STATUS REPORT ON THE DEPARTMENT OF HEALTH CARE SERVICES ACTIVITIES FOR IMPLEMENTING LEGISLATION AND STATUS OF REGULATIONS

Semi-Annual Report to the Legislature

July 2026

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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EXECUTIVE SUMMARY

This report provides a summary of the Department of Health Care Services (DHCS) legislation from 2013 to 2025 that requires the promulgation of regulations within a specified timeframe. There were no reporting requirements for 2020, 2021, or 2024. As required by specific statutes in this report, DHCS is to adopt regulations and, beginning six months after the effective date of these statutes, DHCS is to provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code (GC), until regulations have been adopted. The summary of the legislation presented in this report is provided each January and July to update the Legislature on the status of regulations and the implementation of legislation.

This reporting requirement is required by the following code sections cited in the authorizing statutes for this report:

GC Sections:
GC 26605.6, 26605.7, 26605.8

Welfare and Institutions Code (WIC) Sections:
WIC 10003, 10950, 14000.7, 14005, 14005.4, 14005.22, 14005.28, 14005.30, 14005.31, 14005.32, 14005.36, 14005.37, 14005.39, 14005.40, 14005.60, 14005.63, 14005.64, 14005.65, 14005.225, 14005.401, 14007, 14007.1, 14007.5, 14007.6, 14007.8, 14007.15, 14011.6, 14011.66, 14013.3, 14015.5, 14015.7, 14015.8, 14021.6, 14094.20, 14102, 14102.5, 14105.33, 14132, 14132.02, 14132.56, 14132.968, 14148.65, 14149.8, 14149.9, 14154

This report lists the legislative bills by the year of enactment with the following information: bill number and author, chapter number and year of enactment, the subject, a brief summary of the bill's requirements and statutory language, the actions taken, and the issue date or anticipated issue date of the regulations. ***Italicized bold*** text with an ***asterisk** indicates updated information since the January 2026 report.

The Appendix at the end of this report provides links to lists of:

- All County Welfare Director's Letters (ACWDL)
- Medi-Cal Eligibility Division Information Letters (MEDIL)
- All Plan Letters (APL)
- State Plan Amendments (SPA)
- California Children's Services (CCS) Numbered Letters (NL)

2013 REQUIREMENTS

AB 82 (Committee on Budget, Ch. 23, Statutes of 2013)

Subject: Compassionate Release and Medical Probation Program

Bill Requirements and Statutory Language:

SEC. 3-5. These sections clarify the requirements that counties must follow to notify DHCS when an inmate is released under the medical probation or compassionate release programs. To the extent the released individual is Medi-Cal eligible, the county is required to pay the nonfederal share of the Medi-Cal costs for these individuals. These sections also specify that individuals released under the compassionate release or medical probation programs may be exempt from enrollment into managed care.

SEC 3 – GC Section 26605.6

SEC 4 – GC Section 26605.7

SEC 5 – GC Section 26605.8

GC Section 26605.6 (h) and GC Section 26605.7 (g) require DHCS to adopt regulations and submit an annual report to the Legislature until those regulations are adopted.

Actions Taken:

ACWDL 20-08, which provided directions to counties on the required notification process, was released on April 13, 2020, but was subsequently made obsolete by the issuance of ACWDL 24-04 on February 29, 2024.

Regulation package number 25-001 has been assigned to the AB 82 regulations related to Medical Probation and Compassionate Release.

Status of Regulations:

DHCS has submitted the package to the Office of Legal Services (OLS) for initial review and received edits. The package was revised accordingly and resubmitted to OLS. Following OLS approval, the package was reviewed by DHCS leadership and then submitted to Regulations and Administrative Services Branch (RASB), formerly known as the Office of Regulations. ***The regulation package is still under review; however, due to other competing priorities and operational constraints within DHCS, the projected timeline for the California Health and Human Services Agency (CalHHS) and the Department of Finance (DOF) submission has changed. It is now estimated***

that the package will be submitted to CalHHS and DOF in first quarter of 2027. Once RASB has reviewed the package and returned it back, DHCS can begin the process of preparing the package to go to the Office of Administrative Law (OAL) for public notice.

ABx1 1 (Perez, Ch. 3, Statutes of 2013)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

ABX1 1 implements a variety of the Affordable Care Act (ACA) provisions, including implementing the new "adult group," streamlining and simplifying the annual renewal and change in circumstance process, and implementing the Modified Adjusted Gross Income (MAGI) income methodology for selected individuals, including the newly eligible population. ABX1 1 also requires DHCS to seek any necessary federal approvals for services and activities subject to federal financial participation (FFP).

The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations and, beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SEC 4 – WIC 14005.4 – Provides eligibility for the Section 1931 program – including coverage of parents and caretaker relatives (WIC Section 14005.30) and eliminates deprivation as an eligibility factor (WIC Section 14005.30(b)(2).

SEC 5 – WIC Section 14005.36 (e) – Managed Care Information Sharing Regulations (Emergency Regulations)

SEC 9 – WIC Section 14005.60 (d) – New Adult Group Regulations

SEC 11 – WIC Section 14005.64 (f) – Use of MAGI income methodology

Note: Section 14005.64 was amended by SB 508 (Hernandez, Ch. 831, Statutes of 2014) to specify the income thresholds for pregnant women and specified groups of children under age 19.

SEC 15 – WIC Section 14013.3 (g) – Agency Eligibility Information Sharing and Verification Regulations

SEC 16 – WIC Section 14015.5 (e) – Eligibility Functions to Exchange Regulations

SEC 17 – WIC Section 14015.7 (d) – Quick Transfer Protocol Regulations

SEC 23 – WIC Section 14005 – Defines caretaker relative

SEC 24 – WIC Section 14102.5 (d) – Enrollment Process Quarterly Report Regulations

Actions Taken:

Issued ACWDLs:

14-01 issued 01-09-14

14-03 issued 02-10-14

14-03E issued 03-04-14

14-05 issued 02-20-14

14-11 issued 03-19-14

14-15 issued 03-28-14

14-16 issued 04-01-14

14-18 issued 04-08-14

14-21 issued 04-25-14

14-27 issued 06-16-14

14-29 issued 08-08-14

14-29E issued 08-21-14

14-32 issued 09-19-14

14-33 issued 09-19-14

14-35 issued 09-29-14

14-38 issued 10-23-14

16-08 issued 04-21-16

16-14 issued 06-15-16

16-16 issued 07-05-16

16-19 issued 10-05-16

Issued MEDILs:

14-06 issued 01-17-14

14-08 issued 01-21-14

14-09 issued 01-23-14

14-10 issued 01-24-14

14-11 issued 01-31-14

14-13 issued 02-07-14

14-14 issued 02-18-14

14-16 issued 02-26-14

14-17 issued 03-03-14

14-18 issued 03-06-14

14-19 issued 03-17-14

14-20 issued 03-18-14

14-21 issued 03-25-14

14-23 issued 04-24-14

14-25 issued 05-07-14

14-26 issued 05-07-14

14-27 issued 05-15-14

14-29 issued 05-16-14

14-30 issued 05-22-14

14-31 issued 06-04-14

14-33 issued 06-12-14

14-33E issued 06-28-14

14-36 issued 07-08-14

14-41 issued 07-21-14

14-42 issued 07-25-14

14-44 issued 08-01-14

14-45 issued 08-06-14

14-54 issued 11-05-14

14-55 issued 11-14-14

14-55E issued 11-18-14

14-56 issued 11-21-14

14-58 issued 11-26-14

16-17 issued 09-21-16

Status of Regulations:

SEC 4, 9, 11 and 23 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package which is pending internal review and approval. Due to the complexity and size of the packet, additional time is needed to complete this process. Progress on this regulations package has been significantly delayed due to changes in staff assignments and workload priorities. These regulations have been drafted but have not yet been sent out for public comment. This package has been revised and is currently under review by RASB, with DHCS review to follow. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 (119th Congress, 2025-2026), and it is not expected to be submitted to OAL prior to January 2029.

SEC 5: Emergency regulations regarding Managed Care Information Sharing were made permanent. Issued 04-21-16.

SEC 15, 16, 17, and 24: Regulations package DHCS 15-010 is under development. Additional time is needed to obtain input from internal and external partners/stakeholders. Progress on this regulations package has been significantly delayed due to a lack of established regulations to build from and minimal reference points to guide the development of the package. DHCS consulted with RASB, which recommended that package 10-017 be submitted before DHCS 15-010 to ensure consistent language, given the absence of foundational regulations for this package. DHCS is actively coordinating with RASB and Legal Counsel.

