WEBINAR: HR 1 Update

CALHHS CONNECT:

How Federal Policy Changes are Impacting a Healthy California for All

FRIDAY, November 6, 2026



WEBINAR TOPIC:

H.R. 1 implementation: what's next

- Public Charge Rule
- Updates on CalFresh and Medi-Cal including Recent Guidance
- California Rural Health Transformation (CalRHT) Program Update
- CalHHS Communication Strategy

SPEAKERS



DAN TORRES
Chief Equity Officer, California Health & Human Services Agency



MICHELLE BAASS
Director, Department of Health Care Services



JENNIFER TROIA
Director, Department of Social Services



JENNIFER HERNANDEZ
Director, California Rural Health Transformation, Department of Health Care Access & Information

Public Charge



DAN TORRES
Chief Equity Officer, CalHHS

PUBLIC CHARGE

Rule Started September 18, 2026

What is Public Charge?

- Public Charge refers to a law applied when immigration officials are making some green card application decisions.
- In these cases, an immigration officer must assess whether an applicant is likely to become dependent on government benefits in the future.

Immigrants applying for

- A family-based green card (lawfully permanent residence)
- a visa to enter the United States

What are the new rules:

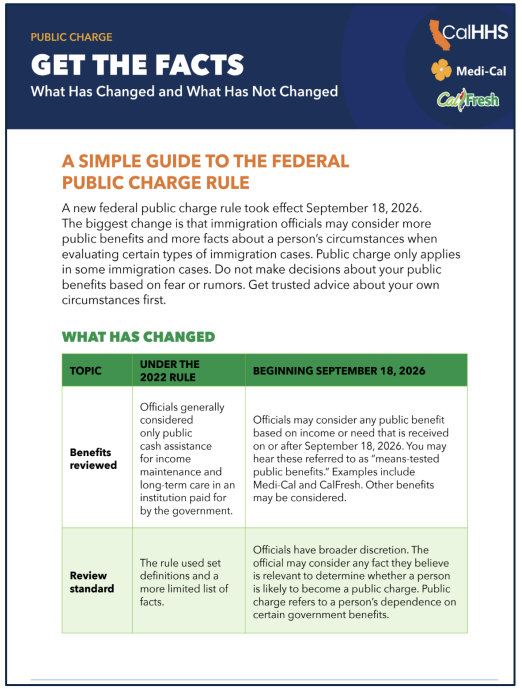
- Under the new policy, an immigration officer can:
  - Consider any type of means-tested benefit if used on or after September 18, 2026;
  - Count the use of benefits by the applicant's dependent family members, as proof of their low income

PUBLIC CHARGE

Rule Started September 18, 2026

What Do We Tell Community Members?

- Public Charge DOES NOT apply to everyone
- DO NOT disenroll from benefits without knowing if you are affected by this rule
- New policy only impacts green card application filed on or after Sept. 18, 2026
- If getting a green card or a visa, talk to a legal expert about Public Charge. Please go to the CDSS Immigration Legal Services website for more information
- Public Charge webinar and resources can be accessed on CalHHS Public Charge Website



PUBLIC CHARGE

GET THE FACTS

What Has Changed and What Has Not Changed

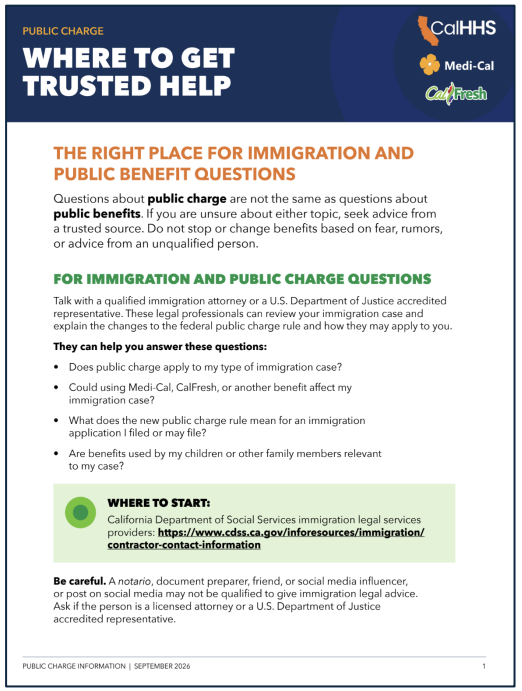
CalHHS Medi-Cal CalFresh

A SIMPLE GUIDE TO THE FEDERAL PUBLIC CHARGE RULE

A new federal public charge rule took effect September 18, 2026. The biggest change is that immigration officials may consider more public benefits and more facts about a person's circumstances when evaluating certain types of immigration cases. Public charge only applies in some immigration cases. Do not make decisions about your public benefits based on fear or rumors. Get trusted advice about your own circumstances first.

WHAT HAS CHANGED

TOPIC	UNDER THE 2022 RULE	BEGINNING SEPTEMBER 18, 2026
Benefits reviewed	Officials generally considered only public cash assistance for income maintenance and long-term care in an institution paid for by the government.	Officials may consider any public benefit based on income or need that is received on or after September 18, 2026. You may hear these referred to as "means-tested public benefits." Examples include Medi-Cal and CalFresh. Other benefits may be considered.
Review standard	The rule used set definitions and a more limited list of facts.	Officials have broader discretion. The official may consider any fact they believe is relevant to determine whether a person is likely to become a public charge. Public charge refers to a person's dependence on certain government benefits.



PUBLIC CHARGE

WHERE TO GET TRUSTED HELP

CalHHS Medi-Cal CalFresh

THE RIGHT PLACE FOR IMMIGRATION AND PUBLIC BENEFIT QUESTIONS

Questions about **public charge** are not the same as questions about **public benefits**. If you are unsure about either topic, seek advice from a trusted source. Do not stop or change benefits based on fear, rumors, or advice from an unqualified person.

FOR IMMIGRATION AND PUBLIC CHARGE QUESTIONS

Talk with a qualified immigration attorney or a U.S. Department of Justice accredited representative. These legal professionals can review your immigration case and explain the changes to the federal public charge rule and how they may apply to you.

