COMMISSION FOR PUBLIC SOCIAL SERVICES

12860 CROSSROADS PARKWAY SOUTH, CITY OF INDUSTRY, CA 91746
(562) 908-8669
PSS Commission Webpage

MEETING MINUTES

Thursday, July 16, 2026

Location #1: Exposition Park District
3833 South Vermont Avenue, 3rd Floor, Conference Room B,
Los Angeles, CA 90037

Location #2: ElHessen Home/Office
9433 Ives Street,
Bellflower, CA 90706

Location #3: Porter Ranch Library
11371 Tampa Avenue,
Porter Ranch, CA 91326

Location #4: Andrade-Stadler Home/Office
2956 West Shorb Street,
Alhambra, CA 91803

Please note this is a summary of the meeting, not a "verbatim" transcription.

1.0 CALL TO ORDER/ROLL CALL/ ESTABLISH A QUORUM/COUNTYWIDE LAND ACKNOWLEDGMENT

Summer McBride, Chairperson

The meeting was called to order at 11:07 a.m. A quorum was established. The Chair read the countywide land acknowledgement.

Roll Call/Commissioners Present:

Summer McBride (Chair)
Sue ElHessen, Ed.D. (Vice Chair)
Andrew Yam
Joni Byun
Mihran Kalaydjian
Pollyanna Lee
Sam Joo
Veronica Lewis
Yvonne Chan, Ed. D.

Commissioners Absent:
Adele Andrade-Stadler
Booker Pearson
Christine Salazar

Genevieve Riutort
Juan Leaños

Commission Staff:

Miguel Barrios
Michelle Ung

2.0 PUBLIC COMMENT (Non-Agenda Items) / (Agenda Items)

Summer McBride, Chairperson

Miguel Barrios, Executive Director, acknowledged that there was no one present in the room to make a public comment on an agendized item. He asked if anyone attending the meeting virtually had any public comment to make on an agendized item. There was none.

Mr. Barrios acknowledged that no one was present in the room to make a public comment on a non-agenda item but noted that a written statement had been submitted by Jefferey Young. He asked whether anyone attending the meeting virtually had any public comment to make on a non-agenda item. A member of the public addressed the commission regarding the homeless population and the need for daily hot meals. They explained that the Department of Public Social Services (DPSS) should join the Department of Mental Health and the Department of Public Health (DPH) to assist in this effort. They expressed concerns that DPSS does not provide enough funding for those experiencing homelessness. They added that hot meals should be provided daily and that the funding DPSS provides should reflect that, given that hot meals cost more than cold meals. They stated that warm meals help a person maintain a positive outlook on their situation, and that eating cold meals for a prolonged period of time makes a person view their situation more negatively.

Chair McBride made a general statement to the public to remind them that, as commissioners, they are unable to comment on items not on the agenda, but did want to confirm that a copy of the submitted written statement was received by all commissioners, including DPSS Director Contreras. She also reminded the public that the PSS Commission is an advisory board and not a governing body. The PSS Commissioner can advise and learn about programs, but it does not govern the decisions of DPSS.

3.0 REVIEW AND APPROVE JUNE 18, 2026, MEETING MINUTES

Summer McBride, Chairperson

Chairperson McBride opened the floor for comments on the minutes, and there were no corrections. Commissioner Kalaydjian moved to approve, and Vice Chair

ElHessen seconded the motion. The Chair called for the roll call. The June 2026 minutes were approved by majority vote (6 - Ayes) with 3 abstentions as follows:

Summer McBride (Chair) – Aye
Sue ElHessen, Ed.D. (Vice Chair) – Aye
Andrew Yam – Abstain
Joni Byun – Abstain
Mihran Kalaydjian – Aye
Pollyanna Lee - Aye
Sam Joo – Aye
Veronica Lewis – Abstain
Yvonne Chan, Ed. D. – Aye

4.0 DIRECTOR'S REPORT

Jackie Contreras, Ph. D, Director, DPSS

Director Contreras provided the following State of California updates:

California's full-scope dental benefits for undocumented Medi-Cal (MC) recipients, which were set to expire on July 1, were extended for one full year. The extension comes after the California Legislature and Governor Gavin Newsom reached an agreement on the state's 2026-27 fiscal year budget. To learn more, visit our DPSS What Medi-Cal Members Need to Know website to get the latest updates.

