Medi-Cal Children's Health Advisory Panel (MCHAP)

March 12, 2026
10 a.m. - 2 p.m.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Hybrid Meeting Tips

- Use either a computer or phone for audio connection.
- Mute your line when not speaking.
- Members are required to turn on their cameras during the meeting.
- Registered attendees make oral comments during the public comment period.
- For questions or comments, email MCHAP@dhcs.ca.gov.

Welcome, Roll Call, Today's Agenda

Nancy Netherland, Chair

DHCS

Director’s Update

Michelle Baass, Director

DHCS

Governor’s 2026-27 Proposed Budget

Governor's Proposed Budget

- The Governor's proposed budget includes $343.6 billion total funds for all health and human services programs.
- The Governor's proposed budget includes **$229.1 billion total funds for DHCS** and **4,745.5 positions.**
  - Of this amount, $1.3 billion is state operations (DHCS operations), while $228 billion is local assistance (funding for program costs, partners and administration).
- The proposed budget continues to support the Department's purpose to provide equitable access to quality health care.

DHCS Major Budget Issues and Proposals

- Federal H.R. 1 makes significant changes to Medicaid including impacts to enrollment and federal matching funds.
  - Unsatisfactory Immigration Status (UIS) emergency Affordable Care Act (ACA) federal medical assistance percentage (FMAP) adjustment.
    - Results in additional General Fund (GF) cost of $658 million in 2026-27.
  - Work and Community Engagement Requirement.
    - Results in a cost reduction of $373.3 million total funds ($102.4 million GF).
  - ACA Adult Expansion Population Six-Month Redetermination.
    - Results in a cost reduction of $463.3 million total funds ($74.1 million GF).
  - Reduced Retroactive Medi-Cal Timeframes.
    - Estimated savings in 2026-27 are $23 million total funds ($9.6 million GF).
  - Restrictions on Immigrant Eligibility.
    - Full-scope Medi-Cal cost is projected to be $786 million GF in budget year.
- The budget proposes to revise the **Community-Based Mobile Crisis Services** benefit to make the services an optional benefit beginning April 1, 2027.

Additional Information and Resources

- » DHCS Website - **Governor's Budget Documents 2026-27**.
- » Statewide Budget Website – **ebudget.ca.gov**.
- » Department of Finance Website - **https://dof.ca.gov/**.
  - Budget Change Proposals - **Governor's Budget BCPs**.
  - Trailer Bill Language - **DHCS Trailer Bill Language**.

H.R. 1 Updates

DHCS Implementation Guiding Principles

- **Automate to Protect Coverage.** Maximize the use of data sources to confirm eligibility without burdening members and counties. Reduce paperwork, streamline verifications, and safeguard coverage stability.
- **Communicate with Clarity and Connection.** Implement an outreach and education campaign that is culturally relevant, linguistically accurate, and written in plain language to build trust and help members, their families, and caregivers understand the changes.
- **Simplify the Renewal Experience.** Modernize and streamline the Medi-Cal renewal process with clearer, member-friendly forms (first in the New Adult Group, and later for all members) and with six-month renewal steps that are easier to navigate.
- **Educate and Train Those Who Serve Medi-Cal Members.** Deliver comprehensive training on all H.R. 1 provisions for county eligibility workers. Provide clear policy guidance, practical tools, and ongoing technical assistance so counties, plans, providers and DHCS Coverage Ambassadors can confidently support members and avoid error on member cases.
- **Provide Timely and Transparent Communication to Members.** Share information on H.R. 1 changes early on and via multiple channels (mail, text, outbound phone calls, etc.) so members can build awareness, anticipate changes to their coverage, and have ample preparation time to meet new requirements.

Overview of Work and Community Engagement Requirements

Section 71119: Requires states to condition Medicaid eligibility on compliance with work rules (called “community engagement requirements”) for adults ages 19 through 64. The provision applies to adult expansion enrollees under the Affordable Care Act (ACA), also called the “MAGI New Adult Group."

Effective Date: January 1, 2027

Impact:

An estimated **up to 233K Medi-Cal members will lose coverage by June 2027, 1 million by Jan 2028, and 1.4 million by June 2028.** This coverage loss will significantly drive up the uninsured rate and raise costs for hospitals and clinics treating uninsured patients.

All numbers are estimates and subject to change.

Overview of Work and Community Engagement Requirements

- **Requirement:** Individuals must complete one or more qualifying activities:
  - Have monthly income at least 80 times the federal hourly minimum wage ($580) or employment of 80 hours/month (Seasonal work will be averaged over the last six months)
  - Community service of 80 hours/month
  - Enrolled at least half-time in an educational program
  - Participation in a work program of 80 hours/month
- **Exemptions:** The law outlines mandatory and short-term hardship exemptions. Exemptions must be verified every 6 months.
- **All County Welfare Director's Letter (ACWDL) 25-30:** Work and Community Engagement Requirements for New Adult Group
  - Note: This is preliminary DHCS guidance that is subject to change as federal guidance evolves.

