



WEBINAR: Updates on HR 1 Efforts in California and the Rural Health Transformation Opportunity



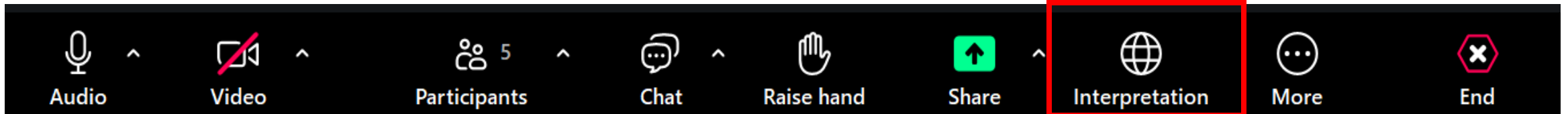
CALHHS CONNECT:

How Federal Policy Changes are Impacting a Healthy California for All

MONDAY, OCTOBER 27, 2025

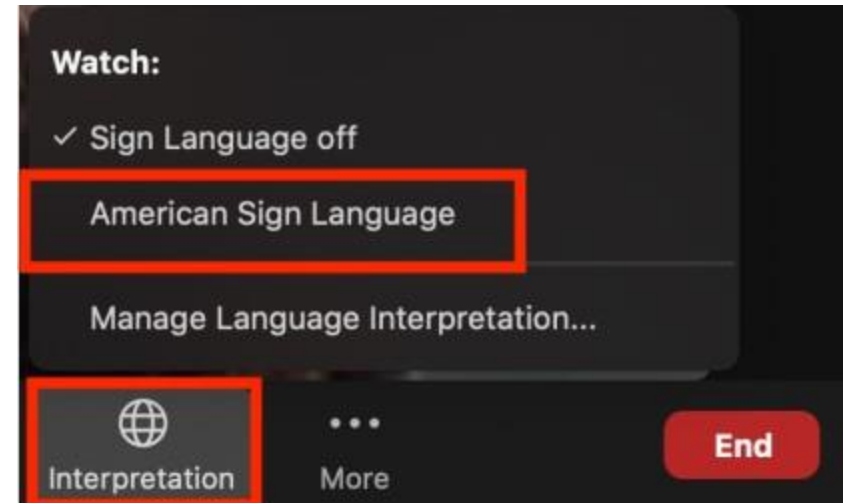
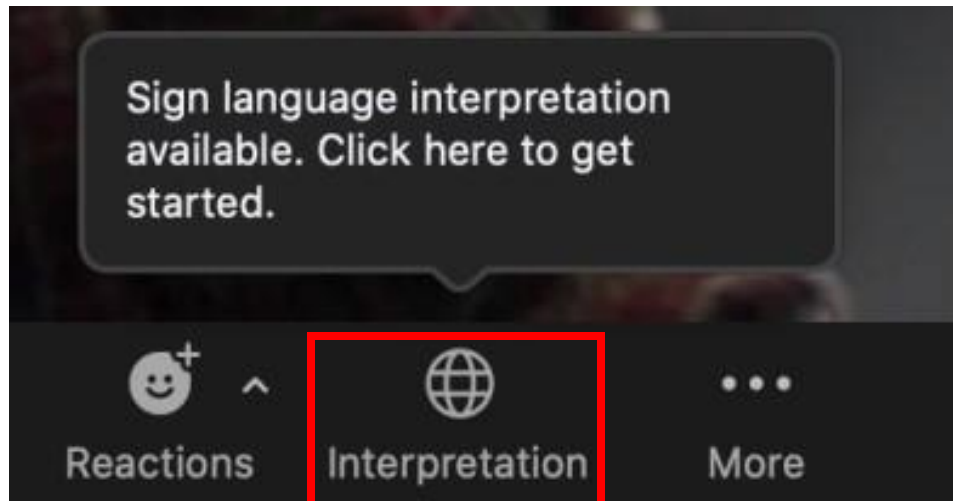
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SPEAKERS



KIM JOHNSON

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California Health &
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WEBINAR TOPIC:

Updates on HR 1 Efforts in California and the Rural Health Transformation Opportunity

Earlier this year, the Republican majority in Congress and President Trump enacted H.R. 1 (the “One Big Beautiful Bill” Act or OBBBA). CalHHS leadership will provide the latest efforts to address the bill's impacts on safety-net programs in California. The session will also provide an update on the state's application for the Rural Health Transformation Program and the opportunity to strengthen health care access, quality and outcomes in rural communities through innovative system transformation.