The California Department of Social Services has released new guidance for the extension of the California Work Opportunity and Responsibility to Kids (CalWORKs) Child Care eligibility from 12 months to 24 months. CalWORKs cash aid customers may be eligible for up to 24 months of childcare. For more information, contact an Eligibility Worker, GAIN Services Worker, Homeless Case Manager, or the Child Care Hotline at (877) 244 – 5399, or our DPSS Child Care webpage.

Director Contreras provided the following Los Angeles (L.A.) County updates:

The minimum wage in unincorporated L.A. County has just gone up. As of July 1, 2026, the new minimum wage is $18.47 per hour. This increase applies to all workers in unincorporated L.A. County, regardless of immigration status, the size of the employer, your employment status, or where you live. To help get a better understanding, report wage theft, or ask questions, please visit the Department of Consumer & Business Affairs' Office of Labor Equity website.

The L.A. County Department of Children and Family Services' Independent Living Program website has a go-to guide for young people in foster care. It offers educational and housing services. Visit ILPonline.org to learn more.

The Department of Agricultural Commissioner/Weights and Measures unveiled a U.S. Semiquincentennial seal to celebrate the 250th anniversary of the United States

of America. A limited number of seals have been produced and will be placed on commercial scales and fuel pumps that have passed inspections. They will be used instead of the regular seals for this year only. The seal will feature a red border and a smaller blue border that includes six stars on the left side and seven stars on the right side to pay tribute to the original 13 colonies. The seal marks a vital role that our Departments and programs have in L.A. County and American society: honesty, accuracy, fairness, and integrity.

L.A. County is reaching out to the community for help in considering renaming L.A. County parks, streets, facilities, real property, monuments, civic artwork, and other programs that bear the name in light of recent revelations alleging a history of sexual abuse. L.A. County wants to ensure our process continues to reflect our community's vibrant history, diverse cultures, and shared values. We want to ensure that the process is one of inclusion and engagement. We value community voice, insight, and your participation will help in shaping our decision. To complete the survey, visit forms.office.com/g/tSS92WkUVR.

Director Contreras provided the following Board of Supervisors (BOS) updates:

In 2024, the voters passed Measure G in favor of a structural overhaul of L.A. County's government. To meet this moment, an Independent Ethics Commission is being formed. To learn more or to apply, visit https://bit.ly/applyethics. Applications close on July 26, 2026.

The BOS made the following Proclamations for the month of June 2026:

Parks Make Life Better Month and July 15, 2026, as "Wallis Annenberg Day."

Director Contreras provided the following DPSS updates:

DPSS' Medi-Cal Outreach District and In-Home Supportive Services (IHSS) teams joined California State Senator Suzette Valladares, of District 23, and the Center for Autism and Related Disorders to host the inaugural "Care and Connect Autism Resource Fair" in Santa Clarita on May 30th. DPSS staff joined other community organizations and service providers to highlight IHSS and connect low-income households to services for children with autism and related diagnoses.

Toy Loan Program and the L.A. County Chicano Employees Association (LACCEA) volunteers assisted in packing over 650 backpacks with school supplies in preparation for the annual giveaway on May 30.

5.0 LEGISLATIVE UPDATE

Nick Ippolito, Chief of Staff, DPSS

Mr. Ippolito provided the following federal and state legislative updates:

Measure ER was passed by the voters in June, and it's intended to raise money through a half-cent sales tax increase for health care to replace the funds that are being withdrawn by the federal government for health care and critical health care programs in L.A. County. The county has not waited to start planning for it. Two different work groups have been established. One was established by the Chief Executive Office (CEO) to look at it from a budgetary standpoint. The second group is a programmatic work group that's being led by our Department of Health Services (DHS) to establish an uninsured program for residents that no longer qualify for MC or other resources. The intended distribution of the Measure ER revenue is organized by percentages, but they don't have dollar figures yet. 45% is going to the uninsured program that is going to be established. 22% goes to DHS county hospitals and clinics, 10% to DPH, 5% for family planning and reproductive health providers on non-profit safety net programs, 4% to school-based health programs, 2.5% to correctional health services, 2.5% for IHSS provider wages, and 1% for the Pasadena and Long Beach Health Departments, 3% for DPSS, and that is largely to assist with any fiscal costs associated with administering these programs. Director Contreras clarified that DPSS has now been engaged in thinking about how this is all going to roll out. At the initial conversations, the 3% is intended to be used for outreach to make sure customers are aware of the changes and also help people meet their work requirements.