Mandatory Exemptions to Work and Community Engagement Requirements

1. Enrolled in one of the following Medi-Cal eligibility groups:
   - **Pregnant or up to 12 months postpartum.**
   - **Foster youth and former foster care youth under age 26.**
   - Aged, Blind, or Disabled people (including individuals who receive Supplemental Security Income).
   - **Children under age 19.**
2. American Indian/Alaska Natives
3. **Parents/guardians/caregivers of a dependent child age 13 and younger.**
4. **Parents/guardians/caregivers of an individual with a disability.**
5. Veterans with a disability.
6. Incarcerated or recently released from a correctional facility within the past 90 days.
7. Entitled to Medicare Part A or enrolled in Part B.
8. Meeting work requirements for Temporary Assistance for Needy Families (CalWORKs) or Supplemental Nutrition Assistance Program (CalFresh).
9. Participating in drug/alcohol treatment programs.
10. Medically frail, per the statute.

Additional Updates

Additional Updates

- **Revised Single Streamlined Application (SSApp)**
  - In December of 2025, The Department of Health Care Services (DHCS) released a newly revised version of the paper SSApp.
  - This revision is the result of a collaborative effort between DHCS and Covered California, incorporating extensive focus group testing, readability assessments, and stakeholder input to improve accessibility and user experience.
- **Reminder: Dental - Limited Benefits for Certain Adult Immigrants**
  - This year, the State Budget mandated DHCS to implement changes that restrict Medi-Cal benefits for certain adult members without satisfactory immigration status. **As part of these changes, dental coverage will end effective July 1, 2026.**

Managed Care Organization (MCO) Tax Update

- On February 2, the federal Centers for Medicare & Medicaid Services (CMS) finalized a rule that changes federal requirements for health care-related taxes used to finance Medicaid programs.
- The rule leaves intact California's MCO Tax through its current authorized term **(December 31, 2026)**, after which the same tax structure will no longer be federally approvable.
- DHCS will work closely with partners and stakeholders on next steps related to the tax and related payment methodologies that are needed to comply with federal requirements. For more details, see the CMS **Final Rule** and **Fact Sheet**.

Questions?

California's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Review: Challenges and Opportunities to Improve Children's Health Services

Pamela Riley, MD, MPH, Assistant Deputy Director and Chief Health Equity Officer, Quality and Population Health Management

DHCS

Overview

- California EPSDT Desk Review Findings
- Concerns and Recommendations
  - Foster care and care coordination
  - Network access (Alternative Access Standards)
  - Well-child visit performance
  - Family navigation and communication
- DHCS Opportunity Areas and Steps

Fortifying the Pediatric Preventive and Primary Care Foundation: Strengthening EPSDT Benefits

- Federal law enacted in 1967 established the **EPSDT requirement**, which **mandates that comprehensive age-appropriate health care services be provided to all Medi-Cal-enrolled children and youth up to age 21**.
- Requires preventive screening, diagnostic services, and treatment services.
- Screenings, coverage requirements, and definition of medical necessity for children enrolled in Medi-Cal are more robust than they are for adult care.

Goal of EPSDT

Ensure that children get the

Right Care

at the

Right Time

in the

Right Place

EPSDT Desk Reviews: Purpose

- The **Bipartisan Safer Communities Act of 2022** charged CMS with reviewing state implementation of EPSDT, identifying any gaps or deficiencies, and providing technical support to address these issues and support state implementation of EPSDT.
- CMS is focusing on individual state success with well-child visits as an important entry point to care for children.
- The goal is for states to clarify which children are getting their well-child visit and areas for targeted improvement.

2025 California EPSDT Desk Review Methods

- Document reviews
- Interviews with state officials, Medi-Cal managed care plans (MCP), pediatric providers, and advocates
- Topic areas:
  - Plan selection, enrollment, and primary care provider (PCP) assignment
  - Informing members and families about EPSDT
  - Diagnostic and treatment services
  - Periodicity of well-child visit screenings
  - Support services
  - Coordinating care with related programs
  - Data for monitoring and quality
  - Provider utilization/network adequacy

California is ***Behind*** National EPSDT Screening Rates for Age 0-1

2023 T-MSIS WCV data analysis:

- **Screening:** Children who **received a** well-child visit
- **Other:** children who received other services, but **not a** well-child visit
- None: children who received **no services**

Age Group	Location	Screening	Other	None
Under 1	California	74.8%	7.8%	17.3%
	National	90.4%	4.8%	4.8%
Age 1-2	California	76.6%	11.5%	11.9%
	National	79.6%	11.5%	8.9%
Age 3-5	California	63%	23.3%	13.7%
	National	62.6%	25.1%	12.4%
Age 6-9	California	50.3%	35.6%	14.1%
	National	49.7%	38.3%	12.%

Source: NORC at the University of Chicago analysis of California Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) for calendar year 2023

California WCV Performance 2023

- **Infants <1: California 83% vs National 91%** → notable opportunity to ensure timely newborn enrollment and first-year care
- **Early childhood (15–30 months):** California 64.6% **aligns with national** 64.8%
- **School-age and teens (3–11; 12–17):** California **exceeds national medians** (California 59.4% vs 53.3%, California 54.7% vs 48.5%).
- **Young adults (18–21):** California 36.1% vs 22.4%— **exceeds national** median, but may reflect visit definitions and data capture differences.
- **All ages (CMS-416):** California 47% vs National 51% → **overall improvement needed**