They can help you answer these questions:

- Does public charge apply to my type of immigration case?
- Could using Medi-Cal, CalFresh, or another benefit affect my immigration case?
- What does the new public charge rule mean for an immigration application I filed or may file?
- Are benefits used by my children or other family members relevant to my case?

WHERE TO START:

California Department of Social Services immigration legal services providers: **https://www.cdss.ca.gov/inforesources/immigration/contractor-contact-information**

Be careful. A *notario*, document preparer, friend, or social media influencer, or post on social media may not be qualified to give immigration legal advice. Ask if the person is a licensed attorney or a U.S. Department of Justice accredited representative.

PUBLIC CHARGE INFORMATION | SEPTEMBER 2026 1

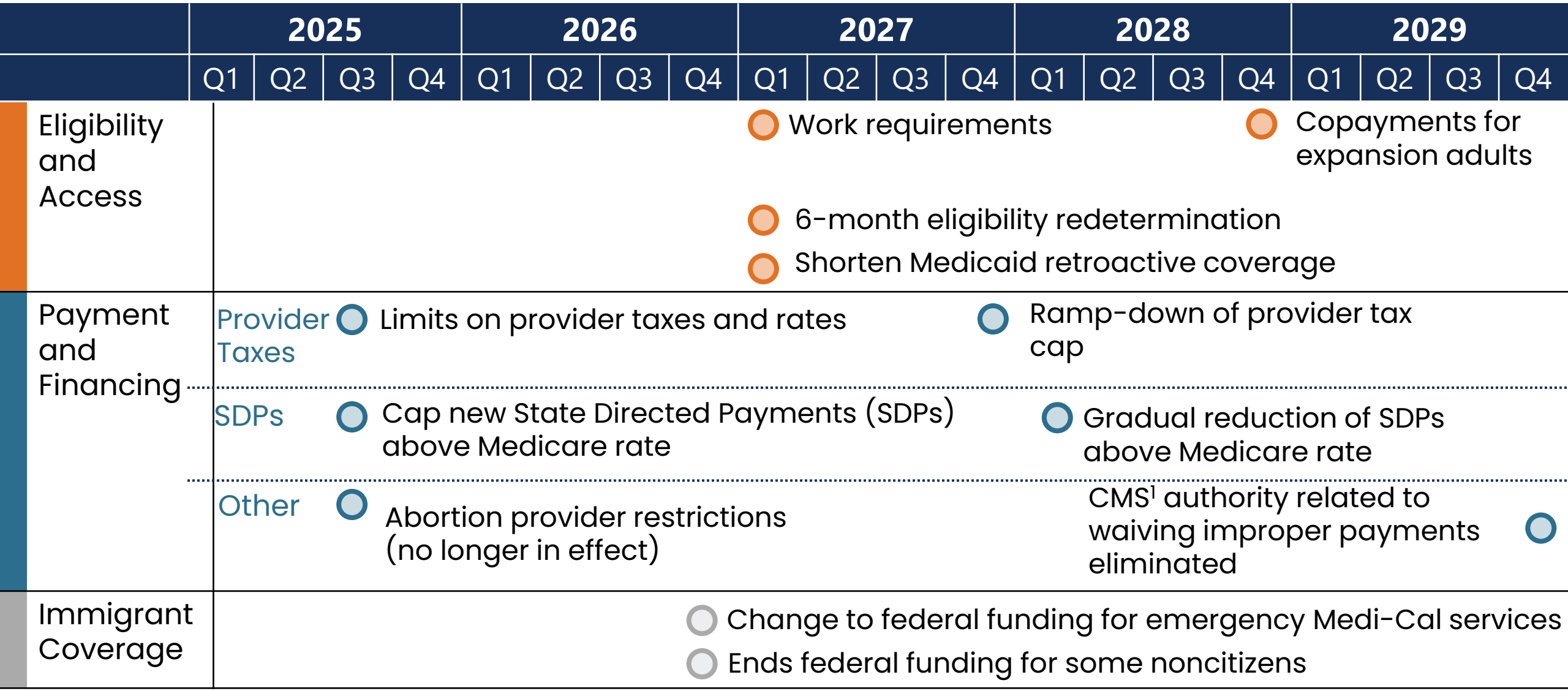
Major Medi-Cal Impacts of H.R.1

November 6, 2026



MICHELLE BAASS
Director,
Department of
Health Care Services

EFFECTIVE DATES FOR KEY PROVISIONS



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

[1]CMS: Centers for Medicare & Medicaid Services

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.

  California requested a Good Faith Waiver to delay implementation of eligibility provisions for 6 months.

- **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).

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

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.

NEW WORK AND COMMUNITY ENGAGEMENT REQUIREMENTS IN MEDI-CAL

- **H.R. 1** establishes Medicaid **work and community engagement requirements** as a new condition of eligibility for members in the "New Adult Group."
- California must implement work and community engagement requirements by **January 1, 2027**, meaning individuals in this group must demonstrate compliance with or meet an exclusion or exception from the requirements to be determined eligible for Medi-Cal.
- **CMS issued an interim final rule** on June 1 that establishes the operational framework for work and community engagement requirements. The rule became final on July 31.

Individuals in the New Adult Group:

1. Ages 19-64
2. Not pregnant
3. Not enrolled in or entitled to Medicare Part A or B
4. Not otherwise eligible for another mandatory Medi-Cal eligibility group
5. Have income less than 138% of the federal poverty level, which is $22,025 for an individual and $45,540 for a family of four.

FEDERAL LITIGATION RULING

- California and 25 other states challenged key provisions of the federal Centers for Medicare & Medicaid Services (CMS) Interim Final Rule (IFR).
- On October 29, the court ruled that:
  - The portion of the IFR that defines medically frail to include "impairs the individual's ability to work" is declared unlawful and vacated.
  - CMS may not penalize states for any errors for a period of six months.

GOOD FAITH WAIVER

The Interim Final Rule outlines how states may seek approval for a good faith waiver to temporarily delay implementation for up to six months at a time through December 31, 2028.