Enacted H.R.1 Reconciliation Legislation: Medi-Cal Impact Update

October 2025

Major Medicaid Provisions of H.R.1

**Bottom Line: Up to 3.4 million Medi-Cal members may lose coverage;
\$30+ billion in federal funding is at risk annually;
major disruption in Medi-Cal financing structure for safety nets.**

Eligibility/Access Requirements	State Financing Restrictions	Immigrant Coverage Limitations	Abortion Providers Ban
» Work requirements » 6-month eligibility checks » Retroactive coverage restrictions » Cost sharing	» Managed Care Organization (MCO) and Provider Tax limitations » State Directed Payment (SDP) restrictions » Federal funding repayment penalties for eligibility-related improper payments	» Reduction in FMAP* for emergency UIS** » Restrictions on lawful immigrant eligibility (increases UIS) * <i>Federal Medical Assistance Percentage</i> **<i>Unsatisfactory immigration status</i>	» One-year ban on federal Medicaid funding for "prohibited entities" that provide abortion services

All numbers are estimates and subject to change.

Effective Dates for Key Provisions

	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
Eligibility and Access	Work requirements Copayments for expansion adults Option to Delay 6-month eligibility redetermination Shorten Medicaid retroactive coverage																			
Payment and Financing	Provider Taxes Limits on provider taxes and rates Ramp-down of provider tax cap Potential Transition Period																			
	SDPs Cap new State Directed Payments (SDPs) above Medicare rate Gradual reduction of SDPs above Medicare rate																			
	Other Abortion provider restrictions CMS authority related to waiving improper payments eliminated																			
Immigrant Coverage	Change to federal funding for emergency Medi-Cal services Ends federal funding for some noncitizens																			

Effective Dates for Key Provisions: Eligibility and Access

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:**
Implement **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.*

- **JANUARY 1, 2027:**
Redetermine eligibility for expansion adults once every 6 months.
- **JANUARY 1, 2027:** Shorten Medicaid **retroactive coverage**; provide Children's Health Insurance Program (CHIP) retroactive coverage at state option.

- **OCTOBER 1, 2028:**
Impose **copayments** on most services for expansion adults with incomes above 100% of the federal poverty level (FPL).

Effective Dates for Key Provisions: Payment and Financing (*Provider Taxes*)

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

● JULY 4, 2025:

1. Prohibits the implementation of new Medicaid provider taxes and increasing existing tax rates.
2. Prohibits taxes that impose a lower tax rate on providers explicitly defined based on their lower Medicaid volumes compared to providers with higher Medicaid volumes, or tax Medicaid units of service at a higher rate than non-Medicaid units of service (as well as taxes that have the same effect) – impacts MCO Tax and Hospital Quality Assurance Fee (HQAF).

● OCTOBER 1, 2027:

Ramp-down of **provider tax** cap begins, with the 6% tax threshold reduced by half a percentage point per year until the threshold hits 3.5% in 2031.

🕒 *CMS may allow for a transition period of up to **3 years***

Effective Dates for Key Provisions: Payment and Financing (*SDPs and Other*)

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

- **JULY 4, 2025:**
Caps future **State-Directed Payments (SDPs)** at 100% of Medicare payment levels.

- **January 1, 2028:**
Requires states with existing **SDPs** above Medicare rates to reduce payments by 10 percentage points per year until they are no greater than 100% of Medicare.

- **JULY 4, 2025– July 4, 2026:**
Bars Medicaid participation by certain **providers of abortion services**.

- OCTOBER 1, 2029:** ●
Eliminates CMS authority to waive states' disallowance of federal funds associated with "excess" improper payments.

