

THE COUNTY ELIGIBILITY WORKFORCE



Background Information

California's safety net programs are state supervised and county administered. California state law delegates the eligibility determination function of public social services programs, including Medi-Cal and CalFresh, to counties, and specifically to county human services departments (WIC 14100, 14153). This law was reconfirmed for Medi-Cal in 2013 legislation implementing the Affordable Care Act (ACA), ABX1-1.

County Eligibility Role in Expanding Health Care Coverage

County eligibility workers are responsible for processing, verifying, and redetermining eligibility for Medi-Cal applicants and enrollees in California. During implementation of the ACA, the county eligibility workforce helped enroll millions of low-income adults who became newly eligible for Medi-Cal under the ACA beginning in 2014, contributing to near universal health care coverage in 2022 and 2023 when the statewide uninsured rate dropped to a historic low of 6.2%. Many enrollees successfully retained coverage through the COVID-19 Public Health Emergency (PHE) unwinding period during which the county eligibility workforce, together with the Department of Health Care Services (DHCS), retained coverage for nearly 9 million Medi-Cal enrollees, representing one of the highest Medicaid retention rates in the nation and higher enrollment levels than before the pandemic. Leveraging California's county eligibility workforce is a proven, upstream, and cost-effective strategy for retaining Medi-Cal coverage among low-income ACA expansion adults.

County Medi-Cal Eligibility & H.R.1

Beginning January 1, 2027, 4.6 million existing Medi-Cal enrollees - and the county eligibility workers responsible for determining Medi-Cal eligibility and helping enrollees retain Medi-Cal benefits - must navigate two major barriers to retain basic health care:

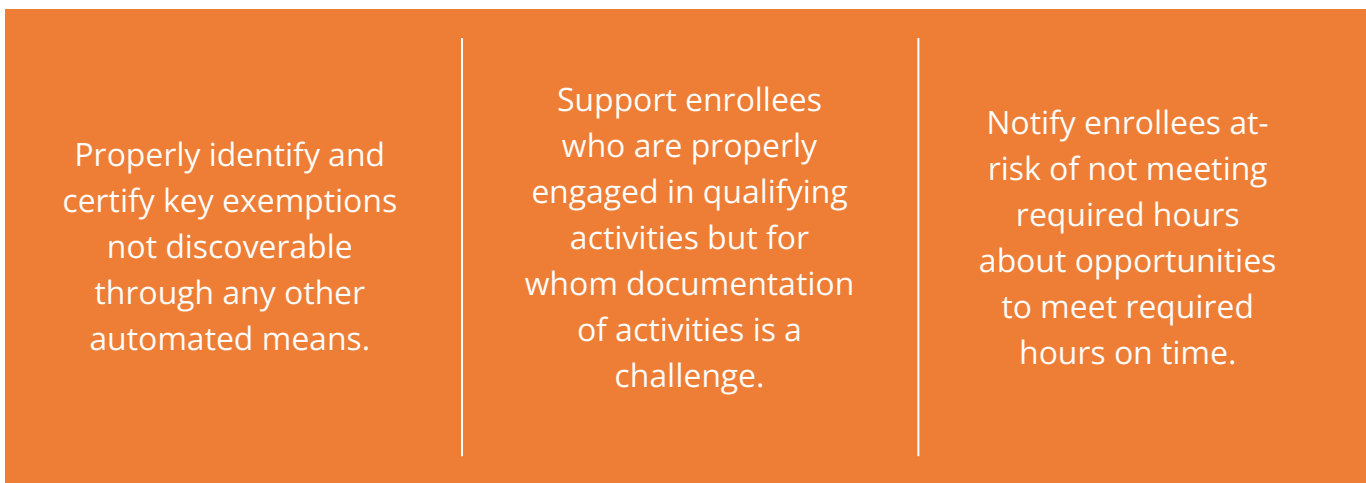
Documenting at least 80 hours per month of qualifying activities such as work, education, or volunteering.

Re-verifying eligibility twice annually at six-month intervals, rather than once annually.

New applicants will be required to navigate an additional hurdle of demonstrating compliance one month before enrollment.

DHCS projects that these changes will lead to substantial losses and interruptions in health care coverage, not primarily because individuals become ineligible, but because administrative hurdles and bureaucratic barriers are anticipated to impede successful enrollment and renewal.

Reducing the disenrollment rate among Medi-Cal enrollees will hinge on the county eligibility workforce to:



Properly identify and certify key exemptions not discoverable through any other automated means.

Support enrollees who are properly engaged in qualifying activities but for whom documentation of activities is a challenge.

Notify enrollees at-risk of not meeting required hours about opportunities to meet required hours on time.

County Eligibility Role in Expanding CalFresh Access

Recent state policy changes and eligibility expansions, combined with the effectiveness of the county eligibility workforce, and continuous outreach efforts to all populations have contributed to a significant increase in applications and caseload—from 2.2 million households in FY 2019-20 to a projected 3.2 million households in FY 2026-27, a growth of over 1 million households in less than a decade. The county eligibility workforce has demonstrated that with additional investment, the CalFresh client experience can see significant improvements, including increases in the program participation and take up rate. The Legislature must leverage these lessons as a strategy for mitigating CalFresh program losses in the context of H.R. 1.

County CalFresh Eligibility & H.R.1

Beginning June 1, 2026, at least 1 in 5 CalFresh recipients are at risk of losing life-saving food assistance due to onerous new work requirements imposed by H.R. 1, which requires proof of 20 hours per week of work, job training, education, or community service. Work requirements are proven as a failed strategy to improve employment, while denying eligible people from accessing assistance, increasing costs to taxpayers, and pushing vulnerable populations deeper into poverty. When combined with the ABAWD time limit policy, these rules will restrict at least 954,800 CalFresh recipients to only three months of food assistance within a 36-month period unless they are able to comply or qualify for an exemption. The Department of Social Services (CDSS) estimates that 70% of CalFresh recipients who meet the definition of an Able Bodied Adult without Dependents (ABAWD) and are not automatically exempt or verified compliant are at greatest risk of losing benefits. However, this estimate does not include the potential impact of county eligibility workers in reducing discontinuances.

Robust accurate, quality exemption screenings - coupled with client education and navigation support for non-exempt recipients - are the most effective tools eligibility workers have for maximizing the retention of food assistance for at-risk CalFresh recipients. For individuals who do not qualify for one or more exemptions and therefore are required to comply with work requirements or lose food assistance, county eligibility workers will focus their time on:

Supporting non-exempt CalFresh recipients in overcoming documentation challenges, even for those fully engaged in work requirements but for whom documentation of activities is a challenge.

Alerting and counseling non-exempt clients who are not meeting required hours and at risk of losing benefits, screening them for a temporary good cause exemption like lack of transportation, and navigating them to opportunities in the community to support successful compliance should they not qualify for a good cause exemption.

Connecting non-exempt clients to employment, educational, volunteer or training opportunities in their communities to support successful compliance with work requirements.