Stakeholder Advisory Committee & Behavioral Health Stakeholder Advisory Committee Meeting

Special Convening

Tuesday, September 22, 2026

2:00 p.m. to 4 p.m. PDT

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Hybrid Meeting Tips

» Please use a computer or a phone for audio connection.

» Please mute your line when you're not speaking.

» Members are encouraged to turn on their cameras.

» Registered attendees can make oral comments during the public comment period.

» For questions or comments, please email SACinquiries@dhcs.ca.gov.

Welcome and Roll Call

Transition of Medi-Cal Members with Unsatisfactory Immigration Status to Fee-for-Service

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Quality and Population Health Management

DHCS

Agenda

- Introductions
- Overview: Transition of Medi-Cal Members with Unsatisfactory Immigration Status (UIS) to Fee-for-Service (FFS)
- How DHCS is Preparing for the Transition

Overview: Transition of Medi-Cal Members with UIS to FFS

Why This is Happening

Approximately 2 million Medi-Cal members will be affected.

- Per new federal guidance, federal Medicaid funding for members with UIS is only allowed for "actually furnished" (i.e., rendered) emergency services.
- Managed care monthly capitation payments cannot be used because they are not directly for furnished services.
- To maintain federal funding, California will move members with UIS to FFS, where providers are paid per service.

Who are the Medi-Cal Members Being Affected by This Transition?

Affected Populations:

- Medi-Cal members with UIS.
- All undocumented immigrants, including children and pregnant people.
- Lawful Permanent Residents (green card holders) who have been in the U.S. for less than five years.
- Permanently Residing Under Color of Law (PRUCOL) non-citizens living in the U.S. with the knowledge and permission of immigrations authorities (such as those with pending asylum or stay of deportation) while they wait for a final status.
- Qualified Non-Citizens (QNC) who lose federal full-scope eligibility due to H.R. 1.

Not Affected Populations:

- U.S. citizens.
- Other immigrants:
  - Lawful Permanent Residents (green card holders) who have been in the U.S. for five years or longer.
  - The Children's Health Insurance Program Reauthorization Act (CHIPRA) 214 pregnant or postpartum members.
  - Members enrolled in Program of All-Inclusive Care for the Elderly (PACE).

What This Means for Affected Medi-Cal Members

Members are not losing coverage; the way they get care is changing.

- Eligible Medi-Cal members will continue receiving full-scope services.
- Effective January 1, 2027, members will transition from their Medi-Cal managed care plan (MCP) to Medi-Cal FFS.
- Members will have access to enrolled Medi-Cal FFS providers (such as doctors, nurses, clinics, and hospitals).
- Members will lose access to some services, such as Community Supports and Enhanced Care Management (ECM), which are only available in managed care.