Note: CMS has not provided guidance or submission instructions for the good faith waiver.

CMS will consider the following when reviewing waiver requests:

- **Progress the state has made** toward implementing work reporting requirements.
- **Key barriers or challenges**, including funding, design, development, procurement, or system readiness.
- The state's **implementation plan**, including timeline and milestones.
- Any **exigent circumstances** (e.g., administrative or external emergencies) affecting implementation.

DHCS submitted its good faith waiver application, requesting 6 months delay (until 7/1/2027)

The rule anticipates that ten states will submit waiver requests and that CMS will only approve two.

Major CalFresh Impacts of H.R.1

November 6, 2026



JENNIFER TROIA
Director,
Department of
Social Services

Technology & Automation efforts

CROSS-AGENCY ADMINISTRATIVE DATA MATCHING

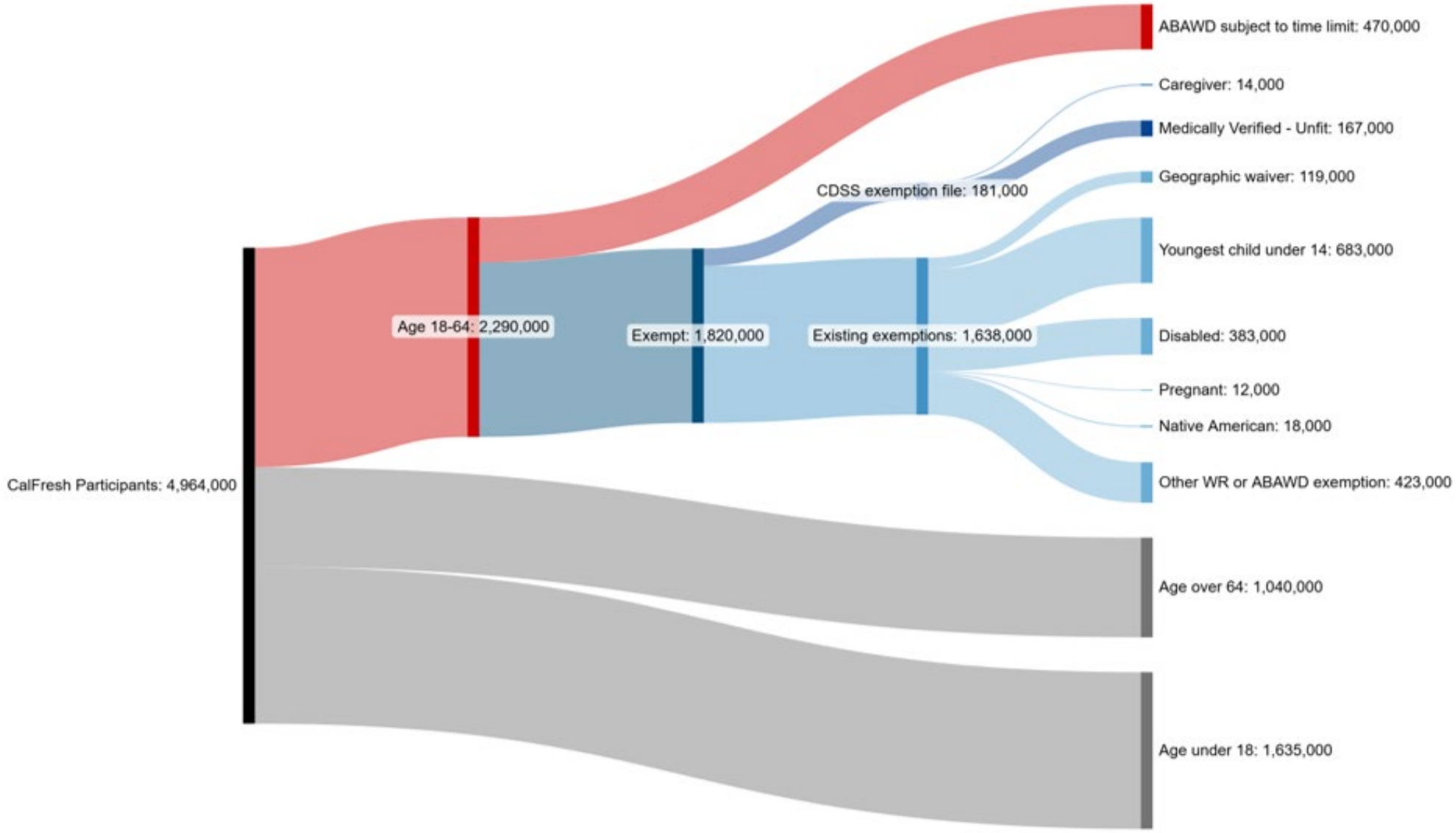
As of June 1, 2026, certain people have to meet the CalFresh work and community engagement requirements to get or keep their CalFresh benefits.

CDSS is using available health and human services administrative data to streamline the process of verifying exemptions.

GOALS:

- Ensure that eligible people maintain their CalFresh benefits, while reducing administrative burden for both CalFresh recipients and county workers.
- Improve accuracy by ensuring verified exemptions are correctly applied within the system.
- Automate exemptions using verified administrative data.

Breakdown of exemptions from CalSAWS and California Department of Social Services (CDSS) Exemption File



Evaluating the Impact:
CalFresh ABAWD Exemption File Outcomes



- Projected to verify exemptions for a quarter of people (over 181K) who may have otherwise been subject to the time limit and for which there was not already information in CalSAWS to establish an exemption.