California Promising Practices

- **Member-informed EPSDT materials:** Medi-Cal for Kids & Teens (MCKT) Toolkit with child/teen brochures, “Know Your Rights” letter, and provider training; materials distributed to ages 0-21 caregivers.
- **Transportation:** Directly enrolled transportation providers for Medi-Cal Fee-for Service (FFS); MCPs leverage taxis, wheelchair vans, transit, rideshare; few complaints despite geographic breadth.
- **Child medical necessity:** Criteria explicitly include “correct or ameliorate” standard; reduces barriers.
- **Prior authorization (PA):** Most services approved without PA; when PA is required, review processes align with EPSDT standards.

CMS Concerns and Recommendations

1. Medi-Cal FFS Delivery System Care Coordination Deficiencies – CMS Findings and Recommendations

- Small **FFS cohort (primarily foster/former foster youth)** at risk for missed screenings/services; coordination varies by county.
- Health Care Program for Children in Foster Care (HCPCFC): public health nurses in child welfare agencies support medical, dental, behavioral health needs; overlaps with Enhanced Care Management (ECM) and California Children's Services/Whole Child Model (CCS/WCM) can fragment services.
- **CMS Recommendations:**
  - With the California Department of Social Services (CDSS), evaluate HCPCFC implementation and care coordination outcomes across counties; identify improvement opportunities.
  - **Integrate/streamline care management pathways** (ECM, CCS/WCM, HCPCFC) to reduce duplication and gaps.

1. Medi-Cal FFS Delivery System Care Coordination Deficiencies – DHCS Opportunities and Next Steps

- Improving **care coordination for foster youth**
  - DHCS worked with CDSS to release a comprehensive HCPCFC Program Manual in 2024 as a resource for public health nurses to support their care management efforts.
  - DHCS will continue to work with CDSS to promote the use of these resources.
  - Opportunities to improve the experience of foster youth in MCPs.
- Improving care coordination for FFS children

2. Network Access (Alternative Access Standards) – CMS Findings and Recommendations

- Some pediatric members expected to travel ≥2.5 hours to in-network pediatric PCPs when closer out-of-network options exist, particularly in rural/frontier areas.
- **CMS Recommendations:**
  - Discontinue approving **Alternative Access Standards** for pediatric primary care to improve access to out-of-network providers when care is not available within state established standards.
- Recommendation to track appointments at member level.

2. Network Access (Alternative Access Standards) – DHCS Opportunities and Next Steps

- Modify **Alternative Access Standards approval** for pediatric primary care; allow out-of-network access when standards are unmet.
- Strengthen **oversight of "good-faith efforts"** in network contracting.
- **Define and enforce reasonable travel time and distance standards** for Medi-Cal members; deny alternative access requests that do not meet these standards, and require plans to provide out-of-network access until compliance is achieved.

3. WCV Performance Challenges - CMS Findings and Recommendations

- **Newborn enrollment:** Delays tied to using mother's Client Identification Number (CIN) and non-participation in Newborn Gateway at some hospitals
- **Access constraints:** Clinic staffing and limited hours
- **CMS Recommendations:**
  - Strengthen **newborn enrollment** via Newborn Gateway
  - Add EPSDT focus to the **Comprehensive Quality Strategy**
  - Request **External Quality Review Organization study** on WCVs
  - Develop a statewide **performance improvement plan (PIP)** focused on improving well-child visits
  - Improve **data quality** to improve well-child visit capture

3. WCV Performance Challenges – DHCS Opportunities and Next Steps

- **Newborn Gateway** process improvement efforts:
  - Prioritize addressing Newborn Gateway challenges to facilitate newborn enrollment
  - Develop interim mechanisms to ensure timely newborn enrollment into Medi-Cal
- **MCP improvement areas:**
  - Encourage plans to increase the number of network providers that offer **expanded evening and weekend hours** to potentially increase utilization rates for well-child visits.
  - Increase oversight of MCPs' adherence to contract requirements to **require EPSDT training/screenings** and to identify and contact members who are not utilizing EPSDT services.
  - Ensure that all MCPs follow technical specifications for the child core set measures, including well-child visits, and focus on **improving the quality of encounter data**.

DHCS Opportunities - CMS Affinity Group: Improving Preventive Care in Early Childhood (1 of 2)

- In September 2025, DHCS began participating in a **21-month CMS state affinity group** to improve utilization of preventive services in early childhood, including advancing preventive care through well-child visits.
- **Pre-implementation phase** (3 months): understanding opportunities for improvement and developing a **quality improvement project.**
- **Implementation phase** (18 months): Work with quality improvement partners to implement, test, and improve quality improvement intervention.