The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SB 28 (Steinberg & Hernandez, Ch. 442, Statutes of 2013)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

SB 28 requires the Managed Risk Medical Insurance Board to provide California's Health Insurance Exchange (Covered California) with contact information for Managed Risk Medical Insurance subscribers so that Covered California can provide outreach to these individuals regarding their potential eligibility for Covered California products or the Medi-Cal program. SB 28 also includes cleanup language to SBx1 1 and ABx1 1, including provisions to: 1) permit DHCS to implement various provisions of the ACA using ACWDL until regulations are developed no later than July 1, 2017; and 2) develop and implement a new budgeting methodology, no sooner than the 2015-16 fiscal year, for Medi-Cal county administrative costs associated with conducting Medi-Cal eligibility determinations and case maintenance activities.

The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations by July 1, 2017, and, beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semi-annual basis until regulations have been adopted.

SEC 3 – WIC Section 14005.28 (b) – Former Foster Youth Regulations

SEC 4 – WIC Section 14005.30 (b)(2) eliminates assets and deprivation as eligibility factors for Section 1931 (b) program and WIC Section 14005.30 (e)(2) addresses MAGI Income.

SEC 5 – WIC 14005.36 (e) – Managed Care Information Sharing Regulations

SEC 6 – WIC Section 14005.37 (v) – Redetermination Regulations

SEC 7 – WIC Section 14005.39 (c) – Redetermination Regulations

SEC 9 – WIC Section 14011.66 (f) – Hospital PE Regulations

SEC 10 – WIC Section 14015.8 (b) – Information Verification and Eligibility Information Sharing Regulations

SEC 12 – WIC Section 14102 (f) – Newly Qualified Immigrants Wrap Regulations

SEC 13 – WIC Section 14132.02 (e) – Alternative Benefit Package Regulations

SEC 14 – WIC Section 14154 (a)(6)(G) County Administrative Cost Control Plan Regulations

Actions Taken:

ACWDL 14-14. Issue Date: 03-27-14

ACWDL 14-22. Issue Date: 04-25-14

ACWDL 14-27. Issue Date: 06-16-14

ACWDL 14-28. Issue Date: 07-07-14

ACWDL 14-31. Issue Date: 09-11-14

ACWDL 14-35. Issue Date: 09-29-14

SPA 13-035 approved, effective January 1, 2014. Issue Date: 03-28-14

Status of Regulations:

SEC 3 and 4 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS's internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. Progress on this regulations package has been significantly delayed due to changes in staff assignments and workload priorities. These regulations have been drafted but have not been sent out for public comment. This package has been revised and is currently under review by the RASB, with DHCS review to follow. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 5: Regulations relating to Section 5 of SB 28 (Hernandez, Chapter 442, Statutes of 2013) were made permanently effective on April 21, 2016, through regulation package DHCS-14-030E, Managed Care Information Sharing.

SEC 6 and 7 [DHCS 14-027 (Redeterminations)] are under DHCS review. Due to the complexity and size of the packet, additional time is needed to complete this process as the redetermination regulation package involves multiple new and amended regulations and processes. DHCS is refining the draft regulations, which impacts redetermination processes that also must now be incorporated into the regulation package. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1, and it is not expected to be submitted to OAL prior to January 2029 as it relates to the implementation of the six-month renewal for certain Medi-Cal members and changes in staff assignments.

SEC 9 is included in the DHCS 16-010 Presumptive Eligibility (PE) regulation package. This regulation package is highly complex and covers many different policy areas. The Medi-Cal Eligibility Division has begun extensive revisions of 16-010 in accordance with RASB feedback. This includes:

- Initial Statement of Reasoning (ISOR) 16-010
  - Detailed Summary and Rationale
  - All Subsection rationale
  - Under internal review
- PE 16-010
  - Following instructions in accordance with RASB feedback
  - Still under revision

There has been progress to this report, most notably with the ISOR document. All subsection rationales have been revised to clearly state the justification of the regulation. DHCS is actively consulting with RASB, ahead of resubmitting this package. DHCS has met with RASB informally ***and has resubmitted the package to RASB for review.***

SEC 10 and 13 are currently under development. There have been no new activities to report since the last report. Progress on this regulations package has been significantly delayed due to changes to staff assignments, workload priorities and because of the impact of implementing the various provisions of the state budget and HR 1. DHCS anticipates that these regulations will be submitted to OAL for review by January 2029.

SEC 12: Newly Qualified Immigrants Wrap was repealed, and regulations are no longer required.

SEC 14: Pending development of a new county administrative budgeting methodology. Per discussions between the Administration and the County Welfare Directors Association, this package is on hold indefinitely.

SBx1 1 (Hernandez, Ch. 4, Statutes of 2013)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

SBx1 1 is a companion bill to ABx1 1 and implements various provisions of the ACA, including the provision of essential health benefits for newly eligible populations,

coverage of former foster care youth, and streamlined eligibility and enrollment processes to facilitate enrollment of low-income individuals into insurance affordability programs, specifically the Medi-Cal program. It includes the use of PE by hospitals. The bill specifies the benefit package for the newly eligible population under Medi-Cal, as well as existing Medi-Cal beneficiaries. It also requires DHCS to seek any necessary federal approvals for services and activities subject to FFP.

The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SEC 3 – WIC Section 14000.7 – Authorized Representative Regulations

SEC 4 – WIC Section 14005.28 – Former Foster Youth

SEC 5 – WIC Section 14005.28 – Covers former foster youth from any state

SEC 7 – WIC Section 14005.31 (b) – Continuing Medi-Cal Eligibility Upon Loss of Cash Aid

SEC 9 – WIC Section 14005.32 (d) – Transfer of Medi-Cal Eligibility Between Medi-Cal Programs Regulations

SEC 11 – WIC Section 14005.63 – Authorized Representative Regulations

SEC 12 – WIC 14005.65 – MAGI methodology allowing projected annual income and reasonably predictable annual income to establish eligibility

SEC 17 – WIC Section 14007.1 – Residency Regulations

SEC 18 – WIC Section 14007.15 – Residency Regulations

SEC 20 – WIC Section 14007.6 – Residency Regulations

SEC 22 – WIC Section 14011.6 – Hospital PE

Actions Taken:

ACWDL 14-06. Issue Date: 02-21-14

ACWDL 14-06E. Issue Date: 05-07-14

ACWDL 14-14. Issue Date: 03-27-14

ACWDL 14-24. Issue Date: 05-06-14

ACWDL 14-41. Issue Date: 12-04-14

ACWDL 17-12. Issue Date: 03-28-17

ACWDL 18-26E. Issue Date: 06-04-19

MEDIL 14-02. Issue Date: 01-09-14

MEDIL 14-04. Issue Date: 01-15-14

MEDIL 14-05. Issue Date: 01-17-14

MEDIL 14-18. Issue Date: 03-06-14

MEDIL 14-32. Issue Date: 06-11-14

MEDIL 14-43. Issue Date: 07-30-14

MEDIL 14-48. Issue Date: 10-01-14

MEDIL 14-57. Issue Date: 11-26-14

Status of Regulations:

SEC 4, 5, and 12 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package which is pending DHCS's internal approval. This regulation package is highly complex and covers many different policy areas. Due to the complexity and size of this packet, additional time is needed to complete this process. Progress on this regulation package has been significantly delayed due to changes in staff assignments and workload priorities. These regulations have been drafted but have not been sent out for public comment. This package has been revised and is currently under review by DHCS. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 3 and 11 are included in DHCS 14-029E. Progress on this regulations package has been significantly delayed due to changes in staff assignments, workload priorities, and ongoing discussions regarding the updates on the Authorized Representative form. These delays are also impacted by the various provisions of the state budget and HR 1. DHCS anticipates that these regulations will be submitted to OAL for review by January 2029.

SEC 7 and 9 were on hold pending federal approval of the Facilitated Enrollment SPA. SPA 23-0033 was approved November 6, 2023, by the Centers for Medicare and Medicaid Services (CMS). DHCS has begun drafting the regulations. The development of

this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 17, 18, and 20: DHCS 14-028E. Control agencies have completed their review, and the package is back with DHCS to update the fiscal/budgeting impacts that were outdated in the original documents. Progress on this regulation package has been significantly delayed due to workload priorities and changes in staff assignment.

These regulations have been drafted but have not been sent out for public comment. Edits have been made to the package based on initial feedback and the package is under DHCS review. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 22 is included in the DHCS 16-010 PE regulation package, which is under DHCS review. This regulations package is highly complex and covers many different policy areas. Progress on this regulations package has been significantly delayed due to workload priorities. ***The regulations package was submitted to RASB and an overview meeting with RASB was completed on April 9, 2026. Internal review of the package is underway and on track for the target date of submission to OAL of January 2029.***

2014 REQUIREMENTS

AB 617 (Nazarian, Ch. 869, Statutes of 2014)

Subject: California Health Benefit Exchange: Appeals.