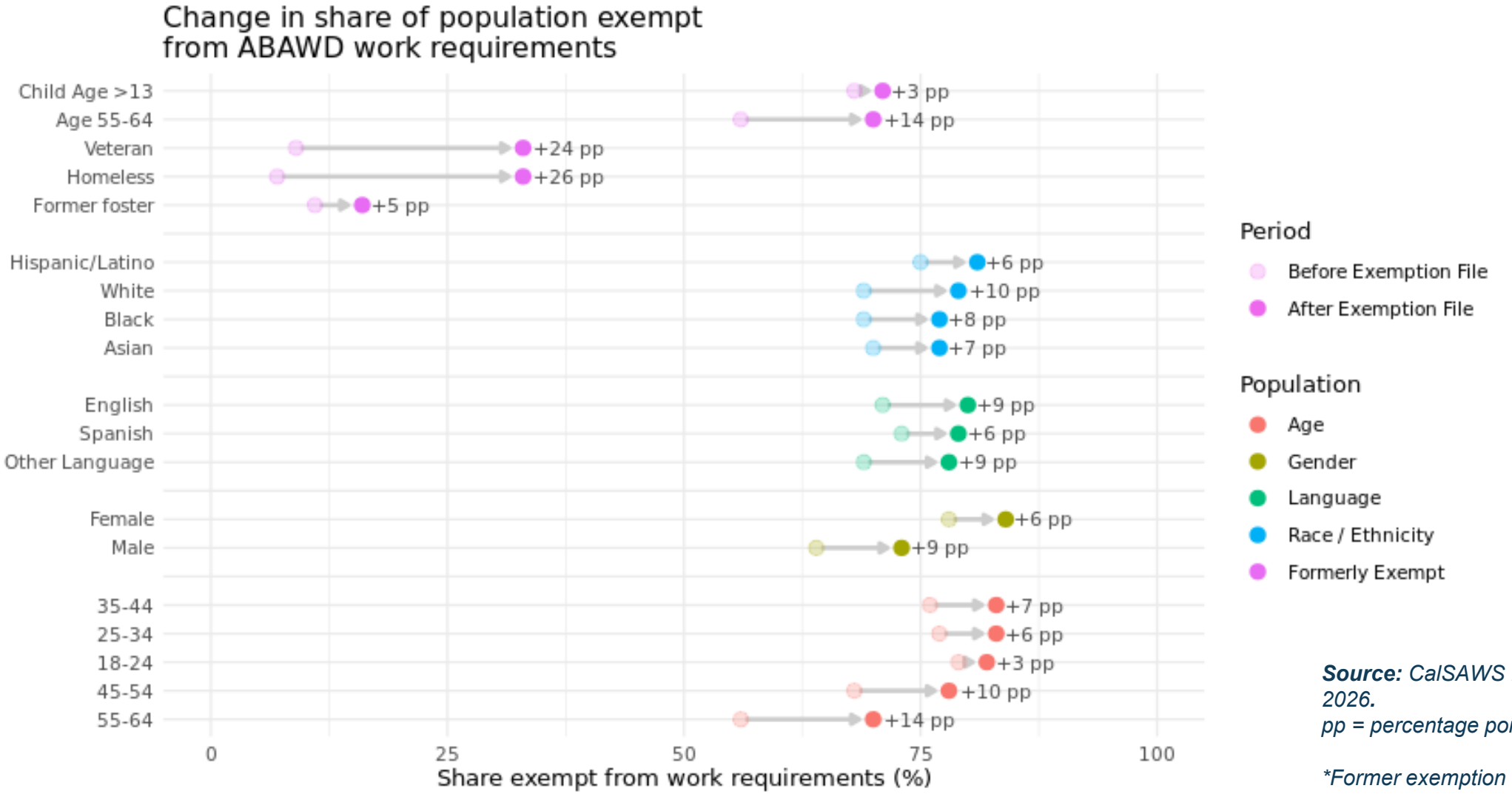


- Prevented roughly 15,000 eligible people from being discontinued due to the time limit each month.



- Particularly impactful in verifying exemptions for 55–64-year-olds, individuals experiencing homelessness, and veterans who meet the criteria for exemptions.

SHARE OF POPULATION EXEMPT FROM THE TIME LIMIT, *BEFORE AND AFTER*



Source: *CalSAWS Data, August 2026.*
pp = percentage point increase

**Former exemption categories in data as of August 2026.*

CalFresh for College Students

CALIFORNIA STREAMLINES CALFRESH ACCESS FOR ELIGIBLE COLLEGE STUDENTS



As of June 1, 2026, ***all*** associate and bachelor's degree programs at California Community Colleges (CCC), California State Universities (CSU), and the University of California (UC) qualify. This means that students now qualify for exemption from the student work rule if they are:

- Attending a CCC, CSU, or UC ***half-time or more***,
- Enrolled in an associate or bachelor's degree program in any major, and
- Financially eligible and meet other eligibility criteria

Source: CDSS All County Letter (ACL)

CDSS ANTICIPATES THESE CHANGES WILL RESULT IN APPROXIMATELY…



Actions to Expand Qualifying Activities for CalFresh Work Requirements

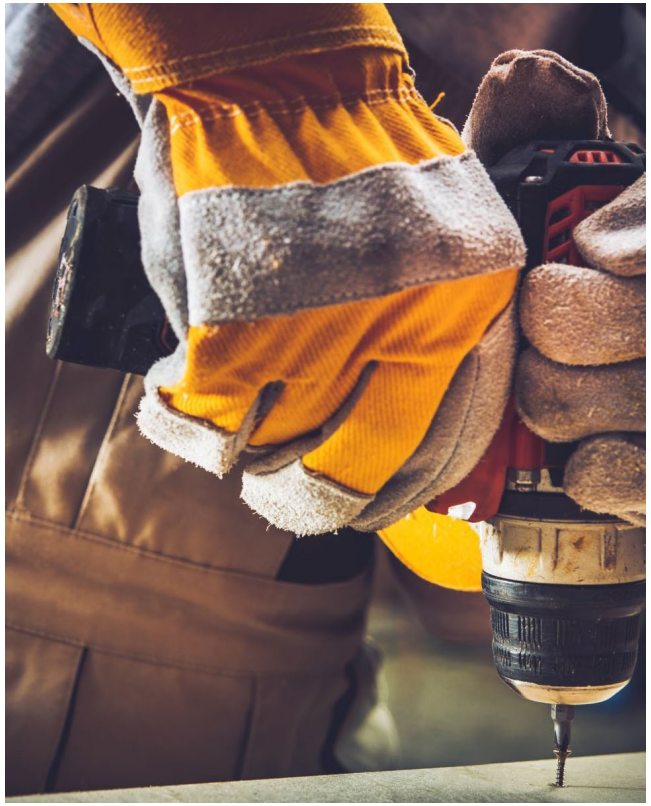
New statewide standards to support benefits retention and work readiness

NEW JOB TRAINING AND EDUCATION STANDARDS

ABAWD Work Program Standards

- Many existing programs that support economic mobility and work engagement were not officially counted as qualifying activities to meet the CalFresh work and community engagement requirements.

