

Alameda CalAIM PATH Collaborative

August 22, 2025



**Please introduce
yourself in the
chat!**

Agenda

Time	Agenda Item
10:00-10:05am	Welcome and Introductions
10:05-10:10am	CalAIM JI Initiative Policy Overview
10:10-10:30am	Provider Spotlight: Roots
10:30-10:50am	MCP Justice-Involved Initiative Updates
10:50-11:00am	Alameda County Justice-Involved Initiative Updates
11:00-11:15am	DHCS Poll, Announcements, and Resources
11:15am-12:00pm	Office Hours with the Facilitators

2025 Aim and Drivers

By December 2025, the Collaborative will build provider capacity to deliver high-quality CalAIM services to eligible members, as evidenced by an increased proportion of enrollees with high-quality care plans in place and an increase in care coordination among CalAIM providers.

1 Ensure delivery of high quality CalAIM services through education and training on CalAIM policies and program design

2 Enhance available resources and supports to help providers deliver CalAIM services to underutilizing Populations of Focus, including children and youth

3 Strengthen relationships between providers, plans, & referral partners to enable efficient, high-quality referrals and strong care coordination

Thank you for joining us in July!

Agenda included:

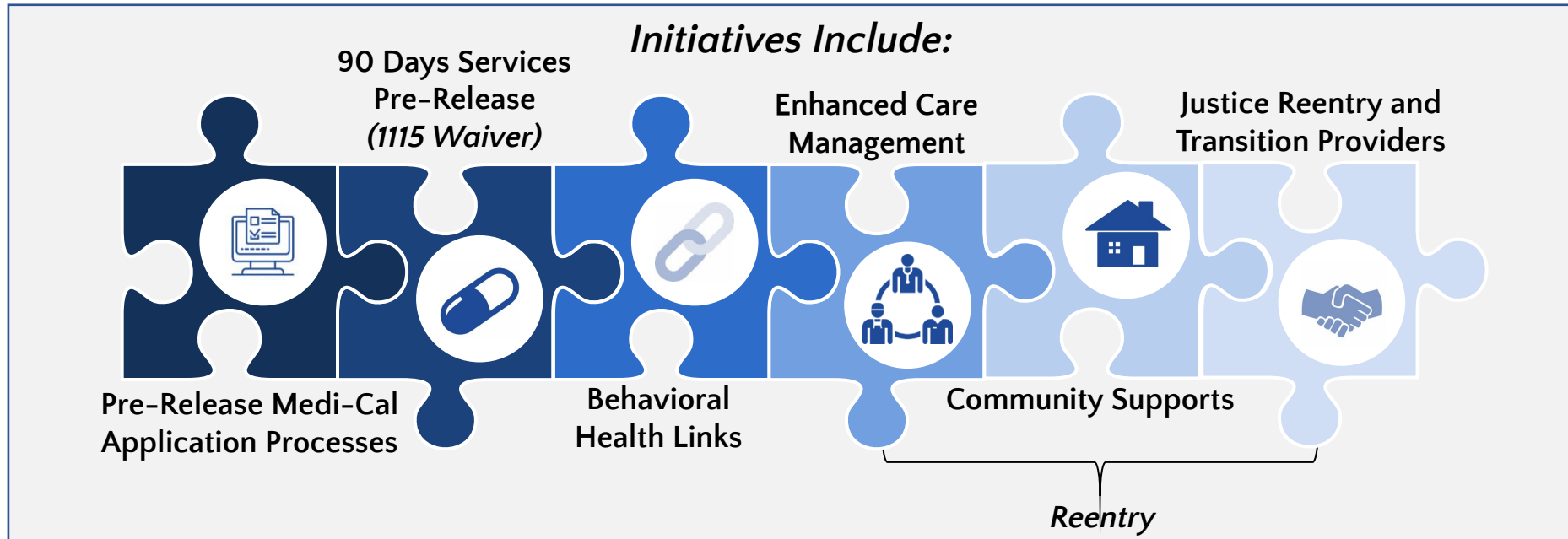
- **Recent TA Marketplace Updates (as of June)**
 - Projects will be approved only for new recipients
 - Additional stipulations: one project per participant, \$150k limit, etc
- **CalAIM Waiver Renewal**
 - DHCS released concept paper in July 2025
 - Estimated timeline
- **Federal Budget Updates**
 - July 2025 Budget Reconciliation Bill
 - Medicaid cuts
 - Timeline of selected provisions
- **Motivational Interviewing Training**