Effective Dates for Key Provisions: Immigrant Coverage

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

- **OCTOBER 1, 2026:**
Provides regular **Federal Medical Assistance Percentage (FMAP)** for emergency Medi-Cal.
- **OCTOBER 1, 2026:**
Ends the availability of federal Medicaid and CHIP funding for **refugees, asylees, and certain other noncitizens.**

Implementation Plan and Engagement

- » A comprehensive H.R. 1 Implementation Plan later this year to guide implementation of federal Medicaid changes in California.
- » Ongoing workgroups with counties, managed care plans, advocates, and community partners are shaping policy and streamlining operations to support implementation readiness.
- » Regular updates are being shared through stakeholder forums, workgroups, and established communication channels to keep partners informed and engaged.
- » Email DHCSGetInvolved@dhcs.ca.gov to learn more.

Work Requirements



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 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.

Overview of Work Reporting Requirements

Section 71119: Requires states to condition Medicaid eligibility on compliance with work requirements (called “community engagement requirements”) for adults ages 19 through 64. The provision applies to individuals enrolled through Medicaid expansion or a section 1115 demonstration providing minimum essential coverage.

Effective Date: January 1, 2027

Impact:

An estimated **up to 3 million Medi-Cal members may lose coverage**, which will significantly drive up the uninsured rate and raise costs for hospitals and clinics treating uninsured patients.

Overview of Work Reporting Requirements

- » **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 outlines mandatory and short-term hardship exemptions. Exemptions must be verified every 6 months.

Work Reporting Requirements: Mandatory Exemptions (1 of 2)

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

Mandatory Exemptions (Eligibility Group Related)

- » Children under age 19
- » Individuals eligible for another mandatory eligibility group (e.g., non-Modified Adjusted Gross Income)
- » Foster youth
- » 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

Work Reporting Requirements: Mandatory Exemptions (2 of 2)

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. Health and Human Services Secretary)
- » 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

Work Reporting Requirements: Optional Temporary Exemptions

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% or 150% of the national unemployment rate, which was 4.2% as of July 2025). Enrollees in approximately 22 counties (including Alpine, Colusa, Fresno, Glenn, Imperial, Kern, Kings, Madera, Merced, Sutter, and Tulare counties) could qualify for this exemption (approximately 15.6% of Medicaid expansion enrollees in California).¹
- » 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.*

1. KFF, [A Look at the Potential Impact of the High Unemployment Hardship Exemption to Medicaid Work Requirements](#), 2025

*Exemption only available if specifically requested by the individual.

Work Reporting Requirements: Process

1. Gather self-attested exemption or work reporting requirement information.

- » Exemption and work reporting questions will be added to the CalHEERS and BenefitsCal consumer portals.
- » DHCS will create a standalone exemption and work reporting form to use at application and renewal.

2. Conduct *ex parte* to determine if someone meets an exemption or work reporting requirements.

- » DHCS is leveraging current data sources and building bridges to new data sources to support verifying work activities and exemptions.
- » Data received from CalFresh or otherwise available in CalSAWS will be incorporated into the *ex parte* process at application and renewal.

3. If unable to verify work activities or exemptions, applicants and members will have 30 days to demonstrate compliance or that they meet an exemption.

- » DHCS will lead a coordinated communications and outreach strategy to ensure members, partners, MCPs and counties have the information they need to maintain coverage.
- » Stakeholders will help DHCS shape the engagement process for those who need help meeting the work requirement provisions.

Examples of State and Federal Data Sources For Verifying Compliance (Income or Hours)

Compliance/Exemption Category	Potential Data Source	Status
Income of at least \$580/month and/or 80 hours of work	State Quarterly Wage Data and IRS Data	Currently in use
	Equifax Work Number (provides timely income data and hours of work)	DHCS is exploring options to leverage Federal Data Services Hub or establish new State build
	Gig Economy Data	California is assessing several options
Veteran with disability rated as total	Veteran Service History and Eligibility Application Programming Interface (API)	Exploring potential data source

Examples of DHCS Data Sources for Identifying Eligibility Group and Medical Frailty Exemptions (1 of 2)

Exemption Category	Potential Data Source	Current Status
• Child under 19 • Pregnant or postpartum • Foster youth and former foster care youth • Aged/disabled • Parents/caretaker relatives • Inmates or recently released from incarceration	Medi-Cal Eligibility Aid Codes	System to be configured to exempt individuals from work reporting requirements