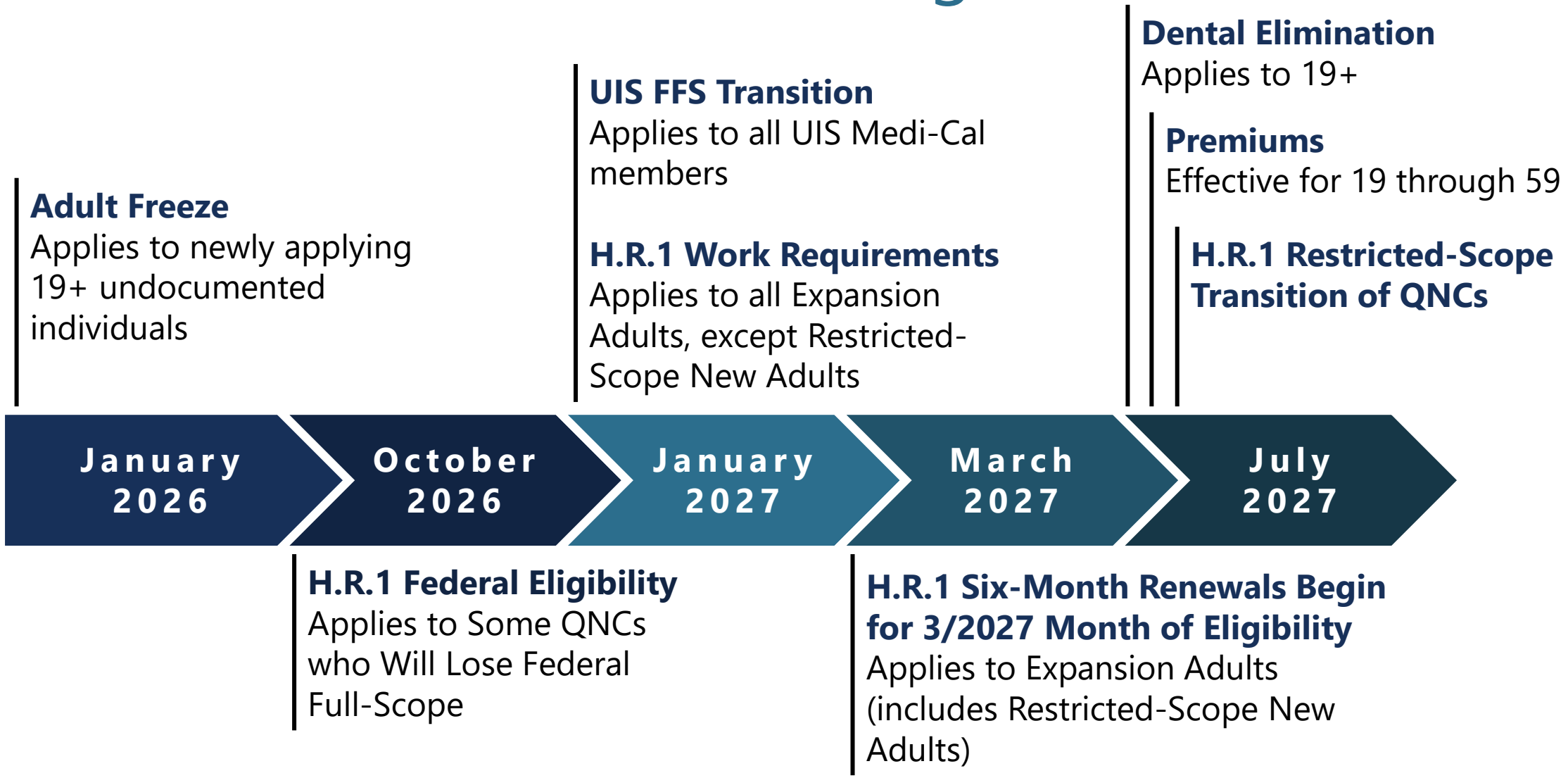
What Doesn't Change?

- Current Medi-Cal members with full-scope Medi-Cal will keep their medical, mental health, vision, and substance use disorder coverage.
- Specialty mental health and substance use disorder services delivered by county behavioral health plans will continue unchanged.

- Members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) will remain in PACE plans.
- Pharmacy benefits will continue to be provided through Medi-Cal Rx.

- Dental benefits remain in place for most members until June 30, 2027.
- Members enrolled in Dental Managed Care (Sacramento and Los Angeles counties) will continue to have dental coverage through managed care.

Summary View of Eligibility, Benefit and Member Transition Changes



What This Means for Plans and Providers

Medi-Cal MCPs

- MCPs must maintain member services, care coordination, and care management functions throughout the transition period (through December 31, 2026) and respond to member and provider inquiries regarding changes in coverage and service access.
- MCPs must support members in identifying their current providers and understanding whether the provider will continue to provide care for the member in Medi-Cal FFS.
- MCPs must assist with provider communication and outreach through provider portal postings and other provider-facing communication channels, leveraging DHCS draft communication templates.
- MCPs must work with DHCS to share data to support transitions of care and help minimize care disruption (especially for special/high risk populations) to the extent possible.

Medi-Cal Providers

- Providers who do not regularly provide care to members in Medi-Cal FFS must reacquaint themselves with Medi-Cal coverage requirements, including utilization management controls, as outlined in the Medi-Cal Provider Manual.
- Providers who do not regularly use the Medi-Cal FFS billing systems must reacquaint themselves with Medi-Cal FFS billing requirements, such as how to submit authorization requests and claims, both on paper and electronically.
- In areas with fewer Medi-Cal FFS providers, existing Medi-Cal FFS providers may see an increase in appointment requests as members transition.