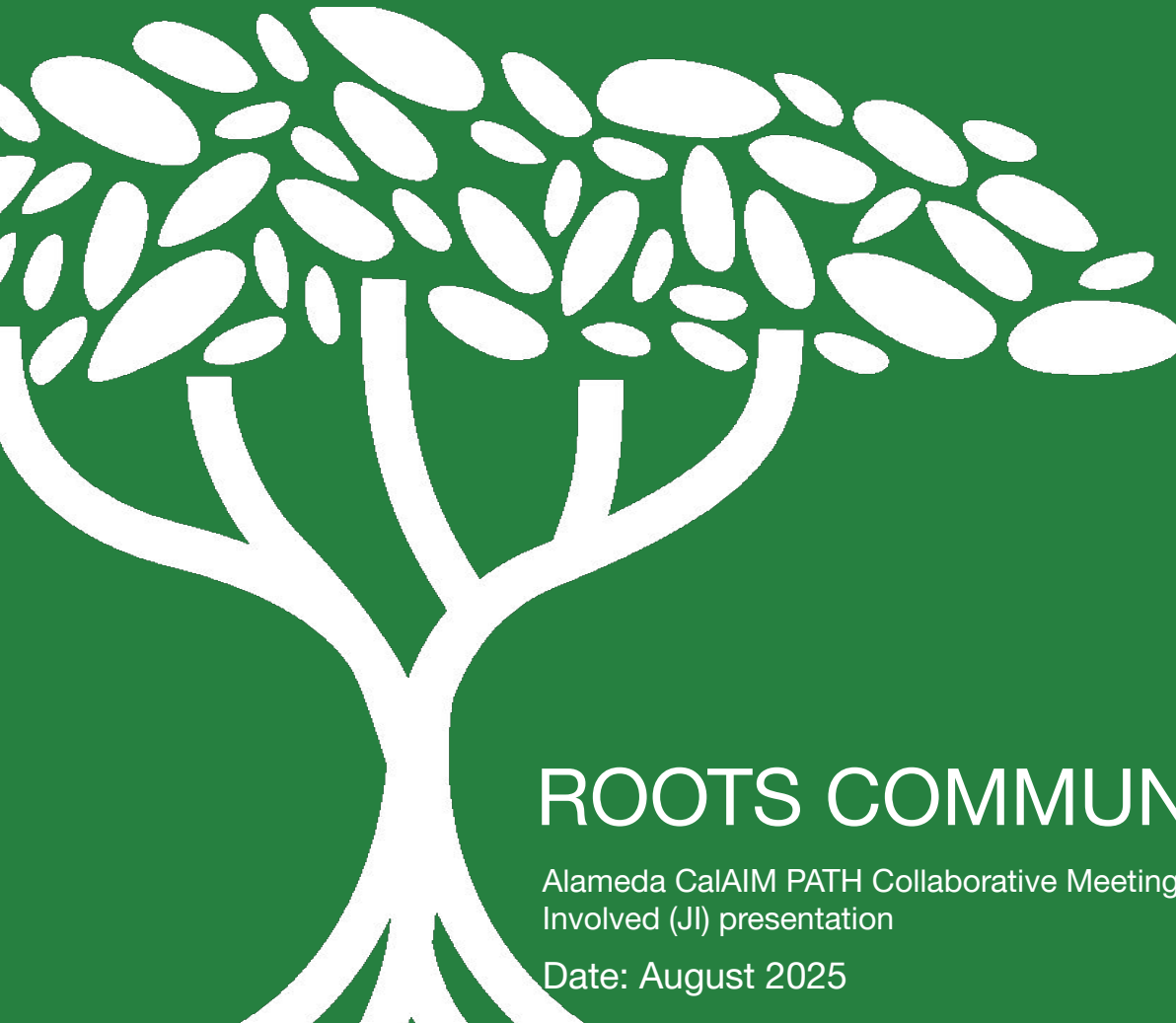
CalAIM JI Initiative Policy Overview

The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

The CalAIM Justice-Involved Initiative supports justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Provider Spotlight: Roots Community Health



ROOTS COMMUNITY HEALTH

Alameda CalAIM PATH Collaborative Meeting-Justice
Involved (JI) presentation

Date: August 2025

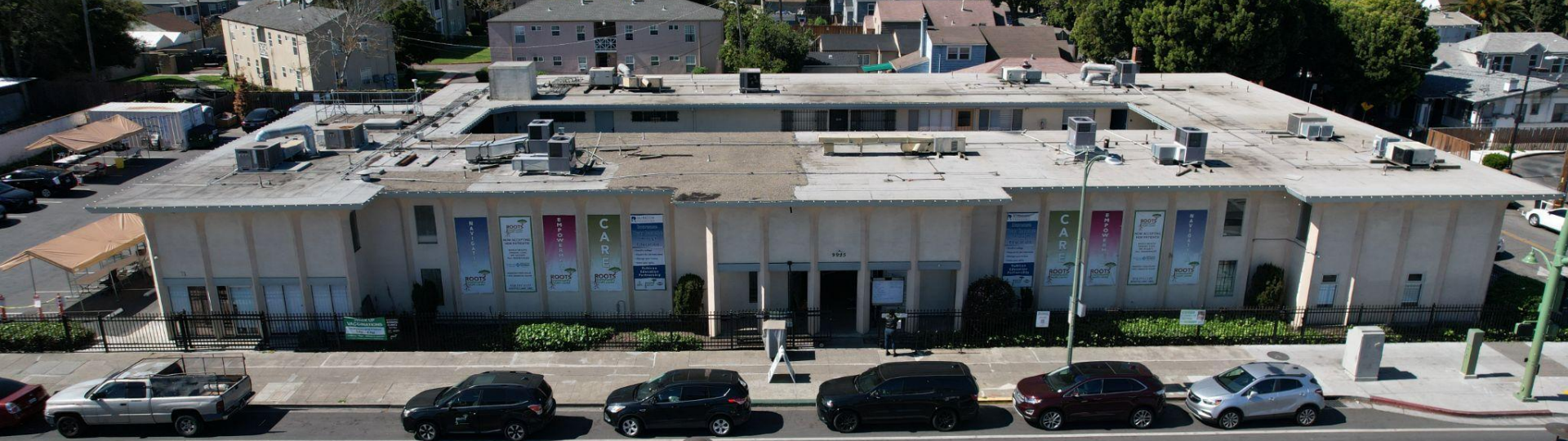
MISSION

Founded in Oakland, California, the mission of Roots Community Health is to uplift those impacted by systemic inequities and poverty. We accomplish this through medical and behavioral health care, health navigation, workforce enterprises, housing, outreach, and advocacy.