- New standards allow counties to identify qualifying local programs and better connect people to pathways that support economic mobility.



https://www.cdss.ca.gov/inforesources/calfresh/abawd/resources

Source: CDSS All County Letter (ACL)

EXAMPLES OF QUALIFYING PROGRAMS

Examples include, but are not limited to:

- **Adult Education Programs:**
  - Programs offering Adult Basic Education (ABE), Adult Secondary Education (ASE), high school diploma or high school equivalency preparation, or other qualifying basic skills education.

- **Career Technical Education and Occupational Training Programs:**
  - Programs offering vocational training, career technical education, apprenticeship training, occupational skills development, or industry-recognized certifications and credentials to prepare participants for employment.

- **Workforce Development and Employment Preparation Programs:**
  - Programs offering workforce preparation, career readiness, career exploration, employment skills assessments, job coaching, education directly related to employment, or other comparable employment and training activities.

Comparable Workfare Guidance

Expanding and clarifying the two types of "comparable workfare" options for counties

COMPARABLE WORKFARE GUIDANCE

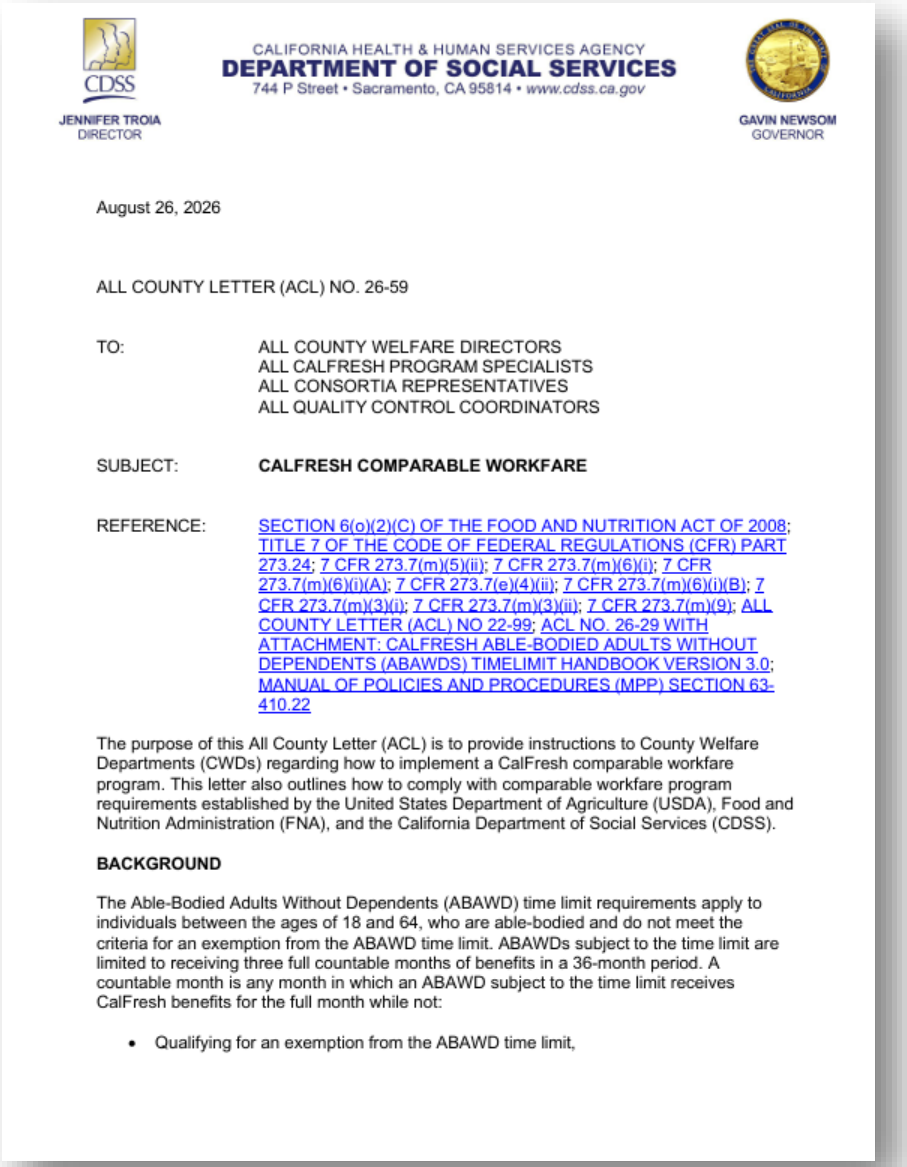
ACL 26-59

Provides instructions for County Welfare Departments on how to implement CalFresh comparable workfare programs for ABAWDs subject to the federal ABAWD time limit.