Bill Requirements and Statutory Language:

SEC 7 – WIC Section 10950

- DHCS, Covered California, and the California Department of Social Services (CDSS) shall implement a process to receive state fair hearing requests for health subsidy programs in electronic form and provide for communication with applicants/beneficiaries through commonly available electronic means.
- DHCS is to provide a semiannual status report to the Legislature starting July 1, 2015, until regulations are adopted.
- DHCS shall adopt regulations by July 1, 2017.

Actions Taken:

No interim instructions issued.

Status of Regulations:

DHCS contracts with CDSS to administer State Hearings and, therefore, is reliant on CDSS to maintain regulations pursuant to that function. No DHCS specific regulations are required. CDSS's Manual of Policies and Procedures is subject to Administrative Procedures Act requirements and carries the weight of law, so policy changes made to the Manual of Policies and Procedures "count" as regulations. The Manual of Policies and Procedures contains State Hearing policy and process.

SB 857 (Committee on Budget and Fiscal Review, Ch. 31, Statutes of 2014)

Subject: Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women

Bill Requirements and Statutory Language:

SEC 46 – WIC Section 14005.22 (c)

Specifies the income threshold for full scope pregnant women is 109 percent of federal poverty level (FPL) and requires a pregnant woman meeting specified eligibility criteria to enroll in a managed care plan (MCP) in those counties that have an MCP.

- All county, APL or provider bulletin to implement until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Six months following effective date of the section (i.e., 12/20/14) status report to Legislature on semiannual basis until regulations have been adopted.

SEC 47 – WIC Section 14005.225 (a)

Seeks SPA or federal waiver to provide coverage to women whose income is above 109 and up to and including 138 percent.

- All county, APL, or provider bulletin to implement until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Six months following effective date of section (i.e., 12/20/14) report to Legislature on semiannual basis until regulations have been adopted.

SEC 54 – WIC Section 14148.65

Requires DHCS to develop and implement the Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women, contingent on federal approval and availability of FFP; work with specified stakeholders to develop notices and procedures to inform eligible women and providers of the program; and other provisions. Subdivision (g) requires that DHCS:

- Issue all county, APL or provider bulletin to implement until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Six months following effective date of the section (i.e., 12/20/14) report to Legislature on semiannual basis until regulations have been adopted.

Actions Taken:

SEC 46 – WIC Section 14005.22 (c):

MEDIL 15-25 and ACWDL 15-35 provide directives that pregnant beneficiaries aided under the full scope Medi-Cal program are required to enroll in an MCP. Issue Date: 08-19-15 and 11-12-15.

SEC 47 – WIC Section 14005.225 (a):

ACWDL 15-35 was issued with details on the Full Scope Medi-Cal expansion incorporated into the California Healthcare Eligibility, Enrollment, and Retention System, effective 8/1/15. Issue date: 11-12-15.

SEC 54 – WIC Section 14148.65:

Informational MEDIL 14-43 issued. Issue Date: 07-30-14.

Status of Regulations:

SEC 46 is included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS's internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. These regulations have been drafted but have not been sent out for public comment. This package has been revised and is currently under review by RASB, with DHCS review to follow. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 47 is included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS's internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. These regulations have been drafted but have not been sent out for public comment. This package has been revised and is currently under review by RASB, with DHCS review to follow. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 54 is included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS's internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. These regulations have been drafted but have not been sent out for public comment. This package has been revised and is currently under review by RASB, with DHCS review to follow. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SB 870 (Committee on Budget and Fiscal Review, Ch. 40, Statutes of 2014)

Subject: Treatment for Autism Spectrum Disorder

Bill Requirements and Statutory Language:

SEC 8 – WIC Section 14132.56 requires DHCS to cover behavioral health treatment (BHT) for Medi-Cal members under 21 years of age. DHCS is required to implement or continue to implement BHT services, only if: 1) it receives federal approval to obtain FFP; 2) it seeks an appropriation of state funding required for the fiscal year; and 3) it consults with stakeholders. Under specified conditions:

- Permits DHCS to implement, interpret or make specific this section through all-county letters, plan letters, or provider bulletins until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Beginning six months after the effective date of this section (i.e., 12/20/14), provide semiannual status reports to the Legislature until regulations have been adopted.

- Permits DHCS to seek federal approval of any necessary SPAs or waivers to implement the section. Requires DHCS to make SPAs or waiver requests public 30 days prior to submission to the federal CMS and address public comments.

Actions Taken:

APL 15-025 issued to update guidance on BHT services (supersedes APL 14-011). Issue Date: 12-03-15

DHCS SPA #14-026. CMS approved retroactively to July 2014. Issue Date: 01-21-16

DHCS SPA #14-033. CMS approved retroactively to July 2014. Issue Date: 03-30-16

DHCS SPA #18-0011. CMS approved retroactively to March 1, 2018. Issue Date: 05-24-18

DHCS SPA #24-0031. CMS approved retroactively to January 1, 2025. Issue Date: 05-15-25

DHCS SPA #25-0028 submitted to CMS September 30, 2025, with a retroactive effective date of July 1, 2025, pending approval from CMS.

DHCS SPA #25-0032. CMS approved retroactively to October 1, 2025. Issue Date: 10-27-25.

DHCS SPA #26-0012. CMS approved retroactively to January 1, 2026. Issue Date: 04-24-26.

Status of Regulations:

DHCS submitted ***SPA #24-0031*** to CMS in the third quarter of 2024 to update supervision requirements, add additional providers, make technical updates to clarify the language, and update the rate methodology used by the Department of Developmental Services. DHCS submitted ***SPA #25-0028*** in the second quarter of 2025 to establish Medi-Cal fee-for-services (FFS) reimbursement rates for BHT services, effective retroactively to July 1, 2025. ***Since the last report, DHCS submitted a new SPA #25-0032 to CMS to make technical edits to the BHT Services Chart to clarify provider types who can provide BHT services and develop treatment plans and SPA #26-0012 to clean-up and make technical edits to the practitioner qualifications.***

DHCS continues to make progress towards finalizing the regulation package to ensure it complies with federal requirements under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and recently made additional, necessary revisions in alignment with SPA #24-0031 to create another pathway for Medi-Cal members under

age 21 to receive BHT services by allowing Medi-Cal FFS providers to enroll and directly bill. ***The package is pending review by the RASB. Given the complexity, substantial size of this packet, and internal DHCS staffing changes, additional time is needed to complete this process. DHCS anticipates finalizing revisions and submitting it to OAL for review by January 2027.***

2015 REQUIREMENTS

SB 75 (Committee on Budget and Fiscal Review, Ch. 18, Statutes of 2015)

Subject: Medi-Cal Coverage for Undocumented Children

Bill Requirements and Statutory Language:

SEC 33-35. These sections authorize full scope Medi-Cal benefits for children under age 19, who would otherwise be eligible for Medi-Cal except for satisfactory immigration status. The DHCS Director will determine and communicate in writing to the California Department of Finance (DOF) that systems have been programmed for implementation of this section, but no sooner than May 1, 2016, to provide full scope Medi-Cal benefits to undocumented children. DHCS shall seek any necessary federal approvals to obtain FFP. Benefits shall be provided with state-only funds only if FFP is not available for those services.

SEC 33 – WIC Section 14007

SEC 34 – WIC Section 14007.5

SEC 35 – WIC Section 14007.8

WIC Section 14007.8 (f)(1) and (f)(2) require DHCS to issue all county or APLs, plan or provider bulletins, or similar instructions to implement these sections until any necessary regulations are adopted. DHCS shall provide a semi-annual status report to the Legislature until regulations are adopted.

Actions Taken:

ACWDL 16-12. Issue Date: 05-04-16

Status of Regulations:

The amended regulation package is under DHCS review. Due to the length of package, the anticipated date has been updated to account for additional time for internal review.

Progress on this regulation package has been significantly delayed due to changes in staff assignment and workload priorities. Additionally, California has continued to implement expansions through various legislative initiatives, which require further updates to previously drafted language.

These regulations are currently under development. The amended regulation package is currently on hold due to significant changes to this section of WIC enacted in the 2025 Budget Act. Once the new policy changes are implemented, the regulation package will need to be completely redone to reflect these updates.

Given the scope of the statutory changes, the previous timeline is no longer applicable, and work on the package has been paused pending further direction.