HISTORY

- Namely, Roots sought to impact care for men in our community who lacked health care coverage or access. This is because traditionally, supportive services are more readily available to women in society, leaving men out. Roots focused its efforts primarily on men reentering society from prison, men with substance abuse and mental health issues, and young fathers without a traditional support system.
- Our medical team provided care to these men on-site at various re-entry programs, substance abuse facilities, and fatherhood programs. Not only were medical services provided at the time and place of need, but patients were signed up for programs and services to benefit them as well. By providing medical care on-site, appointments were convenient and accessible. Many emergency room visits were avoided, and patients were able to attend their programs, training, classes, and jobs without interruption.
- This initiative, later named Fit4Work, is based on the belief that health is a prerequisite for sustainable employment and entrepreneurship; and that stable income is a contributor to good health. Roots has since developed initiatives that aim to increase job readiness, employability, job retention, and less reliance on “the system.”





ROOTS MAIN CLINIC

ADDRESS: 9925 International Blvd. Oakland, CA 94603

HOURS: Open Monday–Friday 9am–5pm

NUMBERS: Tel: (510) 777-1177 Fax: (510) 550-2644

ROOTS HEADQUARTERS CLINIC

ADDRESS: 7272 MacArthur Blvd. Oakland, CA 94605

HOURS: Open Monday–Friday 9am–5pm

NUMBERS: Tel: (510) 777-1177 Fax: (510) 550-2644

PERALTA COMMUNITY COLLEGE DISTRICT CLINIC

ADDRESS: 900 Fallon St. Oakland, CA 94606

HOURS: Mon – 9am-5pm virtual, Tues – closed, Wed – 12pm-8pm virtual, Thur – 9am-5pm on campus, Fri – 9am-5pm on campus

NUMBER: Tel: (510) 633-7077



*Please bring your student ID card.

Please note: due to the pandemic, Peralta students are being seen at our Headquarters location (updated 2/2022)



YOUNG PEOPLE'S WELLNESS CENTER

ADDRESS: 7272 Macarthur Blvd. Oakland, CA
94605

HOURS: Open Monday–Friday 9am–5pm

NUMBER: Tel: (510) 777-1177 Fax: (510) 550-2644

OAKLAND STREET TEAM OUTREACH MEDICAL PROGRAM (STOMP)

NUMBER: Tel: 510-809-5212 \





CLEAN360 SOAP & GLOW360 Candles

ADDRESS: 8610 International Blvd. Oakland, CA 94621

NUMBER: Tel: (510) 451-05704



CLEAN360 - OAKLAND

ADDRESS: 4107 Broadway Oakland, CA 94611

HOURS: Open Monday–Friday 10am–5pm, Saturday 11am–5pm

NUMBER: Tel: (510) 451-0570



HAMILTON BROADWAY SIGNS

ADDRESS: 4119 Broadway Oakland, CA 94609

HOURS: Mon – 9am-5pm, Tues – 9:30am-5pm, Wed – 9am-5pm, Thur – 9am-5pm, Fri – 9am-5pm

NUMBER: Tel: (510) 654-4754





ROOTS SOUTH BAY CLINIC

ADDRESS: 1898 The Alameda San Jose, CA 95126

HOURS: Open Monday–Friday 9am–5pm

NUMBERS: Tel: (408) 490-4710 Fax: (510) 550-2644

ROOTS SOUTH BAY HEADQUARTERS

ADDRESS: 1811 South 7th St., Ste. E San Jose, CA 95112

HOURS: Open Monday–Friday 9am–5pm

NUMBER: Tel: (408) 905-9054 Fax: (510) 550-2644



TRANSITIONAL SERVICES

TRANSITIONAL SERVICES

Reentry-specific workforce training & navigation

- Roots helps formerly incarcerated individuals of our community get reacclimated into society with navigation services that assist them in finding employment, housing, and much more.
- Clients can receive navigation services through a variety of programs across our many sites.



Safe Landing at Santa Rita Jail



Primary Service Goal

"Beginning in April 2020, contractor shall engage approximately 1,000 individuals per year in services."



Program Description

1. Administer a pre-screening to assess needs
2. Assist member in meeting immediate needs
3. Connect to housing support, linkages to community based resources/behavioral health, provide tailored medical linkages etc.



Services At Safe Landing

Immediate Release Encounter

Food, water, snacks, hygiene kit, COVID-19 prevention supplies, clothing, project information, transportation

Engagement

Complete intake for follow-up, benefits screening (CalFresh, Medi-Cal, and Homeless Management Information System-HMIS), screening & linkage to other needs

Linkage to Services

Follow up and connection to services (clinical, behavioral, navigation, workforce, etc.)



