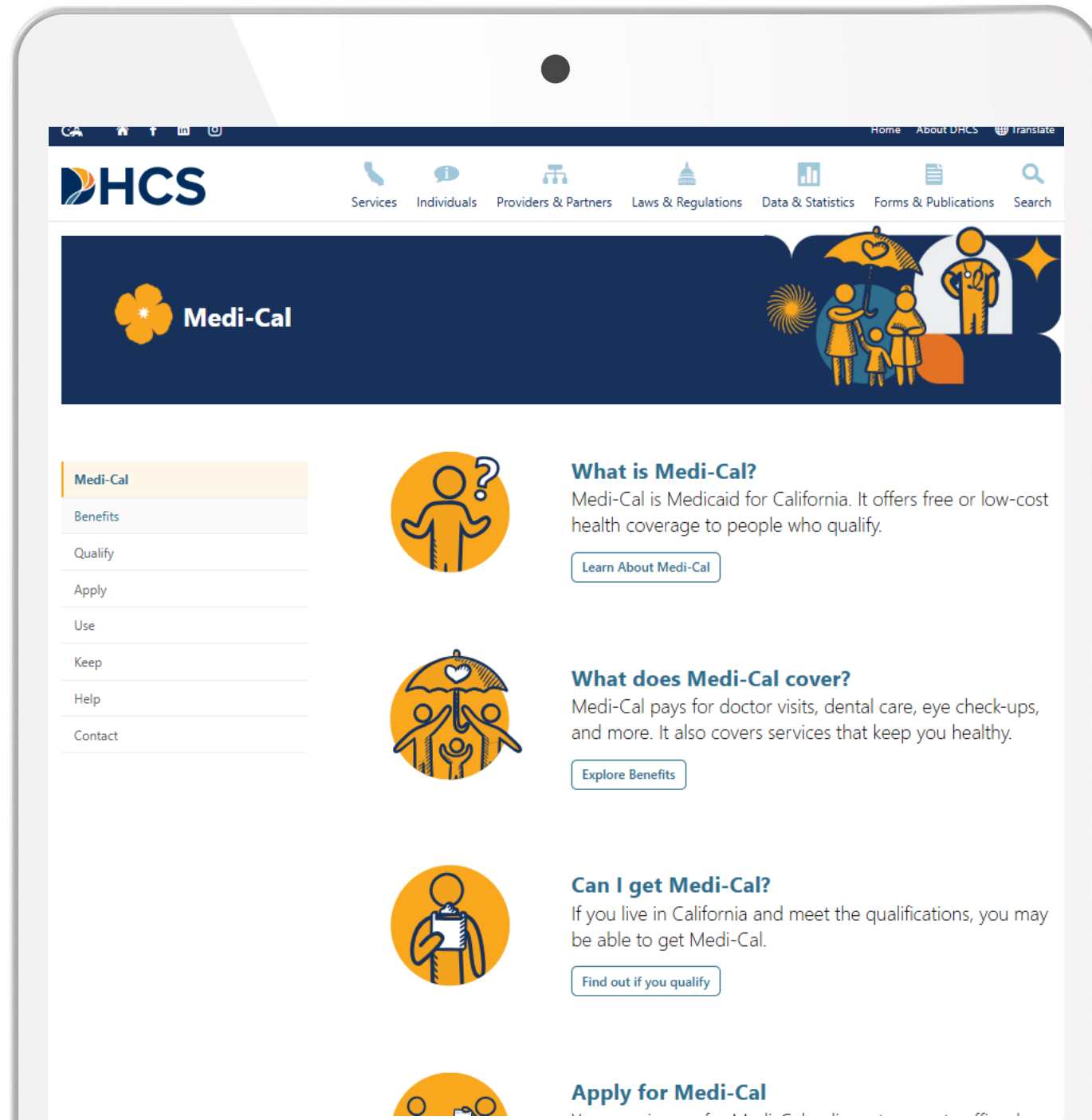
Resources

» The Medi-Cal Help Center provides information on popular topics. Help connect to resources that include guides, Frequently Asked Questions (FAQ), contact information, and more.

