CALIFORNIA CHILDREN'S SERVICES ADVISORY GROUP

Quarterly Meeting

July 15, 2026

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Agenda

1:00 – 1:10	Deputy Director Welcome and Housekeeping
1:10 – 1:15	Director Remarks
1:15 – 1:30	April Meeting Action Items
1:30 – 2:00	Unsatisfactory Immigration Status
2:00 – 2:15	House Resolution 1
2:15 – 2:25	Service Authorization Request Process
2:25 – 2:35	CCS Provider Paneling Process
2:35 – 2:45	CCS Facility Review Process
2:45 – 3:00	Break
3:00 – 3:20	Medi-Cal Pharmacy Benefits Update
3:20 – 3:40	Program Update
3:40 – 4:00	Public Comment

Housekeeping and Meeting Logistics

- Meeting information is available on the CCS Advisory Group webpage
- All meeting participants are muted upon entry
- Discussion is for Advisory Group Members until Public Comment
- Please “Raise Your Hand" or use Chat for questions or comments
- Live Closed Captioning is available during the meeting

Note: DHCS records the meeting for note-taking purposes only

Deputy Director Remarks

Director Remarks

CCS Advisory Group Members

CCS Advisory Group Members

- **Katie Andrew,** Director of Government Affairs, Local Health Plans of California
- **Paloma Barazza,** Family Advisory Committee Member, Central California Alliance for Health
- **Katherine Barresi,** Chief Health Services Officer, Partnership Health Plan of California
- **Tanesha Castaneda,** CCS Program Administrator, Santa Barbara County CCS Program
- **Lianna Chen,** Family Advisory Committee Members, Health Plan of San Mateo
- **Jerry Cheng, MD.,** Chief of Pediatrics LA & Pediatrics Specialties Lead, Kaiser Permanente SCAL
- **Whitney Clark,** Service Line Director – Women's and Children's Services, Sutter Health
- **Janis Connallon,** Project Director, Family Voices
- **Stephanie Dansker,** Board Member/Patient, Bleeding Disorders Council of California
- **Kristen Dimou,** California Children's Branch Chief, San Diego County HHS
- **Mary Giammona, MD.,** Medical Director, Molina Healthcare California

CCS Advisory Group Members

- **Michelle Gibbons,** Executive Director, County Health Executives Association of California
- **Allison Gray,** Program Officer, Lucille Packard Foundation for Children's Health
- **Kelly Hardy,** Senior Managing Director, Children Now
- **Dominique Hensler,** Director, Rady Children's Hospital and Health Center
- **Michael Hunn,** CEO, CalOptima
- **Erin Kelly,** Executive Director, Children's Specialty Care Coalition
- **Ann Kinkor,** Coordinator State Legislative Agency, Epilepsy California
- **Ann Kuhns,** President and CEO, California Children’s Hospital Association
- **Beth Malinowski,** Governmental Affairs Advocate, SEIU California
- **Carol A. Miller, MD.,** Medical Consultant, CCS Medical Advisory Committee
- **Jaime Ordonez,** CCS Program Administrator, Yolo County CCS Program
- **Miriam Parsa,** Chief Pediatric Medical Officer, Cottage Children’s Medical Center

CCS Advisory Group Members

- **Mona Patel, MD.,** Department of Pediatrics, Children's Hospital Los Angeles Medical Group
- **Kelsey Riggs,** Care Management Director, Central California Alliance for Health (The Alliance)
- **Kristen Rogers,** Family Advisory Committee Member, CalOptima
- **Michelle Schenck-Soto,** Program Supervisor – PH Nursing, Imperial County CCS Program
- **Laurie Soman,** Director, Children's Regional Integrated Service System (CRISS)
- **Gina Stabile,** Family Advisory Committee Member, CenCal Health
- **Jim Stein, MD.,** Board President, Children's Specialty Care Coalition
- **Shelby Stockdale,** Whole Child Model Program Manager, CenCal Health
- **Amy Westling,** Director of Policy, Association of Regional Care Centers
- **Katrina Whitaker,** Director of Public Health Nursing, Sutter County CCS Program