FROM SAFE LANDING TO ECM

NAVIGATION & CARE MANAGEMENT

Care management gives patients the support they need to meet their healthcare goals. This includes creating a care plan and connecting them to local services and resources. Roots is committed to supporting our patients at every step of their healthcare journey. Our care management programs are designed to coordinate care for patients dealing with multiple conditions, new diagnoses or serious illnesses. Our care team including registered nurses, pharmacists, health educators, social workers and/or support staff will work alongside your doctors, completing the care they provide and offering additional support as needed.

Justice Involved (JI)



Referrals

Roots receives referrals from both Safe Landing and Alameda Alliance (AAH) monthly



Warm Hand Offs (AAH)

Navigators will complete a virtual warm hand off with the members and the ECM Liaison. In this warm hand off the navigator introduces themselves and Roots to the potential member and schedules an intake.



Navigation (Safe Landing)

Safe Landing staff will engage with the members upon release at the Santa Rita parking lot and start at ECM assessment. Navigation will follow up with the member to complete ECM enrollment.

WORKFORCE ENTERPRISES & TRAINING

Training and employment opportunities are provided for those who have been disconnected from the workforce. This includes didactic instruction, basic skills training, paid work experience, and removal of barriers to employment.

SUCCESS STORIES



“Growing up here in Oakland, I took a lot from the community. Even though I did my prison time and paid my dues to society, that’s paying the system, not society. Now I feel I’m paying my dues to society by giving back with Roots. I appreciate Roots. I’m here with them, as long as they’ll have me.”

ERIC CATO

Technician, Emancipators and Clean360,
Roots Community Health

“We give folks a chance. You have to meet people where they are. Some are ready to get it together, and others aren’t quite ready. We don’t get frustrated. We just try to get them what they need and let them know that we’ll be there for them.”

Tyrone Anderson
Health Navigator
Roots Community Health



QUESTIONS?



CONTACT INFO

Kioni Williams

Senior Program and Navigation Services
Manager

kioni@rootscommunityhealth.org



MCP Updates



Justice Impacted Population of Focus

at Alameda Alliance for Health

Current Status for JI in Alameda County

Pre-release Alameda County

Coming July 2026



ECM post release in Alameda County

- Referrals from WellPath
- Referred members that have already been released
- Referred members that are still incarcerated
- Safe Landing - provided by Roots
 - M-F 8:30 AM – 12:30 AM
- Juvenile Justice Center (JJC)
- Probation



Pre-release

- State Correctional Facilities launched Pre-release in May
 - Hybrid Model
 - 10+ per week with volume increasing
- Many surrounding counties have launched Pre-release



Surrounding Counties

- Receiving a combination of pre and post release requests
- Working closely with surrounding counties
- Challenges
 - Unknown release dates
 - Multiple CF's needing to work with multiple MCPs



Thanks!

Questions?

You can contact us at:

ECM:



ECM@AlamedaAlliance.org

510-747-4546

Melissa Eckard JI Liaison



meeckard@alamedaalliance.org

510-747-6033



Justice Involved (JI) Overview

Alameda CalAIM PATH Collaborative

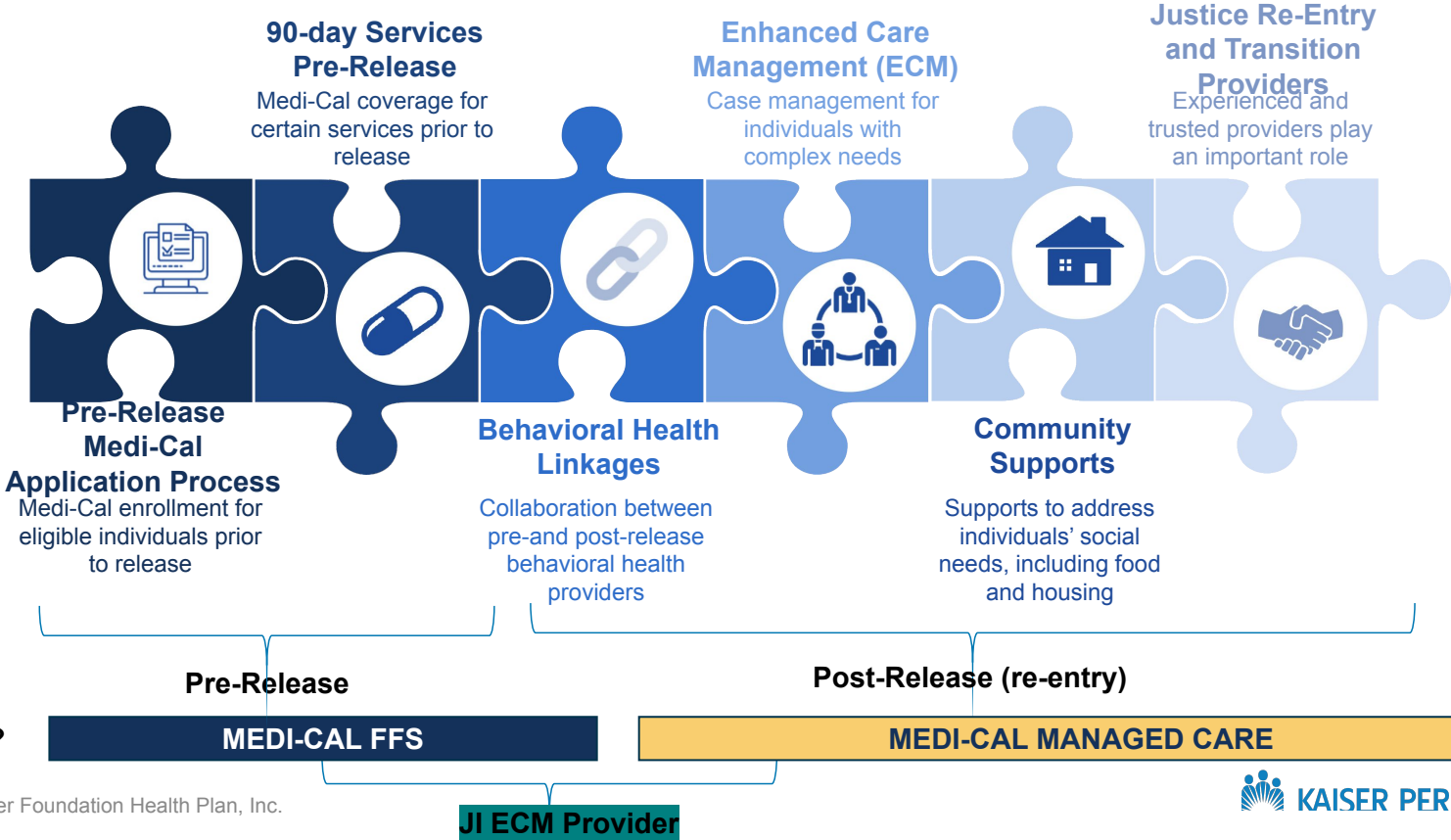
Amy Stevenson DNP, RN, PHN, ACM-RN

August 22, 2025

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CalAIM Justice Involved Initiative | 6 Components

The JI initiative is organized into six (6) components that link the pre-release to post-release experience together.



Kaiser Permanente (KP) JI Pre-Release Go-Live Dates and Readiness Status (as of 07.23.25)

An overview of the rollout across KP counties

Launched			
County / Entity	Sheriff / Probation	DHCS Readiness Status	Go-Live Date
Santa Clara	Both	Conditionally Approved	10/01/24
Yuba	Both	Conditionally Approved	10/01/24
San Joaquin	Sheriff (Adults only)	Conditionally Approved	01/31/25
California Department of Corrections and Rehabilitation (CDCR, state prisons)	All 31 CDCR sites (Adults only)	Under Review	02/01/25
San Francisco	Sheriff (Adults only)	Under Review	04/01/25
Sutter	Sheriff (Adults only)	Under Review	04/01/25
San Mateo	Sheriff (Adults only)	Pending Review	07/01/25

Preparing to Launch			
County / Entity	Sheriff / Probation	DHCS Readiness Status	Go-Live Date
Kern	Both	Under Review	10/01/25
San Diego	Probation (Youth only)	Pending Review	10/01/25

No additional counties are under DHCS review, or have received DHCS conditional approval, for go-live in 2025.

CalAIM JI Managed Care Plans

Preparing for Alameda County Pre-release Go Live

Prior to JI Pre-release go-live (as of January 1, 2024)

- ✓ Establish network of JI ECM providers that meet DHCS' definition, capacity, and operational requirements
- ✓ Collaboration to ensure JI ECM provider network overlap across MCPs
- ✓ Provision of JI ECM services before the launch of pre-release services (community-based referrals)
- ✓ Update/maintain MCP provider directory to include JI ECM provider network information (e.g., pre-release care management services type, Medi-Cal FFS billing mechanism)
- ✓ Designate MCP JI Liaison and publish contact information

CalAIM JI Managed Care Plans

JI Pre-release go-live (CDCR, state prisons – live as of February 2025)

- CDCR JI Pre-release program is live and MCPs are receiving referrals

JI Pre-release go-live (Sheriff/adults & Probation/youth)

- Correctional facilities begin pre-release services
- ECM services for JI POF available during the 90-day JI Pre-release period
- JI ECM provider warm hand-off and care coordination
- Collaboration across county departments, providers, and MCPs
 - Referral pathways
 - Education and training
 - JI ECM Provider network
- Finetune workflows & process improvement

Sheriff – go live

07/01/2026

Probation – go live

- TBD

ECM JI Referrals Today

- ECM Services for JI POF for Medi-Cal members enrolled with Managed Care Plans are available now (community-based referrals)
- Engage and refer members from your base
- No Wrong Door approach
 - Providers, members, family members, caregivers can refer
- [Kaiser Permanente ECM Referral Form](#)
- [Alameda Alliance ECM Referral Form](#)

Upon go-live of JI Pre-release

- Implement Correctional Facility to MCP (CF – MCP) process to identify eligible JI member and coordinate care linkages upon reentry
- Operationalize CF – MCP Data Sharing Strategy for JI Pre-release referrals
- Pre-release allows for presumptive eligibility
 - Coordinate warm handoffs with ECM JI providers before release

Alameda County Behavioral Health

Adult Forensic Behavioral Health CalAIM Justice Involved Initiative & Babu Consent Decree