How DHCS is Preparing for the Transition

Guiding Principles for the Transition

- **Member-Centered:** Minimize disruption and harm, protect members with complex needs, and provide clear and accessible navigation support.
- **Provider Readiness:** Assess active provider capacity, deliver timely guidance and resources, and simplify billing, authorization, and referrals.
- **Partnership:** Coordinate across MCPs, providers, and counties, support timely, accurate information exchange, and use feedback loops to improve implementation.
- **Operational Stability:** Maintain service levels, leverage existing infrastructure, and work within current constraints while building forward.
- **Transparency and Accountability:** Engage stakeholders early and regularly, respond clearly to feedback and access issues, and establish and monitor success measures.
- **Federal and State Compliance:** Comply with applicable requirements, protect member rights and program integrity, and sustain compliance throughout the transition.

Transition of Care – Recent Data Insights

1.93M

Total UIS members (April)

~251K Children (under 21)

1.21M

Members with UIS who utilized services in managed care over the last 12 months

151K

Managed care providers serving UIS members*

~86K

Providers enrolled and meaningfully FFS-active*

~45K

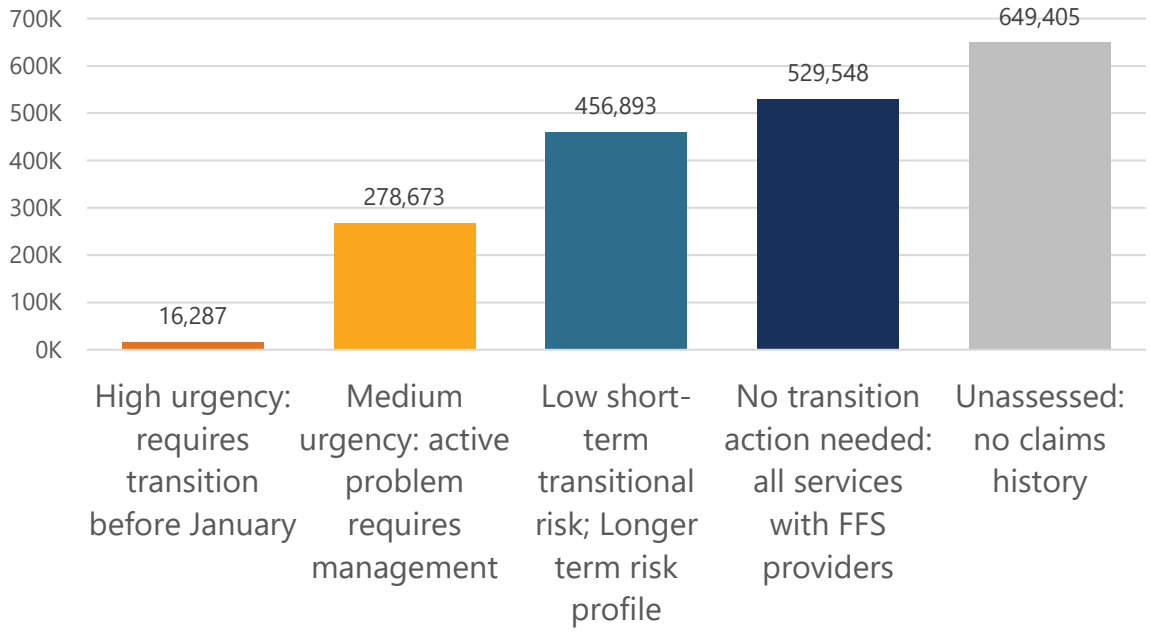
Providers enrolled but not meaningfully FFS-active*

~20K

Providers not enrolled in FFS*

**Note: All numbers on this slide are preliminary.*

Risk Stratification Distribution for Members Transitioning



**Note: All numbers on this slide are preliminary.*

High/medium urgency. 16,287 members carry the most urgent risk with critical continuity of care risk; another 278,673 have an active problem, like dialysis, at a not-ready facility or withdrawal-risk medications with an exposed prescriber — which require active management.