Clarifies two types of comparable workfare :

- County-Assigned
- Self-Initiated

Explains that counties must notify CDSS of intent to implement comparable workfare



CDSS
JENNIFER TROIA
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

GAVIN NEWSOM
GOVERNOR

August 26, 2026

ALL COUNTY LETTER (ACL) NO. 26-59

TO: ALL COUNTY WELFARE DIRECTORS
ALL CALFRESH PROGRAM SPECIALISTS
ALL CONSORTIA REPRESENTATIVES
ALL QUALITY CONTROL COORDINATORS

SUBJECT: **CALFRESH COMPARABLE WORKFARE**

REFERENCE: SECTION 6(o)(2)(C) OF THE FOOD AND NUTRITION ACT OF 2008; TITLE 7 OF THE CODE OF FEDERAL REGULATIONS (CFR) PART 273.24; 7 CFR 273.7(m)(5)(ii); 7 CFR 273.7(m)(6)(i); 7 CFR 273.7(m)(6)(i)(A); 7 CFR 273.7(e)(4)(ii); 7 CFR 273.7(m)(6)(i)(B); 7 CFR 273.7(m)(3)(i); 7 CFR 273.7(m)(3)(ii); 7 CFR 273.7(m)(9); ALL COUNTY LETTER (ACL) NO 22-99; ACL NO. 26-29 WITH ATTACHMENT: CALFRESH ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS) TIMELIMIT HANDBOOK VERSION 3.0; MANUAL OF POLICIES AND PROCEDURES (MPP) SECTION 63-410.22

The purpose of this All County Letter (ACL) is to provide instructions to County Welfare Departments (CWDs) regarding how to implement a CalFresh comparable workfare program. This letter also outlines how to comply with comparable workfare program requirements established by the United States Department of Agriculture (USDA), Food and Nutrition Administration (FNA), and the California Department of Social Services (CDSS).

BACKGROUND

The Able-Bodied Adults Without Dependents (ABAWD) time limit requirements apply to individuals between the ages of 18 and 64, who are able-bodied and do not meet the criteria for an exemption from the ABAWD time limit. ABAWDs subject to the time limit are limited to receiving three full countable months of benefits in a 36-month period. A countable month is any month in which an ABAWD subject to the time limit receives CalFresh benefits for the full month while not:

- Qualifying for an exemption from the ABAWD time limit,

Source: CDSS All County Letter (ACL)

Payment Error Rate

California's intentional and strategic efforts to reduce the PER

WHAT IS THE PAYMENT ERROR RATE?

- The SNAP Payment Error Rate (PER) measures whether a household received the correct amount of SNAP benefits for a specific month that is reviewed.

- H.R. 1 introduced, for the first time, SNAP benefit cost-sharing tied to state PER levels, marking a significant shift in how the federal government holds states accountable for payment accuracy.

PHASE I:
Identify the causes of the overpayments and underpayments through a root cause analysis.

PHASE 2: SIX STRATEGIC FOCUS AREAS FOR FFY 2027

Phase 2 focus areas are addressing multiple causes that underpin all error elements.



1

Target top error elements

2

Launch system enhancements to reinforce efforts

3

Empower workers and households to avoid errors

Focus areas include:

- ABAWD time limit exemptions
- Shelter and utility deductions
- Periodic report or “SAR 7 Eligibility Status Report” process
- Support and resources for eligibility workers
- Quality assurance (QA) and technical assistance (TA) practices
- Client outreach and education

WHERE TO FIND INFORMATION

cdss.ca.gov/inforesources/calfresh/abawd

CalFresh Work and Community Engagement Requirements

Welcome to the CalFresh Work and Community Engagement Requirements webpage. This page provides information about the CalFresh Work and Community Engagement Requirements including the general CalFresh work requirements and the Able-Bodied Adults Without Dependents (ABAWD) rules.

STARTING JUNE 1, 2026

Starting June 1, 2026, the federal government's rules on CalFresh work and community engagement requirements are changing in California. This means that some CalFresh recipients will have to meet certain work requirements to keep their CalFresh benefits. Keep reading to learn about these changes and how they will affect CalFresh recipients.

Find out if you may be required to meet the CalFresh work and community engagement requirements to keep your CalFresh benefits, or whether you may be excused from these new requirements by using the CalFresh Work and Community Engagement Requirements: Pre-Screening Tool.

For outreach and training materials, visit the Resources Webpage.

California Rural Health Transformation (CalRHT) Program Updates



JENNIFER HERNANDEZ
Director, California Rural Health Transformation, Department of Health Care Access & Information

CALRHT · BUDGET PERIOD 1

How the $233.6 Million Award is Allocated

$233.6M Budget Period 1 federal award

Grants & programs (3 initiatives) **$166.72M** | Program support **$66.92M**



Transformative Care Model **$87.51M** | Workforce Development **$67.56M** | Technology & Tools **$11.65M** | Support Services **$56.13M** | HCAI Program Support **$10.79M**

Transformative Care Model

$87.51M

Accelerator Partners	**$39.01M**
Transformative Payments	**$35.00M**
Expand and Support Rural Workforce Capacity (Family Medicine with Obstetric Fellowship)	**$11.50M**
Train-the-Trainer (Skill-Building Programs)	**$2.00M**

Workforce Development

$67.56M

Workforce Development Recruitment and Retention	**$54.17M**
Career Pathways	**$6.99M**
Rural Clinical Placement Support and Training Pathways	**$6.40M**

Technology & Tools

$11.65M

Electronic Health Records (EHR) Modernization	**$11.65M**

Support Services

$56.13M

Rural Technical Assistance Center	**$23.55M**
Rural Collaboratives Adoption and Technical Support	**$12.50M**
Third-Party Grant Administrator	**$7.48M**
Workforce Mapping Tool	**$6.00M**
Program Integration	**$5.60M**
Innovative Payment Strategies Analysis	**$1.00M**

5% Tribal Set-Aside

$11.65M

A funding floor reserved for federally recognized Tribes and the rural Tribal health delivery system across the three initiatives. It is part of the initiative totals, not added to them.

HCAI Program Support

$10.79M

Amounts in millions of dollars and rounded. Total award: $233,639,308.46, 100 percent funded by CMS/HHS.

Budget Period 1
CalRHT Program Grants

Rural Demand

The actual demand far exceeded the funds available.

BP1 Grants	# of Applicants	Total Funding Request	Budgeted Funding
Accelerator Partners	126	$454M	$39M
Transformative Payments	11	$35M*	$35M
Expand and Support Rural Workforce Capacity	7	$2.7M	$11.5M**
Workforce Development Recruitment and Retention	70	$85.5M	$54M
EHR Modernization	37	$53.7M	$11.65M

* $35M was earmarked by HCAI for Transformative Payments and was not derived from submitted grant funding requests.