Examples of DHCS Data Sources for Identifying Eligibility Group and Medical Frailty Exemptions (2 of 2)

Exemption Category	Potential Data Source	Current Status
Medically Frail	All Claims and Encounters (e.g., submitted through PACES, CA-MMIS, Medi-Cal Rx)	- DHCS will exempt individuals who are eligible for certain programs (e.g., HCBS, PACE) and is currently evaluating ECM and Community Supports eligibility criteria to assess alignment with medical frailty designations. - In addition, DHCS will be developing International Classification of Diseases (ICD)-10 and Current Procedural Terminology (CPT) Code list to identify diagnosis and utilization data that meet medical frailty definitions. - DHCS is also exploring other potential data sources (e.g., MCP care management systems) for timely sources of exemption data.
	Short Doyle Medi-Cal System	DHCS will exempt any individual who has a claim in Short-Doyle

Examples of Cross-State Data Sources for Identifying Compliance/Exemptions

Compliance/Exemption Category	Data System	Status
Compliance with Temporary Assistance for Needy Families (TANF)/CalFresh Work Requirements	Department of Social Services (CDSS)	System to be configured to pull in CDSS data for identifying exemption
Part Time Education	California Student Aid Commission (CSAC) and University of California (UC) data/ California State University (CSU) data CA Department of Education (DOE)	Exploring potential for data matching
80 hours of work program participation	Department of Rehabilitation	Exploring potential for data matching

Outreach and Communication Strategies

- » DHCS will implement a phased outreach campaign in all threshold languages, using culturally relevant and plain-language materials.
- » The Coverage Ambassador model will continue, leveraging trusted messengers and local partnerships to reach diverse communities.
- » Outreach will include FAQs, scripts, templates, and translated materials, distributed through websites, social media, flyers, and direct outreach.
- » Communication will focus on equity, language access, and early awareness, with messaging aligned to implementation timelines and member actions.

Thank you



California Department of Social Services

HR 1 CalFresh Impacts

October 2025

CalFresh (SNAP) in California

CalFresh is largely regarded as one of the most effective tools to combat poverty and food insecurity.

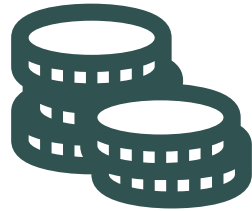
CalFresh serves **over 5.5 million low-income individuals** each month and **nearly 3.3 million households** across California (as of May 2025).

Average monthly benefit	\$333 per household; \$194 per individual
Total 2025-26 Benefits Funding	\$13.3 billion Federal (no State or local funding)
Total 2025-26 Administrative Funding	\$2.7 billion total (\$1.4B Federal, \$1B State, \$300M Local)

Additional economic impacts of CalFresh funding include benefits to agricultural sector, grocers, and retailers.

What You Need to Know

On July 4, 2025, President Trump signed H.R. 1 into law, which includes **significant changes to the Supplementation Nutrition Assistance Program (SNAP)**, known as CalFresh in California.



The bill is expected to **cut federal funding** for SNAP in California **by at least \$1.7 to \$3.7 billion annually**



Up to **395,000*** **people could lose benefits** (\$816 million reduction)

NEW

Some Guiding Principles for Implementation



Mitigate Harm Whenever Possible



Continuously Improve



Use Evidence-Based Decision Making



Engage Transparently

NEW

Implementation Occurring

Remove Internet Costs from Value of SUA

- FNS released guidance on August 15, 2025, and as a result California removed internet costs when determining the value of its FFY 2026 SUA (effective October 1, 2025).

Reevaluation of Thrifty Food Plan

- FNS released guidance on August 13, 2025, and as a result California implemented new benefit amounts for households of 18+ people for FFY 2026 (effective October 1, 2025)

Nutrition Education Funding

- FNS released guidance on August 13, 2025 and as a result California submitted a new CalFresh Healthy Living plan for FFY 2026, which was recently approved and allows the state to spend FFY 2025 funding through September 30, 2026.

NEW

Implementation Date Set for Changes to Who Can Claim the SUA

Who Can Claim the Standard Utility Allowance (SUA)

- FNS released guidance August 29, 2025.
- Implementation date: **October 31, 2025**
- As background, California provides annual Low Income Home Energy Assistance Program payment, known as Standard Utility Allowance Subsidy, which allows households who are not otherwise able to claim the SUA.
- Effective October 31, this energy assistance payment will be limited to households that include an older adult or person with a disability.