DHCS Opportunities – CMS Affinity Group: Improving Preventive Care in Early Childhood (2 of 2)

- **Goal**
  - Improve WCVs for 0 – 3 population
- **Collaboration**
  - Core team – DHCS (QPHM, MCQMD, HCBE, EDIM), CDPH
  - Quality improvement partners – MCPs, advocates, members, and caregivers
- **Potential improvement areas**
  - Eligibility and enrollment
  - Data collection and reporting
  - Access and care delivery

DHCS Opportunities – Institute for Healthcare Improvement (IHI) Child Health Equity Learning Collaborative

- DHCS is partnering with IHI to conduct learning collaboratives to **build MCP capacity to improve children's preventive care outcomes**
- **Phase 1 (March 2024 – March 2025):**
  - MCP + clinic pilot testing equity quality improvement (QI)
- **Phase 2 (September 2025 – December 2026):**
  - Goal – Increase well-child visit rates for children 0-3 by at least 5 percent.
  - Approach – implement successful evidence-based interventions.
    - Enhanced appointment access and scheduling.
    - Connect members with available resources to support the completion of well-child visits.
    - Connect families with patient navigation services.

Promoting Best Practices for Improving Children's Preventive Care Outcomes

Improving Access

- **Expanding weekend/evening access** to improve availability.
- **Incentives and targeted outreach** for members not utilizing care

Primary Care Transformation

- Practice transformation using **dedicated staff, data analytics, and incentive structures** to improve performance.
- Addressing **care gaps through education and outreach**, with a focus on **community engagement.**

Improved Data Collection and Reporting

- Addressing **gaps in data completeness and reporting delays** in DHCS data sources.
- Expanding **electronic data-sharing agreements** for improved tracking.

Collaboration with Key Partners

- Strengthening health plan partnerships with **Women, Infants, and Children (WIC), First 5, schools, and health navigators.**

4. Family Navigation and Communication – CMS Findings and Recommendations

- **Challenge:**
  - Families face a complex landscape across counties, community-based organizations, and MCPs.
- **CMS Recommendations:**
  - Clarify accountability: Who reminds families of due well-child visits; who outreaches when overdue; who finds specialists and resolves barriers (transport, language/culture, literacy).
  - Provider manual: Improve navigation to EPSDT policies, including requesting non-standard benefits.

4. Family Navigation and Communication – DHCS Opportunities and Next Steps

- Re-promote **Medi-Cal for Kids and Teens** materials
- Explore opportunities to ensure that providers can more easily find information on EPSDT policies in the **provider manual**, particularly regarding "non-standard benefits"
- **Streamline care management pathways**, especially among ECM in the CCS/WCM and HCPCFC.
- Ensure MCPs are providing appropriate **care coordination services**, including population health management for children without complex needs.
- Prioritize **execution of MOUs** between MCPs and counties that provide targeted case management.

Medi-Cal for Kids & Teens (EPSDT) Outreach and Education

- DHCS refers to the EPSDT benefit as **Medi-Cal for Kids & Teens**
- DHCS developed resources to **support family and provider understanding of benefits:**
  - Child and Teen/Young Adult Brochures
  - Know Your Medi-Cal Rights Letter
  - Provider Training

Medi-Cal for Kids & Teens: Brochures

Included in the brochures

- Overview of covered services, how to access care, and additional resources, including free transportation to and from an appointment.
- Information about services provided at check-ups for children and teens/young adults.
- Key contact information, such as the Medi-Cal Member Help Line, 988, and specialty mental health resources.
- In the child-focused brochure: Condensed Periodicity Schedule for WCVs.
- In the teen/young adult-focused brochure: Overview of sexual health care and behavioral health care services.

What happens at your child's check-up?

Your child's provider will:

- Do a physical exam
- Ask about your family's health history
- Give recommended shots, when needed
- Talk about dental health and, when needed, give your child fluoride varnish and fluoride supplements, and help finding a dentist
- Check your child's hearing and vision
- Discuss important health topics such as development, behaviors, your and your child's mental health, nutrition, sleep, safety, and protecting skin from the sun

Your child's provider will check for:

- **Developmental milestones**
- **Lead poisoning**
- **Anemia,** if at risk
- **Autism**
- **Depression screening** in new mothers
- **Anxiety**
- **Tuberculosis (TB),** if at risk
- **Cholesterol,** if at risk
- **Other health issues** or concerns you have

English 2026: For children from birth to under age 12

If you have questions or want to learn more

Your Medi-Cal managed care plan
The phone number is on your plan ID card and your plan's website or go to www.dhcs.ca.gov/mmchpd

Medi-Cal Member Help Line
Call **1-800-541-5555** (TDD 1-800-430-7077)
Or go to www.dhcs.ca.gov/myMedi-Cal

Medi-Cal Dental
Call Smile, California at **1-800-322-6384**
(TTY 1-800-735-2922)
Or go to smilecalifornia.org or www.dhcs.ca.gov/MCP

Specialty Mental Health
Call **1-888-452-8609**
To ask about services for a serious mental health condition, contact your county Mental Health Plan at www.dhcs.ca.gov/CMHP

Alcohol or drug use
Call the Department of Health Care Services (DHCS) Substance Use Resource Center 24/7 at **1-800-879-2772**
Or go to www.dhcs.ca.gov/SUD-NETRL

Crisis support
Call the Suicide & Crisis Lifeline at **988**

Mental Health Counseling/Coaching Support
Call or text **1-833-317-HOPE** (4673) or go to www.calhope.org

Know your rights and responsibilities
Call **1-888-452-8609**

DHCS
www.dhcs.ca.gov/kidsandteens

Medi-Cal for Kids & Teens

Preventive and treatment services from birth to age 21

Visit the DHCS Medi-Cal for Kids & Teens Webpage for full copies of the child and teen brochures. Brochures are translated into all DHCS threshold languages.