April Meeting Action Items

April Action Items

- Action Items
  - Align Service Authorization Request (SAR) timeline to 7 days
  - Policy Guidance Selection Process
  - Provider Enrollment (Paneling) Checklist
- Survey feedback follow-up
- Workgroup Efforts

Advisory Group Survey Feedback

Survey Participation

- Survey continues to yield positive results
- 44% response rate: 15 of 34 members
- Purpose:
  - Build a timely and relevant agenda
  - Informed discussions and program needs
  - Topics common across counties, plans, and associations

Survey Results

- Topics on the agenda:
  - H.R. 1
  - Unsatisfactory Immigration Status (UIS)
  - Medi-Cal Rx
  - Provider Paneling
  - Facility Review

Survey Results

Topic Areas	Examples of topics to discuss	Forum
CCS Enrollment	Data over time by County/Plan. Enrollment data for WCM and Classic Counties, Dependent and Independent Counties, FFS and MTP-only	CCS Advisory Group Meetings (January 2027)
Transition to Adulthood	ISCD is in progress of defining a process for transition planning to adulthood	Monthly internal transition plan meetings and external selected stakeholders meeting as needed
WCM Referrals	Pre- and post-referral counts	CCS Advisory Group Meetings (January 2027)
Training	Provider, Program Manager, Annual Fiscal, Residential, Financial and Medical Eligibility	All County Meetings
Performance Measures	Track results of HR1 impact in WCM Counties	CCS Redesign Performance Measure Sub Committee
Billing Member Insurance for MTP services	Update billing system for Peds hospice agencies to bill under SB 1004 like MCPs do in specific cases	All County Meetings/ CCS Advisory Group Meetings

Feedback on Surveys Discussion

Workgroup Efforts

Workgroup Efforts

- Active workgroups
  - CCS Aid Codes
  - NICU/HRIF Referral Process
  - UIS Transition
  - Medical Therapy Conference Referral Process

Unsatisfactory Immigration Status (UIS)

UIS Policy

- **Federal guidance necessitates a policy change requiring California to shift the enrollment of about 2 million Medi-Cal members with UIS from Managed Care to Medi-Cal Fee For Service (FFS) by January 1, 2027. This includes about 5,200 CCS Members.**
- DHCS is updating Numbered Letter (NL) 06-1225 – CCS Members with UIS. This will include clarification that Case Management for Transitioning members will shift to Counties
- DHCS is drafting an All Plan Letter (APL) for MCPs. This will include guidance and expectations of transition planning, including care plans and active treatment authorizations

Discussion

House Resolution 1(H.R. 1)

CMS Interim Final Rule: Impact on Medi-Cal Work and Community Engagement Requirements

Pre-Decisional and For Discussion Only

New Work and Community Engagement Requirements in Medi-Cal

- H.R. 1 establishes Medicaid **work and community engagement requirements (WCER)** as a new condition of eligibility for members in the "New Adult Group."
- California must implement WCER by **January 1, 2027**—meaning individuals in this group will need to demonstrate compliance with or meet an exclusion or exception from WCER to be determined eligible for Medi-Cal.
- **CMS issued an interim final rule** on June 1 that establishes the operational framework for WCER. The rule is final effective July 31.

- **Individuals in the New Adult Group are:**
  - (1) Ages 19-64;
  - (2) Not pregnant;
  - (3) Not enrolled in or entitled to Medicare Part A or B;
  - (4) Not otherwise eligible for another mandatory Medi-Cal eligibility group; and
  - (5) Have income that is less than 138% of the federal poverty level which is $22,025 for an individual ($45,540 for a family of four).

Key Guidance Under Interim Final Rule

- **Defines Qualifying Activities:** Provides more granular definitions for each qualifying compliance activity in more detail. (E.g., defines community service, adds in-kind and unpaid to work definition, explains how half-time education will be calculated.)
- **States Must Screen for Exclusion First:** Before applying work requirements, states must check whether someone qualifies for an exclusion, such as being medically frail or a parent of a child under 14. Only individuals who do not meet an exclusion are subject to WCER.
- **Medical Frailty:** Departs from statutory definition and narrows medical frailty exclusion by requiring that qualifying conditions "significantly impair" an individual's ability to work.
- **Short-Term Hardship Exceptions:** Establishes a lookback period (one-month in California) for these exceptions and provides more granular definitions.
- **Self-Attestation:** Allows states to accept self-attestation in 2027, but limits use in 2028 and beyond.
- **Noticing & Outreach:** Specifies when and under what circumstances states must conduct noticing and outreach to members.
- **Good Faith Waivers:** Clarifies that CMS may approve good faith waivers for up to six months at a time and projects approving these requests in only two states.