** Expand and Support Rural Workforce Capacity budget is inclusive of a $5 million Tribal Set-Aside. Total Tribal Set-Aside totals $11.65 million.

Accelerator Partners

TRANSFORMATIVE CARE MODEL

FUNDING AVAILABLE – BUDGET PERIOD 1

$39M

Recommended Awards: 19 subrecipients

Number of Applicants: 126

Cumulative Funding Request: $454 million



Transformative Payments

TRANSFORMATIVE CARE MODEL

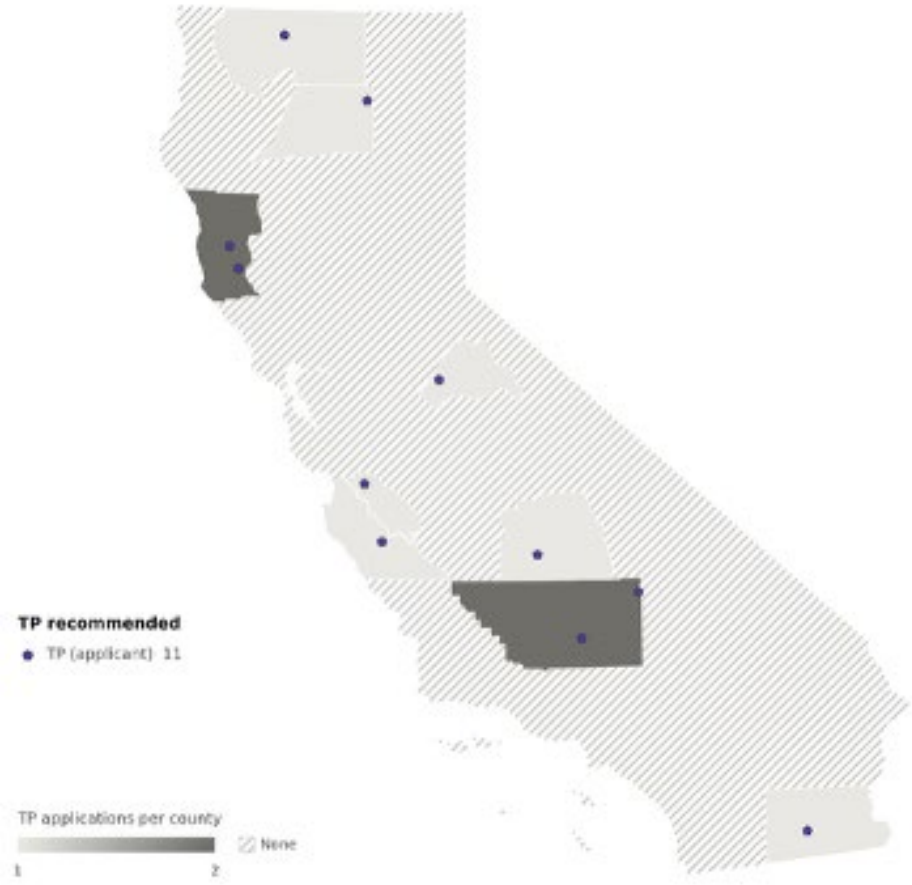
FUNDING AVAILABLE – BUDGET PERIOD 1

$35M

Recommended Awards: 11 subrecipients

Number of Applicants: 11

Cumulative Funding Request: $35 million



Expand and Support Rural Workforce Capacity

[Family Medicine with Obstetrics (FM-OB) Fellowship]