Commissioner Chan asked what happens to Measure ER after the 5 years, since this is a one-time voters-approved tax. Would the BOS have to act again to make it permanent or let it expire? Mr. Ippolito responded that this is always a challenge with these types of sales tax measures as opposed to allocations from the federal government. There's always a risk inherent with the system, knowing that by a certain day we will have 45% of this amount. That will be answered by the CEO and the fiscal partners to determine a date and revenue for this year and next year. The Measure ER Committee is going to do a lot to make sure that the uninsured program continues to remain robust past the 5 years, but that would be something they consult with the CEO.

Commissioner Lewis stated that she finds it interesting that we keep saying we are starting the uninsured program, because to her, it's a restart of My Health LA. She asked if DPSS had any knowledge that the planning group was going to review the great parts of My Health LA. She hopes there is a review of the structure that was already in place and taking the good and revising the problematic things. Mr. Ippolito replied that some of the people who were involved in establishing My Health LA are going to be involved in this process.

Mr. Ippolito discussed how the State Legislature and governor agreed to a budget that was signed at the end of June. Initially, DPSS programs and services didn't start in a great place in the May Revise, but thanks to advocacy efforts, we landed

in a better place in some respects. DPSS is most pleased with all of the revisions and changes to the IHSS Program that the governor proposed, which included aligning terminations of MC and IHSS cases, cost shifts to counties, and elimination of the IHSS backup provider program, all of which were rejected by the legislature. The governor had also proposed very concerning cuts to the Adult Protective Services Program (APS) that were also rejected. Both IHSS and APS will continue as is, which is significant. We also got additional multi-year financial support, not just for L.A. County, but for all the counties on both CalFresh (CF) and MC administration to support implementing H.R. 1. This is significant as we need the additional resources. Also, the most concerning changes to MC were put off for at least one year, which include, as was referenced in Director Contreras' opening remarks, dental coverage for undocumented immigrants. In addition, the MC asset limits, which are currently $130,000 for a single individual and $195,000 for a couple, remain in place for one year. They will revert to a lower level, but they will be subject to additional discussions in those negotiations. Had they lowered them as initially proposed, a lot of people would have had to leave MC. Also, there was a population of what they characterized as a qualified non-citizen that were federally covered under MC, which H.R. 1 changes their eligibility status, and they were no longer eligible for MC under federal rules. These are qualified non-citizens, and they include asylees, victims of domestic violence, human trafficking victims, etc., and the state has agreed to provide full coverage for that group starting in October 2026 and until next July. That coverage was again continued for that population, so that is significant for that population. Overall, we're in a much more promising place than when this whole legislative process started.

Mr. Ippolito stated that at the federal level, DPSS is advocating for Congress to delay the reduced amount of cost sharing that the government would provide in administering CF. DPSS wrote advocacy letters, made phone calls, and hosted meetings, and now the farm bill doesn't seem to have enough votes to pass. On top of that, there are different efforts going on around federalizing voting, getting rid of the filibuster, and adding additional money for the military. Now it's multi-layered, so it's unclear at this point. We're watching closely for opportunities to express our point of view on these different things. We're going to keep applying pressure because it made a difference in the decisions that Congress has made when they hear from local constituents.

Commissioner Yam asked if county departments are going to be getting extra funds for the administrative side will help keep the status quo? Or do we anticipate there are still going to be monetary needs to fill the cuts or the extra obligations? Mr. Ippolito explained that a lot of the discussion around additional administrative support was on how the State Department of Finance and the State Legislative Analyst office were all anticipating that caseloads are going to go down in counties, so why would counties need more help? DPSS, including the County