Exceptions from H.R. 1 Work and Community Engagement Requirements

- H.R. 1 outlines several mandatory exceptions to Medicaid work and community engagement requirements including medical frailty, in addition to optional short term hardship exemptions.

Mandatory Exceptions

- Children under 19
- Individuals eligible for another mandatory eligibility group (e.g., non-Modified Adjusted Gross Income)
- Foster youth
- Former foster youth under age 26
- Parents and other caretaker relatives
- Pregnant women and those entitled to postpartum coverage

Mandatory Exceptions (continued)

- Individuals receiving Supplemental Security Income
- Individuals entitled to Medicare Part A or Part B
- American Indians and Alaska Natives
- Parents/caretaker relatives of a dependent child(ren) 13 years or younger
- Parents/caretaker relatives of a disabled individual(s)
- Veterans with a disability rated as total (section 1155 of Title 38, United States Code)

Mandatory Exceptions (continued)

- **Medically frail individuals or those with special medical needs (as defined by the HHS Secretary), including:**
  - Blind or disabled individuals
  - Individuals with a substance-use disorder
  - Individuals with a disabling mental disorder
  - Individuals with a physical, intellectual, or developmental disability
  - Individuals with serious or complex medical conditions

Mandatory Exceptions (continued)

- **Individuals participating in a drug addiction or alcohol treatment program**
- Individuals meeting Temporary Assistance for Needy Families
- Individuals in compliance with SNAP work reporting requirements or individuals who are non-compliant but, in a household, receiving SNAP
- Inmates of a public institution + recently released from incarceration within the past 90 days

Short-Term Hardship Exemptions

- **Receiving inpatient hospital care,** nursing facility services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity
- **Traveling for an extended period to access medically necessary care** for a serious or complex medical condition that is not available in the individual's community for either themselves or their dependent(s)
- Living in a county impacted by a federally declared emergency or disaster
- Living in a county with high unemployment rate

Next Steps for DHCS

- DHCS is actively assessing its WCER design and implementation work to-date to determine where changes are needed to align with the interim final rule.