2016 REQUIREMENTS

AB 1114 (Eggman, Ch. 602, Statutes of 2016)

Subject: Medi-Cal Pharmacist Services

Bill Requirements and Statutory Language:

An urgency measure that adds specified pharmacist services as covered Medi-Cal benefits, subject to DHCS's protocols and utilization controls and approval by CMS. Specifically, the bill requires: 1) DHCS to establish a fee schedule for the list of covered pharmacist services; 2) the rate of reimbursement to be 85 percent of the Medi-Cal physician fee schedule; and 3) a pharmacist be enrolled as an ordering, referring, and prescribing provider under Medi-Cal prior to rendering a pharmacist service submitted by a Medi-Cal pharmacy provider for reimbursement. AB 1114 also authorizes DHCS to implement these provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, until regulations are adopted by July 1, 2021.

SEC 1 – WIC 14132.968 (e)

Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS may implement, interpret, or make specific this section, and any applicable federal waivers and SPAs, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action. By July 1, 2021, DHCS shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Commencing July 1, 2017, DHCS shall provide a status

report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

Actions Taken:

In preparation for implementation, DHCS has finalized the billing codes for the allowed services and has met with, and shared these billing codes with, appropriate stakeholders.

CMS approved SPA 18-0039 on November 26, 2018.

Implementation via the release of letters/bulletins occurred on April 1, 2019.

"Pharmacist Services" was added to "Department of Health Care Services 2020 Rulemaking Calendar," and was submitted to the OAL and included DHCS's projections of its rulemaking activities around the proposed regulation for the upcoming year 2021.The calendar was finalized and routed to the Director on February 6, 2020.

In March 2020, DHCS performed a preliminary review of the draft regulation text.

DHCS submitted SPA 21-0028 to CMS, to add Medication Therapy Management as an additional Pharmacist Services benefit with an effective date of July 1, 2021. This was submitted to CMS on June 30, 2021. CMS approved on September 15, 2021, with an effective date of July 1, 2021.

Status of Regulations:

The regulation package (DHCS-19-002) was previously reviewed for fiscal and economic impact and the required fiscal documents finalized. Additionally, DHCS made the following progress on the regulations: The Public Notice for Regulation package DHCS-19-002 was officially published on December 20, 2024, and was subsequently withdrawn, when AB 1503 (Berman, Chapter 196, Statutes of 2025) was signed into law on October 1, 2025 (effective January 1, 2026), which repealed various Business and Professions Code (BPC) sections that cross-referenced WIC Section 14132.968, which is what gave DHCS the statutory authority for the regulations. ***With the enactment of SB 1433 (Committee on the Judiciary, Chapter 57, 2026), this statutory authority will be restored on January 1, 2027. DHCS will be resubmitting the regulation package for public comments by January 1, 2027.***

AB 2207 (Wood, Ch. 613, Statutes of 2016)

Subject: Medi-Cal: Dental

Bill Requirements and Statutory Language:

AB 2207 does the following: 1) adds performance measures to monitor Medi-Cal dental FFS through providers in pediatric and adult dentistry; 2) requires DHCS to annually publish utilization data for the previous year for both dental FFS and dental managed care on a "per-provider" basis, and report on annual preventive services by prevention, treatment, examination, and general anesthesia categories; 3) aligns FFS and dental managed care annual and quarterly reporting requirements; 4) further defines timing of the deactivation and disenrollment of dental providers, streamlines the provider application process, requires DHCS to annually review the treatment authorization request process and requires DHCS to assess opportunities to develop and implement innovative payment reform proposals; 5) requires Medi-Cal MCPs to perform specified activities to ensure consumer access to covered services; and 6) codifies the Dental Transformation Initiative data reporting and evaluation quality measure requirements across all domains and requires that this information be made publicly available.

SEC. 2 – WIC 14149.8 (j)(1)(2)

(j) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS, without taking any further regulatory action, shall implement, interpret, or make specific policies and procedures pertaining to the dental FFS program and dental MCPs, as well as applicable federal waivers and SPAs, including the provisions set forth in this section, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until regulations are adopted.

(2) No later than December 31, 2018, DHCS shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, DHCS shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Actions Taken:

APL 17-003 Grievance and Appeal Requirements. Issue Date: 05-24-17. Superseded by APL 20-003.

APL 17-008 Network Adequacy Standards for Time and Distance. Issue Date: 11-8-17.

APL 17-010 Changes to Plan Provider Network Report. Issue Date: 12-1-17.

APL 18-003E Network Adequacy Standards for Timely Access. Issue Date: 01-9-18. Revised 03-15-18.

APL 18-006 Modifications to the Performance Measures and Benchmarks for the Medi-Cal Dental Managed Care Program (Supersedes APL 16-017). Issue Date: 03-13-18.

APL 19-004 (supersedes APL 17-010) Provider Network Data Reporting Requirements. Issue Date: 08-14-19.

APL 20-003 (supersedes APL 17-003) Grievance and Appeal Requirements. Issue Date: 12-14-20.

APL 22-006 (supersedes APL 20-003) Grievance and Appeal Requirements Notice and "Your Rights" Templates. Issue Date: 07-22-22.

APL 22-007 (supersedes APL 16-009) Payment Withhold for Performance Measures, Quality Measures Metrics and Benchmarks. Issue Date: 07-22-22.

APL 23-003 (supersedes APL 14-012) 2023 Deliverables Templates. Issue Date: 06-08-23.

APL 23-004 (supplement APL 22-006) Updated Grievance and Appeals Submission Due Date. Issue Date: 10-20-23.

APL 24-001 (supplement APL 22-006) Modifications to the Grievance and Appeals Deliverable Template for the Medi-Cal Dental Managed Care Program. Issue Date: 02-26-24.

APL 25-008 Grievance and Appeals Reporting Template Update to Align with Centers for Medicare and Medicaid Services (CMS) Categories. Issue Date: 09-30-25.

APL 25-009 Oral Health Performance Measures for Dental Managed Care Contracts Effective July 1, 2025. Issue Date: 10-10-25.

DHCS has completed all required performance measure reports through State Fiscal Year (SFY) 2021-2022 and they are posted on the DHCS website at: http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx. Issue Date: 01/23.

Complaints & Grievances Report SFY 2015-16 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/Dental%20Data%20Reporting/Dental_Complaints_Grievances_Report_2015-16_Feb2018.pdf. Issue Date: 05/18.

Complaints & Grievances Report SFY 2016-17 is available at: https://www.dhcs.ca.gov/Documents/MDSD/2016-17_Dental-Complaints_Grievances_June2018_ADAC.pdf. Issue Date: 06/18.

Complaints & Grievances Report SFY 2018-19 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/Stakeholder-Meeting-Materials/Dental-Complaints-Grievances-2018-19.pdf. Issue Date: 05/20.

Complaints & Grievances Report SFY 2019-20 is available at: https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/Dental-Complaints-Grievances-SFY19-20.pdf. Issue Date: 03/21.

Complaints & Grievances Report SFY 2020-21 is available at: https://www.dhcs.ca.gov/services/Documents/Dental-Complaints-and-Grievances-Report-SFY20-21.pdf. Issue Date: 02/22.

Complaints & Grievances Report SFY 2021-22 is available at: https://www.dhcs.ca.gov/services/Documents/Dental-Complaints-Grievances-Report-SFY-21-22.pdf. Issue Date: 09/23.

Complaints & Grievances Report SFY 2022-23 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/DentalComplaintsandGrievancesReportSFY22-23.pdf. Issue Date: 02/24.

Complaints & Grievances Report SFY 2023-24 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/Dental-Complaints-and-Grievances-Report-SFY23-24.pdf. Issue Date: 06/25.

Complaints & Grievances Report SFY 2024-25. Anticipated Date: 01/27.

General Anesthesia Report for Calendar Year (CY) 2018 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/General-Anesthesia-Report-2019.pdf. Issue Date: 09/19.

General Anesthesia Report for CY 2019 is available at: https://www.dhcs.ca.gov/services/Documents/General-Anesthesia-Report-CY-2019.pdf. Issue Date: 12/20.

General Anesthesia Report for CY 2020 is available at: https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/General-Anesthesia-Report-CY-2020.pdf. Issue Date: 02/22.

General Anesthesia Report for CY 2021 is available at: https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/General-Anesthesia-Report-CY-2021.pdf. Issue Date: 01/23.

General Anesthesia Report for CY 2022 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/General-Anesthesia-Report-CY-2022.pdf. Issue Date: 01/24.

General Anesthesia Report for CY 2023 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/General-Anesthesia-Report-CY2023.pdf. Issue Date: 04/25.

General Anesthesia Report for CY 2024 is available at: https://www.dhcs.ca.gov/wp-content/uploads/2026/04/General-Anesthesia-Report-CY2024.pdf. Issue Date: 12/05.