WORKFORCE DEVELOPMENT

FUNDING AVAILABLE – BUDGET PERIOD 1

$11.5M

Recommended Awards: 5 subrecipients

Number of Applicants: 7

Cumulative Funding Request: $2.7 million



Workforce Development Recruitment and Retention

WORKFORCE DEVELOPMENT

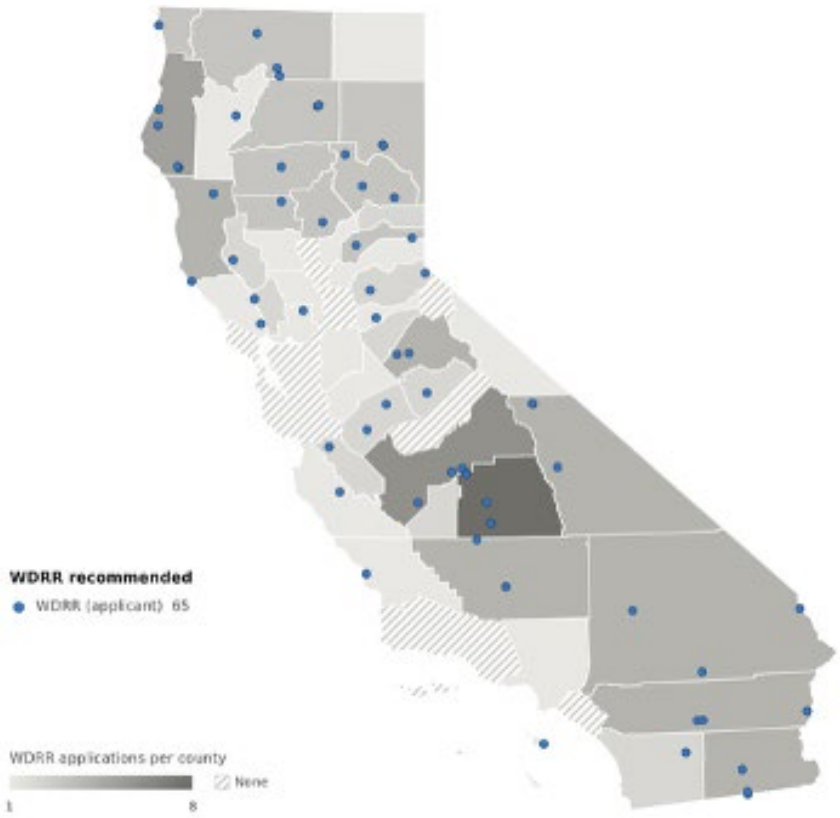
FUNDING AVAILABLE – BUDGET PERIOD 1

$54M

Recommended Awards: 65 subrecipients

Number of Applicants: 70

Cumulative Funding Request: $85.5 million



EHR Modernization Grants

TECHNOLOGY & TOOLS

FUNDING AVAILABLE – BUDGET PERIOD 1

$11.6M

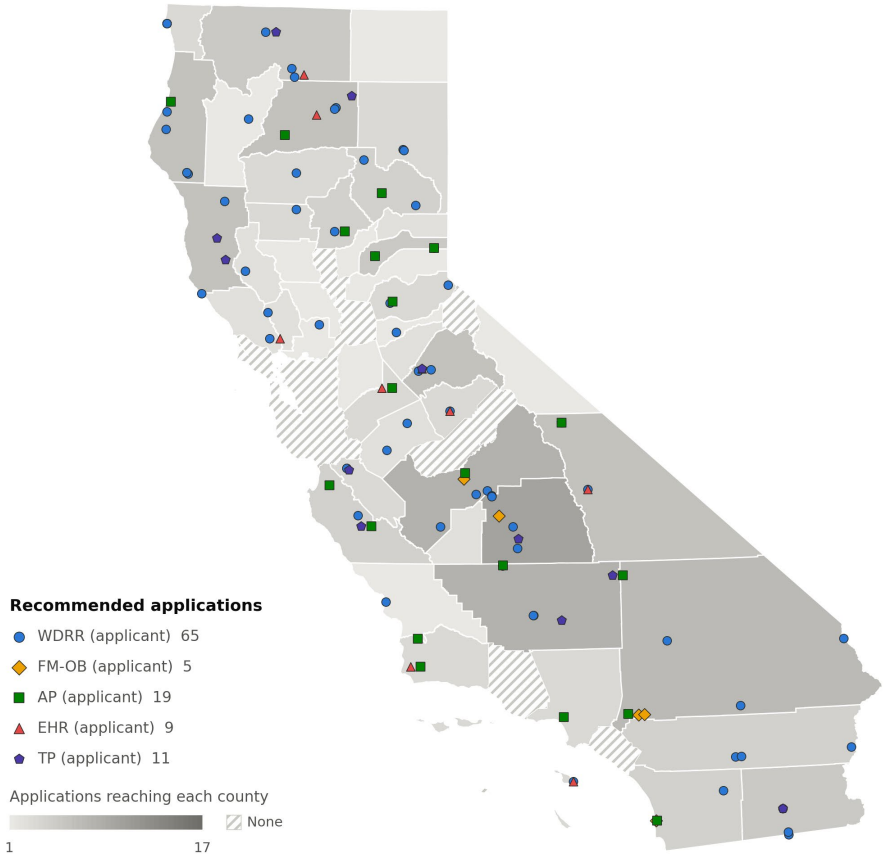
Recommended Awards: 9 subrecipients

Number of Applicants: 37

Cumulative Funding Request: $53.7 million



Distribution of Tentative Awards



Budget Period 2 CalRHT Program Grants

Key Dates

Applications

Spring 2027

- Begin release of Budget Period 2 Requests for Applications (RFAs)

Selection

Spring – Summer 2027

- HCAI reviews applications and selects Budget Period 2 award subrecipients

Award Review

Spring – Summer 2027

- HCAI verifies subrecipient eligibility
- HCAI announces Budget Period 2 CalRHT awards

Grant Funding

Summer – Fall 2027

- HCAI and subrecipients sign grant agreements
- Subrecipients must use funds by September 30, 2028

Stay Engaged

Sign Up for the Mailing List: https://hcai.ca.gov/mailing-list

Select "Rural Health News and Updates"

Visit the CalRHT website: https://hcai.ca.gov/rural-health/calrht

For general CalRHT questions:
Email: CalRHT@hcai.ca.gov

For questions regarding grant applications:
Email info@calruralhealth.org or call 855-CAL-RHTP (855-225-7487)

Communication and Trusted Messenger Strategies



DAN TORRES
Chief Equity Officer, CalHHS

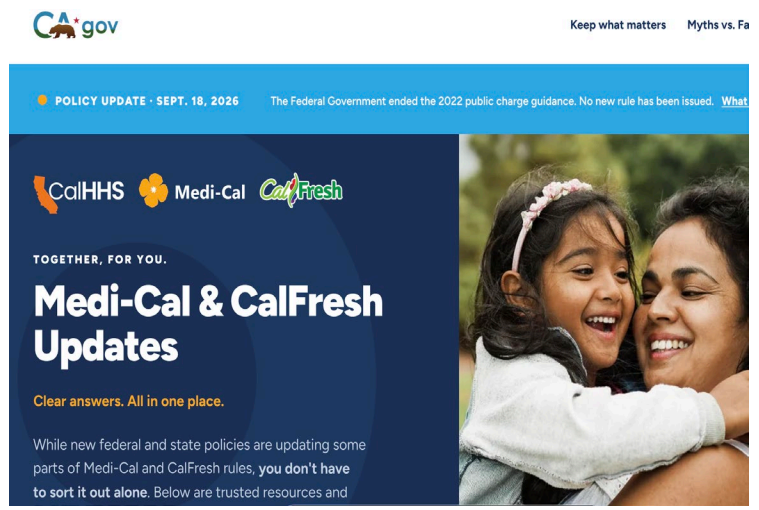
TRUSTED MESSENGER WEBINARS & RESOURCES

October 8, 2026 Completed
Public Charge 101
Series launch 2000+ attendees
Watch On-Demand

NOVEMBER 19, 2026 11:00 AM – 12:30 PM
Changes to Medi-Cal 101 for Trusted Messengers (part 1 of 2)

DECEMBER 17, 2026 11:00 AM – 12:30 PM
Changes to Medi-Cal 101 for Trusted Messengers (part 2 of 2)





Keep What Matters Website

Stay updated on upcoming trainings

Sign up through the DHCS Coverage Ambassador site

Sign-up

CalHHS

Thank you for joining

Subscribe to receive updates:

https://lp.constantcontactpages.com/sl/yrCFBSv/calhhs

chhs.ca.gov