

Who We Are

The Alameda County Social Services Agency (ACSSA) provides basic safety net services to at risk children, families, and adults. Our main operating departments include Workforce & Benefits Administration, Children & Family Services and Adult & Aging Services. Our programs and services to clients range from child welfare and foster care to CalWORKs, CalFresh, General Assistance and Medi-Cal eligibility and adult protective services. ACSSA serves over 500,000 clients – approximately 1 in every 3 Alameda County residents. We work collectively and in partnership with over 150 organizations to promote the economic and social well-being of individuals, families, neighborhoods, and communities.¹

Federal Policy Priorities

Federal funds provide 38 percent of all revenues to ACSSA², with over \$43 million allocated for Medi-Cal administration (i.e., eligibility and enrollment).³ Federal resources are a critical component of the safety net system in Alameda County, particularly for low-income and vulnerable communities. ACSSA opposes expected cuts to Medicaid under the Trump Administration, including limiting participation in the program through the addition of work requirements.²

TOTAL MEDI-CAL ENROLLMENT IN ALAMEDA COUNTY (JANUARY 2025):*

505,005
INDIVIDUALS



Proposed Work Requirements: Enrollees at Risk

An estimated 8.2 million adults in the state of California are at risk of losing Medicaid coverage under work requirements.⁴ **In Alameda County's two largest congressional districts, over 250,000 Medi-Cal enrollees are at risk of losing health coverage under work requirements.**⁵

Evidence consistently shows that Medicaid work requirements do not increase employment. On the contrary, they impose burdensome administrative barriers and red tape that lead to coverage losses, even amongst participants who are working or are supposed to be exempt. Populations at disproportionate risk of losing health coverage are people with disabilities, women, people experiencing homelessness, and people with mental health conditions or substance use disorders.⁴

¹Alameda County Social Services Agency. (2025). "About Us." Alameda County Social Services Agency. Retrieved March 25, 2025.

²GCR, Office of Policy, Strategy & Innovation. (2024, December 23). "Federal Policy Priorities 2025." Alameda County Social Services Agency.

³County of Alameda Final Budget 2024-2025. "Social Services Agency Program Detail." County of Alameda. Retrieved March 25, 2025.

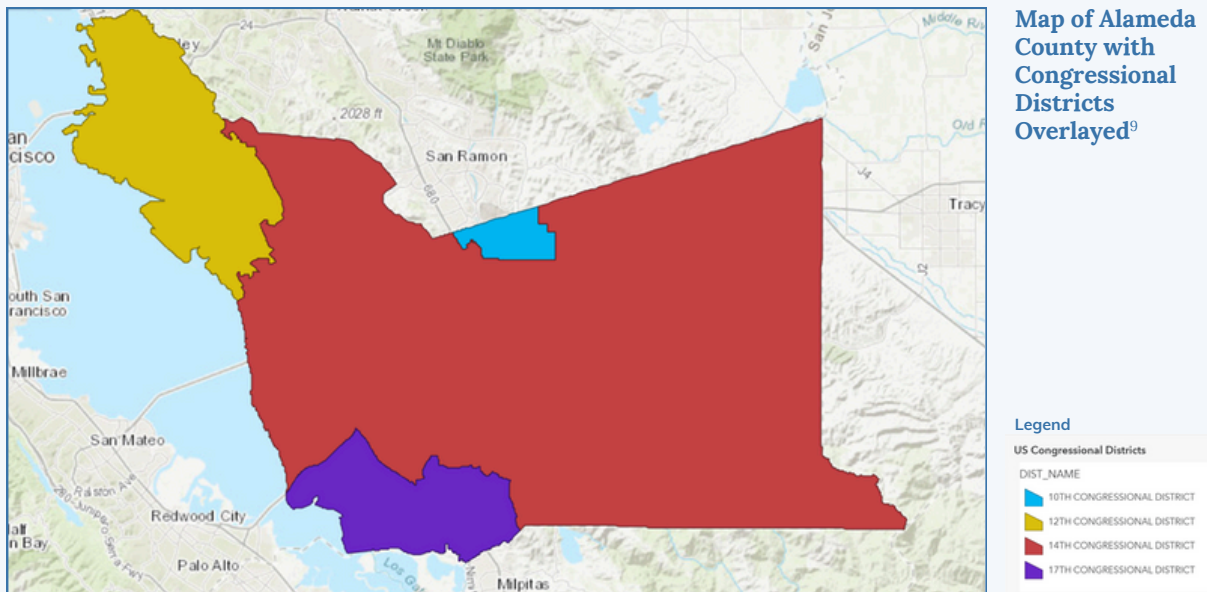
⁴Department of Health Care Services. (2025, January). "Medi-Cal Enrollment and Renewals Dashboard." Department of Health Care Services. Retrieved March 25, 2025.

⁵Lukens, Gideon and Zhang, Elizabeth. (2025, February 5). "Medicaid Work Requirements Could Put 36 Million People at Risk of Losing Health Coverage." Center on Budget and Policy Priorities. Retrieved March 25, 2025.

⁶California Budget & Policy Center. (2025, March). "How Republican-Led Budget Cuts Could Impact Californians in Every Congressional District." California Budget & Policy Center. Retrieved March 25, 2025.