Medi-Cal for Kids & Teens: Your Medi-Cal Rights Letter

Included in the Letter

- Overview of coverage requirements and "medically necessary" services.
- Overview of the appeals, State Fair Hearing, and/or grievance processes for managed care and FFS.
- Information on what a family can do if Medi-Cal care is denied, delayed, reduced, or stopped, including who to contact, how to file an appeal, how to ask for a State Fair Hearing, and/or how to contact the ombudsman.
- Information about how to file a grievance across Medi-Cal managed care and FFS.
- Key contact information for Medi-Cal delivery systems to help members find the right delivery system to contact about a concern.

Medi-Cal for Kids & Teens

Your Medi-Cal Rights

Please keep!
Important information to help children and youth to age 21 get all the care they need

What services can children and youth get if they are in Medi-Cal?

Under California and federal law, all children and youth to age 21 enrolled in Medi-Cal have the right to regular **check-ups** and other **preventive** and **treatment** services needed to stay or get healthy.

This right is known in federal law as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement. It ensures that every child enrolled in Medi-Cal gets the care they need to grow up as healthy as possible. In California, EPSDT is called **Medi-Cal for Kids & Teens**.

The services are **free**, unless the child or youth was found to have a Share of Cost when they qualified for Medi-Cal.

Medi-Cal for Kids & Teens must cover these services if needed, without limits:

- Physical health services, including primary care and specialist visits
- Vision services, including eyeglasses
- Hearing services
- Dental check-ups and follow-up services
- Mental health and drug or alcohol addiction services, including therapy
- Physical, occupational, and speech therapy

Visit the DHCS Medi-Cal for Kids & Teens Webpage for full copies of the letter.
The letter is translated into all DHCS threshold languages.

Medi-Cal for Kids & Teens Provider Training

Training can be accessed at the [DHCS Medi-Cal for Kids & Teens Webpage](#).

Included in the Provider Training

- Beginning in January 2024, Medi-Cal MCPs must conduct Medi-Cal for Kids & Teens training for their network providers to ensure they are able to best support families in fully using Medi-Cal for Kids & Teens services.
- Overview of the Medi-Cal for Kids & Teens' comprehensive set of services under federal and state law, including screening, diagnostic, and treatment services.
- Explanation of the medical necessity definition for children and youth in Medi-Cal.
- Information about how providers can support patient access to Medi-Cal for Kids & Teens services.
- Billing codes for required services.
- Overview of mental health and substance use disorder services, CCS, and skilled nursing services.

Questions?

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program Update

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

Joshua Armstrong, MPA, Supervisor I, Office of Strategic Partnerships, School-Based Services Branch

DHCS

CYBHI Fee Schedule Program Progress

129
Local Educational Agencies (LEA) and public Institutions of Higher Education (IHE), and designated affiliated providers with submitted claims for reimbursement

330% increase since July 1, 2025

57,445
Claim lines paid

1267% increase

17,796 *students represented in claims paid*

890% increase

$4.08 million
in new revenue will go to LEAs, IHEs, and school-linked affiliated providers.

1282% increase

Program Updates

- Finalized Provider Participation Agreement and Data-Use Agreement
- Established extensive CYBHI Fee Schedule program onboarding materials
- Published CYBHI Fee Schedule Program Manual
- Approval of State Plan Amendment (SPA) 23-0027 to add Pupil Personnel Services (PPS) Credentialed Providers for the CYBHI Fee Schedule program
- Approval of SPA 23-0014 to add Certified Wellness Coach Services as a Medi-Cal reimbursable benefit
- Published Parent and Caregiver Brochures/Flyers in English and Spanish
- Published Guidance for Community Providers

CYBHI Fee Schedule Program Website

Home About DHCS Translate

DHCS

Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

Children and Youth Behavioral Health Initiative Fee Schedule program

Announcements

Extension of Deadline to Submit Claims for Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program Services

Effective January 1, 2026, local educational agencies (LEAs), public institutions of higher education (IHEs), and designated affiliated providers may submit claims for reimbursement to Carelon Behavioral Health (CBH) up to 365 days from the date services were furnished to an eligible student as part of the CYBHI Fee Schedule program. Under prior DHCS guidance, LEAs, IHEs, and, designated affiliated providers were required to submit all CYBHI Fee Schedule program claims within 180 days of the date of service to be eligible for reimbursement, unless the LEA or IHE received a "good faith exception" approval from DHCS. Read the full guidance.