» The Contact page allows members to use the:

- **County Office Locator**
- **Medi-Cal Member Help Lines**
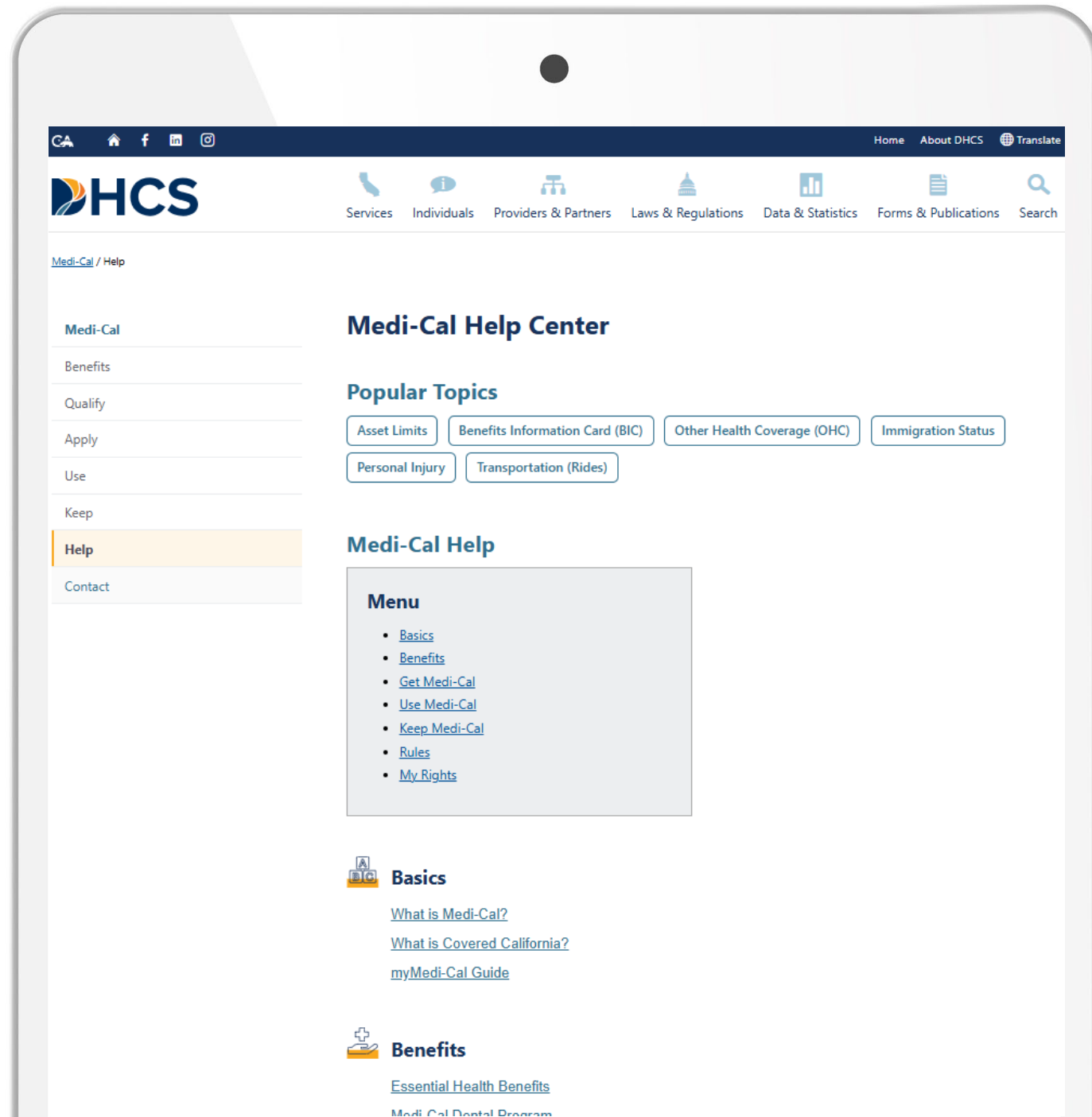
Questions?

Effective Dates for Work Requirements

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

JANUARY 1, 2027:
Implements **mandatory work requirements** for Medicaid expansion adults ages 19 to 64.

State option to delay implementation until December 31, 2028; California unlikely to obtain approval from HHS Secretary.

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

Overview of Work Reporting Requirements

Effective **January 1, 2027**, Section 71119 of H.R. 1 establishes new federal work reporting requirements for expansion adults.

» **Impacted Population:** Individuals aged 19 to 64 who are not pregnant, not entitled to Medicare, and are eligible to enroll (or are enrolled) in the Medicaid expansion eligibility group.

» **Requirement:** Individuals must complete **one or more** qualifying activities:

- Employment of 80 hours/month.
- Have monthly income at least 80 times the federal hourly minimum wage ($580) (seasonal work will be averaged over the last six months).
- Community service of 80 hours/month.
- Enrolled at least half-time in an educational program.
- Participation in a work program of 80 hours/month.

» **Exemptions:** The law includes mandatory and short-term hardship exemptions (outlined on following slides).

At any point during a month, DHCS will exempt the following individuals from work reporting requirements. H.R. 1 provides that "specifically excluded individuals" are not subject to work reporting requirements.