General Anesthesia Report for CY 2025. Anticipated Date: 12/26.

Per Provider Report for CY 2019 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/2d40b90e-ecf5-4704-82ff-56721e341040. Issue Date: 11/20.

Per Provider Report for CY 2020 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/40f083c9-cc35-440e-85db-8683e8cf4bd6. Issue Date: 08/22.

Per Provider Report for CY 2021 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/89e60dc6-7035-4c97-854b-811866547c98. Issue Date: 10/22.

Per Provider Report for CY 2022 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/88c372e1-a22c-446e-bc97-148d69fddd5c. Issue Date: 12/23.

Per Provider Report for CY 2023 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/dad241b6-5782-4def-8432-0e3df9565d3d. Issue Date: 01/25.

Per Provider Report for CY 2024 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/eae686ed-90de-47f9-ac29-e2446c6942f3. Issue Date: 11/25.

Status of Regulations:

The Status of Regulations for the Manual of Criteria for Medi-Cal Authorization: Chapter 8.1 Dental Manual of Criteria updates from Current Dental Terminology (CDT) 14 to CDT 25 is ***anticipated for completion in July 2028***. These regulations are currently

undergoing revisions as part of the development process. Since the last report, DHCS continues to prepare an ISOR to accompany the regulation package, which will articulate the specific purpose and rationale underlying the proposed amendments. ***The ISOR was recently reviewed by the Medi-Cal Dental Program Consultants, who provided updated language. Since the revision from CDT 14 to CDT 25 encompasses eleven years of accumulated changes, it required extensive, comprehensive review and validation by Medi-Cal Dental Program Consultants to ensure clinical accuracy and alignment with current dental practices and the applicable standard of care, which has extended the overall timeline by one year.*** Once RASB reviews and approves the package, DHCS can begin the process of preparing the package to go to the OAL for public notice. ***It is anticipated that the regulation package will be submitted to RASB for review by the end of fourth quarter (October-December) 2026.***

AB 2394 (Garcia, Eduardo, Ch. 615, Statutes of 2016)

Subject: Subject: Medi-Cal: Nonmedical Transportation (NMT)

Bill Requirements and Statutory Language:

AB 2394, effective July 1, 2017, requires Medi-Cal to cover NMT, subject to utilization controls and federally permissible time and distance standards.

AB 2394 shall be implemented only to the extent FFP is available, not jeopardized, and necessary federal approvals are obtained. DHCS is required to report to the Legislature on the status of pending regulations, commencing January 1, 2018, on a semiannual basis, until regulations are adopted by July 1, 2018.

Actions Taken:

Regulations are under development following CMS approval of SPA 17-017 on August 21, 2018. DHCS has been working to develop regulations, but over time has had to make adjustments due to State budget challenges, which required DHCS to shift its NMT implementation approach for Medi-Cal FFS members. DHCS submitted SPA 21-0056 to comply with Section 209 of the Consolidated Appropriations Act of 2021. This SPA was approved by CMS on November 8, 2021, and made effective December 1, 2021.

To ensure full compliance with California state law and provide increased flexibility to Medi-Cal FFS members, DHCS began reimbursing Medi-Cal FFS members for mileage and transportation related expenses in the spring of 2024. Additionally, since that time,

DHCS has also developed an automated process for Medi-Cal FFS members to submit these reimbursement requests online, which has helped streamline the process and reduce administrative burdens. Mail-in forms are still accepted, if preferred by the Medi-Cal member.

Status of Regulations:

DHCS has drafted regulations and continues to make progress with OLS to finalize informal review. Due to the complexity and size of the regulation changes within the package, including provisions for travel related expenses, ****The previous timeline is no longer applicable, and work on the regulation package has been temporarily paused pending further direction due to recent State budget initiatives that propose utilization management controls that may influence the language and direction of the regulation package. At this time, DHCS anticipates making additional edits to the regulation package following final enactment of the State budget for the upcoming fiscal year and anticipates completion in the first quarter of 2027 (January-March) and submission to OAL sometime in the second quarter of 2027 (April-June).***

SB 586 (Hernandez, Ch. 625, Statutes of 2016)

Subject: Children's Services

Bill Requirements and Statutory Language:

SB 586 requires DHCS to establish the Whole-Child Model (WCM) program in designated County Organized Health System or Regional Health Authority counties to incorporate California Children Services (CCS) program covered services for Medi-Cal eligible CCS children and youth into an MCP contract. For non-WCM counties, the bill extends the CCS carve-out provision that prohibits the incorporation of CCS program covered services into an MCP contract until January 1, 2022.

WIC 14094.20 (a) requires DHCS to report to the Legislature the status of pending regulations, commencing July 1, 2018, on a semiannual basis, until regulations are adopted.

Actions Taken:

AB 118 (Committee on Budget, Chapter 42, Statutes of 2023) authorized the expansion of the WCM program into 12 additional counties, no sooner than January 1, 2025, for Medi-Cal eligible CCS children and youth enrolled in a County Organized Health System,

Alternate Health Care Service Plan, or Regional Health Authority MCP. A majority of counties in the State (33) are WCM counties. AB 118 also requires DHCS to develop utilization and quality measures, to be reported on an annual basis, that relate specifically to CCS specialty care and report such measures for both WCM counties and Classic CCS counties. Additionally, AB 118 requires that stakeholders have input on these measures.

DHCS convened the CCS Redesign Performance Measure Quality Subcommittee which met quarterly to identify and recommend measures for DHCS' consideration for implementation as required in AB 118. As of January 1, 2025, DHCS published the CCS Classic and WCM Enrollment and Demographic Dashboard and Tier 1 measures are scheduled to be released in 2027.

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) established the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the Population Health Management program, to identify and mitigate social drivers of health and reduce health disparities. CalAIM standardizes and reduces complexities by implementing administrative and financial efficiencies across the state and delivery systems to provide more predictability and reduce county-to-county differences. This includes enhanced oversight and monitoring of CCS, including the WCM program. Under CalAIM, there is a focus on streamlining assessments and reducing duplicative assessments such as those that occur through Initial Health Appointments assessments, and case and care management through Enhanced Care Management (ECM). Additionally, CalAIM contains quality measures through quality reporting that focuses on whole person quality care and contains Key Performance Indicators. CalAIM's Population Health Management program is designed to proactively assess and address the care needs of members with tailored interventions and includes where risks are identified. ECM is a statewide Medi-Cal benefit that addresses the clinical and non-clinical needs of the highest-need members by building trusting relationships with members and providing intensive coordination of health and health-related services.

DHCS has the authority to issue APLs, CCS Numbered Letter (NLs), and other similar instructions relating to the WCM program through WIC Section 14094.20, which extends to the WCM expansion under AB 118. In addition, DHCS has the authority to issue APLs as an extension to the MCP contract to interpret and make more specific MCP contractual requirements. In addition, under CalAIM statute, DHCS has the authority to issue NLs to CCS County Administrators. Under WIC Section 10725, DHCS has the statutory authority to develop regulations if it determines them necessary.

The WCM program has engaged, and continues to engage, in significant and ongoing stakeholder engagement throughout the development of new WCM policies. Through this engagement, WCM program policies have consistently evolved to meet the needs of this population.

WCM MCPs must adhere to all relevant APLs, NLs, Memorandums of Understanding (MOUs), and MCP contract provisions impacting the WCM program. The WCM program has performance transparency through the WCM dashboard, which is available on the WCM website and includes quality metrics.

Status of Regulations:

Progress on this regulations package has been significantly delayed due to program policy changes, workload priorities, changes in staff assignment, the impact of implementing the various provisions of the state budget, and HR 1. Additionally, California has continued to implement expansions through various initiatives, which require further updates to previously drafted language. DHCS has the authority to promulgate regulations at any time it deems them necessary under state statutory authority and can interpret and make specific requirements under the WCM program through APLs, NLs, MOUs and the MCP contract. DHCS also has the authority to conduct enforcement activities when MCPs are non-compliant. DHCS continuously engages with stakeholders through quarterly meetings, policy reviews, and ad hoc meetings as needed.

SB 1339 (Monning, Ch. 801, Statutes of 2016)

Subject: Public Social Services: Intercounty Transfers

Bill Requirements and Statutory Language:

SB 1339 requires intercounty transfers of all eligibility for public assistance programs, including Medi-Cal, CalWORKs and CalFresh, to be completed within the first day of the next available benefit month following 30 days from the date either county (sending or receiving) is notified of a beneficiary's change of residence to a new county within the state. The bill allows Medi-Cal beneficiaries who are required to receive services through a Medi-Cal MCP, or counties on their behalf, who move to a receiving county and are still enrolled in their MCP in the sending county, to request an expedited disenrollment from the sending county's MCP and to have access to Medi-Cal benefits in the receiving county through the Medi-Cal FFS delivery system until enrolled in an MCP in the receiving county. SB 1339 also deletes outdated provisions regarding determination of

the county of residence for an aid recipient, who has been released or discharged from a state hospital. The provisions of the bill became effective June 1, 2017.