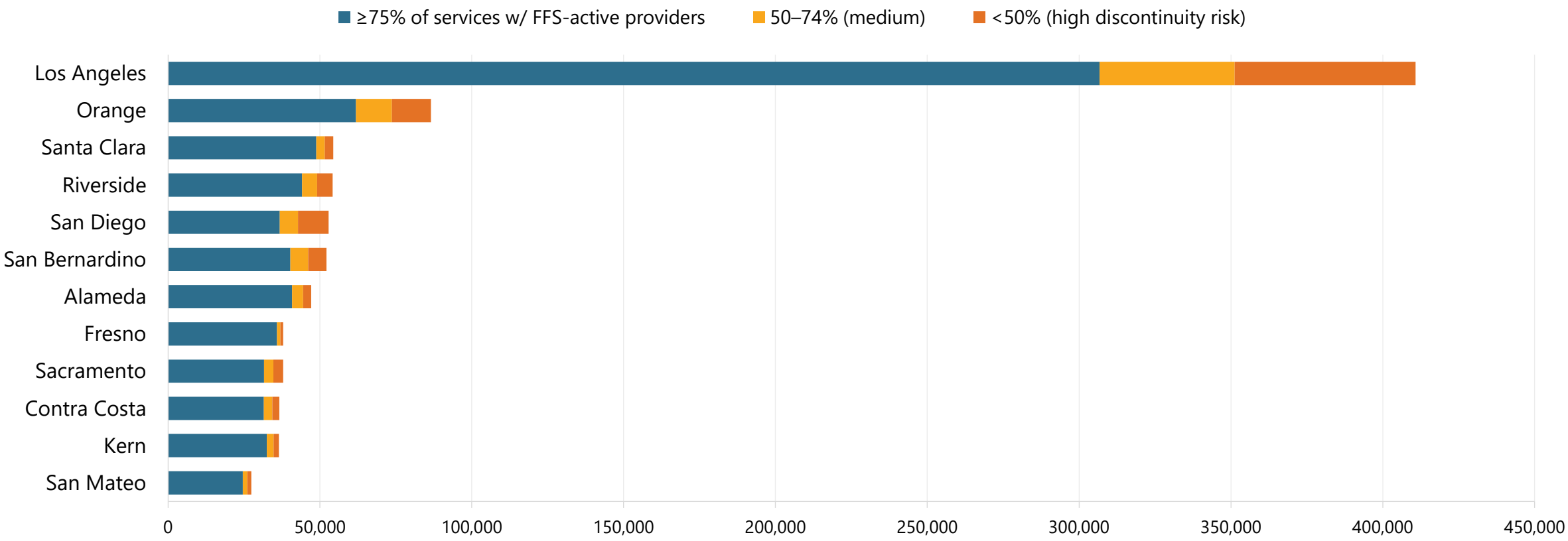
Low short-term risk. 456,893 carry a longer-term risk profile (special populations whose current services are with providers who already bill FFS or members who are not part of a special population and have less risk).

No transition action/unassessed. 529,548 members do not need to take action, because every service they use is already with an active FFS provider. 649,405 are unassessed with no claims history, so we cannot tell if they are healthy or disconnected from care.

DHCS will continue to run analytics on a weekly basis and will do a comparison with Managed Care utilization data to further stratify member risk.

Managed Care Utilization and FFS Discontinuity Risk by County

For every UIS member with managed care utilization, below shows the share of their current services delivered by FFS providers already active in FFS. Members below 50% depend mostly on providers who are not billing FFS. Six counties account for 80.4% of high-risk members.



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DHCS Transition Support

MCPs

- MCP Transition Guide (iterative)
- MCP Deliverables List (iterative)
- Whole-Child Model (WCM) Policy Guidance

Members

- Member Outreach and Support
- Clinic and Community-Based Organization Navigation
- Care Coordination and Care Management

Providers

- Provider-Focused Communications
- Targeted Provider Outreach Strategy
- Additional Provider Trainings

UIS MCP Transition Policy Guide

- DHCS developed a UIS MCP Transition Policy Guide and deliverable list.
- The policy guide sets expectations for MCPs to ensure a coordinated, timely, and member-centered transition for UIS members.
  - Building upon the 2024 Managed Care Transition Guide, it details MCP responsibilities for member and provider communications, continuity of provider access and transitions of care, data and service information sharing, and collaborative transition support.
  - The guide aims to promote continuity of medically necessary services, minimize care disruptions, and ensure all stakeholders receive accurate, timely information throughout the transition.
- A revised version of the guide is released every 6 weeks.
  - V1.0, released on July 21, 2026, included overarching policy goals, transitions of care policy objectives and data exchange requirements to support transitions of care, and provider communications to enable continuity of provider access.
  - V2.0, released on September 1, 2026, focuses on targeted provider outreach, identifying members with high transition risk, and updated data needs.