Welfare Directors Association and other counties, have had to explain that whether there's a caseload decrease or not, there's going to be a lot more additional assistance that our customers will need to maintain their benefits. There's going to be new requirements under H.R. 1 that are going to generate the need for much more activity for our eligibility staff than we had before. The programs have gotten more complicated, and all those things require an additional type of assistance. The other thing that I would add is that this is the first time that the federal government has required work requirements in exchange for health insurance for the expanded health care population. That's unprecedented. It's going to raise new issues that we have not encountered before in administering major healthcare programs like this. It wasn't easy, but we were able to make that case and convinced them that we needed that additional support. It's a fraction of what we had stated that we needed, but it's still the result of a lot of that advocacy. Mr. Ippolito also stated that it's worth acknowledging that for as long as any of us can remember, the county has never been funded appropriately for the amount of staffing that you need proportionate to the people you serve. The idea that fewer people being served means that we can let up a little bit on the staffing makes absolutely no sense. Until you get to the point where there are no waiting times and people are able to be serviced within 10 minutes, the county is always going to need that additional funding. It speaks to the advocacy, and the folks listening need to continue to push for that because we're serving millions of people, and the bandwidth of your team is always at capacity. It's not logical that someone would consider pulling back funds for staffing when the county has never had that proportionate level of staffing to begin with. Commissioner Yam then asked if there is any effort from the department to let people know about potential impacts to services, such as increased waiting time due to all these changes. Mr. Ippolito emphasized that DPSS is communicating these changes early and often, so people are aware and they're prepared for it. He also added that he does not believe DPSS will ever make excuses for helping everyone who comes to us. When someone calls us, that eligibility worker stays and works with them on every single issue. We don't want to refer off or anything else like that. We will continue to provide that high-level service. We are also communicating to customers to have all their documents together when they call the call center so things can go smoothly.

6.0 NEW BUSINESS

Presentation: Update on H.R. 1 CalFresh and Medi-Cal Policy Changes

Shawn Amiel, Division Chief
Sherri Cheatham, Division Chief
Nick Ippolito, Chief of Staff, DPSS

Ms. Shawn Amiel stated there are no State changes to the CF Program. All changes have been at the federal level due to H.R. 1, and there were three changes. As of today, July 16, DPSS has implemented all three changes. The first came on November 1, 2025, with the State Utility Assistance Subsidies, which limited the additional deduction through subsidies to households with elderly or disabled household members. As of June 2026, DPSS estimates this affected about 60,000 customers. By affected, we mean it affected their benefits or may have terminated their cash benefits. On April 1, 2026, DPSS implemented the non-citizen eligibility changes. We now estimate that around 8,400 are affected by this change, and it removed CF eligibility from certain lawful non-citizens, such as refugees, asylees, deportation, and parolees. The most impactful, due to the volume, is the work requirements for CF affecting Able-Bodied Adults Without Dependents (ABAWD), which we implemented on June 1, 2026. DPSS estimates that about 250,000 were affected by this change. H.R. 1 has changed the requirements for how we define an ABAWD. For example, it increased the age range by ten years, so now it goes all the way to age 64. It also removed the exemption criteria for those who were homeless, veterans, or in foster care or had foster care involvement, and lowered the age of an exemption for those with children in the house. It used to be 18 and under, and now it's under 14. This has increased the ABAWD population. To provide context, the estimate of 250,000 takes into account the exemptions I mentioned. Those exemptions were brought into CF policy because of the Fiscal Responsibilities Act of 2023. At that time, the high estimate was that about 83,000 people were considered ABAWDs. With H.R. 1, it increased to 250,000. With that in mind, DPSS' first line of defense with these changes will be when processing new applications or recertifications with our customers. We are trying to go through the entire eligibility process by asking the questions to determine eligibility, but we also need to get enough information to determine if they can qualify for an exemption. We must inform them that the intake process and the recertification process will take a bit longer because we're having to dig deeper. We may ask questions we've never had to ask before, and we're not being nosy. We are trying to exempt as many people as possible. Some of the exemptions are based on age, or if you are participating in a training program under the Office of Refugee Resettlement. Or if you're exempt from work registration, which is the preliminary assessment that we do before determining that you're an ABAWD, you would also be exempt.

Ms. Amiel explained that if someone does not qualify for an exemption, then they are subject to the 36-month policy. In California, the 36-month period started at the beginning of 2026. This means that someone can receive three months of CF benefits without having to meet the work requirements. As long as you're eligible, you can get it, but after the third month, you must meet the work requirements to continue receiving benefits. If you're exempt, you're not counting months since