NEW

Able Bodies Adults without Dependents (ABAWDs)



NEW

CalFresh Work Requirements

Category	H.R. 1 – CalFresh Work Requirements
Target Population	Adults ages 18-64 who are able-bodied and without dependent children under age 14
Work Requirement	Benefits limited to 3 months in a 36 months period, unless complying with the "work requirement" at 20 hours per week or 80 hours averaged monthly, or otherwise exempt. Qualifying activities: • Paid employment • Community service • Job training or work programs • Education • Workfare • Combination of any of the above

NEW

CalFresh Work Requirements **EXEMPTIONS**

- **CHANGED:** Age (over 18 and up to 64)
- Exempt from CalFresh work registration
- **CHANGED:** Caring for a dependent child under age 14 (reduced from under 18)
- Pregnant
- Medically certified as physically or mentally unfit for work
- Participating in the Office of Refugee Resettlement (ORR) training program
- **NEW:** Individuals who are Indians, urban Indians, California Indians, and other Indians who are eligible for the Indian Health Services
- **REMOVED:** Exemptions for homeless individuals, veterans, and young adults who aged out of foster care at 24 or younger

NEW

ABAWD Caseload Data Post HR 1 estimates

- **610,000** – Non-exempt ABAWDs
- **115,000** – Non-exempt ABAWDs we estimate are working at least 20 hours a week
- **495,000** – Non-exempt ABAWDs we estimate are at risk of losing benefits

No Implementation
Dates Set or
Guidance Provided Yet

Non-citizen Eligibility

- Approximately 74,000 lawfully present non-citizens will lose eligibility

Effective Dates for H.R. 1 Key Provisions

		FFY 2025				FFY 2026				FFY 2027				FFY 2028				FFY 2029				
Quarters (FFY)		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
CalFresh Eligibility and Access	Able-bodied Adults Without Dependents (ABAWD)					✓	ABAWD work requirement changes															
						✓	California's ABAWD time limit waiver expires															
	Noncitizens				🕒	CalFresh eligibility for most lawfully present noncitizens eliminated																
	Standardized Utility Deduction (SUA)					✓	Cost of basic internet excluded from Standard Utility Allowance															
						✓	SUAS payment limited to households with older adult or person with a disability															
	Thrifty Food Plan					✓	Households with 18+ members: capped benefits										🕒	Thrifty Food Plan potentially reevaluated				
Cost Sharing										🕒	CalFresh administrative costs rise to 75%				🕒	Benefit cost sharing begins if Payment Error Rate is 6% or higher						
CalFresh Healthy Living						✓	CalFresh Healthy Living funding repealed															
Revised: 10/22/25																						

NEW



State Budget Investments

ABAWD Work Requirement Admin Funding

- Included in 2025-26 budget = **\$21.9 million, (\$7.8M GF)**
- August action added authority for up to **\$20M GF** for unanticipated county administrative costs related to ABAWD work requirement implementation*

Payment Error Rate Improvement Investments

- Total investment of **\$47.7 million** in local assistance funds for activities to improve accuracy

**Subject to DOF approval and notice to Joint Legislative Budget Committee.*

NEW

Opportunities to Engage



All Partner H.R. 1 CalFresh Implementation Advisory Group to collaborate and advise CDSS on H.R. 1 implementation and strategies to improve accuracy

Objectives:



Establish a shared understanding of policy and of Payment Error Rate (PER) root causes



Share implementation updates



Advise on policy operationalization and accuracy efforts

Email Sarah.Obrien@dss.ca.gov to join to advisory group

Response to Federal Shutdown Impacts



Advancing \$80 million to existing CalFood food banks (49+ their subagencies)



Collaborating with California Volunteers and the National Guard to get people power and logistical support on the ground



Opening the CDSS Department Operations Center to coordinate with partners



Messaging to CalFresh participants regarding benefit disruption and where to find food banks

New flyer in English and Spanish: Links to the FAQ



November CalFresh Benefits

Due to the **federal government shutdown**, the U.S. Department of Agriculture is not sending money to states for November CalFresh (SNAP) benefits.