SEC 1 – WIC 10003 (g)(1)(2)

(g) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS and CDSS, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. DHCS and CDSS shall adopt regulations by July 1, 2021, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Beginning June 1, 2017, and notwithstanding Section 10231.5 of the Government Code, DHCS and CDSS shall provide a status report on the adoption of the regulations to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

Actions Taken:

ACWDL18-02. Issued 01/11/18.

DHCS published an errata to ACWDL 18-02 with FAQs on 02/21.

Status of Regulations:

These regulations are currently in the draft regulation stage of development. Progress on this regulations package has been significantly delayed due to workload priorities and changes in staff assignment. There have been delays in researching requirements for transfer of program documents with changes due to the elimination and reinstatement of asset tests. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be sent to OAL prior to January 2029.

2017 REQUIREMENTS

SB 97 (Committee on Budget and Fiscal Review, Ch. 52, Statutes of 2017)

Subject: Health

Bill Requirements and Statutory Language:

SEC 21: This section requires DHCS to seek federal approval to use the determination of eligibility for the CalWORKs program as a determination of eligibility for the Medi-Cal program. DHCS is required to seek federal approval to continue to determine eligibility for Medi-Cal beneficiaries based on their eligibility for CalWORKs. DHCS is required to adopt regulations by July 1, 2018. Beginning January 1, 2018, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SEC 58: This section establishes the Diabetes Prevention Program (DPP) within both the Medi-Cal FFS and managed care delivery systems. DHCS is required to establish a DPP in FFS and managed care delivery systems, no sooner than July 1, 2018. DHCS is required to develop payment methodologies, or adjust existing methodologies, for reimbursing DPP services and activities in the FFS delivery system, not to exceed 80 percent of the federal Medicare Program reimbursement for comparable service, billing, and diagnosis codes under the federal Medicare Program. DHCS is required to adopt regulations by July 1, 2020. Beginning January 1, 2018, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Actions Taken:

SEC 21: Regulations were initiated upon CMS's approval of the facilitated enrollment SPA that will allow the use and determination of eligibility for the CalWORKs program as a determination for the Medi-Cal program. SPA 23-0033 was approved on November 6, 2023, by CMS.

SEC 58: DHCS submitted the SPA to CMS in December 2018. CMS approved SPA 18-0040 on October 24, 2019, and it was retroactively effective to January 1, 2019. DHCS fully implemented DPP as a Medi-Cal benefit as of January 1, 2019. As part of this work, DHCS conducted its stakeholder engagement process and finalized the program's policy, including payment methodologies and the benefit structure. Accordingly, following receipt of all necessary approvals and implementation, DHCS began drafting regulations in early 2019.

Status of Regulations:

SEC 21: DHCS has begun drafting the regulations. The development of this regulation package has been delayed because of the impact of implementing the various

provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SEC 58: DHCS has refined and is finalizing the scope of the regulation package, which includes having also developed the proposed regulations text. ***The anticipated estimated completion date accounts for competing priorities and time needed for additional collaboration with OLS and RASB to finalize the regulations package. DHCS anticipates completion by the fourth quarter of 2026 (October-December)*** and submission to OAL for review by February 2027, barring any unforeseen complications.

2018 REQUIREMENTS

AB 349 (McCarty, Ch. 643, Statutes of 2018)

Subject: Drug Medi-Cal Treatment Program: Rate Setting Process

Bill Requirements and Statutory Language:

AB 349, sponsored by the California Opioid Maintenance Providers, requires DHCS to establish the Drug Medi-Cal reimbursement rate setting methodology through regulations by July 1, 2020, and thereafter authorizes DHCS to administratively update the Drug Medi-Cal statewide maximum reimbursement rates through annual bulletins or similar instructions. AB 349 also requires DHCS to semiannually provide the Legislature with a status report until the regulations are adopted.

Actions Taken:

As of July 2026, the Behavioral Health Information Notice (BHIN) is still the current guidance. The BHIN 23-017 is available at:
BHIN 23-017 Specialty Mental Health Services and Drug Medi-Cal Services Rates.pdf

Status of Regulations:

DHCS was given authority to publish Drug Medi-Cal rates through annual bulletins or similar instructions. DHCS issued BHIN 23-017, Specialty Mental Health Services and Drug Medi-Cal Services Rates, on April 21, 2023. This BHIN implements the new fee schedule and includes a link to the fee schedule. Regulations are not needed, as system changes relating to payment reform will render them obsolete.

2019 REQUIREMENTS

AB 1088 (Wood, Ch. 450, Statutes of 2019)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

This bill requires DHCS to seek a Medicaid SPA or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for Medi-Cal benefits because of the state's payment of the individual's Medicare Part B premiums to remain eligible for the Medi-Cal program if their income and resources otherwise meet all eligibility requirements. The bill would authorize DHCS to implement this provision by provider bulletins or similar instructions until regulations are adopted. The bill would require DHCS to adopt regulations by July 1, 2021, and to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SEC 1. Section 14005.401 is added to the WIC, immediately following Section 14005.40, to read:

(a) DHCS shall seek a Medicaid SPA or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for benefits under the Medi-Cal program pursuant to Section 14005.40 because of the state's payment of the individual's Medicare Part B premiums to remain eligible for the Medi-Cal program under Section 14005.40 if their income and resources otherwise meet all eligibility requirements.

(b) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS may implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted.

(2) DHCS shall adopt regulations by July 1, 2021, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(3) Commencing six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, DHCS shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(c) This section shall be implemented only if, and to the extent that, federal financial participation is available and necessary federal approvals have been obtained.

Actions Taken:

CMS approved SPA 20-0016 on October 21, 2020. DHCS published formal guidance to the counties by means of ACWDL 20-18.

Status of Regulations:

DHCS began drafting regulations once CMS provided federal approval. AB 1088 and SB 104 (Committee on Budget and Fiscal Review, Ch. 67, Statutes of 2019) regulations have been combined into one regulation package to promulgate foundational regulations for the Aged, Blind, and Disabled FPL program. These regulations are currently in development. CMS approved SPA 20-0016 on October 21, 2020. DHCS published formal guidance to the counties by means of ACWDL 20-18. DHCS is drafting regulations. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

SB 104 (Committee on Budget and Fiscal Review, Ch. 67, Statutes of 2019)

Subject: Health

Bill Requirements and Statutory Language:

The DHCS Director is required to determine and communicate in writing to DOF, that systems are programmed for implementation of the new income disregard no sooner than January 1, 2020. DHCS would be permitted to implement the amended provisions through all-county letters, and required to adopt regulations no later than July 1, 2023, but only if and to the extent federal approvals have been obtained and FFP is available. DHCS would also be required to provide semi-annual status reports to the Legislature until regulations are adopted.

SEC 7. This section amends section 14005.40 of the W&I Code to disregard all countable income over 100 percent FPL up to 138 percent FPL, after taking all other income disregards, deductions, and exclusions into account, for the Aged, Blind, and Disabled FPL program.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until regulations are adopted.

(2) DHCS shall adopt regulations by July 1, 2023, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. DHCS shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations are adopted.

Actions Taken:

DHCS received CMS approval of SPA 19-0050 on December 20, 2019, with an effective date of August 1, 2020. However, due to budgetary activities, implementation was temporarily delayed. Subsequently, CMS approved SPA 20-0045 on November 19, 2020, which reflects the updated effective date of December 1, 2020.

DHCS released policy guidance to counties and Statewide Automated Welfare Systems in an ACWDL published January 31, 2020 (ACWDL 20-02 and 20-02E). DHCS published an updated ACWDL in November 2020, to reflect the implementation date of December 1, 2020.

Status of Regulations:

DHCS began drafting regulations once CMS provided federal approval. AB 1088 (Wood, Ch. 450, Statutes of 2019) and SB 104 regulations have been combined into one regulations package to promulgate foundational regulations for the Aged, Blind, and Disabled FPL program. DHCS received CMS approval of SPA 19-0050 on December 20, 2019, with an effective date of August 1, 2020. However, implementation has been delayed due to staff reassignments and shifting workload priorities. Progress was further impacted by the complexity and scope of developing the foundational regulations. Subsequently, CMS approved SPA 20-0045 on November 19, 2020, which reflects the updated effective date of December 1, 2020. DHCS is currently drafting regulations. The development of this regulation package has been delayed because of the impact of implementing the various provisions of the state budget and HR 1 and is not expected to be submitted to OAL prior to January 2029.