Juan Taizan, Director
Forensic, Diversion and Re-entry System of Care



AFBH Intake and Initial Assessments

- Every individual booked into Santa Rita Jail is screened by an AFBH clinician using our Brief Initial Assessment (BIA).
- The BIA is AFBH's initial mental health and substance use assessment (required by CalAIM).
- The BIA also identified a client's Level of Care (LOC)
 - LOC 1-4 are identified as Behavioral Health clients and opened to AFBH
 - LOC 2-4 placed in Therapeutic Housing Units (THU)
 - LOC X-1 placed in Mainline Housing

AFBH Secondary Assessments

- Clients identified as needing substance use supports are referred to Center Point to conduct the American Society of Addiction Medicine's assessment (secondary substance use assessment).
- Clients in AFBH's Therapeutic Housing Units receive a comprehensive mental health assessment from an AFBH clinician. The Comprehensive MH assessment informs:
 - Ongoing treatment planning while the client is in custody;
 - Safety planning (as needed); and
 - Re-entry planning.

AFBH Re-Entry Team

- AFBH clinical team embedded at Santa Rita Jail comprised of:
 - Forensic Behavioral Health Manager
 - Forensic Behavioral Health Supervisor
 - Forensic Behavioral Clinicians (pre & post release)
 - Forensic Mental Health Specialists
- The re-entry team is responsible for AFBH clients (LOC 1-4).
- Current focus is on higher-acuity clients, and the re-entry team gets referrals from the Court, Public Defenders, and family members.

AFBH Re-Entry Planning

- Re-entry planning begins within 72 hours of booking. The re-entry team reviews client records to initiate a re-entry plan (CalAIM re-entry care plan).
 - Clients opened to a community-based provider are reconnected to their provider.
 - Clients who need a community-based provider are assessed and referred.
- AFBH continues to work on improving behavioral health linkages, both in-person and via tablets.
- The re-entry team works with AFBH psychiatric providers to ensure clients are released with a 30-day supply of medication.

AFBH Re-Entry Collaboration

- Collaboration with Wellpath (SRJ medical provider):
 - Coordinate labs/exams needed for inpatient settings
 - Identify clients who need Enhanced Care Management for chronic conditions
 - Support clients on medication assisted treatment
- Collaboration with Sheriff's Office (ACSO):
 - ACSO coordinates re-entry for all individuals who are LOC X and many LOC 1 clients.
 - AFBH works with ACSO to coordinate BH linkages and client releases to community-based providers.
- Ongoing collaboration with Behavioral Health Court, CARE Court, Public Defenders, and Probation Dept.

AFBH Re-Entry – an Evolving Process

- Time is not on our side!
 - 72-hour hustle
 - Using new data—daily booking lists, 90-day release lists, and daily release lists
- Location and logistics challenges
 - BH linkages easier via tablets
 - Release coordination can work with court orders/known release dates
 - Partner with Safe Landing for additional engagement and transportation
- Post-release follow-up is important for clients with higher acuity/needs.

- Q&A

Thank you!

Please Share Your Input

DHCS requests your feedback

This statewide PATH
Collaborative survey
measures:

- The impact of participation in the collaborative
- The value of partnerships across organizations
- The sustainability of our progress



Collaborative Updates, Announcements, and Resources

Children and Youth Workgroup

Tuesday, September 9, 2025

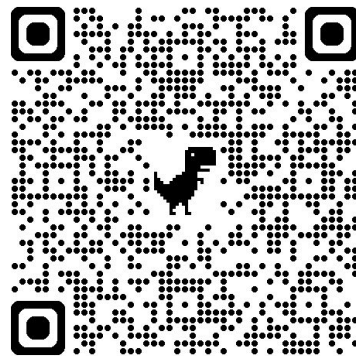
11:00am - 12:00pm

On Teams

*Topic: Child Welfare Care Coordination Across
Counties*

The September Cross-County Children and Youth Workgroup will bring together providers from Alameda and the neighboring Bay Area counties. Child Welfare Liaisons will share how they partner with providers to coordinate care and strengthen support for children and youth in Child Welfare.

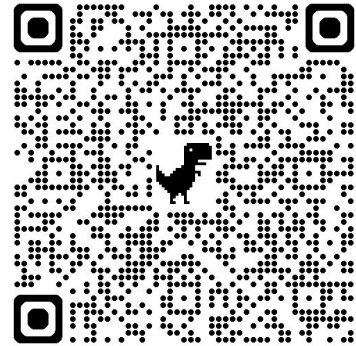
Register now:



Medi-Cal Voices and Vision Council Application

The Voices and Vision Council offers a dedicated space for Medi-Cal members, MCPs, providers, community-based organizations, and state partners that work with Medi-Cal members to provide direct input to the DHCS executive leadership team regarding Medi-Cal program policies, programs, and implementation.

**Access the
Application here:**

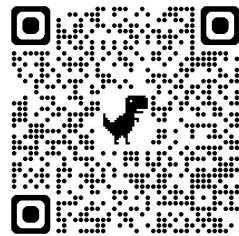


Resource Center Refresh

Our Resource Center has a new look and format for clearer resource and event access. Check out the new *Past Materials Page* for all recordings and slide decks of collaborative meetings since January 2024!

 PAST MEETING MATERIALS

Check it out:



Events

The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders to discuss CalAIM implementation and the rollout of Enhanced Care Management (ECM) and Community Supports (CS). The Collaborative is a space to share innovative strategies, problem-solve together, and build relationships to better serve Medi-Cal members in Alameda County.