This means **your county cannot add money to your EBT card** until federal funding is restored.

This impacts all CalFresh households and cannot be appealed.

You can **keep using your existing benefits as usual**.

If you need food now, visit cafoodbanks.org/find-food to find your local food bank.

Visit cdss.ca.gov for the latest information.



QR Code Link: [CDSS CalFresh FAQs](https://cdss.ca.gov)



Rural Health Transformation Program

California Health and Human Service Agency Briefing
October 27, 2025

Program Overview

- “Supporting **rural communities** to improve **healthcare access, quality, and outcomes** through system transformation.”
- Established by **Public Law 119-21**, funded at **\$50B**.
- States must invest in **≥ 3 permissible uses of funds**
- **Funding must enhance rural healthcare systems, not replace or supplement existing Medicaid resources.**

Strategic Goals

1. Make rural America healthy again

Expand rural health innovations and access points to address root causes of disease, focusing on **prevention, chronic disease management, behavioral health, and prenatal care**.

2. Sustainable access

Strengthen rural providers as long-term access points by improving **efficiency, sustainability, and partnerships** with regional systems for coordinated operations, care, and emergency services.

3. Workforce development

Recruit and **retain** skilled providers, enable them to practice at the top of their license, and broaden the workforce with roles like community health workers, pharmacists, and patient navigators.

4. Innovative care

Advance new care models and payment mechanisms that improve outcomes, coordinate **services**, reduce **costs**, and shift care to **lower-cost** settings.