Discussion

CCS Service Authorization Request (SAR) Process

SAR

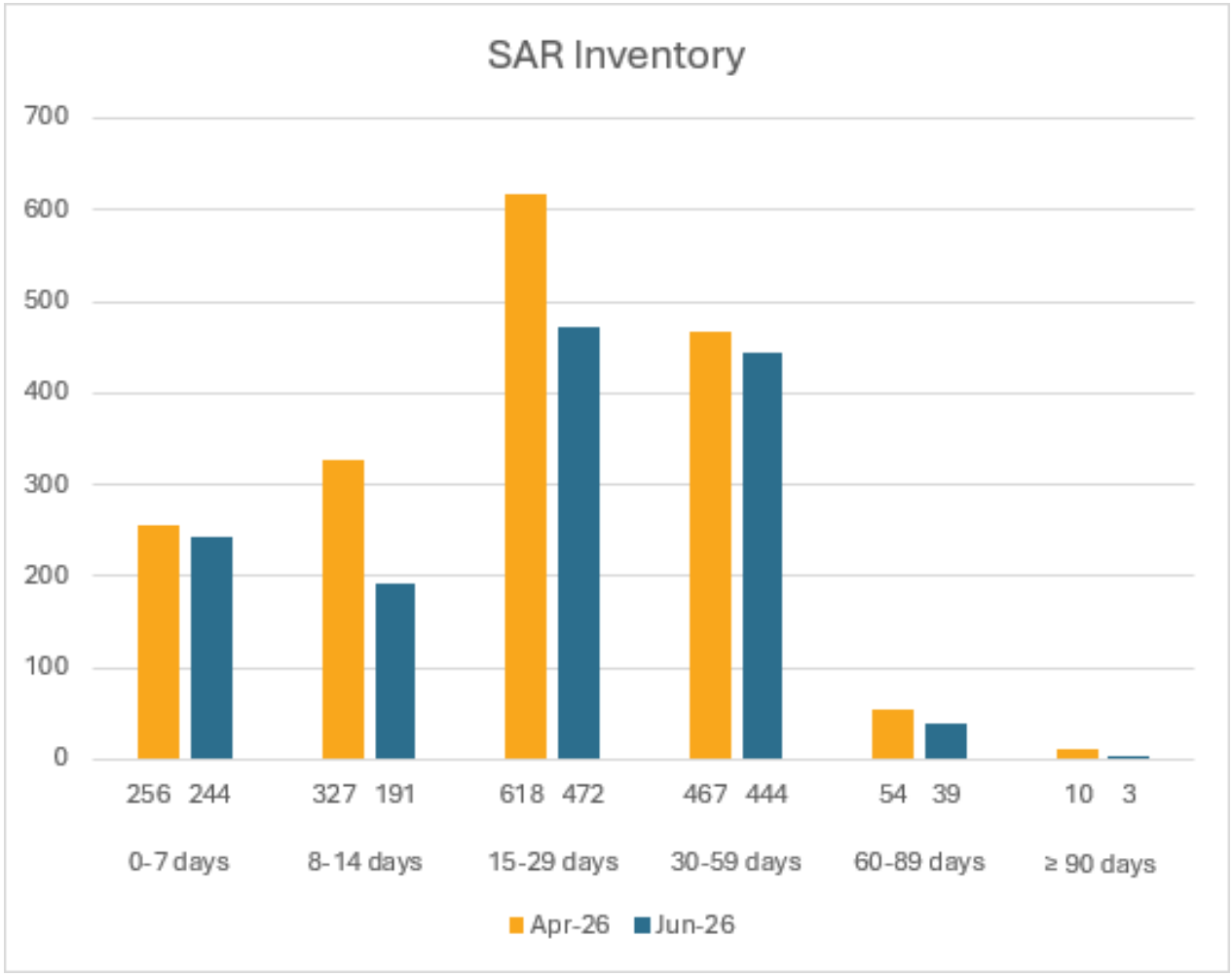
- Inventory
- Process Improvements

SAR Inventory

SARs' Days Pending, as of June 3 (change since April 8):

- 0-7 Days: 244 **(-12)**
- 8-14 Days: 191 **(-136)**
- 15-29 Days: 472 **(-146)**
- 30-59 Days: 444 **(-23)**
- 60-89 Days: 39 **(-15)**
- ≥ 90 Days: 3 **(-7)**

- Total SAR Count: **1,393 (-339)**



Process Improvements to Drive Efficiencies

DHCS is identifying opportunities to streamline processes and reduce SAR approval times

Expanded Provider Electronic Data Interchange (PEDI) access

- Working with the CMS Net team to allow managed care plans access to PEDI to submit referrals and upload medical documentation

Streamline approvals

- Discussing capabilities to automate approvals for lifelong conditions with the CMS Net team