California residents who do not have health insurance and do not meet qualified exemptions are subject to a tax penalty, starting at \$900 per adult in tax year 2024.⁶ In 2022, more than 271,000 households paid the penalty, with an average fine of \$1,149 per household. 60% of those who paid the fines earned \$50,000 or less.⁷ In 2020, a survey conducted by Covered California found that many respondents were unaware of the penalty, with over 50% of uninsured reporting no such knowledge.⁸

For those who may be at risk of losing coverage, this penalty serves as yet another punitive result of the work requirement program, on top of stress, anxiety, and other negative health and economic effects.



Medi-Cal Enrollees by Congressional District⁵

	District 12	District 14
Number of Residents Enrolled in Medi-Cal	262,116	205,356
Percent of Residents Enrolled in Medi-Cal	35%	27%
Medi-Cal Spending	\$3.52B	\$2.73B
Number of Adults at Risk of Losing Health Coverage by Medi-Cal Work Requirements	148K	104K
Percent of Adult Medi-Cal Enrollees at Risk	63%	58%

⁶Covered California. (2025). "Penalty." Covered California, Department of Health Care Services. Retrieved March 26, 2025.

⁷Ibarra, Ana B. (2024, March 20). "California offers health insurance for as little as \$10 a month. Some pay more in tax penalties." Cal Matters. Retrieved March 26, 2025.

⁸Research conducted by Greenberg. (2020, January 9). "Californians' Understanding of the Mandate to Have Health Coverage and the Awareness of Financial Help – December 2019 Survey." Covered California. Retrieved March 26, 2025.

⁹Alameda County Data Sharing Initiative. (2025, March 2). "US Congressional Districts." County of Alameda. Retrieved March 25, 2025.

Proposed Work Requirements: Administrative Impact

Creating a new program to administer work requirements would require a significant amount of time and cost, both upfront and ongoing. Various administrative costs identified by the U.S. Governmental Accountability Office include:¹⁰

1. Modifications to existing IT systems used by welfare agencies
2. Costs to evaluate the program
3. Increased costs associated with notices to beneficiaries
4. Payments to health plans
5. Increased staffing costs for eligibility and employment staff
6. Increased staffing costs for workforce development case managers
7. Job skills training
8. Job search assistance
9. Potential increased cost for CBO contracts

In addition to the list above, ACSSA would also require a substantial amount of resources to ensure ongoing compliance with state and federal standards (pursuant to the specific language in the policy); to create processes and train staff on additional eligibility, redetermination and exemption rules/documentation; to create and distribute outreach material to the community; and to develop new resources for maintaining client engagement, particularly for youth, who face unique challenges maintaining engagement in the Welfare-to-Work program (the required employment and training component for CalWORKs/TANF recipients, unless exempt).

During Georgia's attempt to implement work requirements in their Medicaid program, initial projections estimated the change would cost approximately \$2,490 per enrollee. By the end of the first year of implementation, **the program totaled over \$13,000 per enrollee**. Two-thirds of that cost was spent on systems modifications to the state's online eligibility and enrollment system, additional staff, and other administrative expenses.¹¹ The new requirement also generated a backlog of over 14,000 unprocessed applications within the first year.¹²

Both the creation and ongoing implementation of work requirements within Medicaid would overwhelm the capacity of existing staff, who already face staggering caseloads within departments contending with high vacancy rates. Currently, **ACSSA has a vacancy rate of 50.5% for Employment Counselors and 14.4% for Eligibility Services Technicians (I-IV)**. For employment staff in the CalWORKs Welfare-to-Work program, this averages out to **149 cases (approximately 532 individuals) per worker**. Overall, ACSSA's Department of Workforce & Benefits Administration faces a 21% vacancy rate.¹³ Additional investments to our service providers would also be required, who are responsible for conducting orientation and assessment activities in addition to job training/education curriculum.

Arkansas' one-year attempt to implement work requirements in 2018 resulted in widespread disenrollment from Medicaid due to a near universal lack of understanding of exemption and reporting rules, confusing processes, and difficulty navigating online platforms.¹⁴ Coupled with increasing rates of uncompensated care and growing strains on the health care and social service safety net, work requirements drain the resources of communities and prevent the development of self-sufficiency and dignity that Alameda County is committed to.

¹⁰U.S. Government Accountability Office. (2019, October 10). "Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements." Government Accountability Office. Retrieved March 26, 2025.

¹¹Harker, Laura. (2024, December 19). "Georgia's Medicaid Experiment Is The Latest to Show Work Requirements Restrict Health Care Access." Center on Budget and Policy Priorities. Retrieved March 26, 2025.

¹²Chan, Leah. (2024, October 29). "Georgia's Pathways to Coverage Program: The First Year in Review." Georgia Budget & Policy Institute. Retrieved March 26, 2025.

¹³Internal Position Control data

¹⁴Musemeci, MaryBeth, Robin Rudowitz, and Barbara Lyons. (2018, December 18). "Medicaid Work Requirements in Arkansas: Experience and Perspectives of Enrollees." Kaiser Family Foundation. Retrieved March 28, 2025.