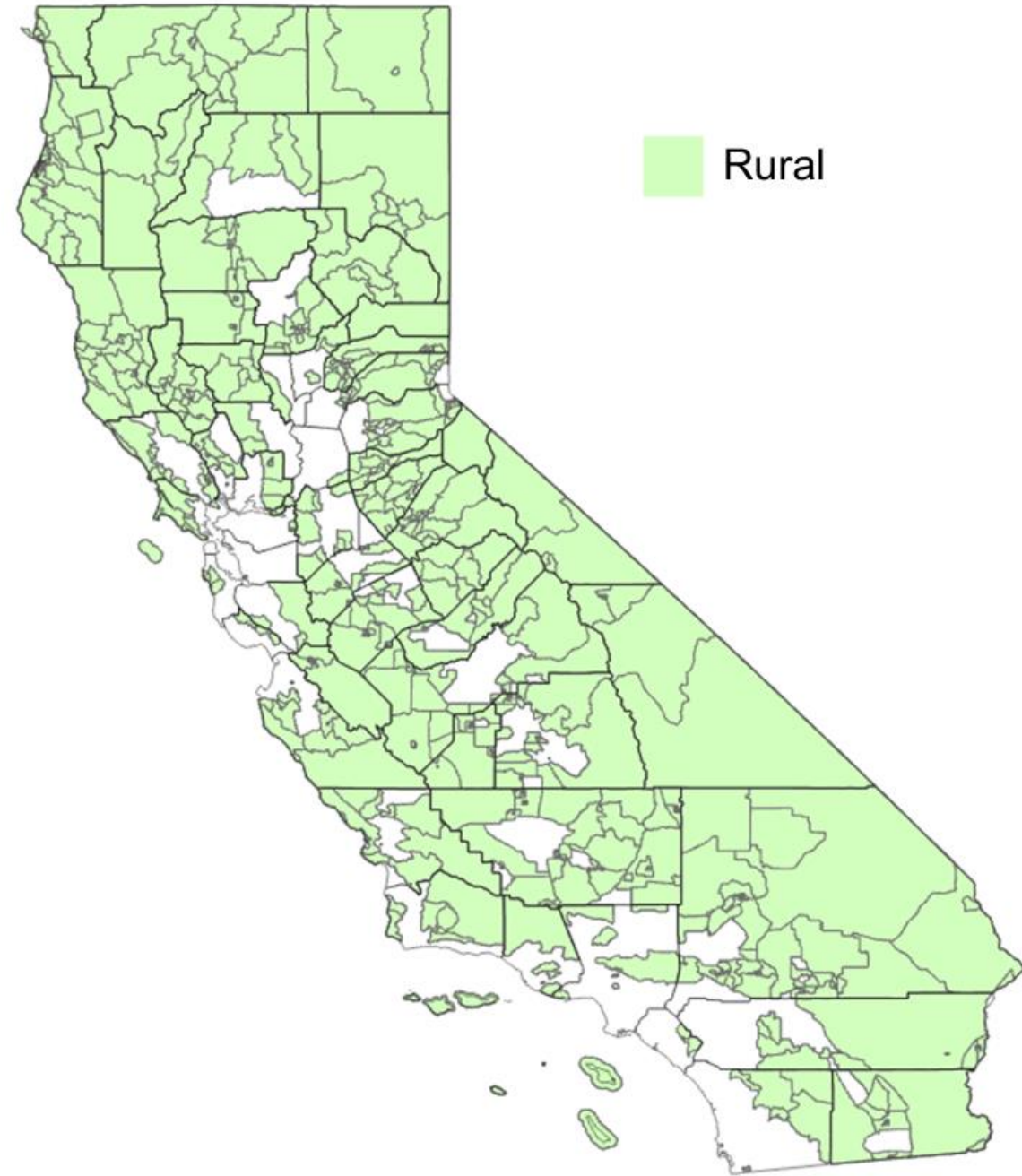
5. Tech innovation

Support technology adoption for **remote** care, **data** sharing, **cybersecurity**, and emerging digital health **tools** to enhance efficiency and access in rural healthcare.

Rural California

Based on the Federal Office of Rural Health Policy (FORHP) Rural Definition:

- 82.1% of California is a rural census tract
- 2,760,120 people or 7% of Californians live in these rural census tracts
- 57 of California 58 counties have rural populations
- 279 Rural Health Clinics (RHC)
- 20 Tribal Health Clinic Systems
- 296 Federally Qualified Health Centers (FQHC)
- 76 rural hospitals
- Approx. 76% of rural census tracts are in a Primary Care Health Professional Shortage Area



Permissible Uses of Funds

To qualify, HCAI's application must detail plans to use the funds in **at least three** of the listed areas:

Category	Summary
A. Prevention & Chronic Disease	<i>Evidence-based interventions for prevention and chronic disease management.</i>
B. Provider Payments	<i>Payments to providers for care items/services (some restrictions).</i>
C. Consumer Tech Solutions	<i>Technology-driven tools for prevention & disease management.</i>
D. Training & Technical Assistance	<i>Support for adopting tech-enabled care (e.g., AI, robotics, remote monitoring).</i>
E. Workforce	<i>Recruitment/retention with $\geq$ 5-year rural service commitments.</i>
F. IT Advances	<i>Software, hardware, and cybersecurity to improve efficiency and outcomes.</i>
G. Appropriate Care Availability	<i>Optimize rural service lines (e.g., preventive, inpatient, emergency, etc.).</i>
H. Behavioral Health	<i>Opioid use disorder, substance use disorder, and mental health services access.</i>
I. Innovative Care Models	<i>Value-based care and alternative payment models.</i>
J. Capital & Infrastructure	<i>Minor renovations, equipment, facility upgrades.</i>
K. Collaboration	<i>Partnerships to improve quality, financial stability, and access.</i>