Process Improvements to Drive Efficiencies

CMS Net Updates

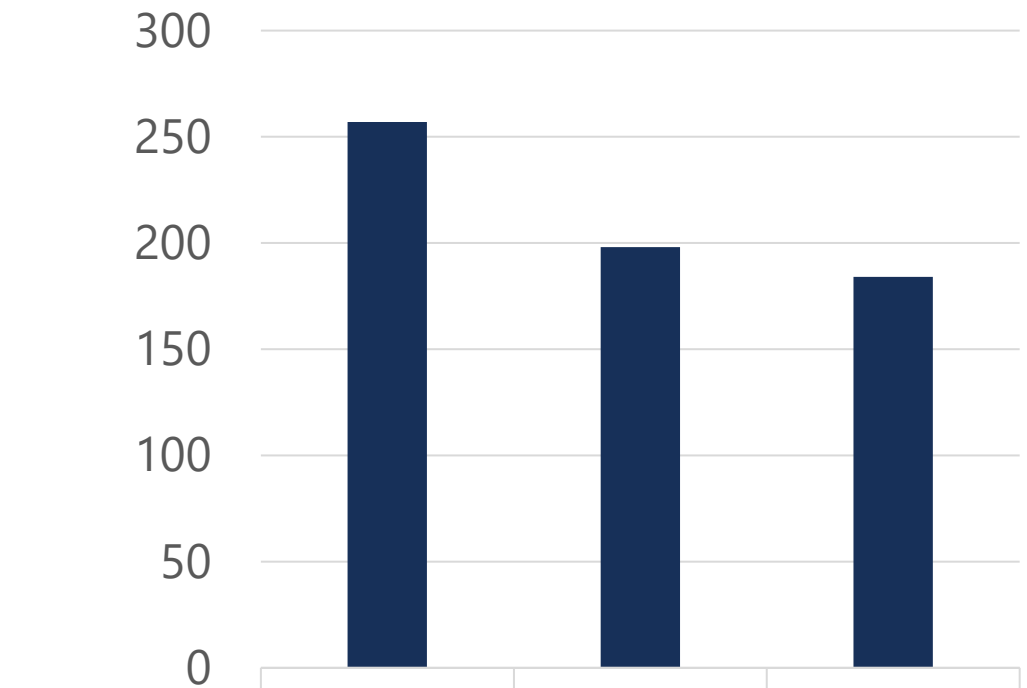
- Working with CMS Net team to modify the system to operate more as a case management system, with process flows and auto assignment

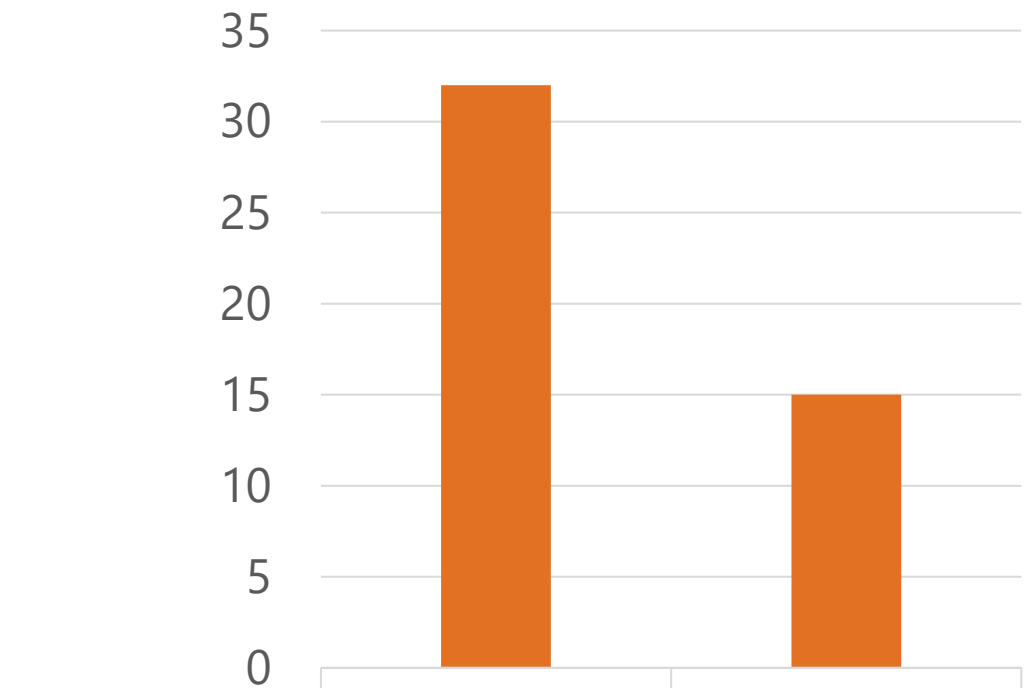
SAR submission process

- Refinements and optimizations to the electronic SAR (eSAR) submission process
  - A SAR submitted electronically through the PEDI system

Annual Medical Reviews (AMR)

AMR Inventory





Discussion

CCS Provider Paneling

CCS Provider Paneling: Process Improvements to Drive Efficiencies

- ISCD is expanding automatic provider paneling to all
  - Nurse Practitioners, Physician Assistants, Allied Health Providers, Board Certified Physicians
  - Foreign-trained Physicians with a National Provider Identifier number and California license will be paneled "by exception"
  - Board-eligible physicians will be "provisionally" paneled for one year, with annual repaneling until board certified
- Requires attestation to the validity of all credentials
- ISCD staff will focus on problems and post-paneling monitoring