MCP Deliverable List

- The MCP deliverable list is a document provided to the MCPs as part of the Operational Readiness process to prepare for this transition.
  - It outlines the formal readiness deliverables the MCPs must submit for DHCS review and approval to demonstrate preparedness.
  - In addition to confirming readiness for the January 1, 2027, transition, the submissions also verify a MCP's capability to manage the transition of members with UIS out of the MCP and document the conclusion of certain benefits. By completing this process, DHCS ensures all required standards are met, providing clear and tangible evidence of a MCP's ability to effectively navigate and implement necessary changes.
- The MCP deliverable list is released directly to MCPs via email, in alignment with the UIS Transition Policy Guide as deliverables are identified.
  - V1.0, released on July 27, 2026, requested authorization data for members with UIS, summary of provider outreach activities performed, and a general transition plan for California Children's Services members with UIS.
  - V2.0, to be released in September 2026, will include additional data requests.

California Children's Services (CCS) Program

- Members enrolled in county CCS will remain in the program and may continue to receive care through the same CCS-paneled provider(s). Any care or services received outside of CCS may transition to Medi-Cal FFS providers.
- DHCS is partnering with Whole Child Model (WCM) counties and WCM MCPs to shift care management functions of members with UIS to the county CCS program.
  - Case management services will shift to the county CCS programs, and adjudications of service authorization requests will shift to DHCS in dependent counties and the county CCS program in independent counties.
  - Member care will transition from their WCM MCP to a Medi-Cal FFS provider.
- More details have been provided in Numbered Letter 03-0926 (released 9/1/2026) to CCS County Administrators. Requirements for MCPs vary by the CCS program model type.
- Children and youth enrolled in CCS with complex needs beyond their CCS condition(s) who have been enrolled with ECM providers (predominantly specialty care providers who have capabilities to manage both complex health care and social needs) will be handled on a case-by-case basis, according to member needs.

2026-27 Budget Act Resources

» The Budget Act of 2026 authorized dedicated funding to support DHCS' administrative costs, new care coordination services, and navigation services for transitioning Medi-Cal members.

Administrative Costs	Care Coordination Services	Clinic and CBO Navigation
• $25 million to support administrative costs for the transition of UIS Medi-Cal members from the managed care to FFS delivery system.	• $31 million for care coordination services. • Contracted clinical and non-clinical staffing to provide care coordination and navigation services, with a focus on special populations and members with complex care needs. • Enhancements to Medi-Cal Connect to support active care management of transitioning members and integration with the Nurse Advice Line.	• $8 million for contracts with clinics and community-based organizations (CBOs) to provide culturally and linguistically appropriate care navigation services to transitioning members.

Member-Focused Outreach and Support (1/3)

Member-focused outreach and support will continue to roll out in a phased approach through the remainder of 2026 and into 2027.

- **Summer – Fall 2026:** Foundational information sharing with MCPs, counties, providers, and community organizations, including talking points, FAQs, and other core materials.
  - Fee-for-Service Transition Page: Provides clear, plain-language information for affected members, including what is changing, what is staying the same, and steps members should take.
  - General Fact Sheet and Member FAQ.
  - Find Doctors and Services Tool: This public search tool has been updated with usability improvements to help members find Medi-Cal FFS providers. Additional provider data enhancements are anticipated in December 2026.