your time clock is not ticking. To meet the work requirements, someone must already be employed and working 80 hours a month. If you're self-employed, we can calculate those hours. Additionally, if they are participating in a CalFresh Employment and Training Program, that is also a way of meeting work requirements. If they are working with an America's Job Center of California (AJCC) or are involved in a type of training program through the Workforce Innovations and Opportunity Act, they could also get credit if they're participating 80 hours a month. They can also do community service or volunteer for 80 hours a month. The only one that's not standard at 80 hours a month is workfare. Workfare is another method of meeting work requirements, but the calculation is different. With Workfare, the difference is that DPSS is allowed to get your CF allotment and divide it by the minimum wage. For example, if we use a county minimum wage of $15 and divide it by your top allotment for CF for a household of one, you would be required to do 17 hours per month. We foresee a lot of people wanting to do workfare compared to community service because it is a lot fewer hours. But what's the difference between workfare and community service? Well, workfare is doing work at a nonprofit or a government agency, and doing volunteer work, but more in the realm of work experience. The new process for an application or recertification is that we're going to ask more interview questions, clarify any change in status, and make sure that there is an eligibility determination. We are also going to determine if there are any work registrants in the household. If they're not exempt, we will determine if they are ABAWDs and the number of ABAWDs in the household and then determine how many of them qualify for an exemption. Our caseloads may be going down because people are terminating, but the process is expanding. And we are only talking about CF. This does not include MC. DPSS will already have information to help us determine exemptions, but there are a lot of changes, so we have to dig a little deeper in our interviews. At the same time, we will be educating our customers on how they can meet work requirements. Some customers will have semi-annual reports, some annual, and others who are elderly and disabled may have a two-year recertification or three-year recertification period. We want to let them know there's going to be periods of time when they're going to have to provide verifications to us that they're meeting the requirements. For workfare, they must provide us with work requirement verification that they're doing their hours every month. For employment and volunteering, our partners may be providing us with that information, and we may have it in the system, but we must make sure that they're providing the verification on time. Ms. Amiel stated that eligibility workers are our unsung heroes. This new process is a very intricate policy change that hasn't happened before.

Commissioner Joo asked about the exemption screening and what that process is going to be like, and what type of documents would be required. Ms. Amiel

answered that the information might already be known to DPSS because it's on the system, but if someone is pregnant, we're going to ask that you give us your pregnancy verification. If it's an Indian exemption, a written statement. If we are doing a telephonic recertification, we're recording that, and it's sufficient for us. For medical certification, technically, we don't need verification. If I'm interviewing you in person and you are obviously unfit. They call it medically certified, mentally, physically unfit, but the policy says obviously. Obviously is good when I'm looking at you. I can see maybe you're using crutches, and I will have to ask if you believe that this is going to impact you. The challenge comes in when we are doing these types of things over the phone, and we're trying to guide our staff to ask appropriate questions to get that information. We don't want to have a diagnosis. We don't need that, but if there is uncertainty, we might ask for verification, and I do want to highlight that there's a lot of guidance that we have on our website to get more information on what the exemptions are type of verification.

Commissioner Lewis asked for more information about the training of the staff that is doing that work. She also asked to clarify the frequency of the recertifications. Ms. Amiel replied that even though we are implementing June 1st, that doesn't mean everybody's impacted. For those that have their recertification in June, then it's due in June. That's when we're doing that interview, and we are assessing the case. If your recertification is not due until December, we won't be doing it until then. If you had an exemption from before, let's say you qualify for an exemption that was removed by H.R. 1, you still have it until we do your recertification. Some households are elderly or disabled and don't have that recertification period on a yearly basis. They may have qualified for every two, but if they're elderly after a certain age and they're disabled, they might qualify for an exemption anyway when we do the interview. The exemptions last customers 12 months unless, as we mentioned, their recertification is 24 months, and then it'll take them until the 24 months. During the interviews, we're asking questions to research information because you might not have qualified now, but you could later. We want to explain enough that if things change in the future, the customer will report them to us as soon as possible. As for your question about staff training, we trained in two different ways. We did an ABAWD 101, which was generic information to prime our staff. Then we went into what we called ABAWD 202, and we dug deep once we had more information from the state. Although we finished those trainings, the work isn't over. We keep on getting policy clarifications from the state. We want to make sure we're receptive and responsive to these little nuances that we find in these various cases, and have an outlet for our staff to have their questions answered. We also meet monthly, and we have released Q&As, but we have office hours for questions too. We also have a Microsoft Teams chat group that people put in their questions, and we're answering them. We also continue to finalize the training curricula even more, incorporating all the questions we've had

and additional policy guidance, and putting them on our internal platform called Talent Works, where they can go and access them at any time. We're still developing additional tools staff might need because it's continuously ongoing.