CCS Provider Paneling: Strides Made in the Last Meeting

- At the **April 15, 2026**, meeting: **1,370** apps processed since the prior quarterly meeting with temporary redirected staff
- As of **July 7, 2026:**
  - **1,011** apps processed since April 15, 2026
  - **792** pending applications in the queue

CCS Provider Paneling: Application Issues that Lead to Delays

- No Email contact information in system
  - Multiple email follow-up through various contacts at DHCS
- Application submitted as a facility/entity instead of individuals
- Applying multiple times for the same specialty/sub-specialty
- Applying for CCS paneling before being approved as a Medi-Cal provider
- Expired licenses/not board certified

Next Steps

- DHCS intends to develop/create a checklist/cheat sheet to support provider as they navigate the enrollment process

CCS Provider Paneling: Medical Therapy Conference Applications

Interim process… Send applications to **Michael.Luu@dhcs.ca.gov**

- **Subject line: MTC App – [provide name]**

Ensure signature on page 2, and supporting documents included

1. A clear and legible copy of the Social Security card **or** the Individual Federal Tax Identification Number as issued by the Internal Revenue Service
2. A copy of the applicants California Professional License Number

Discussion

CCS Facility Review Process

CCS Facilities Approved

April

- CHLA Colorectal (Los Angeles)
- CHLA Renal (Los Angeles)

May

- Highland General Community Hospital (Oakland)

June – July 7

- CHLA Craniofacial (Los Angeles)
- Kaiser Vallejo Rehabilitation (Vallejo)
- Kaiser Roseville Regional NICU (Roseville)
- UCSF Adult Heart Transplant (*new/CHOW facility*)
- Stone Hearing & Audiology CDC (Montclair) - (*new/CHOW facility*)
- Rady Rehabilitation CDC (Irvine) - (*new/CHOW facility*)

CCS Facilities Approved (continued)

» Pending

- 37 New Facility Applications In Queue
  - Hospitals and Special Care Centers
- 19 Facility Applications Under Active Review
  - 5 New / 14 Recertifications

CCS Facility Review Prioritization

Prioritization of CCS Facility Applications:

1. Whistle Blowers/Complaints
2. Change of Ownership(CHOW)/Change in Address(CHOA)
3. CCS Member Need/Geographic Need
4. All Other New Applications and Recertification of Existing Facilities

Discussion

BREAK

Medi-Cal Pharmacy Benefits Update

Medi-Cal Pharmacy Benefits Update

- 120-Day Provider Panel Authority Extension
- Ordering, Referring, Prescribing (ORP) Enrollment
- Provider Resources for Pharmacy Benefits

120-Day Provider Panel Authority Extension

- To ensure uninterrupted access to maintenance medications for CCS members transitioning to Medi-Cal at 21
- Effective July 1, 2026, Medi-Cal Rx extended CCS paneled-provider prescribing authority to 120 days after a CCS or Medi-Cal member's 21st birthday
- Provides a temporary continuity-of-care bridge while young adults establish prescribing relationships within standard Medi-Cal

Ordering, Referring, Prescribing (ORP) Provider Enrollment

- Federal regulation requires providers who order, refer, and/or prescribe for Medi-Cal members to be enrolled with Medi-Cal using their individual Type 1 NPI
- Based upon stakeholder feedback, DHCS did not proceed with a single implementation date for provider enrollment enforcement as previously announced for June 26, 2026
- DHCS will instead deploy a phased approach to implementation to mitigate the risk of member disruption and enable providers to successfully apply and enroll

Resources:
Provider Enrollment Requirement Updates

- Information concerning stakeholder meetings, key dates, and new resources will be released soon
  - Provider Enrollment Requirement tab, Medi-Cal Rx Education and Outreach webpage (https://medi-calrx.dhcs.ca.gov/home/education/)
  - DHCS Provider Enrollment Division webpage (https://www.dhcs.ca.gov/providers-partners/provider-enrollment-division-ped/)

