



Michelle Baass | Director

DATE: May 28, 2026

ALL PLAN LETTER 26-005

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: ELIMINATION OF DENTAL BENEFITS FOR ADULTS AGED 19 AND OLDER, WHO ARE NOT ELIGIBLE FOR FEDERALLY FUNDED FULL-SCOPE MEDI-CAL

PURPOSE:

The purpose of this All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to notify Dental Managed Care Plans (Dental MCPs) of the elimination of non-emergency dental benefits for adults aged 19 and older, who are not eligible for federally funded full-scope Medi-Cal, effective July 1, 2026. The Dental MCPs shall expedite processing of any updates needed to ensure implementation by July 1, 2026.

BACKGROUND:

Pursuant to Welfare and Institutions Code (W&IC) 14007.8¹, members who are not eligible for federally funded full-scope Medi-Cal continued to receive full-scope Medi-Cal benefits effective January 1, 2024. Beginning July 1, 2026, as part of the 2026-2027 California State Budget², non-emergency dental benefits will be eliminated for members 19 and older, who are not eligible for federally funded full-scope Medi-Cal with the exception of those who are designated by the county as pregnant, including one-year post-partum, foster youth and former foster youth.

POLICY:

Per the Assembly Bill (AB) 116 (Statutes of 2025, Chapter 21)³, which amended the Budget Act of 2025⁴, Medi-Cal will eliminate non-emergency dental benefits for members aged 19 and older, who are not eligible for federally funded full-scope Medi-

¹ Welfare and Institutions Code (WIC) 14007.8 can be found here:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14007.8.&lawCode=WIC

² 2026-2027 California State Budget: <https://ebudget.ca.gov/2026-27/pdf/BudgetSummary/FullBudgetSummary.pdf>

³ Assembly Bill (AB) 116 Statutes of 2025, Chapter 21:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB116

⁴ Senate Bill (SB) 101, Statutes of 2025 (Budget Act of 2025) can be found here:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB101



Cal by July 1, 2026. Emergency dental services include treatment for severe pain, infections, injuries, and other urgent conditions.

Exceptions to this policy include:

- Members under age 19 who are not eligible for federally funded full-scope Medi-Cal, will continue to receive full-scope Medi-Cal, which includes dental. These members may remain in a Dental MCP.
- Members aged 19 and older who are not eligible for federally funded full-scope Medi-Cal, and are pregnant or within one year postpartum, in a pregnancy aid code designated by the county, will receive full-scope Medi-Cal, which includes dental. These members will be eligible for full scope Medi-Cal dental services through Dental Fee-for-Service (FFS).
- Members aged 19 and older who are not eligible for federally funded full-scope Medi-Cal, and are foster youth or former foster youth under age 26, who were in foster care on their 18th birthday, in an applicable foster youth aid code designated by the county, will receive full-scope Medi-Cal, which includes dental. These members will be eligible for full scope Medi-Cal dental services through Dental FFS.

Members aged 19 and older will be carved out of the Dental MCP Contract⁵ and moved to Medi-Cal Dental FFS. Impacted members under 19 (aged 0–18) will remain covered under a Dental MCP. Members aged 19 and older who are not eligible for federally funded full-scope Medi-Cal and enrolled in a Dental MCP, will be transitioned to Medi-Cal Dental FFS based on the following:

- If the member turns 19 on the **first** day of the month, they will lose their dental coverage, except for emergencies, on the first day of their birth month.
- If the member turns 19 on the **second** day through the last day of the month, they will lose their dental coverage, except for emergencies, on the first day of the next month, they will be transitioned to Medi-Cal Dental FFS.

Member Outreach and Communication Plan:

1. Member Notice Letters

⁵ The Dental Managed Care Boilerplate contract can be found here:
<https://www.dhcs.ca.gov/services/Documents/MDSD/DMC-Boilerplate-Contract-2025.pdf>

For the July 1, 2026 effective date, members not eligible for federally funded full-scope Medi-Cal, that are 19 and older and enrolled in a Dental MCP will receive 60-day and 30-day notices. DHCS will send the 60-day notice to the members. Dental MCPs shall send the 30-day notice to the members.

After the July 1, 2026 effective date, beginning with the August 2026 month of eligibility (MOE), Dental MCPs shall mail 60-day and 30-day notices to impacted members who will be aging out (turning 19).

Dental MCPs shall use the DHCS approved member notice letters and shall not alter them other than to replace the DHCS logo with the Dental MCP logo and branding and provide contact information to the Dental MCP's member services line. If a Dental MCP would like to alter the DHCS approved member notice letter beyond the logo, branding, and member services contact information, the Dental MCP shall submit to DHCS for review and approval before distribution and use.

2. Outbound Phone Calls to Member

Dental MCPs shall make three (3) phone call attempts to the member. If the Dental MCP successfully reaches the member on the initial attempt, there is no need for further outbound phone call efforts. If the Dental MCP is unable to contact the member after the first attempt, a second attempt is required. If the Dental MCP successfully reaches the member on the second attempt, there is no need for further contact efforts. If the Dental MCP is unable to contact the member after two attempts, a third attempt is required.

Dental MCPs shall start outbound calls to affected members as soon as feasible and end no later than June 30, 2026. Due to a compressed timeline, Dental MCPs shall prioritize contacting members who are actively receiving dental care first, followed by outreach to the remaining impacted members.

DHCS has provided call scripts and frequently asked questions resources to the Dental MCPs.

REQUIREMENTS:

If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in a Dental MCP's contractually required policies and procedures (P&Ps), the plan must submit its updated P&Ps with and without track changes to DHCS' Medi-Cal Dental Services Division at dmcdeliverables@dhcs.ca.gov within 90 days of the release of this APL.

If a Dental MCP determines that no P&P changes are necessary, the Dental MCP must submit an email attestation to dmcdeliverables@dhcs.ca.gov within 10 days of the release of this APL, stating that the Dental MCP's P&Ps have been reviewed and no changes are necessary. The email confirmation must include the title of this APL as well as the applicable APL release date in the subject line.

Dental MCPs are responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each Dental MCP to all Subcontractors and Network Providers. Any failure to meet the requirements of this APL may result in a Corrective Action Plan (CAP) and/or monetary sanctions. For additional information regarding administrative and monetary sanctions, see APL 22-009⁶ and any subsequent iterations on this topic.

If you have any questions regarding this APL, please contact DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Dana Durham
Chief, Medi-Cal Dental Services Division
Department of Health Care Services

⁶ APL 22-009: <https://www.dhcs.ca.gov/wp-content/uploads/2025/10/APL-22-009-1.pdf>