Fee Schedule Cohort 6 Readiness Application is Now Live

On October 24, 2025, the Department of Health Care Services (DHCS) released the Cohort 6 Readiness Application for Local Educational Agencies (LEAs) and public Institutions of Higher Education (IHEs) to participate in the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule (Fee Schedule) program and statewide provider network. LEAs and IHEs that are interested in being considered for participation and plan to begin submitting claims for the CYBHI Fee Schedule program by July 2026 are encouraged to submit an application.

The Readiness Application must be completed via SurveyMonkey by 5:00 PM on February 13, 2026. Please save your responses as you draft them as SurveyMonkey may log you out and delete your progress after 30 minutes of inactivity. Applicants may select to apply an Independent LEA/IHE, Consortium Lead, or Consortium Member. Please see the definitions below:

- **Independent:** You will submit data and claims directly to the Third Party Administrator (TPA), and receive funds back from the TPA for only your LEA/IHE.
- **Consortium Lead:** You will submit data and claims directly to the TPA on behalf of other LEAs/IHEs, and receive the funds back for all members of your consortia.
- **Consortium Member:** You will not directly receive funds from the TPA. The Consortia Lead will receive funds on your behalf.

Overview of the CYBHI Fee Schedule program

As part of the Children and Youth Behavioral Health Initiative (CYBHI), the California Department of Health Care Services launched the **CYBHI Fee Schedule program, a first-of-its kind effort to make it easier for students and families to get outpatient mental health and substance use disorder support when, where, and how they need it.** This program creates a sustainable reimbursement pathway for Local Educational Agencies (LEAs) and public institutions of higher education (IHEs) to receive funding for services

CYBHI Fee Schedule Program Manual

- On **September 3, 2025**, DHCS published an **updated version of the CYBHI Fee Schedule Program Manual.**
- This manual will help LEAs, IHEs, and program participants best navigate implementing the CYBHI Fee Schedule program at their school or school-linked site. Please see the CYBHI Fee Schedule Program Manual PDF.

HIPAA/FERPA Toolkit

- **CalHHS released on July 21, 2025.**
- Explains how these two federal data privacy laws – the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule – might apply in different school-behavioral health partnerships.
- **Access the Toolkit Here.**

Parent and Caregiver Resources

DHCS

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program

Parent & Caregiver Information

ioral Health r Students – School Access

form and provide alth insurance day.

: schools are offering alth services and dents and families. the word!

mean: Health plans d to reimburse your hool for providing health and emotional rts. No copays or we need YOU to tell ign up for the

s it work?

ifornia partners d health plans to students can get nd emotional rt in schools across ls already offer an health services to of students; however, securing funding for these services can be a challenge.
Under the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program,

2

California's health plans and insurers are now required to reimburse public schools (including K-12 school districts, colleges, and universities) for covered mental health services provided to students under the age of 26. State law prohibits health plans and insurers from passing any of the cost of these services on to families. This means that the health plans and insurers will pay for mental health services provided to your child in a school-linked setting and there **WILL NOT** be any out-of-pocket expenses (e.g., co-payments, deductibles) for you and your family.

How can you help?

In order to obtain this funding from the health plans and insurers, including the Medi-Cal program, your child's school district must submit a claim for reimbursement to the health plan or insurer. Your child's school may ask you for your health insurance information and/or may ask you to sign a consent form so they can bill the health plan.
If your child is under 18, please sign the consent form and provide a copy of your child's insurance card and/or the name of your child's health insurance company, your child's policy number, and the name of the parent or guardian that carries the health insurance coverage.

3

Agreeing to provide this information to your child's school **WILL NOT** result in any costs for services being passed onto you or your family. These services are completely free and receiving these services in school **WILL NOT** affect your child's coverage under the health plan or insurer.

Will the information be kept confidential?

Yes, the information that you provide to your child's school, including health insurance information, is completely confidential. You and your child are entitled to privacy, confidentiality, and protections under the Family Educational Rights and Privacy Act, a federal law that protects the privacy of students' education records, and the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides the privacy and security of health information.
Your child's health insurance information will not be shared with any outside entities, except as necessary to enable you or your child's school district, college, or university to receive reimbursement for mental health services provided to your child and/or family, or as otherwise permitted under state and federal law (e.g., reporting to the California Department of Health Care Services).

4

What happens if I don't want to provide this information?

Your child may still receive no-cost mental health services at school. However, if you decide not to provide your child's health insurance information, your school cannot access this critical source of funding for schools.
If your child is eligible for special education services under the Individuals with Disabilities Education Act, they are entitled to receive mental health services and supports pursuant to an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Your decision to provide (or not provide) your child's health insurance information **WILL NOT** affect your child's eligibility for these services.

What else do I need to know?

If you have additional questions about providing your child's health insurance information to your child's school, please contact the school administrator at your child's school site or school district.

5

If you want to learn more about the CYBHI Fee Schedule program, please contact the Department of Health Care Services (DHCS) at DHCS.SBS@dhcs.ca.gov.

CYBHI

Every student deserves access to the support they need.

Let's work together to improve the wellness of children and youth in California.

For More Information:

CYBHI Fee Schedule program website:
www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx

Reach out to DHCS via email:
DHCS.SBS@dhcs.ca.gov

Need health insurance coverage? You may be eligible for the Medi-Cal program. Get covered today:

6

Parent/Caregiver Campaign Videos

Please visit DHCS' YouTube channel to download and share today!