Provider Resources for Pharmacy Benefits

- Medi-Cal's drug policy adheres to federal standards
- For details on specific drugs:
  - Medi-Cal Provider Manual (https://www.dhcs.ca.gov/behavioral-health-continuum-infrastructure-program/medi-cal-provider-manuals/)
  - Medi-Cal Rx Provider Manual (https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/manuals/Medi-Cal_Rx_Provider_Manual.pdf)

Provider Resources for Pharmacy Benefits

- For information about coverage and utilization controls, refer to the Medi-Cal Rx website (https://medi-calrx.dhcs.ca.gov/home/)
  - Drug Lookup Tool (https://medi-calrx.dhcs.ca.gov/member/drug-lookup/)
  - Contract Drug List (https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/cdl/Medi-Cal_Rx_Contract_Drugs_List_FINAL.pdf)
  - Approved NDC List (https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.02_A_Medi-Cal_Rx_Approved_NDC_List.pdf)
- For additional questions, contact Medi-Cal Rx Customer Service Center toll-free number: 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year

Discussion

PROGRAM UPDATE

Current CCS Policy Prioritization Process

- DHCS Leadership, Medical Operations (MOB) and Medical Policy (MPB) Branches meet monthly to discuss policy
- Medi-Cal regulations/guidance
  - CCS is responsible for policy in the absence of a Medi-Cal policy
- Policy development is guided by member needs, provider requirements and operational concerns raised through stakeholder feedback
- Regulation or Statute required updates

CCS Policy Prioritization Criteria

- New or updates to federal or state statutes and/or regulations
  - i.e., Unsatisfactory Immigration Status and H.R.1
- Medical Advancements
  - New treatment/services
  - Changes to medical necessity
- Program Administrative or Operational
  - Program eligibility
  - System or process changes
- Information not covered in the Medi-Cal Provider Manual
- Outdated policy
  - Clarification requested by stakeholders i.e., Core Standards

CCS Policy Publication Timeline Numbered Letters and Standards

Legal Approval

Standard Timeline: 55 Days

Internal DHCS Review

Standard Timeline: 32 Days

External Review

Standard Timeline: 93 Days

Posting Approval

Standard Timeline: 75 Days

Distribution

Standard Timeline: 12 Days

Projected Total Time: Nine Months

CCS Policy Prioritization Process Proposal

- DHCS is revising the CCS policy prioritization process to integrate external stakeholder feedback:
  - Send a structured survey to gather input in the fourth quarter of the year
  - Discuss policy list that incorporates DHCS' and stakeholder priorities during the January Advisory Group Meeting
- Committed to hearing all perspectives from all sources – CCS county offices, CCS-paneled providers, CCS-approved institutions, managed care plans, members of the public
- Goal: Preserve CCS integrity and member safety while ensuring feasibility, accountability, transparency, and high-quality, patient-centered care

CCS Guidance Documents

Policy Document	Criteria	Status	Next Steps
Assistive Communication Technology Devices NL	Medical Necessity	Final executive review	Distribute and post to website
Hemodialysis Services IN	Medical Necessity	Final executive review	Distribute and post to website
Requirements for Nurse Practitioners NL	Operational	Under legal review	Internal DHCS review
Guidelines for DME-R NL	Medical Necessity	Internal DHCS review	Public Comment
Other Health Insurance NL	Administrative	Internal DHCS review	Public Comment
Cochlear Implants NL	Medical Necessity	Internal DHCS review	Public Comment

CCS Guidance Documents

Policy Document	Criteria	Status	Next Steps
Authorization of Emergency Services as a CCS Benefit	Operational	Internal DHCS review	Public Comment
Unsatisfactory Immigration Status NL	New federal/state policy	Internal DHCS review	OLS Review
H.R. 1 – Information Notice	New federal/state policy	Stakeholder Review	Internal DHCS review
Intercounty Transfer NL and Training	Administrative	Final executive review	Distribute and post to website
EPSDT Services for PDN Case Management	Administrative	Released on July 14, 2026	N/A
Special Care Center Core Standards	Operational	Released on June 8, 2026	N/A

Discussion

ADDITIONAL UPDATES

PUBLIC COMMENT