

DHCS Implementation plan for new eligibility and enrollment changes under HR 1

Immigrant Eligibility/Unsatisfactory Immigration Status:

- Federal H.R. 1 narrows which immigration status qualifies for federally funded Medicaid.
- Jan 1, 2026: New applicants with unsatisfactory immigration status no longer eligible for full-scope Medi-Cal; may only qualify for emergency/pregnancy coverage.
- Existing full-scope members generally maintain coverage if renewals are completed on time.
- Jul 1, 2026: Routine dental benefits eliminated for adult unsatisfactory immigration status members.
- Jul 1, 2027: \$30 monthly premium for adult unsatisfactory immigration status members to retain full-scope coverage.
- **Plan: Monitor enrollment data and support counties for communication/outreach to affected populations**

Renewal Frequency/Redetermination:

- Six-month renewals for ACA expansion adults (ages 19–64) starting 2027
- Increased administrative workload for counties and DHC, requires robust automation and member outreach.
- **Plan: Ensure sufficient staffing, system readiness, and clear guidance to counties**

Retroactive Coverage Limits:

- Adults ACA expansion: retroactive coverage reduced to 1 month.
- All other Medi-Cal members: retroactive coverage reduced to 2 months.
- **Plan: Educate members and providers, and track financial risk exposure due to coverage gaps**

Work/Community Engagement Requirements:

- Adults 19–64 without exemptions must complete 80 hours/month of work, education, or community service starting early 2027.
- Exemptions include caregivers, students, medically frail, American Indians/Alaska Natives, and others.
- **Plan: County coordination critical; strong communication, training, and support systems required.**

Cost-Sharing/Copayments:

- Oct 1, 2028: ACA expansion adults with incomes >100% FPL may face copays (\$1–\$35 per service).
- **Plan: Prepare communications, assess operational impacts, and monitor member complaints or access issues.**

Operational/System Changes:

- Enhanced verification of income, residency, and identity required.
- Use of administrative data to reduce manual burden and avoid coverage loss.
- Outreach in multiple languages and formats to maintain continuity of coverage.
- **Plan: Ensure systems, IT, and staff readiness for increased verification, redetermination, and outreach efforts.**

Timeline Summary:

- Jan 1, 2026: Unsatisfactory immigration status restrictions for new applicants.
- Jul 1, 2026: Dental benefits removal for unsatisfactory immigration status adults.
- 2027: Six-month renewals and work/community engagement start.
- Jul 1, 2027: \$30 monthly premium for unsatisfactory immigration status adults.
- Oct 1, 2028: Copays for ACA expansion adults begin.

Key Takeaways:

- Proactive planning for member communication, county coordination, and IT/system readiness is essential.
- High-touch outreach needed for populations at risk of coverage loss (immigrants, expansion adults).
- Monitor operational impact on staff workload and county partners; ensure training and support resources are in place.
- Leadership should track coverage continuity metrics and anticipate policy or budget adjustments.