📅 June 27 @ 10:00 am

📍 Zoom

Alameda CalAIM PATH Collaborative

The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders to discuss CalAIM implementation and the rollout of Enhanced Care Management ... [Read more](#)

RSVP



📅 July 25 @ 10:00 am

📍 Alameda Alliance for Health Building

Alameda CalAIM PATH Collaborative IN PERSON

Please join the Alameda County PATH Collaborative IN PERSON on July 25th, 2025. The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other ... [Read more](#)

RSVP



📅 August 22 @ 10:00 am

📍 Zoom

Alameda CalAIM PATH Collaborative

The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders to discuss CalAIM implementation and the rollout of Enhanced Care Management ... [Read more](#)

RSVP

2025 Collaborative Schedule

Join us on Fridays in 2025!



Register today to
add the meetings
to your calendar!

[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

To edit or cancel your registration details, [click here](#).

Please submit any questions to: info@connectingforbetterhealth.com.

WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Join Meeting



Meeting Calendar

July 25 (In-person)

August 22

September 26

October 24 (In-person)

November 21 (Third Friday)

December 12 (Second Friday)

For Your Input

What are your key questions related to providing care to immigrant communities?

Topics may include:

- **Medi-Cal eligibility**
- **Challenges accessing in-person services**
- **Supporting clients with immigration-related concerns**
- **Other concerns raised by clients or staff**

Resources for Supporting Immigrant Communities



Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights



Alameda County Immigration Legal Education Partnership Resources and Hotline



Migrant Family Safety Plan Toolkit (English and Spanish)

See you next month!

Alameda CalAIM PATH Collaborative

September 26, 2025

10:00am - 12:00pm

On Zoom

Register now:



Thank you for attending!

Thank you for joining!

Questions? pathinfo@bluepathhealth.com

Office Hours

Appendix

Questions?

Policy and Program Updates

Recent TA Marketplace Updates (as of June)

- » DHCS is applying four new limitation criteria for current and new Project Eligibility Applications (PEAs), and Scopes of Work (SOWs), and Budgets in the review queue and any projects moving forward:
 1. Projects will be approved only for new TA Recipients, unless applying for Transitional Rent Support or as determined by DHCS
 - Note that organizations that participate in a TA project with a HUB or HUB-like entity are allowed to have their own independent project so long as they adhere to the other criteria.
 2. Limitation of one TA Project per TA Recipient
 - If a TA Recipient submits a batch of projects, they will be required to work with the TA Vendor to select the one project they wish to pursue that meets their immediate TA needs.
 3. Limit TAM Projects to Non-Contracted TA Recipients Needing Contracting Support
 - TA Recipients that are not yet contracted with a managed care plan for ECM and/or Community Supports will be required to provide a rationale for how their proposed TA project will support their contracting efforts. For example, a Recipient may have a project in Domain 1 to support their workflows to prepare for billing to an MCP for ECM services. The Recipient and Vendor should note that this is a requirement to become contracted with the MCP.
 4. TA Projects may not exceed \$150K and must be within one year
 - TA Vendors and Recipients should work together to create a TA project application that meets a Recipient's most immediate needs within these requirements.
- » Projects that do not meet the criteria above will either be sent for rework or not be accepted.
- » Please note that projects must also meet the policies outlined in the [TA Vendor Policy Guide](#) and [TA Recipient Policy Guide](#).

CalAIM Waiver Renewal

- While the Medicaid waiver that created CalAIM expires at the end of 2026, California plans to apply for a renewal to enable CalAIM programs to continue
- Waiver authority is not needed to continue ECM and 12 of the 14 Community Supports.
- DHCS proposes to continue and strengthen several services in the next waiver, including Community Supports, the Justice-Involved Reentry Initiative, CBAS, Traditional Healers, and more.



DHCS Waiver Renewal Estimated Timeline

July 2025: Release of Concept Paper

Oct./Nov. 2025: Post Draft 1115 Waiver Application

January 2026: Submit Application to Federal
Government (CMS)

July 2026: Target Approval Date

January 2027: New Waiver Launch



Federal Budget Updates



Budget reconciliation overview

- On July 4, 2025, the “One Big Beautiful Bill Act,” also commonly referred to as the **budget reconciliation bill**, was signed into law.
- This massive bill contains provisions on wide-ranging policies, from cutting student loans to EV tax credits, and is estimated to **cost \$3.4 trillion** over the 10-year window from 2025-2034.
- The centerpiece of the bill is approximately **\$4.47 trillion in tax cuts**.
- This amount is offset by multiple spending reductions, with the largest by far being just over **\$1 trillion in cuts to Medicaid**.
- [CBO estimates](#) **10.9 million more people will be uninsured** as a result of this bill. An additional 5.1 million will be uninsured as a result of a proposed rule for ACA marketplaces and the expiration of enhanced premium tax credits.



