

Protecting Your Family's Benefits

What Native Communities Need to Know About Medi-Cal, CalFresh & California Child Care Changes

Federal and California benefit rules are changing. American Indian and Alaska Native people have important protections but the rules are different for each program.

Check out CCUIH Action Alerts to learn more about preserving your access to healthcare.

Register to stay in touch and get updates!



MEDI-CAL

AI/AN people are exempt from the new Medicaid work requirement.

Beginning in 2027, some adults will have federal work or community-engagement requirements. Qualifying American Indian and Alaska Native people are exempt.

AI/AN members keep annual Medi-Cal renewals.

Qualifying AI/AN members are exempt from the new six-month eligibility review requirement. You must still complete your regular annual renewal and respond to county requests for information.

CALFRESH

Native people may qualify for an exemption from the CalFresh ABAWD work rule.

As of June 1, 2026, some adults ages 18–64 must meet CalFresh work/community-engagement rules. California expressly excuses people who identify as an Indian, Urban Indian, or California Indian under the Indian Health Care Improvement Act.

The exemption does not eliminate normal CalFresh recertification.

Continue to complete required reports, respond to county notices, and keep your contact information current.

California Subsidized Child Care. Separate Rules Apply.

- California subsidized child care is separate from Medi-Cal and CalFresh. Do not assume a Native exemption in those programs automatically changes child-care eligibility rules.
- Programs can include CalWORKs Stage One, Stage Two and Stage Three Child Care, California Alternative Payment Programs, and other state-funded child-care and development programs.
- Families should know which program they are enrolled in, watch their recertification/eligibility notices, and respond by the deadline.
- CalWORKs Stage Two generally serves eligible families transitioning off cash aid; Stage Three may continue after 24 months off cash aid if funding is available and family income remains at or below 85% of State Median Income.

Mixed-Status Native Families

Native status and immigration status are separate eligibility issues. A family may include people with different Tribal or Native status, citizenship or immigration classifications, ages, and benefit categories. One person's status does not automatically determine everyone else's eligibility. **All Medi-Cal members who are: Undocumented, Green card holders (lawful permanent residents) who must wait five years for full Medi-Cal, Allowed to live in the U.S. but do not have official immigration status (PRUCOL) are NOT losing your Medi-Cal. A new federal rule means some members will get Medi-Cal through Fee-for-Service instead of a health plan. Fee-for-Service does not mean you pay. Medi-Cal still pays for your care.** You can go to any doctor or clinic that takes Medi-Cal Fee-for-Service.

Ask For An Individual Review

- **Do not cancel benefits for the whole household because one family member receives a notice.**
- Ask the agency to review each household member and each benefit program separately.
- If a notice seems wrong, ask whether the applicable Native exemption was considered before coverage or benefits are reduced or ended.

Need Help? Contact your local Urban Indian Organization or one of the trusted partners below:
Medi-Cal: (800) 541-5555 | CalFresh: (877) 847-3663 | Health Consumer Alliance: (888) 804-3536



What You Can Do Now:

1. Open every notice.

Read letters from Medi-Cal, CalFresh, your county, and your child-care agency.

2. Confirm your Native status.

Ask Medi-Cal whether your AI/AN status is correctly recorded. Ask CalFresh whether the Indian/Urban Indian/California Indian exemption is recorded when the work rule could apply.

3. Keep your information current.

Update your mailing address, phone number, email, and household information.

4. Submit requested information quickly.

A request for information is not always a final termination notice.

5. Get help before cancelling benefits.

If you believe a decision is wrong, ask about review, appeal, or fair-hearing rights.

Who Qualifies as American Indian or Alaska Native for Medicaid?

The federal Medicaid definition is broader than enrollment in a federally recognized Tribe alone. CMS defines an American Indian or Alaska Native for Medicaid purposes as an individual who meets any of the following federal criteria:

1. Member of a federally recognized Indian Tribe

- Is a Member of a federally recognized Indian Tribe.

2. Resides in an urban center and meets one or more of these criteria:

- Is a Member of a Tribe, band, or other organized group of Indians, including Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which the person resides; or is a first- or second-degree descendant of such a Member.
- Is an Eskimo, Aleut, or other Alaska Native.
- Is considered by the Secretary of the Interior to be an Indian for any purpose.
- Is determined to be an Indian under regulations issued by the Secretary of Health and Human Services.

3. Considered Indian by the Secretary of the Interior

- Is considered by the Secretary of the Interior to be an Indian for any purpose.

4. Considered Indian for eligibility for Indian health care services

- Is considered by the Secretary of Health and Human Services to be Indian for purposes of eligibility for Indian health care services, including qualifying California Indians, Eskimos, Aleuts, and other Alaska Natives.

For Eligibility Workers

Before applying a Medi-Cal work requirement or six-month eligibility review, verify whether the individual meets the federal Medicaid AI/AN definition and whether the AI/AN indicator is correctly recorded.

Three AI/AN election options:

1. AI/AN Only: Those that self-reported being AI/AN and no other race nor Hispanic ethnicity
2. Any AI/AN: Those that self-reported being AI/AN only or in combination with another race or Hispanic ethnicity
3. Any AI/AN and/or Registered AI/AN: Those that were reported by a Tribal health program to DHCS as being a Tribal member in addition to those in "Any AI/AN category"

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CMS Medicaid Application / Data Indicator

- CMS's Medicaid AI/AN indicator is tied to the federal definitions at 25 U.S.C. §§ 1603(13), 1603(28), 1679(a), and 42 C.F.R. § 136.12.
- CMS technical instructions also connect the Medicaid application AI/AN questions to whether an applicant is Member of a federally recognized Tribe or has ever received services from the Indian Health Service, a Tribal health program, or an Urban Indian health program, or through a referral from one of those programs.
- A person should not be assumed ineligible for the Native Medicaid protections solely because they are not enrolled in a federally recognized Tribe.