Mandatory Exemptions (Eligibility Group Related)

- Children under 19.
- Individuals eligible for another mandatory eligibility group (e.g., non-Modified Adjusted Gross Income).
- Current foster youth and former foster youth under age 26.
- Parents and other caretaker relatives.
- Pregnant women and those entitled to postpartum coverage.
- Individuals receiving Supplemental Security Income.
- Individuals entitled to Medicare Part A or Part B.

Mandatory Exemptions

- American Indians and Alaska Natives.
- Parents/caretaker relatives of a dependent child(ren) 13 years or younger.
- Parents/caretaker relatives of a disabled individual(s).
- Veterans with a disability rated as total (section 1155 of Title 38, United States Code).
- Medically frail individuals or those with special medical needs (as defined by the U.S. HHS Secretary), including:
  - Blind or disabled individuals.
  - Individuals with a substance-use disorder.
  - Individuals with a disabling mental disorder.
  - Individuals with a physical, intellectual, or developmental disability.
  - Individuals with serious or complex medical conditions.
- Individuals meeting Temporary Assistance for Needy Families.
- Individuals in compliance with Supplemental Nutrition Assistance Program (SNAP) work reporting requirements or individuals who are non-compliant, but in a household receiving SNAP.
- Individuals participating in a drug addiction or alcohol treatment program.
- Inmates of a public institution and recently released from incarceration within the past 90 days.

Temporary Exemptions from Work Reporting Requirements

DHCS will also exempt individuals for a given month if, at any point during that month, they experience a "short-term hardship" exemption, including:

» Living in a county impacted by a federally declared emergency or disaster.

» Living in a county with a high unemployment rate (at or above the lesser of 8 percent or 150 percent of the national unemployment rate.

» Receiving inpatient hospital care, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric care, or other services of similar acuity (including related outpatient care) determined by the U.S. HHS Secretary.*

» Traveling for an extended period to access medically necessary care for a serious or complex medical condition that is not available in the individual/their dependent(s)' community.*

*Exemption only available if specifically requested by the individual.

Implementation Guiding Principles

» **Automate to Protect Coverage.** Maximize the use of data sources to confirm eligibility without burdening members. Reduce paperwork, streamline verifications, and safeguard coverage stability.

» **Communicate with Clarity and Connection.** Implement an outreach and education campaign that is culturally relevant, linguistically accurate, and written in plain language to build trust and help members understand the changes.

» **Simplify the Renewal Experience.** Modernize and streamline the Medi-Cal renewal process with a clearer, member-friendly form and six-month renewal steps that are easier to navigate.

» **Educate and Train Those Who Serve Medi-Cal Members.** Deliver comprehensive training on all H.R. 1 provisions for county eligibility workers. Provide clear policy guidance, practical tools, and ongoing Technical Assistance (TA) so counties and DHCS Coverage Ambassadors can confidently support members.

» **Provide Timely and Transparent Communication to Members.** Share information on H.R. 1 changes early on so members can build awareness, anticipate changes to their coverage, and have ample preparation time to meet new requirements.

Outreach and Communication

» DHCS will implement a phased outreach campaign using timely and targeted messaging and materials in all 19 Medi-Cal languages.

» Outreach will include member-facing flyers/FAQs, social media posts and text messages, as well as earned media and updates to the DHCS website as changes take effect.

» DHCS will also partner with trusted messengers and local partners to reach diverse communities.

» Tool-kits with member-facing materials will be shared with DHCS Coverage Ambassadors, counties, Medi-Cal Managed Care Plans, and Behavioral Health Plans.

Breakout Rooms Discussion

Directions for the Breakout Rooms

Includes:

» Facilitators, a note taker, and a reporter.

» MMAC members

» DHCS leadership will be in both rooms.

» Interpreters will be present to support bilingual participation.

Reminder: This is the time to dive deeper into the topic of conversation.

Opportunity to ask questions and to hear what we are missing, collectively.

Questions

» Did you know about this change for some Medi-Cal members?

» What are you hearing?

» What can we do to support you and other members?

Report-Outs from Breakout Discussions

Member Comments

Closing Remarks

Upcoming Meeting Dates

Medi-Cal Voices and Vision Council:

» Wednesday, December 17, 2025, from 5:30 - 7:30 p.m.

» Virtual via Teams

MMAC:

» Wednesday, March 4, 2026, from 5:30 - 7:30 p.m.

» Virtual via Teams

Upcoming 2026 MMAC Meeting Dates

» March 4, 2026

» June 3, 2026

» September 16, 2026

» December 2, 2026

Thank you!

DHCS

Acronyms

» DHCS – Department of Health Care Services

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

» MMAC – Medi-Cal Member Advisory Committee

» H.R. 1 – One Big Beautiful Bill Act

» SNAP – Supplemental Nutrition Assistance Program

» FAQ – Frequently Asked Questions

» TA – Technical Assistance