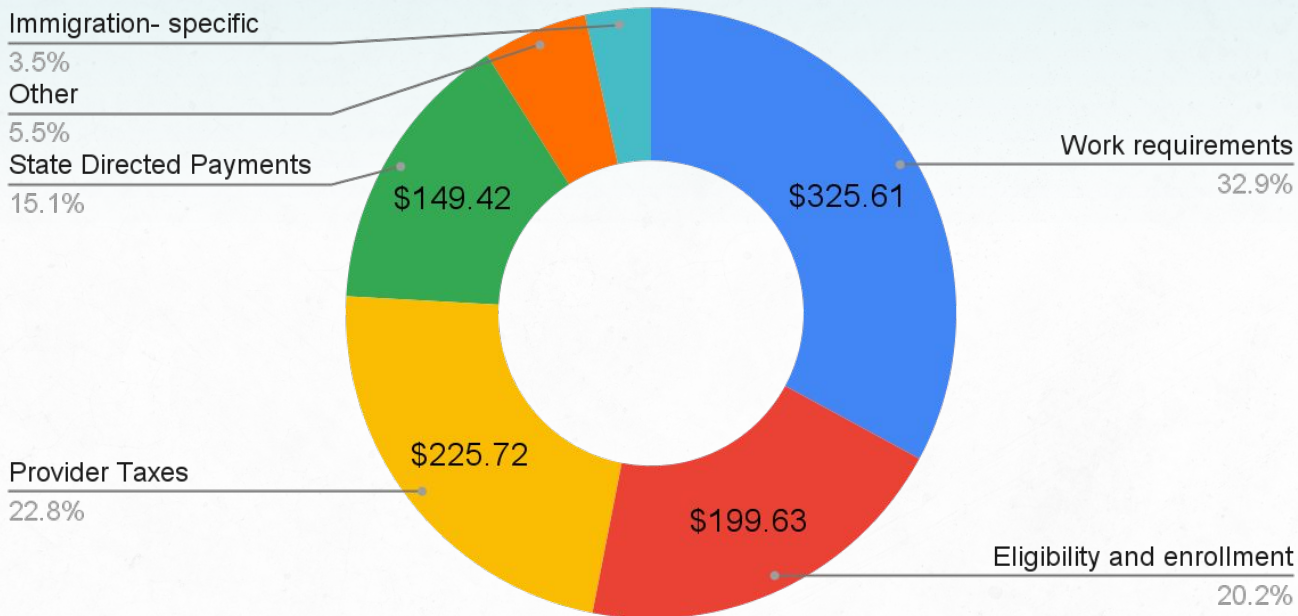
Overview of Medicaid Cuts

- Over 90% of Medicaid cuts come from 4 categories:
 - Work requirements
 - Eligibility and enrollment
 - Provider Taxes
 - State Directed Payments
- The vast majority of cuts are partially or fully targeted at the expansion population and states who have expanded Medicaid.



Overview of Medicaid Cuts

All Medicaid cuts, 2025-2034, \$b





Other Medicaid provisions

Immigration provisions

Strips Medicaid and CHIP eligibility from numerous groups of lawfully-present immigrants.

Lowers the matching rate for Emergency Medicaid for individuals based on immigration status.

Not included: The House-passed provision lowering the ACA matching rate from 90% to 80% for states that have expanded coverage for undocumented immigrants with state-only funds.

Planned Parenthood

The bill prevents all Medicaid funds to Planned Parenthood immediately for 1 year from enactment. This provision has already been subject to litigation and a [preliminary injunction](#) on July 21, 2025.

1115 waiver budget neutrality

Codifies CMS requirement that 1115 waivers be federally budget neutral starting January 1, 2027.

Medicaid Disproportionate Share Hospital (DSH) cuts

Not included: A delay to \$8 billion in annual DSH cuts.



Other Provisions

Affordable Care Act (ACA)

Stricter eligibility and enrollment requirements, and strips premium tax credit eligibility from numerous groups of lawfully-present immigrants.

Ends limitation on paying back excess premium tax credits.

Not included: Extension of enhanced premium tax credits.

Medicare

Strips eligibility from numerous groups of lawfully-present immigrants.

One-year increase in physician payments.

Delay of nurse staffing rule until 2034.

Rural Health Transformation

\$50b grant program from FY 2026-30 for rural health, 50% distributed among approved states equally and 50% by to states by formula, with wide latitude for interpretation from CMS.

SNAP

Starting in FY 2028, cost-sharing for states begins, estimated at \$1.35 to \$4b in costs for State of California and counties

Expansion of work requirements and eligibility limited by immigration status.



California and Medi-Cal impacts

- Impacts from specific provisions estimated by the [Governor's office](#):
 - Work requirements: up to \$22.3 billion loss in federal funds and **3 million enrollees losing coverage**.
 - 6-month eligibility redeterminations for expansion adults: \$2.4 billion loss in federal funds and **400,000 enrollees losing coverage**.



Timeline of Selected Provisions

Immediately on Enactment (July 4, 2025)

- Limitations on new state directed payments
- Provider tax uniformity.
- SNAP work requirements expansion.
- Planned Parenthood.

January 1, 2027

- Medicaid work requirements.
- 6-month eligibility redeterminations and limited retroactive coverage.
- 1115 waiver budget neutrality requirement.

2032

End of phase-down for state directed payments and provider taxes.

October 1, 2026

- Limitation on immigrant Medicaid eligibility.
- Lower reimbursement for emergency services for certain immigrants.
- 5-year grant program for rural providers begins.

2028

- SNAP state cost-sharing.
- Beginning of phase-down of caps on state directed payments and provider taxes.