Commissioner Lee asked a follow-up question about whether there is any role modeling for staff to follow or opportunities to role-play scenarios for speaking to a customer and audits. Ms. Amiel explained that role-playing would be a challenge because of the volume of staff. However, what DPSS has implemented is what we call ABAWD Ambassadors. They are our subject matter experts for us in each district office, so that if people have questions, they can go to them. Plus, they could always reach out to our program policy section. We've gotten great feedback from them on that. Also, there are always monthly audits that happen, and then we of course have yearly audits by the state. We have been working very actively with our quality control team because ABAWD is new, and we're also prepping their team. They never looked for these types of cases or what to look at in these types of cases.

Chair McBride asked about the exemption for having someone in the household under the age of 14. Specifically, what if there is someone in the household who is 15 or 16, but they have a disability that would make it difficult to leave the house to meet the work requirements? Ms. Amiel explained that under the work registrants rules, this would be an exemption. The work registrant exemptions are determined before determining an ABAWD, and that's one of the exemptions.

Ms. Sherri Cheatham stated she would be sharing changes to the MC Program, both state changes and the federal H.R. 1 changes. The asset limits were reinstated on January 1, 2026, for the MC Program. The asset limits are $130,000 for an individual, and then $65,000 for every person added to the household up to 10 people. There was a proposal on the table to reduce these asset limits effective July 1, but it was delayed until July 1, 2027. The MC enrollment for full scope MC was paused for customers 19 and older who did not have satisfactory immigration status. Anyone applying for MC after January 1, 2026, was enrolled in restricted scope MC if they were otherwise eligible. Restricted scope MC entitled them to emergency visits and pregnancy care. Customers who applied before January 1, 2026, who were without satisfactory immigration status were eligible for full-scope MC, which included all services. Another change that was coming up this July was for people 19 and older without satisfactory immigration status to lose their dental benefits, but that has been delayed until July 2027.

Ms. Cheatham added that effective October 1, 2026, H.R. 1 amends the definition of qualified non-citizen, limiting federally funded full-scope MC. The definition has changed to only include United States citizens, lawful permanent residents who have satisfied the five-year waiting period, certain Cuban and Haitian entrants, individuals from the Marshall Islands, Micronesia, and Compact of Free Association

(COFA) country nationals. This group will continue to receive federally funded full-scope MC. There was a period when it was believed that the state could potentially cover and carry this group under state-funded medical, but it was not included in the signed state budget. Once the information was received, it was too late to make the change in our California Statewide Automated Welfare System (CalSAWS), so this group will continue to be covered. As of January 1, 2027, MC renewals will happen every six months for a specific group. This would be the 19-to 64-year-olds enrolled under the Affordable Care Act Medi-Cal Expansion group. We will continue to conduct our automatic renewal process, meaning we will take our files and send them up to be matched with the federal files. If everything matches, they will be automatically renewed, and notice will be sent saying they have been renewed for another year. Anyone else who is not successfully auto-renewed will receive a packet in the mail asking them to complete it or go to BenefitsCal to complete the renewal process online. We will process those renewals, and they will receive a notice saying they have been renewed for another year or for another six months. We estimate that about 1.3 million people are included in the six-month renewals. Not everyone will fall into the six-month renewal bucket. We have other MC customers not subject to the six-month renewal requirements who will continue to complete annual renewals. This includes customers receiving MC under any other coverage group like Non-Modified Adjusted Gross Income (MAGI), parent/caretaker relative, children, American Indians and Alaskan Natives, pregnant customers or those in a 12-month postpartum protection period, and children under age 19. The MAGI population's eligibility is determined based on income, and the Non-MAGI population's eligibility is determined based on income and property. It's the MAGI population that has to recertify every six months. Effective January 1, 2027, there will be a lot of changes. This means that they will have to either participate in work, education and training, or volunteer community service activity for 80 hours per month. And if they are working, or if the work means that they are earning an income of $580 per month. That means you don't have to do the 80 hours. Only earn $580. For example, if you start working somewhere that pays $20 an hour, that is about 29 hours. This means you don't need to work the 80 hours. Once you get $580, you satisfy the requirement. Also, anyone who receives unearned income of $580 can also be considered to have met the income requirement here. Unearned income can be if you receive income from your kids or from relatives or passive income that comes in. If you have received a settlement or something similar. The following customers will be exempt from the work and community engagement requirements: individuals entitled to or enrolled in Medicare Part A or Part B, foster/former foster youth under age 26, American Indian and Alaska Natives, parents, guardians or caretaker relatives of a dependent child age 13 and under or a disabled individual, pregnant individuals or individuals receiving postpartum coverage, individuals incarcerated or recently released within 90 days, individuals

meeting Temporary Assistance for Needy Family or Supplemental Nutrition Assistance Program work requirements, fully disabled veterans, individuals participating in a drug/alcohol treatment program, and medically frail.