CYBHI Resources for Schools

CYBHI

About CYBHI | Our Impact | Schools | News & Community | Events & Funding | Resources

The Children and Youth Behavioral Health Initiative (CYBHI) is bringing services to the places and spaces where youth spend time – like schools!

You play a pivotal role in supporting young people and their families. The CYBHI has many programs that can help you and your students.

Administrators & School Health Personnel

Teachers & School Staff

Students & Families

ADMINISTRATORS & SCHOOL HEALTH PERSONNEL

To learn more about Multi-Tiered System Support (MTSS) tiers, **click here.**

Certified Wellness Coaches

Certified Wellness Coaches provide care to young people through prevention and early-intervention services. These services support overall physical, emotional, and mental well-being. Coaches supplement the efforts of existing professionals,

Increasing Access to Care Services

The Statewide Multi-Payer Fee Schedule provides a sustainable funding source for school-linked behavioral health services and creates a more approachable billing model for schools and local educational agencies. Funding is being distributed

Upcoming – CYBHI Fee Schedule Working Group

- DHCS is hosting a CYBHI Fee Schedule Working Group meeting on **March 18, 2026**
  - 3 PM - 5 PM
  - Link to Register
- **Purpose:** To obtain input about the implementation of the CYBHI Fee Schedule program from key stakeholders, including:
  - Medi-Cal MCPs, health care service plans, and insurers
  - Medi-Cal behavioral health plans
  - LEAs, labor representatives of school employees, and members of the educational community

Questions?

Break

The Newly Released CCS ECM Resource: "Lessons from the Field: Delivering ECM for CCS Populations"

Punreep Sahota, Associate Governmental Program Analyst,
Population Health Management Division (PHMD)

DHCS

Future of ECM

- ECM will continue statewide as a Medi-Cal managed care benefit and **does not depend on CalAIM waiver renewal.**
- **Recent federal changes** to health-related social needs guidance **do not affect ECM authority.**
- **ECM is authorized under federal Medicaid managed care rules as** part of core care coordination responsibilities.
- DHCS remains committed to sustaining and improving ECM in future Medi-Cal innovation efforts with the Centers for Medicare & Medicaid Services.

"DHCS proposes to continue and strengthen key CalAIM components such as ECM…"

Continuing the Transformation of Medi-Cal, July 2025

Agenda

- Share key information with MCPs and address submitted questions.
- Preview the ECM CCS Technical Assistance (TA) Resource, including guidance on:
  - Engaging Children and Families in ECM
  - Service Delivery and the Role of ECM
  - Preparing ECM Care Managers to Serve the CCS Population of Focus (POF)
- Provide time for feedback and Q&A on ECM implementation and the TA resource.

ECM CCS POF Enrollment Trends

DHCS is designing a TA resource on the ECM CCS POF for MCPs, ECM providers, and CCS providers to increase utilization and improve the delivery of ECM for children engaged in CCS.

The 5,593 children/youth enrolled in the ECM CCS POF in Q1 2025 represent ~3% of children enrolled in CCS statewide* -- signaling an opportunity to increase ECM enrollment

**An estimated 91% of CCS-enrolled children/youth are part of the managed care delivery system.*

Source: ECM and Community Supports Quarterly Implementation Report for Q1 2025; CCS Demographics and Enrollment Dashboard. Members may meet eligibility criteria for more than one ECM POF.

Rationale for TA Materials

In 2023 and 2024, DHCS received **extensive feedback from providers and stakeholders** on areas of ambiguity and the need for improved implementation of ECM for the CCS POF.

To improve benefit utilization, DHCS worked with key stakeholders, including members of the CCS Advisory Group, to identify opportunities for improvement and promising practices to address implementation gaps.

DHCS released a resource in December 2025 to support MCPs, providers, and stakeholders with lessons learned on:

- How to cultivate referrals for the CCS POF.
- How ECM can be delivered to add value in parallel to CCS.
- How to strengthen competencies of ECM providers of the CCS POF.

Key ECM/CCS Implementation Challenges

- Uncertainty about eligibility for ECM services.
- Limited awareness of ECM and referral processes.
- Perceived low value of ECM for CCS POF among PCPs, specialists, and schools.
- Confusion over duplication with existing child case management programs.
- Need for clarity on integrating ECM with the CCS model.
- Insufficient expertise among ECM providers to meet CCS children's needs.

Insights confirmed by DHCS through spring 2025 focus groups.

Entities engaged in focus groups: Local Health Departments, CCS providers, ECM providers, children's advocates, Children & Youth Advisory Group, CCS Advisory Group, Collaborative Planning and Implementation (CPI) facilitators, MCPs

ECM TA for CCS POF Preview

Content Overview: Delivering ECM to CCS POF

DHCS held **focus groups with 9 ECM providers and county CCS providers**. Implementation challenges informed the "Lessons from the Field" TA resource.