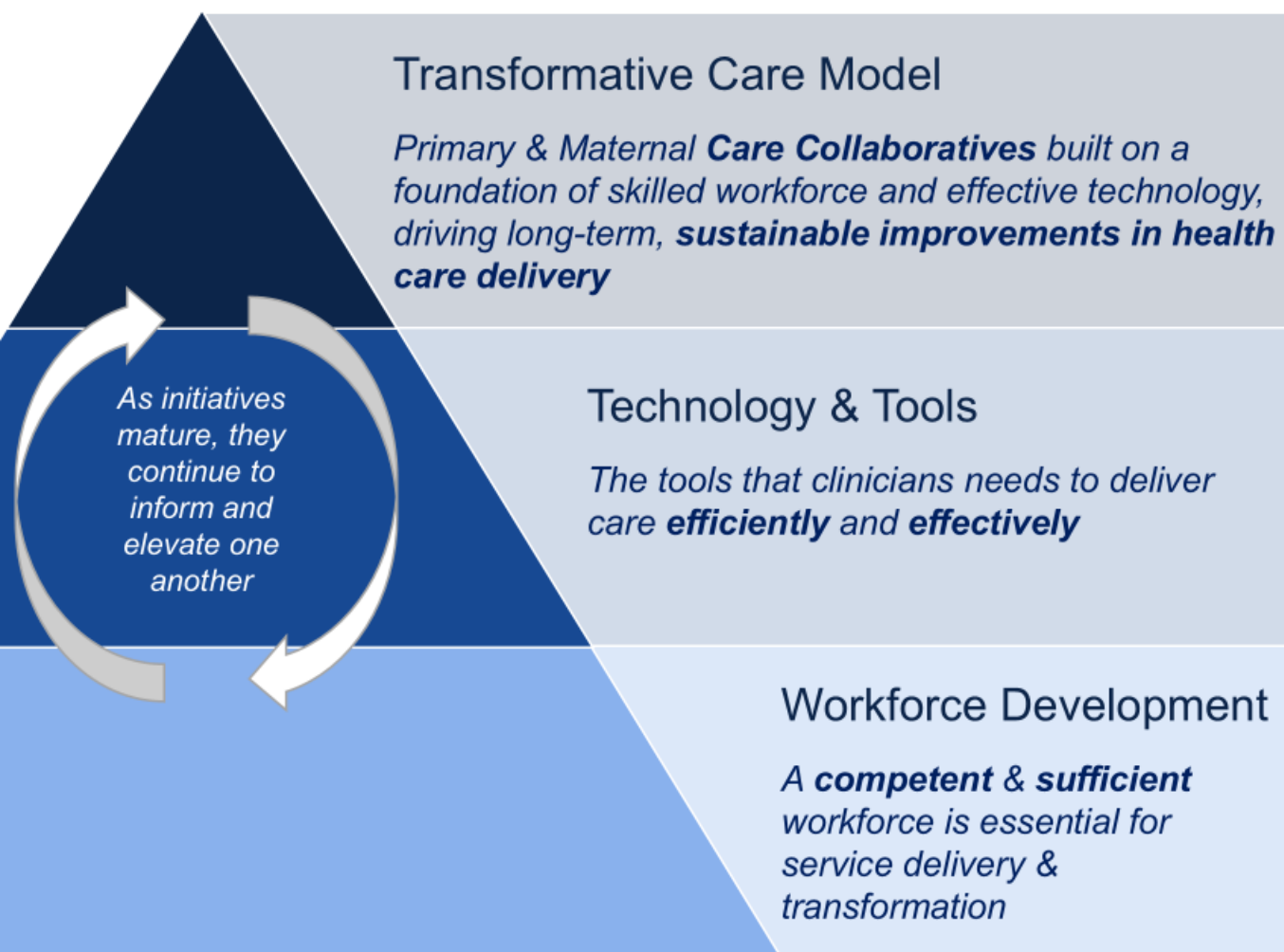
350+ Stakeholders Participated in Survey

43% Non-Providers

57% Health Care Providers



Proposed Initiatives



Potential Levers

illustrative working draft not intended to be exhaustive or definitive

Care Collaboratives:

- ✓ FQHC
- ✓ Rural Health Clinics
- ✓ Tribal Health Clinics
- ✓ Small physician practices
- ✓ Rural Hospitals

**Telehealth
e-Consults**

Maternity & Primary Care Model

Accelerator Partnerships

Data Exchange:

- ✓ Health Information Exchange
- ✓ Health Information Interoperability
- ✓ Community Information Exchange

Modernizing Digital & Physical Infrastructure:

- ✓ Telehealth devices
- ✓ Remote monitoring devices
- ✓ Electronic medical records

Target Workforces:

- ✓ Allied Health Professionals
- ✓ Midwives
- ✓ Doulas
- ✓ Rural Residencies
- ✓ Family Medicine Obstetric Fellowships
- ✓ Medical Assistants
- ✓ Licensed Vocational Nurses
- ✓ Ultrasound Technicians
- ✓ Radiology Technicians

Pipeline Programs:

- ✓ High School
- ✓ Community College

**Retention &
Recruitment Grants**

**Behavioral Health
Training**

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