Ms. Cheatham also explained that on June 1, 2026, the Centers for Medicare & Medicaid Services released policy guidance on work and community engagement requirements, which included a clarification on the medically frail definition. It expanded the policy guidance on who is subject to work requirements, and it standardized the federal definition of what medically frail means. It also gave us the definitions on determination and self-attestation, which we thought we would be able to allow people to self-attest that I'm medically frail. It also identified what qualifying community engagement activities are. But the biggest impact is that the medically frail determination became a two-part test. The first part is that the individual must be identified as having a condition that meets the medical definition, and then that definition must significantly impair the person's ability to meet the work requirement. That didn't exist before. This means that the state has to take a step back and change their planning, their policy, and their training in their guidance to counties. The state had looked at ways of automatically identifying using claim records and things like that to automate the process, but this new policy guidance from the federal level changes how they were planning to do that. The state has to reassess based on this information on how they're going to do that because it's no longer enough for a customer to have a diagnosis of X. Now it's, I have a diagnosis of X, and this diagnosis prevents me from meeting this requirement. The diagnosis and even the treatment are no longer sufficient. There is a lawsuit that has been filed by 24 states arguing that they've gone beyond what is outlined in H.R. 1, and we'll learn more in the coming weeks.

Ms. Cheatham also explained that effective January 1, 2027, retroactive MC coverage will be limited to one month for adults ages 19-64 under the Adult Affordable Care Act Medi-Cal Expansion or two months for all other eligible persons. Also, effective October 1, 2028, co-payments will be imposed for adults in the Affordable Care Act Medi-Cal Expansion Group (ages 19 through 64) with income over 100% of the Federal Poverty Level limits. In April 2026, the premium amount that was proposed was between $30 and $50. With the new budget, we do not have an amount yet. Keep in mind that the premium is per person, not per household.

Ms. Cheatham stated that to assist customers who need to meet the work requirements, DPSS is sharing information on available food resources if CF benefits have been impacted, working with the CEO/Poverty Alleviation Initiative team to provide information needed for food distribution, and developing a resource listing on available work requirement opportunities. We also want to make sure everyone

knows that workfare and community service/volunteer sites must be non-profit Community-Based Organizations, Faith-Based Organizations, or government agencies. For the past year and a half, we have actively recruited workfare sites and community service volunteer sites, and we've partnered up with the Center for Strategic Partnership to lead and find these sites. We're also ensuring that these sites can be leveraged for multiple programs. We've been working with CF, but a lot of these customers also receive MC too. The last time we counted, 90% also receive MC, and they're likely to also be subject to MC work requirements. We want to make sure that these sites work for MC customers too. We're giving people leads and we're giving them the type of forms that can be provide to DPSS as verification of hours completed for community service or volunteering. We are also developing an application system that we're hopeful can help in many ways. First would be to assist customers in creating a profile, and consenting to share some of their information, but be able to search within a certain radius to find sites to volunteer or for workfare. The user can provide the number of hours they are available and filter their search that way. If they're short 20 hours they could look for a site that offers 20 hours and be referred to the site. The application could let them see their progress and track their hours. Similarly, we want the application to capture the capacity of each site. If the limit is 20 people, we want to limit 20. We don't want to send a site 100 people. We also want the site staff to be able to go use the application to the number of the completed hours today. There would be no paperwork and streamline the process. This would be helpful for them, the customers, and the department. Our staff would be able to verify hours as they do the recertification or the application if needed. In the past, we've talked to this commission about our extensive efforts to communicate the changes. The Keep Your Benefits website has been our centralized point of information for providers, partners, and our customers. We have tracked it very carefully in terms of usage, and its numbers are in the thousands. We also push out all of this information in clear, succinct ways all across all of our social media platforms. And we track it closely, and we're happy to see that a lot of people are looking at it. We're also engaging our sister county departments, all of our community partners, all the people that all the organizations that we make connections with, and there are over 1,500 of them that we exchange information with regularly.