Section 1: Overview of ECM for Children in CCS

- Clear, distinct roles for ECM Lead Care Manager (LCM) and CCS Nurse Case Manager
- ECM LCM often provides long-term, in-person family support

Section 2: Engaging Children and Families in ECM

Providers prioritize families who:

- Struggle navigating complex health systems (e.g., missed appointments, prep support)
- Need help accessing non-health-care support (e.g., transportation, food, In-Home Supportive Services (IHSS), conservatorship)

Section 3: Service Delivery & Roles

- Four provider use cases illustrating ECM support for CCS children and families

Section 4: Preparing ECM Providers for CCS Populations

Emphasis on skill-building:

- Motivational Interviewing
- ACEs Aware
- Home visiting safety
- Administering screenings

Excerpt: Engaging Children and Families in ECM

Provider Strategies for Building Awareness of ECM

- ECM orientations at pediatric clinic “Lunch and Learns” and staff meetings.
- Presentations to CCS Medical Therapy Program (MTP) occupational therapists and physical therapists.
- Assigning a specific ECM point of contact for special care centers, children’s hospitals, and pediatric practices
- Regular case huddles with ECM LCMs, specialty clinic nurses, and social workers.
- Conducting a Health System Grand Rounds on ECM.
- Distributing ECM FAQs to provider offices

Excerpt: Service Delivery and Role of ECM

Providers and counties highlighted many **examples of ECM's role in supporting children enrolled in CCS** in response to questions on the value of ECM for this POF.

Addressing Food and Nutrition Needs

Food access and nutritional needs often prompt ECM referrals.

ECM LCM actions:

- Conduct home visits to initiate food access referrals.
- Share information on CalFresh.
- Connect families to resources like Medically Tailored Meals and local food pantries.

Support expands to additional needs after initial engagement.

Helping Families with Complex Scheduling

CCS families often struggle with multiple specialty appointments.

ECM LCM actions:

- Coordinate appointments to align with other clinic visits.
- Help families prepare key questions for providers.

Accessing Transportation

Transportation challenges, especially for wheelchair assistance.

ECM LCM actions:

- Help families request Medi-Cal transportation via MCP website or app.
- Ensure drivers arrive on time and file complaints if service fails.

Spotlight: ECM for Health System Navigation

Supporting Families with Multiple Specialists

Initial Need: Missing Appointments

- A MTP team notices a child with cerebral palsy is missing physical therapy appointments.
- CCS nurse case manager (NCM) learns the family struggles to manage multiple specialty appointments due to transportation challenges.

Referral

- CCS NCM refers the family to the ECM provider within the same health department using the ECM team's internal form.

Health Navigation Support (ECM LCM)

- Reschedules the child's MTP appointment to coincide with another clinic visit.
- Arranges Medi-Cal transportation for both appointments.
- Helps the family prepare key questions for providers.

Spotlight: Preparing ECM Care Managers to Serve the CCS POF

Key programs ECM providers should be familiar with to support referrals and applications to services:

- CCS
- Assistance applying for IHSS
- Assistance applying for conservatorship
- Medi-Cal transportation services
- Food and nutrition services and supports (e.g., CalFresh, WIC, Medically Tailored Meals, and community resources)
- Medi-Cal Community Supports

Key skills ECM providers should receive training on:

- Motivational interviewing
- Home visiting safety
- ACEs Aware
- Complex care management
- Documentation and care planning
- Health equity
- Communication/soft skills
- Administering screenings
- Communicating with health care providers and care teams

Distributing and Using TA Resource

Ideas for Using the TA Resource

ECM Providers already serving the CCS POF

- Increasing referrals
- Promising practices regarding collaborating with CCS medical case management providers

ECM Providers not serving the CCS POF

- Key considerations regarding becoming an ECM provider for this POF
- Unique roles an ECM provider plays in this care environment

Additional Provider Support

- Working with ECM and Community Supports providers to expand access to ECM for this POF
- Providing TA and answering questions about services for people receiving CCS

Supporting Use of TA Resource

- **Lessons from the field:** TA resource was released in December 2025 on the **ECM news webpage**.
- What approaches can MCHAP take to support **CCS providers, ECM providers, and referral partners** in using this TA resource?

Other Upcoming ECM TA Resources

ECM Rate Setting and Transparency
Target Release: Q2 2026

Questions for MCHAP

- What feedback does MCHAP have on any additional implementation gaps not addressed by the TA resource?
- DHCS has released this TA resource. Which stakeholders and stakeholder organizations may be helpful partners in sharing this TA resource?
- What other engagement opportunities or formats may be helpful from DHCS teams, including those working on ECM, CCS, and WCM implementation?

Thank You.

Please send all questions and comments to EnhancedCareManagement@dhcs.ca.gov.

Questions?

Public Comment

Public Comment Guidelines

- During the public comment period, we do not answer questions, but simply listen to public comments.
- All public comments are recorded in the meeting minutes.
- Public comments are from members of the public present in the room and those attending virtually.
- Please state your name and organization.
- Please keep your comments concise and limited to 1 minute.

Final Comments and Adjourn

Upcoming Meeting Dates

- June 11, 2026
- September 10, 2026
- November 5, 2026

Thank You.

DHCS