Member-Focused Outreach and Support (2/3)

- **Fall 2026 – January 2027:** Preparing partners and members with UIS for the resources that will support them once the transition begins.
  - FFS Transition Webinar: September 30, from 10-11AM - Designed to help providers and advocates deliver clear, consistent, and plain-language guidance during this transition.
  - A DHCS text messaging campaign will provide affected members with information about what to do in all Medi-Cal threshold languages.
  - Updated materials for Coverage Ambassadors, county offices, Community Health Workers (CHW), peer worker, promoters, Tribal representatives, and CBOs.
  - Targeted awareness building through ethnic, community and digital media.
  - Expanded Medi-Cal Help Line capacity to assist members with finding a provider, and a Clinical Nurse Advice Line (January 1 implementation).
  - Member notices will be sent to affected members by December 1, 2026.
  - Members may contact their MCP call centers through December 31, 2026. MCPs must provide information to members about how to determine whether their providers participate in Medi-Cal FFS.

Member-Focused Outreach and Support (3/3)

- **January 2027 and onward:** Detailed, plain-language guidance to members on how they can use their Medi-Cal coverage in the FFS delivery system. This includes instructions on finding providers, accessing care coordination, and navigating support.
- Members can file grievances or submit appeals using established processes. A DHCS member representative will provide a contact to whom members can send questions or concerns.
  - How to File a Complaint
  - How to File an Appeal
- DHCS is establishing a program monitoring and transition command center to triage and resolve issues during the transition.

UIS Transition Clinic and CBO Navigation

- $8 million State General Fund investment for contracts with clinics and CBOs to deliver culturally and linguistically appropriate navigation services.
- DHCS is partnering with California Primary Care Association (CPCA) to implement this effort and administer sub-awards to subcontractors.
- CPCA and its subcontractors will provide support to UIS members as they move from managed care to FFS.
  - Navigators will help affected members understand these changes and connect them with services.
  - The emphasis will be on assisting individuals on navigating this transition, retaining their coverage, and managing care coordination.
- Target contract implementation date: January 1, 2027.
- Investments in media, navigators, and care coordination services will be braided and coordinated with similar investments and resources in helping members, including UIS members, with navigating HR 1 work requirements.

Care Coordination and Care Management

- DHCS is contracting with a vendor to provide a statewide care coordination and care management function and to coordinate with local health care delivery partners.
- Priority will be transitional care management, and focused on individuals with highest clinical risk to minimize care disruption.
- DHCS will proactively identify and engage members identified as high risk through analytics, as well as through referral pathways (from our call centers/Nurse Advice Line, CBOs, and MCPs).
- The vendor will leverage partner engagement locally to connect to care management services, and clinical care.
  - Vendor will actively engage Federal Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and other providers to encourage them to accept more members.

Provider Engagement

Provider-Focused Communications

- Providers and Partners Page.
- Provider FAQ.
- Provider Bulletin (published September 11, 2026).
- MCP requirements for general provider communications through established channels.
- MCP requirements for communications to specific provider types (e.g., Primary Care Physicians, ECM Providers, Community Supports Providers).

Targeted Provider Outreach Strategy

- Multi-phased, data-driven, targeted outreach strategy.
- Tailored messaging based on provider status (e.g., not enrolled in FFS Medi-Cal, enrolled in FFS Medi-Cal but not actively billing, and actively enrolled in Medi-Cal with capacity to accept more patients).
- Target known priority areas and services (e.g., transportation providers, Los Angeles County).
- Interventions range from high-level relationship management to on-the-ground vendor-supported provider engagement.

Medi-Cal Member Resources

These Medi-Cal member resources provide easy access to key information, tools, and guidance to help members understand the FFS transition and access support.

- FFS Transition All-Comer Webinar
- What Medi-Cal Members Need to Know
- Member-Focused Webpage
- Stakeholder Page
- Find Doctors and Services Tool
- Medi-Cal Changes Toolkit
  - General Fact Sheet
  - Member FAQ
  - Provider FAQ
- How to File a Complaint
- How to File an Appeal

Questions?

Public Comment

Public Comment

- To give all stakeholders an opportunity to share their perspectives within the meeting's time constraints, public comment will be limited to written submissions only for this session. All public comments are recorded in the meeting summary.
- Please submit your comments to SACinquiries@dhcs.ca.gov.

Final Comments and Adjourn

Upcoming 2026 Meeting Date

- October 28, 2026