2020 REQUIREMENTS

There were no requirements for 2020.

2021 REQUIREMENTS

There were no requirements for 2021.

2022 REQUIREMENTS

SB 923 (Weiner, Ch. 822, Statutes of 2022)

Subject: Gender-affirming Care

Bill Requirements and Statutory Language:

This bill requires DHCS to participate in a California Health and Human Services Agency-convened working group to develop a quality standard for patient experience related to the transgender, gender diverse, and intersex communities and recommend training criteria to provide trans-inclusive health care.

SEC 7. Section 14197.09 was added to the Welfare and Institutions Code to:

(a) (1) No later than 12 months after the working group develops its recommendations for curriculum pursuant to subdivision (b) of Section 150950 of the Health and Safety Code, and no later than March 1, 2025, a Medi-Cal MCP shall require all of its subcontractors, downstream subcontractors, and all of its MCP staff who are in direct contact with beneficiaries in the delivery of care or beneficiary services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex (TGI).

(b) (1) No later than 12 months after the working group develops its recommendations for curriculum pursuant to subdivision (b) of Section 150950 of the Health and Safety Code, and no later than March 1, 2025, the department shall develop and implement procedures, and may impose sanctions pursuant to Section 14197.7, to ensure that a Medi-Cal MCP is compliant with the requirements described in subdivision (a).

(2) The department shall track and monitor complaints received by the department related to trans-inclusive health care and publicly report this data with other complaint data on its website or with other public reports containing complaint data.

(c) No later than 12 months after the working group develops its recommendations for curriculum pursuant to subdivision (b) of Section 150950 of the Health and Safety Code, and no later than March 1, 2025, a Medi-Cal MCP shall include information within or accessible from the plan's provider directory, and accessible through the plan's call center, that identifies which of the Medi-Cal MCP's in-network providers have affirmed that they offer and have provided gender-affirming services, including, but not limited to, feminizing mammoplasty, male chest reconstruction, mastectomy, gender-confirming facial surgery, hysterectomy, oophorectomy, penectomy, orchiectomy, feminizing genitoplasty, metoidioplasty, phalloplasty, scrotoplasty, voice masculinization or feminization, hormone therapy related to gender dysphoria or intersex conditions, gender-affirming gynecological care, or voice therapy related to gender dysphoria or intersex conditions. This information shall be updated when an in-network provider requests its inclusion or exclusion as a provider that offers and provides gender-affirming services. Nothing in this act alters any business establishment's obligation to provide full and equal services to customers or patients regardless of their sex and other protected characteristics, pursuant to the Unruh Civil Rights Act (Section 51 of the Civil Code) and other applicable law.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, until regulations are adopted.

(2) The department shall adopt regulations for purposes of this section by July 1, 2027, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations are adopted.

Actions Taken:

DHCS participated in the statewide workgroup to create training criteria for SB 923 requirements. Recommendations were released by the statewide workgroup in April of 2024. DHCS then assembled an internal workgroup to develop and execute the requirements from the statewide workgroup. DHCS released a Program of All-Inclusive Care (PACE) for the Elderly Policy Letter 24-03 in September 2024, APL 24-017 in December 2024, and BHIN 25-019 in May 2025. DHCS has updated the Managed Care grievance/complaint reporting system to identify the reports related to gender affirming

care. ***Behavioral Health monitors grievances/complaints manually*** and is determining the need for updates to the Behavioral Health grievance/complaint reporting system. ***To date, Behavioral Health has not received any gender affirming care related grievances/complaints that require system changes.***

The PACE program monitors grievances/complaints manually because of the low number they receive and will not require system changes; there have been no PACE grievances or complaints related to gender affirming care to date. ***DHCS reached out to the Department of Managed Health Care (DMHC) in May 2026 to partner in the drafting of regulations for alignment. DHCS is working with DMHC to align with their implementation approach.***

Status of Regulations:

Regulations are currently under development in coordination with DMHC to ensure alignment. DHCS anticipates issuing a final regulation by the statutorily mandated deadline of July 1, 2027.

2023 REQUIREMENTS

AB 1107 (Cedillo, Ch. 146, Statutes of 1999)

Subject: Family Planning Access, Care and Treatment Program

Bill Requirements and Statutory Language:

The bill established a program, within the Medi-Cal program, known as the Family Planning Access, Care, and Treatment (Family PACT) Program, to provide comprehensive clinical family planning services to any person whose family income is under 200 percent of the FPL, to be operational only if a waiver was obtained from the federal government. DHCS was permitted to implement the program through an all-county letter or similar instruction to providers, and thereafter required to adopt regulations to implement this section and the approved waiver. DHCS was also required to provide semi-annual status reports to the Legislature until regulations were adopted.

SEC 64. Section 14132 of the Welfare and Institutions Code was amended to read:

(aa) (1) There is hereby established in the department, a program to provide comprehensive clinical family planning services to any person who has a family income at or below 200 percent of the federal poverty level, as revised annually, and who is eligible to receive these services pursuant to the waiver identified in paragraph (2). This

program shall be known as the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program.

(2) The department shall seek a waiver for a program to provide comprehensive clinical family planning services as described in paragraph (8). The program shall be operated only in accordance with the waiver and the statutes and regulations in paragraph (4) and subject to the terms, conditions, and duration of the waiver. The services shall be provided under the program only if the waiver is approved by the federal Health Care Financing Administration in accordance with Section 1396n of Title 42 of the United States Code and only to the extent that federal financial participation is available for the services.

(3) Solely for the purposes of the waiver and notwithstanding any other provision of law, the collection and use of an individual's social security number shall be necessary only to the extent required by federal law.

(4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005, and 24013, and any regulations adopted under these statutes shall apply to the program provided for under this subdivision. No other provision of law under the Medi-Cal program or the State-Only Family Planning Program shall apply to the program provided for under this subdivision.

(5) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, without taking regulatory action, the provisions of the waiver after its approval by the federal Health Care Financing Administration and the provisions of this section by means of an all-county letter or similar instruction to providers. Thereafter, the department shall adopt regulations to implement this section and the approved waiver in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning six months after the effective date of the act adding this subdivision, the department shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Actions Taken:

DHCS received CMS approval of the waiver in 1999 and implemented the program via Family PACT Program's Policies, Procedures and Billing Instructions manual. To date, DHCS still utilizes the Policies, Procedures and Billing Instructions manual to implement the Family PACT program. The policy guidance contained within the manual is subject to

frequent review and revision, as circumstances warrant. DHCS continues to work with stakeholders regarding program updates.

Status of Regulations:

The regulations required by AB 1107 are currently under development. Due to the complexity and size of the package, DHCS expects to submit the regulations to RASB for review by July 2027 and to OAL by January 2028. Since the last report, the Office of Family Planning has continued drafting policy in collaboration with DHCS leadership and participating in the review process with RASB and OLS.

2024 REQUIREMENTS

There were no requirements for 2024.

2025 REQUIREMENTS

AB 116 (Committee on Budget, Ch. 21, Statutes of 2025)

Subject: Health Omnibus Trailer Bill

Bill Requirements and Statutory Language:

SEC 59. This section adds Section 14005.62 to the Welfare and Institutions Code to, effective January 1, 2026, removes the prohibition on using resources to determine Medi-Cal eligibility for applicants or beneficiaries whose eligibility is not determined using the MAGI-based financial methods, and implements a $130,000 disregard of nonexempt property for a case with one member and $65,000 for each additional household member, up to a maximum of 10 members.

The DHCS Director is required to determine and, in writing, communicate to DOF that systems are programmed to implement the use of resources to determine Medi-Cal eligibility for Non-MAGI cases, no sooner than January 1, 2026. DHCS would be permitted to implement the amended provisions through ACLs, and is required to adopt regulations no later than January 1, 2028, but only if and to the extent federal approvals have been obtained and FFP is available.

14005.62.

(a) (1) Notwithstanding any other law, for an applicant or beneficiary whose eligibility is not determined using the modified adjusted gross income (MAGI)-based financial methods, as specified in Section 1396a(e)(14) of Title 42 of the United States Code, the

department shall seek federal approval to implement a disregard of one hundred thirty thousand dollars ($130,000) in nonexempt property for a case with one member and sixty five thousand dollars ($65,000) for each additional household member, up to a maximum of 10 members.

(2) This subdivision shall be implemented only after the director determines that systems have been programmed for the disregards specified in paragraph (1) and they communicate that determination in writing to the Department of Finance.