Commissioner Yam asked about the medically frail component, specifically who makes the determination. Ms. Cheatham answered that it depends on the definition that DHCS comes up with based on what the federal government has said. Then there is a verification form that would be provided to the provider. The provider would say the customer meets the definition of medically frail based, and we would take that as verification. DHCS determines that based on what the federal government has said they are supposed to do. Commissioner Yam asked a follow-up question about the medical covered services. Once the restricted

scope becomes effective for the population that you mentioned, it's amazing to me that prevention and wellness are not included when that could prevent so many other services that are needed. Is there any advocacy at any level that can be done, or is this set in stone? Because so much of our dental care is related to our health care. Ms. Cheatham explained that at this time we have limited information and we're waiting on more information.

Commissioner Lee asked what emergency dental includes. Ms. Cheatham explained when the dental package is removed it will only cover emergency dental services, which includes bleeding in the mouth, painful swelling in and around the mouth, a toothache or jaw pain, injuries to the face or jawbone, infections in the gums or teeth with pain or swelling, after surgery care such as bandage changes or stitch removal, a broken took or knocked-out tooth and cutting or fixing wires in braces that hurt the cheek or gums.

Vice Chair ElHessen asked if someone under the 250% working disabled program was being impacted by the changes. Ms. Cheatham clarified that if someone is in the 250% working disabled program or the age blind and disabled program, they fall into the non-MAGI programs, and that means they would have a 12-month renewal group. Vice Chair ElHessen asked if someone is approved for those programs if it's permanent or if they have to reapply to get the eligibility. Ms. Cheatham explained that if nothing has changed regarding the disability, then everything remains the same.

Commissioner Chan stated that the commissioners represent a few organizations and asked if they could register as a volunteer site. Ms. Cheatham replied that they should visit the Keep Your Benefits website to learn how to attend the next information sessions to learn about how to become a site and what it entails. We are also working with the AJCCs, and we're working with the Department of Economic Opportunity to make sure that our workforce development boards and community colleges are informed of these changes.

7.0 COMMISSION BUSINESS

Summer McBride, Chairperson

Discuss/Vote on Final Draft Work Plan

Chair McBride asked Vice Chair ElHessen if she had any comments or questions before opening up a motion to approve the final work plan. Vice Chair ElHessen replied that she had no additional comments and appreciated all the hard work the commissioners put in to help put together this document.

Motion: Commissioner Chan moved that the PSS Commission Work Plan be adopted as modified by County Counsel. The motion was seconded by Commissioner Lewis. Chair McBride called for the vote to adopt the PSS

Commission Work Plan. The PSS Commission Work Plan was adopted and approved by roll call with a unanimous vote as follows:

Summer McBride (Chair) – Aye
Sue ElHessen, Ed.D. (Vice Chair) – Aye
Andrew Yam – Aye
Joni Byun – Aye
Mihran Kalaydjian – Aye
Pollyanna Lee - Aye
Sam Joo – Aye
Veronica Lewis – Aye
Yvonne Chan, Ed. D. – Aye

Chair McBride thanked everyone for their contributions.

8.0 CHAIR'S REPORT

Summer McBride, Chairperson

Chair McBride explained that Miguel sent out an email on her behalf to get questions ahead of future presentations. At this time, there are tentative agenda topics for September, October, and November. Director Contreras has been working on getting those presentations coordinated, so she is not expecting the commissioners to have all their questions ready, but if there's something in a presentation that's coming up, like if you knew that CF was being discussed today and you wanted them to answer questions about this specific part of CF. This is an opportunity for the presenters to know ahead of time what areas might be of interest to you. We can't promise that they'll always be able to provide information on it, but if you can inform the presenters what this commission is most interested in, that will be helpful. Lastly, there will be no meeting in August.

Vice Chair ElHessen added that she attended the meeting for the commission on disability and wanted to share that they are working on an emergency preparedness plan and thinks it's important that we look at the other commission in the county that has similar interest to collaborate and share resources.

9.0 ADJOURNMENT

Summer McBride, Chairperson

The meeting was adjourned by the Chairperson at 12:59 p.m.