New Medicaid work requirements begin in 2027

California | Anthem Blue Cross | Medi-Cal Managed Care (Medi-Cal)

Starting January 1, 2027, new federal community engagement/work requirements will apply to certain Medi-Cal members and may affect their eligibility for coverage. For some Medi-Cal members, these changes may affect their eligibility or require additional documentation to maintain their Medicaid benefits.

Medi-Cal community engagement/work requirement FAQ

Q. What's changing?
A. Beginning January 1, 2027, some Medi-Cal members in the adult expansion group, also called the New Adult Group, may need to meet work, school, training, volunteer, or other approved requirements to get or keep Medi-Cal.

Q. Will some members have eligibility checked more often?
A. Yes. Six-month eligibility checks are a separate change from the work rules. The policy is effective January 1, 2027; however, the first impacted members are expected to have renewal dates beginning in March 2027. This means some Medi-Cal members in the ACA adult expansion group, also called the New Adult Group, will have their eligibility checked twice a year instead of once.

This generally applies to adults ages 19–64 who receive Medi-Cal through the New Adult Group. Members who are not in the New Adult Group will generally continue annual renewals. This includes pregnant or postpartum members, American Indians and Alaska Natives, and former foster care youth under age 26. Members should respond to Medi-Cal or county notices by their deadlines. Missing deadlines may result in loss of Medi-Cal coverage, even if the member may still be eligible.

Q. Who will be affected, and what are the new requirements?
A. These requirements apply to some adults ages 19–64 who get Medi-Cal through the New Adult Group. This generally includes adults with income below 138% of the federal poverty level who are: ages 19–64**;** not pregnant; not enrolled in or entitled to Medicare Part A or Part B; and do not otherwise qualify for Medi-Cal through another mandatory Medi-Cal eligibility group. If required to meet the rules, members may satisfy them through work, community service, work program participation, half-time school enrollment, education, any combination of approved activities totaling at least 80 hours per month, or income of at least $580 per month. **For seasonal workers, DHCS notes that the average monthly income may be calculated over a six-month period**. **Most Medi-Cal members will not be affected.**

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Q. How will members be contacted?
A. Medi-Cal will notify impacted members several months before the effective date of the change to allow them time to prepare:

- To make reporting easier, Medi-Cal will use reliable information the state already has, such as employment and Social Security records, to determine whether members meet the requirements when possible. For members whose eligibility cannot be determined using data sources, a manual process will be required. Medi-Cal will send letters to these members when they need to take action or provide information.
- Members should keep their contact information up to date with Medi-Cal so they do not miss these important updates or requests for information. Failure to respond to Medi-Cal requests may result in the closure of health coverage, even if the member remains eligible.

Q. Is anyone exempt from these changes?
A. These changes will not impact the majority of Medi-Cal members through one of the following exemptions:

- **Former foster care youth under age 26**: people eligible under the former foster care youth Medi-Cal eligibility group.
- **American Indians and Alaska Natives**.
- **Caregivers**: parents, guardians, caretaker relatives, or family caregivers of a dependent child under age 14, or of a disabled individual.
- **Disabled veterans**: Defined as a veteran “with a disability rated as total under section 1155 of Title 38, United States Code” (section of law that establishes the schedule for rating veterans’ disabilities and governs how compensation is determined).
- **Medically frail people**: people with a serious physical health, mental health, developmental, or substance use condition, or any qualifying condition that significantly impairs their ability to work. DHCS also notes that medical codes and claims may help identify medically frail individuals, but additional standards may be needed to confirm how a condition affects the ability to work.
- **People already meeting work requirements** under Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP)
- **Members participating in a qualifying substance use disorder treatment program**: Defined as SUD programs that meet SNAP-related federal requirements, run by nonprofit organizations or public community mental health centers.
- **Justice-involved populations**: individuals who were incarcerated at some point during the three-month period before the relevant month.
- **Pregnant and postpartum women:** Defined as “pregnant or entitled to postpartum medical assistance under paragraph (5) or (16) of subsection (e)” (the 12-month Medicaid continuous postpartum extension).

Additional temporary exceptions may apply in cases of short-term hardship or other circumstances. Members may need to request some exceptions, while others may be applied automatically based on available information, such as residence in a declared emergency or high-unemployment county:

- Members receiving care in hospitals, nursing facilities, psychiatric facilities, or other intensive care settings.
- Members living in a federally declared disaster area.
- Members living in counties with high unemployment rates (1.5 times the national unemployment rate, pending permission from the HHS secretary).

- Members or their dependents who are required to travel outside their home for medically necessary care for an extended period of time.

Q. How can care providers help?

- Remind members that these changes will not begin until **January 1, 2027**.
- Many members will be exempt from these work requirements:
  - Help members identify whether an exemption or exception may apply, and encourage them to respond promptly to Medi-Cal or county requests for information.
- Remind members to keep their contact information up to date so they do not miss notices or requests for information. DHCS states that New Adult Group members must renew Medi-Cal every 6 months **starting January 1, 2027.**
- If the state cannot verify that a member meets the requirement or qualifies for an exemption or exception, the member will receive a notice and should respond as soon as possible.

For further questions, please refer to your state Medicaid site **Medi-Cal Changes | Medi-Cal.**