(b) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement this section by means of county letters, provider bulletins or notices, policy letters, or other similar instructions, without taking regulatory action. Such instructions shall include a list of all exempt property for use until such time that regulations are adopted.

(2) Within two years of implementing the requirements set forth in this subdivision, the department shall do both of the following:

(A) Adopt, amend, or repeal regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code and this section.

(B) Update its notices and forms to reflect the consideration of assets and resources as described in subdivision (a).

(c) Upon operation of subdivision (a), the department shall make available, on a quarterly basis data, the number of Medi-Cal enrollees who lost eligibility due to the asset limit. The department shall consult with stakeholders to determine the appropriate data elements and level of detail, including, but not limited to, the reasons for termination.

(d) This section shall only be implemented to the extent consistent with federal law, upon the department obtaining any necessary federal approvals, and to the extent federal financial participation under the Medi-Cal program is available and not otherwise jeopardized.

(e) This section shall become operative on January 1, 2026.

Sec 75. This section amends Section 14007.8 of the Welfare and Institutions Code to require DHCS to stop new enrollment into state funded full scope Medi-Cal for individuals 19 and older who do not have an immigration status eligible for full scope Medi-Cal. Effective January 1, 2026, newly applying individuals 19 and older, who are not

pregnant or one-year postpartum, not a foster youth or former foster youth under 26, and who do not have a verified immigration status eligible for full scope, will be eligible only for restricted scope Medi-Cal.

The DHCS Director is required to determine and, in writing, communicate to DOF that systems are programmed to implement the use of resources to determine eligibility for state funded full scope Medi-Cal, no sooner than January 1, 2026.

14007.8.

(a) (1) An individual who is 25 years of age or younger, and who does not have satisfactory immigration status or is unable to establish satisfactory immigration status as required by Section 14011.2, shall be eligible for the full scope of Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

(2) (A) After the director determines, and communicates that determination in writing to the Department of Finance, that systems have been programmed for implementation of this subparagraph, but no sooner than May 1, 2022, an individual who is 50 years of age or older, and who does not have satisfactory immigration status or is unable to establish satisfactory immigration status as required by Section 14011.2, shall be eligible for the full scope of Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

(B) After the director determines, and communicates that determination in writing to the Department of Finance, that systems have been programmed for implementation of this subparagraph, but no later than January 1, 2024, an individual who is 26 to 49 years of age, inclusive, and who does not have satisfactory immigration status as required by Section 14011.2, shall be eligible for the full scope of Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

(b) No sooner than January 1, 2026, an individual who is 19 years of age or older, who does not have satisfactory immigration status as required by Section 14011.2, who is otherwise eligible for Medi-Cal services pursuant to subdivision (d) of Section 14007.5, who applies for Medi-Cal on or after January 1, 2026, shall only be eligible for medically necessary pregnancy-related services, and care and services necessary for the treatment of an emergency medical condition and medical care directly related to the emergency, as defined in federal law.

(c) (1) No sooner than January 1, 2026, if an individual described in subdivision (a) who is 19 years of age or older loses eligibility for full-scope Medi-Cal on or after January 1, 2026, the individual shall only be eligible for medically necessary pregnancy-related

services, and care and services necessary for the treatment of an emergency medical condition and medical care directly related to the emergency, as defined in federal law.

(2) No sooner than January 1, 2026, notwithstanding paragraph (1), if an individual described in subdivision (a) who is 19 years of age or older loses eligibility for full-scope Medi-Cal while pregnant, the individual shall remain eligible for full-scope Medi-Cal throughout the pregnancy and for 12 months after the pregnancy ends.

(3) Notwithstanding subdivision (b), an individual who is 19 years of age or older, who does not have satisfactory immigration status as required by Section 14011.2, who was enrolled in full-scope Medi-Cal and was not pregnant, but loses coverage for full-scope Medi-Cal, shall be eligible to reenroll in full-scope Medi-Cal within three months from the date of disenrollment for full-scope Medi-Cal, pregnancy-only Medi-Cal, or postpartum Medi-Cal. Repayment of outstanding premium balances prior to the initiation of the three-month cure period shall be a condition of reenrollment under this subdivision for individuals disenrolled from Medi-Cal due to nonpayment of premiums.

(d) The department shall provide monthly updates to the appropriate policy and fiscal committees of the Legislature on the status of the implementation of this section.

(e) To the extent permitted by state and federal law, an individual eligible for full-scope Medi-Cal pursuant to subdivision (a) shall be required to enroll in a Medi-Cal managed care health plan. Enrollment in a Medi-Cal managed care health plan shall not preclude a beneficiary from being enrolled in any other children's Medi-Cal specialty program that they would otherwise be eligible for.

(f) (1) The department shall maximize federal financial participation in implementing this section to the extent allowable. For purposes of implementing this section, the department shall claim federal financial participation to the extent that the department determines it is available.

(2) To the extent that federal financial participation is unavailable, the department shall implement this section using state funds appropriated for this purpose.

(g) This section shall be implemented only to the extent it is in compliance with Section 1621(d) of Title 8 of the United States Code.

(h) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Thereafter, the department shall adopt

regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(i) In implementing this section, the department may contract, as necessary, on a bid or nonbid basis. This subdivision establishes an accelerated process for issuing contracts pursuant to this section. Those contracts, and any other contracts entered into pursuant to this subdivision, may be on a noncompetitive bid basis and shall be exempt from both of the following:

(1) Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code and any policies, procedures, or regulations authorized by that part.

(2) Review or approval of contracts by the Department of General Services.

(j) (1) No sooner than July 1, 2027, except for individuals under 19 years of age, individuals over 59 years of age, and pregnant women, all individuals described in subdivision (a) shall be required to pay a monthly premium as a condition of eligibility for Medi-Cal benefits, if they are otherwise eligible for benefits under this chapter.

(2) Monthly premiums imposed under this section shall be thirty dollars ($30) per beneficiary.

(3) An individual described in paragraph (1), after no more than 90 days of nonpayment of the monthly premium, will only be eligible for medically necessary pregnancy-related services, and care and services necessary for the treatment of an emergency medical condition and medical care directly related to the emergency, as defined in federal law. All outstanding premium balances shall be paid in full as a condition of continued eligibility for full-scope Medi-Cal coverage.

(k) No sooner than July 1, 2026, and notwithstanding subdivision (a) and paragraph (2) of subdivision (c), an individual who is 19 years of age or older, who is eligible for Medi-Cal benefits pursuant to subdivision (a), shall not be eligible for dental services set forth in this chapter, except for the treatment of an emergency medical condition and medical care directly related to the emergency, as defined in federal law.

(l) Subdivisions (b), (c), (j), and (k) shall be implemented only after the director determines, and communicates in writing to the Department of Finance, that systems have been programmed for implementation.

Actions Taken:

SEC 59 – WIC Section 14005.62:

DHCS received CMS approval of SPA 25-0037 on December 19, 2025, with an effective date of January 1, 2026. DHCS released policy guidance to counties and Statewide Automated Welfare Systems in an ACWDL published June 30, 2025 (ACWDL 25-14).

SEC 75 – WIC Section 14007.8:

DHCS released the following policy guidance to counties and statewide eligibility systems (CalSAWS and CalHEERS):

- ACWDL 25-23
- MEDIL I 25-22
- MEDIL I 25-27 and Enclosure I 25-27.

Status of Regulations:

SEC 59 – WIC Section 14005.62:

Due to state policy changes included in the enacted Budget Act of 2026, the regulatory framework for WIC Section 14005.62 continues to change. These updates directly affect Medi-Cal eligibility requirements regarding resource limits for the Non-MAGI population. Because these requirements have changed several times and the limits are proposed to be evaluated again in the next year, DHCS remains in the planning phase. DHCS will develop the required regulatory package and proceed through the formal rulemaking process once the necessary actions are identified.

SEC 75 – WIC Section 14007.8:

Due to significant ongoing federal and state policy changes, including those resulting from H.R. 1 and the enacted Budget Act of 2026, the regulatory framework for WIC Section 14007.8 continues to change. These updates directly affect Medi-Cal eligibility requirements for adults without satisfactory immigration status. Because these federal and state directives continue to evolve, DHCS remains in the planning phase and will begin a comprehensive assessment in Winter 2027 to determine what regulatory amendments are needed. Following this assessment, DHCS will develop the required regulatory package and proceed through the formal rulemaking process once the necessary actions are identified.

APPENDIX

List of ACWDLs and MEDILs: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters

List of Dental APLs: www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx

List of APLs: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

List of SPAs: http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx

List of CCS NLs: http://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx