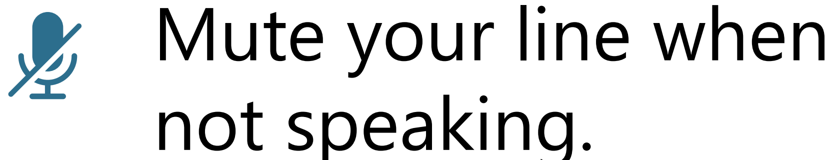
Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

November 6, 2025
10 a.m. - 2 p.m.

Hybrid Meeting Tips

Use either a computer or phone for audio connection.



Mute your line when not speaking.

Members are required to turn on their cameras during the meeting.

Registered attendees will be able to make oral comments during the public comment period.

For questions or comments, email MCHAP@dhcs.ca.gov.

Welcome, Roll Call, Today’s Agenda

Mike Weiss, M.D., Chair

Improving Preventive Care Services through Medi-Cal for Kids and Teens

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

Overview

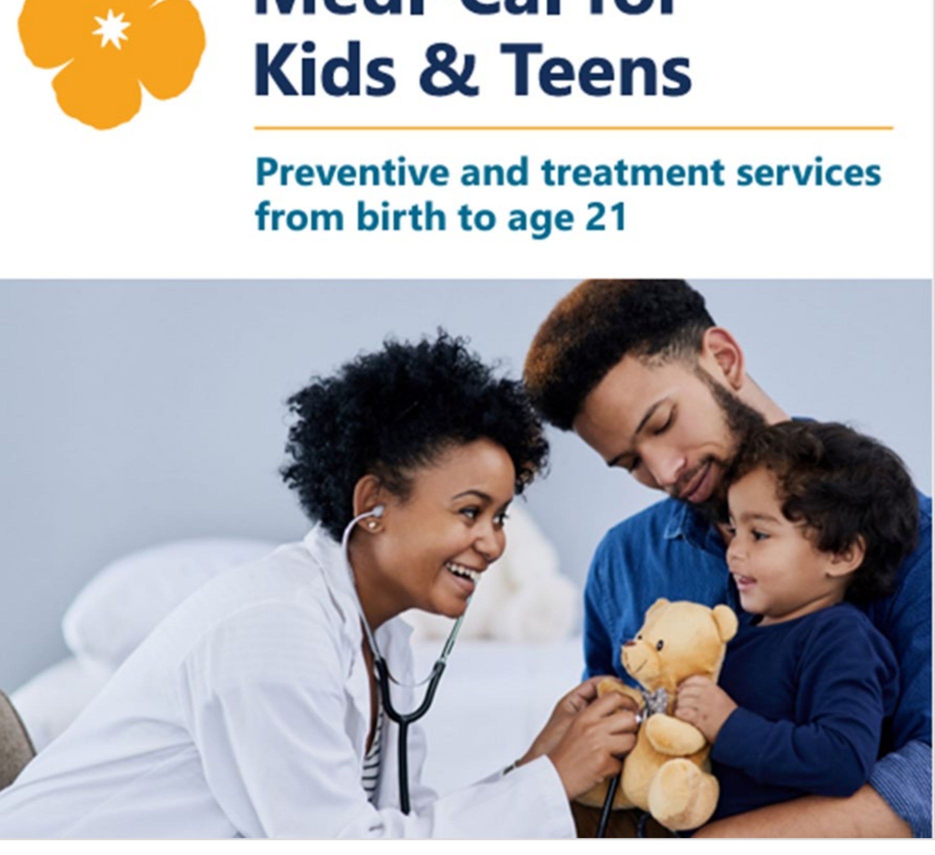
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services in California.
- DHCS collaborative efforts to improve early childhood preventive care.
- Vision screening and services for children in Medi-Cal.

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

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

Medi-Cal for Kids and Teens EPSDT Outreach & Education

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



California Faces Performance Challenges in Early Childhood Preventive Care

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

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

Source: NORC analysis of CA Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) for calendar year 2023

Barriers to Improving Early Childhood Preventive Care Outcomes

Eligibility and Enrollment

- Capturing 0 – 1 enrollment
- Optimizing newborn gateway

Data Collection and Reporting

- Capturing services rendered
- Coding
- Data reporting and sharing

Access

- Care delivery approaches
- Serving unengaged members
- Partnerships

Best Practices for Improving Children's Preventive Care Outcomes

Improving Access

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

Primary Care Transformation

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

Improved Data Collection and Reporting

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

Collaboration with Key Partners

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

Opportunity Areas to Improve Children's Preventive Care Outcomes

Data and Reporting

- Improve **real-time provider access** to well-child visit tracking portals.
- Address **data inconsistencies** and reporting gaps.
- Strengthen health plan **collaboration with DHCS** on timely and complete data.

Provider and Member Engagement

- Increase **community-based outreach** to engage hard-to-reach populations.
- Address **outdated contact information** through state partnerships.

Policy & Collaboration

- Identify **scalable interventions** for challenging issues (e.g., lead screening; vaccine hesitancy).
- Support capacity building to implement best practice interventions.
- Support partnerships and **regional and local collaboration** to improve outcomes.

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

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

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

- Goal: Improve preventive care measures for **0 – 3 population**
  - Well child visits
  - Receipt of EPSDT screenings
- Collaboration
  - Core team – DHCS (QPHM, MCQMD, HCBE, EDIM), CDPH
  - Quality improvement partners – MCPs, advocates, members, and caregivers
- Potential improvement areas
  - Eligibility and enrollment
  - Data collection and reporting
  - Access and care delivery

IHI Child Health Equity Learning Collaboratives

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

Vision Screening and Services for Children in Medi-Cal

Vision Services Requirements under Medi-Cal for Kids & Teens (EPSDT)

- EPSDT requires that vision services are provided
  - At intervals that meet reasonable standards of medical practice, as determined by the state after consultation with recognized medical organizations involved in child health care.
  - At such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition.
- Services shall at a minimum include diagnosis and treatment for defects in vision, including eyeglasses.

Reference: DHCS All Plan Letter 23-005 - Requirements for Coverage of EPSDT Services for Medi-Cal Members Under Age 21

Vision Screening Requirements in Medi-Cal for Kids and Teens

- Periodicity Schedule
  - Providers must conduct vision screenings at years 3, 4, 5, 6, 8, 10, 12, and 15, with risk assessments conducted at other ages.
- Screening Tools
  - Providers may use instrument-based screening to assess risk at ages 12 and 24 months and at well-child visits at ages 3 through 5 years.
  - Providers may deliver a visual acuity screening starting at ages 4 and 5 years, as well as in cooperative 3 year olds.

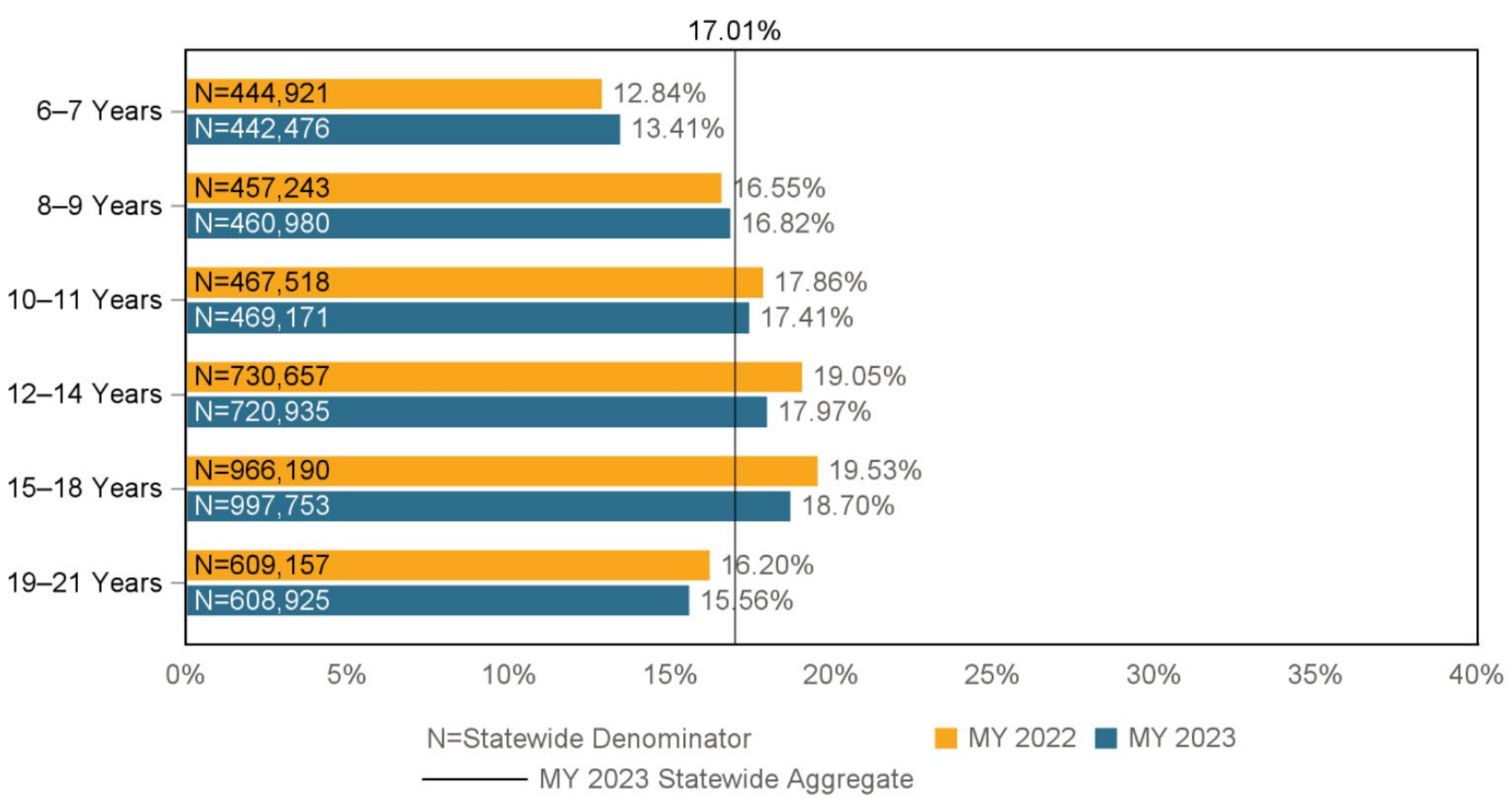
Source: Medi-Cal for Kids & Teens Provider Training

Medi-Cal Children's Eye Exam Services Data

Indicators	2022 National Benchmark	2022 Statewide Aggregate	2023 National Benchmark	2023 Statewide Aggregate
Vision Services – Comprehensive Eye Exam (VIS-C)	N/A	17.49%	N/A	17.01%
Vision Services – Comprehensive or Intermediate Eye Exam (VIS-CI)	N/A	19.48%	N/A	18.98%

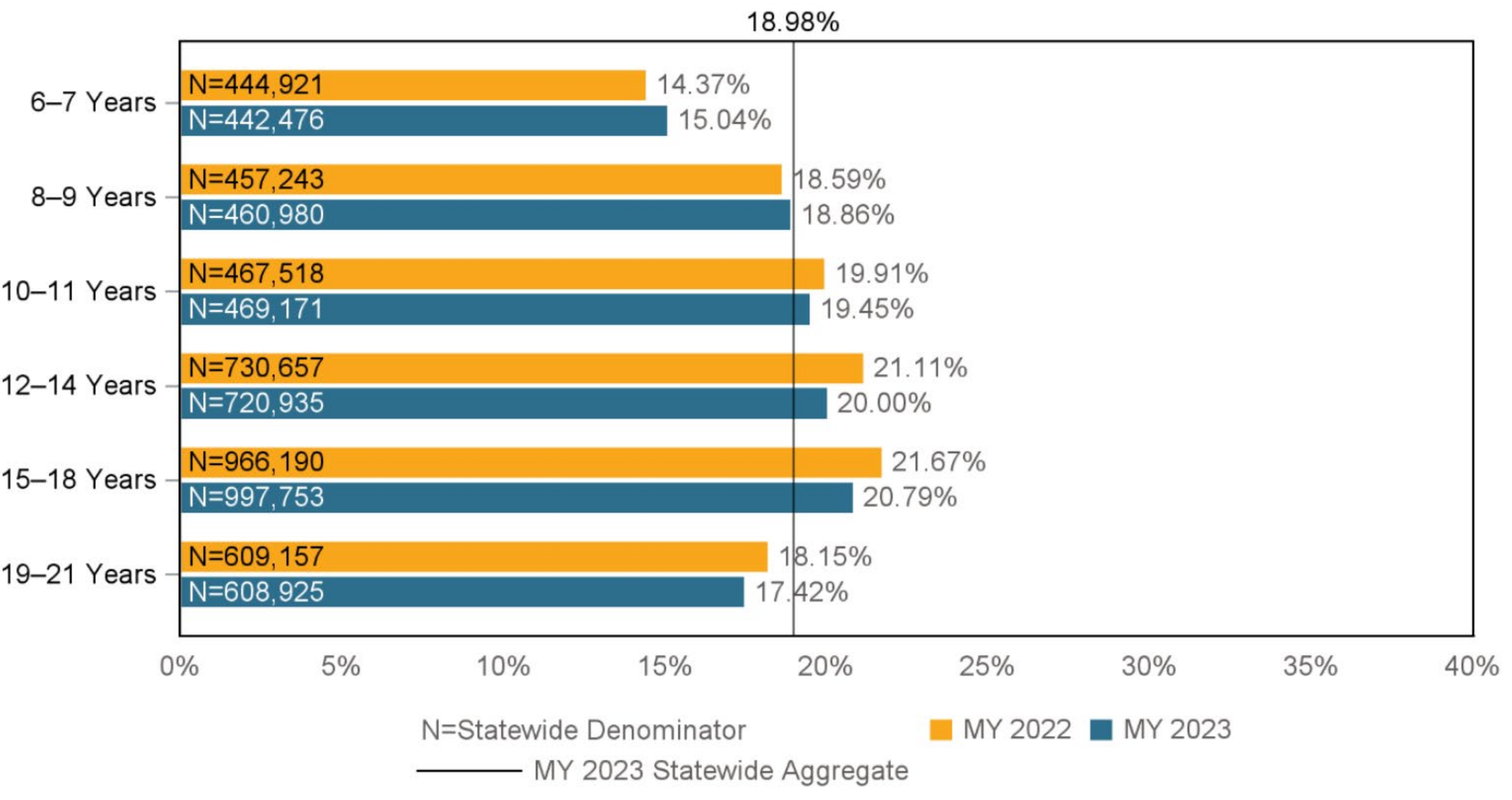
Source: 2024 DHCS Preventive Services Report

Vision Services - Comprehensive Eye Exam Rates By Age



Source: 2024 DHCS Preventive Services Report

Vision Services - Comprehensive or Intermediate Eye Exam Rates By Age



Source: 2024 DHCS Preventive Services Report

Discussion – Improving Vision Care Services for Children in Medi-Cal

- What are known gaps and **challenges** for improving vision care services for children in Medi-Cal?
- What **data** are needed to better understand needs and gaps to improve children's vision care services in Medi-Cal?
- What are **opportunities** to improve screening, diagnostic, and treatment service delivery for children's vision care services? What key **partnerships** are needed?

Questions?

Drug Medi-Cal and Drug Medi-Cal Organized Delivery System: Penetration Rate Data and Discussion

Linette Scott, MD, MPH, Deputy Director and Chief Data Officer, Enterprise Data and Information Management
Paula Wilhelm, MPP, MPH, Deputy Director, Behavioral Health

Medi-Cal Substance Use Disorder Treatment (SUD) Services

Drug Medi-Cal (DMC)

- Outpatient treatment
- Intensive outpatient treatment
- Medications for Addiction Treatment (MAT)
- Narcotic Treatment Program Services
- Residential (youth under 21 and perinatal women only, limited to facilities with ≤16 beds)
- Mobile Crisis
- Peer Support Services (optional)
- Supported Employment (optional, 2025)
- Enhanced Community Health Worker Services (optional, 2025)

Drug Medi-Cal Organized Delivery System (DMC-ODS - Managed Care)

- **All DMC services (left), plus:**
- Residential SUD Treatment (not limited to youth, perinatal women or to facilities with <16 beds)
- Withdrawal Management (at least one American Society of Addiction Medicine (ASAM) level)
- Recovery Services
- Care Coordination (case management)
- Clinician Consultation
- Partial Hospitalization (optional)
- Inpatient Treatment and Withdrawal Management (optional)
- Contingency Management (optional)
- Traditional Health Care Practices

Both DMC and DMC-ODS counties must provide medically necessary services for youth under 21, per EPSDT.

Quick Facts

- California’s DMC-ODS waiver was approved in 2015 to expand access to an evidence-based continuum of SUD treatment aligned with ASAM standards, through a county managed care option.
- As of January 2025, 40 counties participate in DMC-ODS, and 96 percent of Californians live in a county that has voluntarily implemented DMC-ODS.
- More than 120,000 Medi-Cal members (more than 7,200 12-20 year old members) received at least one DMC or DMC-ODS service in State Fiscal Year 2022-2023.

DMC/DMC-ODS Penetration Rate Dashboard Report: Published June 2025

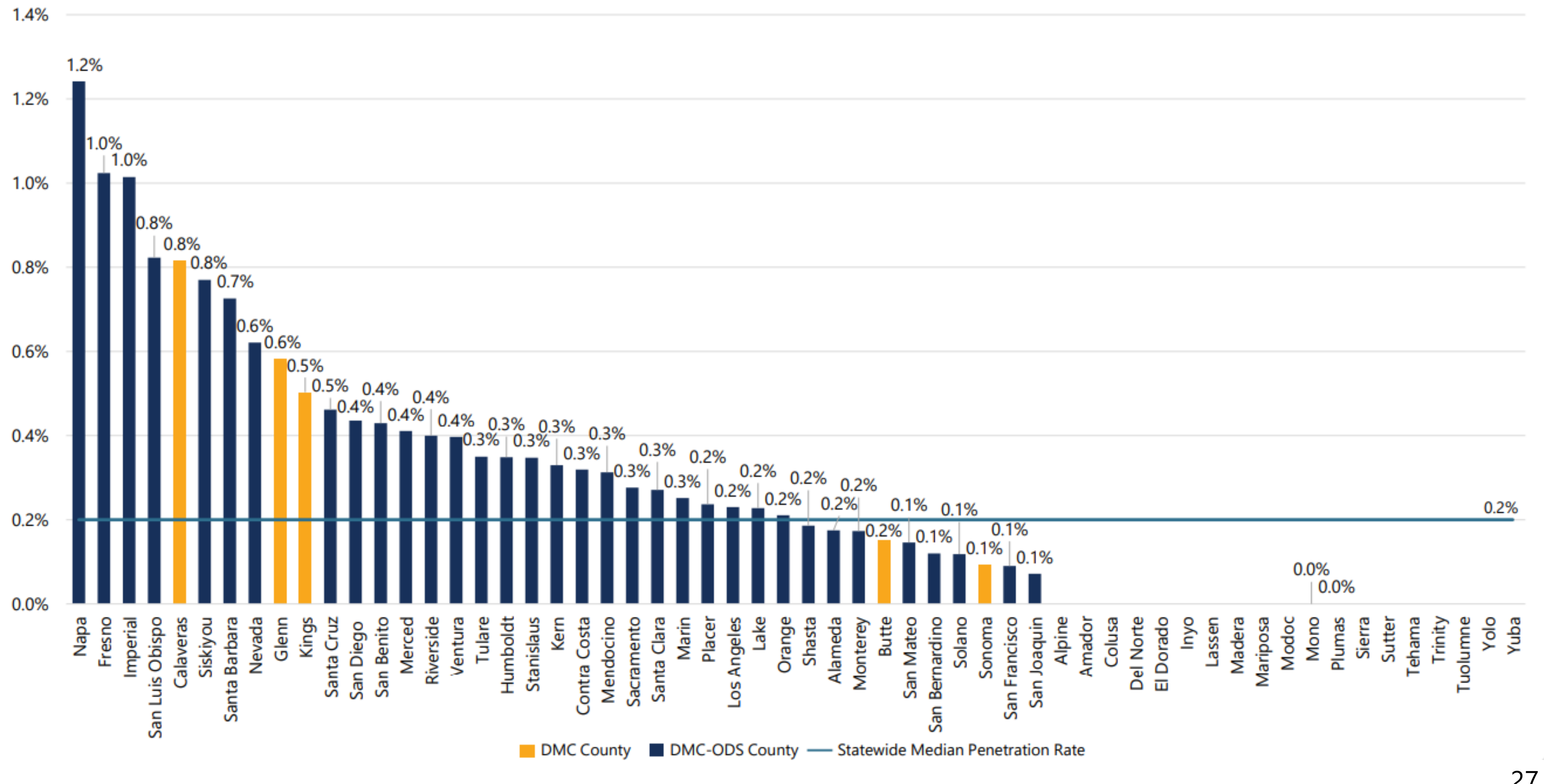
- Available here: SUD DMC/DMC-ODS Penetration Rate Dashboard
- One-year snapshot: Shows number and percentage of youth and adult Medi-Cal members who received at least one covered DMC or DMC-ODS service in state fiscal year 2022-2023.
- Penetration rates: Calculated by dividing the number of Medi-Cal members utilizing DMC/DMC-ODS services by the number of Medi-Cal eligibles in the county.
  - Not a measure of the number of members that receive SUD treatment compared to the number who need it.
- Data source: Medi-Cal administrative (claims) data, state fiscal year 2022-2023.

SUD DMC and DMC-ODS Penetration Rate Dashboard – *Released June 2025*

Figure 9: Fiscal Year (FY) 2022-23 DMC and DMC-ODS Penetration Rates, Children/Youth Population

Note:

- Data reflect services from July 2022 to June 2023 in DMC and DMC-ODS counties.
- Children/Youth are defined as individuals aged 12–20.
- Blank values indicate suppressed counts.
- Zero values indicate no claims reported.



Additional DMC/DMC-ODS Data Sources (*non-exhaustive)

- DMC-ODS Waiver Evaluations
- Behavioral Health External Quality Review Reports
- Independent Access and Interim Improvement Report
- Behavioral Health Accountability Set
- Network Adequacy Reports

California Initiatives to Expand SUD Treatment (*non-exhaustive)

- DMC-ODS
  - Traditional Health Care Practices
- California Opioid Response
- Behavioral Health Services Act
- Behavioral Health Continuum Infrastructure Program
- BH-CONNECT
  - Access, Reform, and Outcomes Incentive Program
  - Workforce Initiative

Discussion

- What observations and questions do you have about the SUD penetration rate report?
- What would you like to better understand about youth SUD treatment in California?
  - What data might be helpful?
  - What utilization or performance metrics are important to measure and monitor?
- What policies or strategies can help improve access to, and the quality of, SUD treatment for youth in Medi-Cal?

Questions?

The California Child and Adolescent Mental Health Access Portal (Cal-MAP)

A Children and Youth Behavioral Health Initiative CalHOPE program powered by UCSF.

Empowering California Primary Care Providers to Assess and Treat Mental & Behavioral Health Conditions in Youth 0-25

Petra Steinbuchel, MD, Director, UCSF Cal-MAP

The Youth Mental Health Crisis

- 1 in 5 U.S. children have a diagnosable mental health disorder, even before COVID,[1] yet up to 50 percent do not receive treatment.[2]
- Average 2-4, but up to 11-year lag, between symptom onset and time to diagnosis and treatment.[3]

1. CDC 2020
2. Whitney 2019
3. Wang 2004

Age of Onset of Mental Disorders

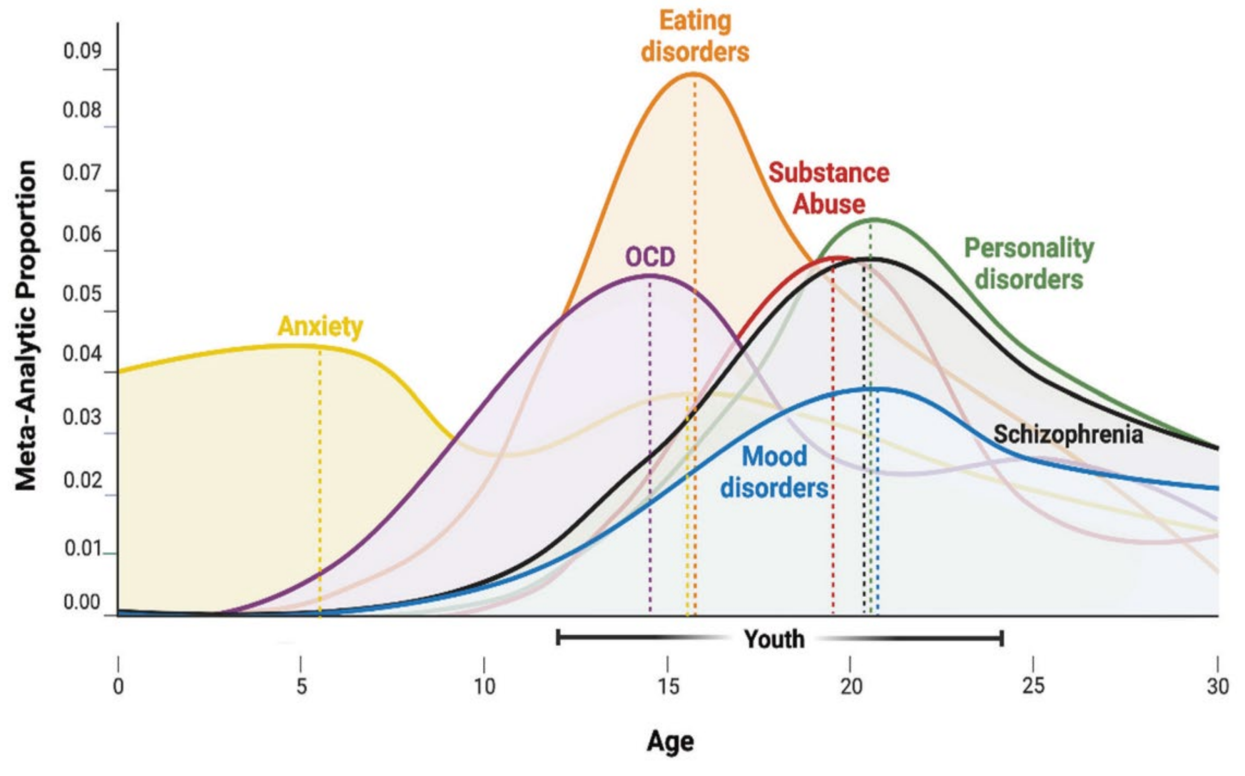
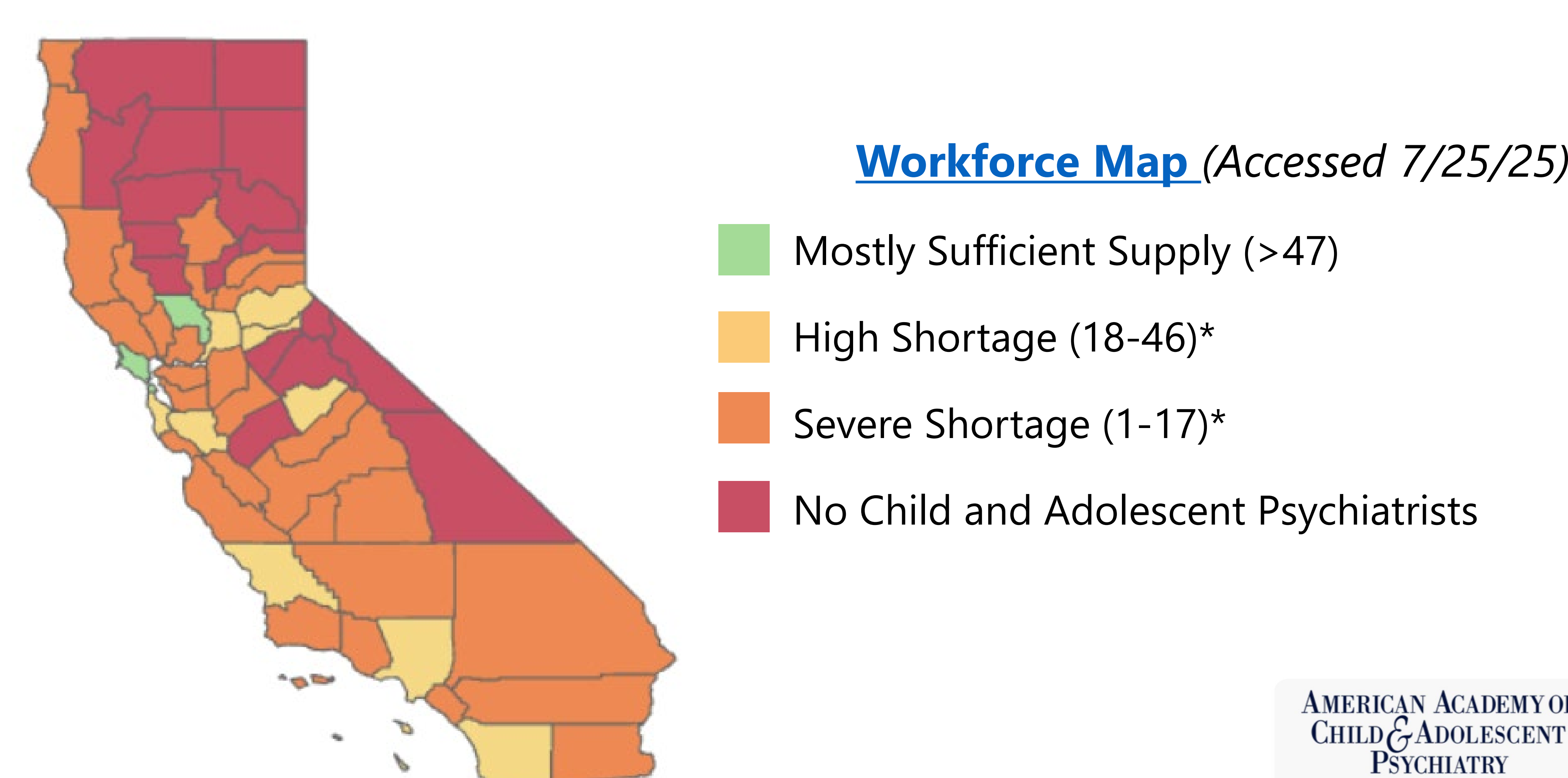


Figure 1 Age of onset of mental disorders. In Uhlhaas *et al.* Towards a youth mental health paradigm: a perspective and roadmap. Nature Publications: *Mol Psychiatry* **28**, 3171–3181 (2023). https://doi.org/10.1038/s41380-023-02202-z https://www.nature.com/articles/s41380-023-02202-z#citeas

Not Enough Psychiatrists or Specialists to Meet the Need



Integrating Physical and Behavioral Health Care

Coordinated Driven by Communication		**Colocated Benefits from Proximity**		**Integrated Fully Transformed Care**	
Screening	Consultation	Care Management/ Navigation	Colocation	Health Homes	System-Level Integration
Primary Care Providers (PCP) Identify, Intervene, and Refer	PCPs consult with behavioral health (BH) experts to meet care goals	Primary care-based BH care managers **monitor and coordinate care with** patients and PCPs	PCPs and BH clinicians provide care at **one location**, collaborate as needed	Care management, coordination, referrals, and support to meet physical and BH needs	**One management system** with coordinated communication, collaboration, and integrated care
Examples					
PHQ-9, SBIRT	**Cal-MAP**	**Collaborative Care**	**Many FQHCs**	**Medicaid Health Homes**	**Intermountain Health Care**

Adapted from The Commonwealth Fund

Why this matters

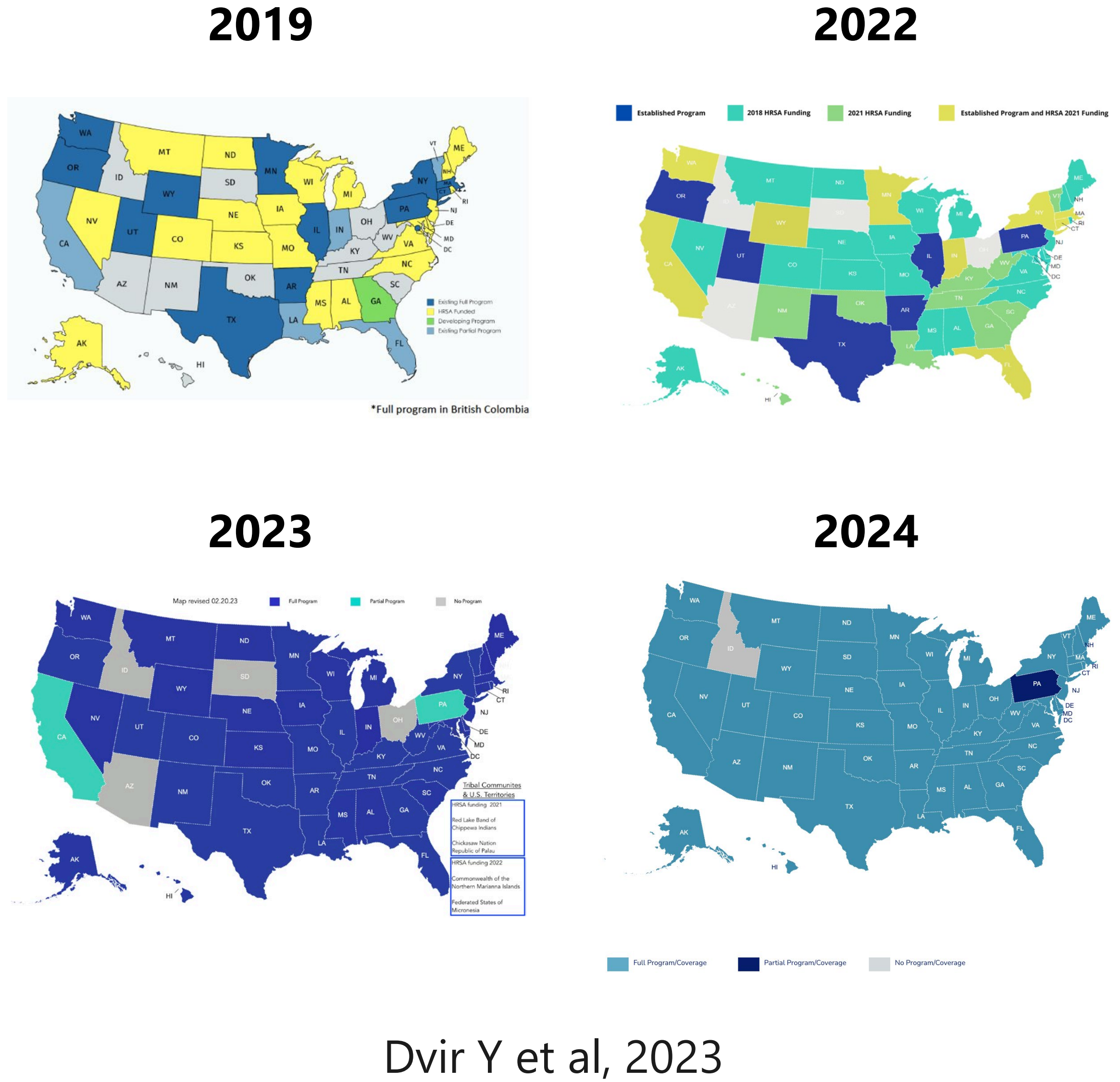
- Primary care is an accessible and low-stigma setting. [1]
- PCPs are a frequent point of contact for children and youth.
- A growing number of PCPs already manage acute and chronic medical conditions, along with severe mental health concerns, with and without assistance from specialists. [2]
- Top reasons for not accessing care: [3]
  - 1) Problems getting appointment: 72 percent
  - 2) Cost: 39 percent
  - 3) Services not accessible: 39 percent

1. Funk 2008 2. Platt 2018 3. Meng 2024

Video: Cal-MAP | Connecting for Care

Child Psychiatry Access Programs (CPAPs): Essential Features, Evolution

1. On-demand **real-time** telephonic **consultation** by child and adolescent psychiatrists with pediatric primary care on diagnosis and management of mental health and SUDs.
2. **Referrals** and **resource navigation.**
3. **Continuing education** and **practice transformation assistance**, including practice guidelines, website, and newsletters.
4. Expedited in-person or virtual **psychiatric evaluation** when indicated – in some states



Dvir Y et al, 2023

[Child Psychiatry Access Programs in the United States]

What do we know about CPAPs?

Increased Mental Health Care Access

- A 2019 **Rand national study** of CPAPs found that children in states with statewide programs were **significantly more likely to receive mental health services** than children in states without such programs (Stein 2019).

Increased dissemination of Evidence-Based Practices

- Among patients with **moderate-severe PHQ-9 scores**, patients with CPAP consult had higher odds ratio of **1) having a primary care follow-up visit to monitor depression symptoms, 2) accessing mental health therapy, and 3) being prescribed antidepressant medications** than those without consultation (Hurst 2024).

Visit NNCPAP for 100+ publications

UCSF Child & Adolescent Psychiatry Portal → Cal-MAP

2018-2019
UCSF Philanthropic Funding Site visits to MCPAP & PAL

September 2019
UCSF CAPP Launch

Feb 2021-Dec 2022
DHCS Proposition 56 BHI Central Valley Expansion

August 2021
HRSA Funding

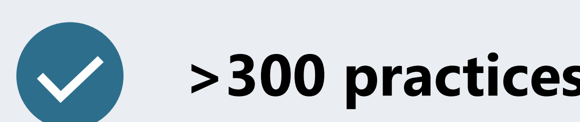
September 2022
HRSA supplemental funding to expand SBHC consultation & training

September 2023
HRSA 2023 – 2026 supplemental funding supports SBHC consultation and training

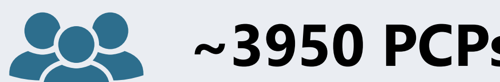
April 2024
CA DHCS CYBHI launches

MCPAP: Massachusetts Child Psychiatry Access Program
PAL: Partnership Access Line (Washington)
CAPP: Child & Adolescent Psychiatry Portal
BHI: Behavioral Health Integration
SBHC: School-Based Health Centers
HRSA: Human Resources & Services Administration

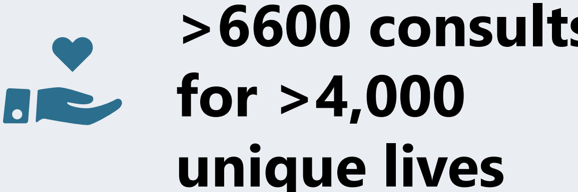
Cal-MAP Footprint



>300 practices



~3950 PCPs



>6600 consults for >4,000 unique lives

Cumulative Provider Count

of Providers

4500
4000
3500
3000
2500
2000
1500
1000
500
0

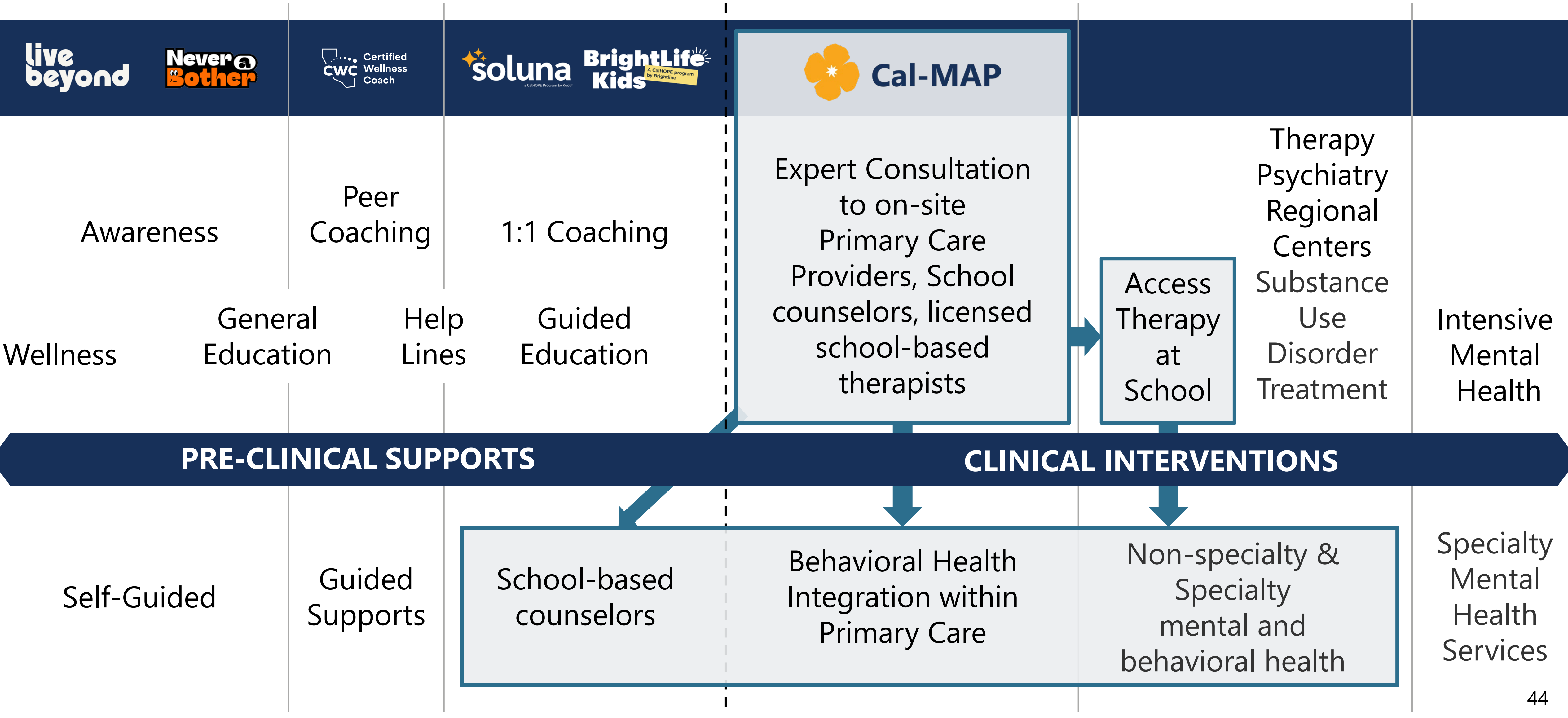
0
58
472
1228
1484
2482
2986
3942

2019 2020 2021 2022 2023 2024 2025 2026

Year

UCSF Child & Adolescent Psychiatry Portal (CAPP)
September 30, 2019- December 31, 2023

California Child Youth Behavioral Health Initiative Continuum of Supports



"Curbside" Consultations for Primary Care

Fast, convenient, on-demand

No call is too small.

PCPs can consult directly with:

- Child and Adolescent Psychiatrists
- Psychologists with Specialized Expertise – Early Childhood, Substance Use, Autism, Mood, and Behavior
- Licensed Clinical Social Worker Care Coordinators

Telephone	e-Consult
Monday-Friday, 8:30am-5pm	**Request anytime**
Receive consult letter detailing discussion and recommendations within 24 hours	Receive written recommendations within 1 business day

School Consultation

Who

- California school-based health centers and school-based personnel working with California Youth 0-25.

What

- De-identified Family Educational Rights and Privacy Act (FERPA)- and Health Insurance Portability and Accountability Act (HIPAA)-compliant "Curbside consultations" with a child mental health specialist during office hours and by appointment.
- Resources and tools for addressing student mental and behavioral health concerns, including single-session consultation.
- 50 hours FREE annual CME- and CEU-eligible pediatric mental health training to build knowledge and capacity in children and youth mental health topics.
- Statewide ECHO virtual collaborative learning.

Cal-MAP Care Coordination Supports *Patient Access to the Right Care at the Right Time*

Care Coordination Continuum				
Family self-service resources	**PCP self-service resources**	**eConsult for care coordination**	**Phone consult for care coordination**	**Direct to families care coordination**
» Curated resources » Referral sources	» Resource and referral repository » Tip sheets	» When diagnosis and treatment plan are clear	» When diagnosis and treatment plan are less clear	» When presentation is complex and/or multiple barriers exist

Cal-MAP Trainings: Regular Events

Webinars (Live)

- Virtual, live, monthly lectures + Q&A
- Condition and Topic Specific

Project Echo

- Primary Care:
  - Dx/Tx
  - Core
  - Advanced
- School-Based

On-Demand Webinars

- Recordings of prior webinars + quiz for CME credit
- 18 modules
- Includes core curriculum (eligible for Core Badge)

Earn Cal-MAP Core Certification in fundamental best practices

ADHD

Depression

Anxiety

Autism

Suicidality

SSRIs

Demonstrate your badge on your CV & LinkedIn profile

Recent and Upcoming Live Cal-MAP BOOT CAMPS

Learn to Think Like a Shrink

Modules:

1. ADHD, Anxiety, and Depression: The Basics
2. Disruptive Behavior, Complex ADHD, and Autism Spectrum Disorder (ASD)
3. Adolescent Risk Taking

Where	When	Partners
San Francisco	September 13	AAP Chapter 1
Palm Springs	October 15	U.C. Riverside
CHOC, Anaheim	October 22	Children's Hospital of Orange County (CHOC)
Humboldt	December 2025 / TBD	Northern California Aces Collaborative
Auburn/N Sacramento	Winter 2025/2026 TBD	Sierra Foothills Medical Society

- Each module eligible for 2 hours CME
- American Board of Pediatrics MOC Part 2 credit
- Can offer 1-3 depending on preferences of the audience/region

Upcoming Training Topics

Depression

Suicidal Ideation

Autism Spectrum Disorders

Complex ADHD

Trauma and Resilience

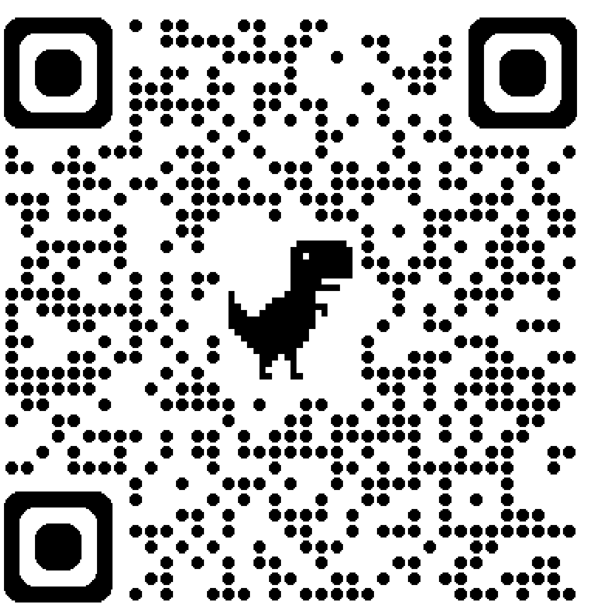
Anxiety

Disruptive Behavior

Substance Use

Eating Disorders

Rational Health



Consultation Example

» 16 year old for depression follow up
» PHQ-9 = 16
» Fluoxetine 40mg daily

Screener	September	October	December	February	March	April
PHQ-9 Depression	15	17	15	16	15	16
GAD-7 Anxiety		13		14		12

Medication Trials							
Med	Zoloft	25mg	50mg	100mg	150mg		
	Prozac					20 mg	40 mg

"Should I increase the Prozac?"

What's going on

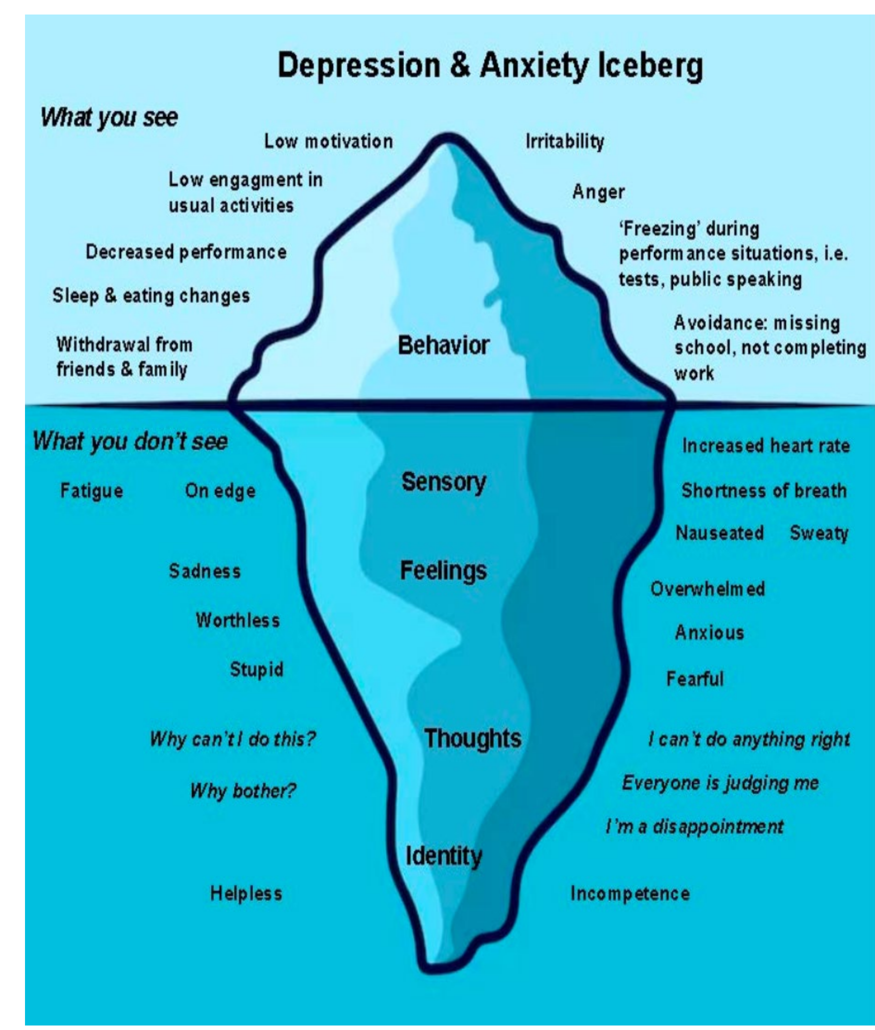
- At school?
- At home?
- With friends, peers?

- "Shy, earnest, honest"
- Now saying 'I'm stupid… worthless'
- Grades declining, except Math
- First in family born in U.S.
- Parental citizenship 2 years ago

- Developmental milestones = ok
- First words at 16 months
- Diagnosed w ADHD at age 7
- Parents had declined medical/school-based support

Cal-MAP Clinical Pearl Series – When Depression Persists, Despite Treatment

- **Key Clinical Takeaways for PCPs:**
- **Persistent depressive symptoms warrant a deeper look.** Consider ADHD, learning disorders, and social stressors as well as medical and other mimicking conditions, especially in teens with academic decline or motivational loss.
- **Screening tools are a starting point**, not the full picture.
- **Consultations makes a difference**. Cal-MAP offers practical strategies, educational tools, and coordination support.
- **Family engagement matters.** Providing families with information and resources can help support a patient and respect the family's cultural context.
- **You don't have to do it alone.** Cal-MAP offers education, resources, and real-time consultation to support thoughtful, whole-child care.



What's New? Clinical Pearl Series

» Team Collaboration to Improve Patient Care
» Eating Disorders Don't Discriminate: Dispelling Myths
» Self-Care Strategies to Reduce Parental Stress and Anxiety
» Wildfires and Beyond: Supporting Youth Dealing with Traumatic or Stressful Events in the World and Everyday Life

Timely Access:
Right Care, Right Time, Right Place

"I have been able to handle medication management more myself rather than having to refer the patient to
a psychiatrist.

This allows the patient to get more timely treatment."

"I was able to confidently treat a pediatric patient with depression and suicidal ideation with the guidance received from [Cal-MAP]."

"[Cal-MAP] has been a wonderful resource with my families who reach out and say they need help now, and they can't find a psychiatrist.

It is wonderful to say, 'Yes, I can help.'"

Ripple Effect of Consultation

Learn how to diagnose and treat

- One consult, one patient
- *"Dr. McCracken was very helpful and thorough, and they provided me with information that will help me not only now with this patient, but in my future practice with my autistic patients. Thank you."*

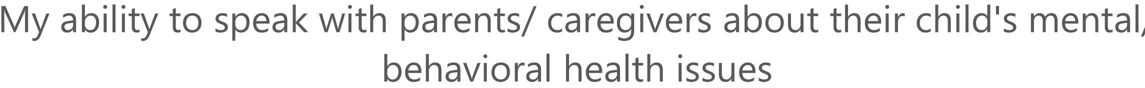
Apply new knowledge & skills across clinical panel

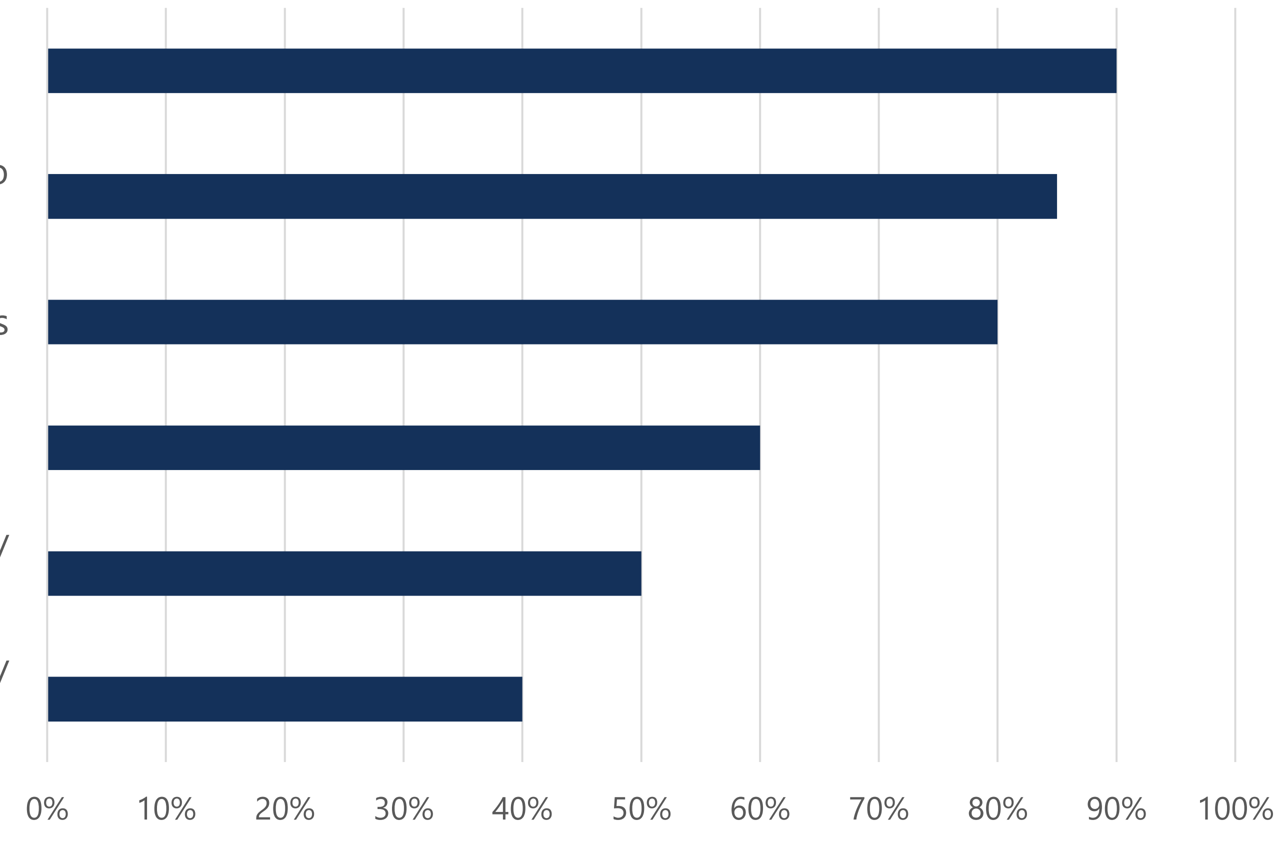
- One clinician, patient panel = 1800

Practice addresses mental and behavioral health

- One practice, many clinicians x 1800 patients

Impact on Practice – PCP Survey 2023





Cal-MAP Supports Evidence-Based Care Practices, Universal Behavioral Health Screening

» **50 percent** of PCPs endorse increased use of diagnostic tools, approaches, and use of non-pharmacologic interventions.

» **250 percent increased** use of validated screening tools.

"I feel more confident treating psychological issues than I would have otherwise referred. They have clearly helped me care for patients better.

I feel more comfortable prescribing medications for anxiety and depression because of this service."

Advances Equity: Increases Access to Evidence-Based, Culturally Responsive Care

- Targeted interventions associated with broad **improvements** in **symptom reduction, functioning**, and **well-being** [1,2,3]
- Pediatric integrated care provides **population-level care to more children, removes barriers** to obtaining care, and **increases access to quality evidence-based treatments**. [4]

1. Bridges et al., 2014, 2015; 2. Bryan et al., Sadock et al., 2014; 3. Wilfong et al., 2021. 4. Njoroge et al., 2016

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"[Cal-MAP] has been a wonderful resource with my families who reach out and say, 'We need help-now because we can't find a psychiatrist.' It is wonderful to say, 'Yes, I can help.'"

Clinical and Clinician Impact: Addressing Burnout

"Cal-MAP consultation helps to address provider burnout so you can keep your FQHC staff, which benefits everyone. I think if there is a pressure to see volume, you get compassion fatigue. You start feeling more unsure that you're actually making a difference, or how to really do that effectively.

Having resources and tools available increases your feeling of confidence and willingness to keep trying and not to just send everybody to the emergency room. It makes you want to schedule that two-week follow up appointment and squeeze them in."

» *Pediatrician/Cal-MAP User*

Primary Care for Early Mental Health Intervention

Management within primary care allows for earlier intervention and rational utilization of specialty mental health/psychiatry for more complex problems

Consults since Jan 2022	%
Can likely be managed within primary care	**52**
It is unclear if the patient can continue to be managed within primary care, with interim recommendations, but referral to specialty care if things worsen	**18**
Routine referral to specialty mental health, with additional 'bridge' recommendations that can be implemented until the appointment	**23**
Urgent referral to specialty mental health	**5**
Other	**2**

Current and Future Possible Outcome Measures, Impact Levels (1 of 2)

PCP

- Satisfaction*
- Knowledge and confidence*
- Burnout*
- Increase in primary mental health (F-code) billing in primary care
- Changes in PCP prescribing, referral patterns

Health System

- Reduced wait times to initiate treatment
- Increased patient satisfaction
- Increase in measurement-based care (HEDIS metrics)
- Increased dissemination and application of evidence-based practices to rural and underserved areas, thereby advancing health equity
- Increased workforce retention

Patient/Family/Caregiver

- Increased satisfaction with quality of and access to care
- Earlier intervention -> prevention and decreased severity later life mental/behavioral conditions
- Increased care linkage
- Changes in emergency department/crisis care access

Current and Future Possible Outcome Measures, Impact Levels (2 of 2)

Clinicians-in-training:

Pediatrics and family residents, Nurse Practitioner (NP)/ Physician Assistant (PA) students, child and adolescent psychiatry, social work students

- Public health framework and orientation
- Integrated care models
- Treatment of mental health condition
- Increased utilization and implementation of future integrated care models

Practice

- Utilization by practice type
- New workflows
- Improved team morale

Insurers and Specialty Mental Health

- Reduced referrals to specialty mental health for mild/moderate conditions
- Reduced number of crisis/emergency department visits

Cal-MAP can further support and align goals: CYBHI, CalAIM, and Behavioral Health Transformation

CYBHI	CalAIM	Behavioral Health Transformation
Increase timely, quality access to care	Increase timely, quality access to care	Increase timely, quality access to care
Improve experience accessing and receiving BH care	Value-based initiatives to improve outcomes and quality	Improve care experience
Decrease behavioral health challenges, suicidal ideation, emergency department visits	Behavioral health screening	Decrease untreated BH conditions

Registered PCPs

Region	% Population	% CA Pediatricians	Eligible Pediatricians	Cal-MAP enrolled
Northern California	7%	6%	614	526
North Coast	2%	2%	122	538
SF Bay Area	**16%**	**30%**	2193	1447
Central Coast	6%	4%	312	316
Northern San Joaquin Valley	**5%**	**3%**	236	286
Southern San Joaquin Valley	**8%**	**3%**	452	233
Inland Empire	**13%**	**6%**	144	100
LA County	24%	25%	1956	332
Orange County	8%	10%	731	152
San Diego	9%	10%	671	40

39420 registered out of ~14,000 eligible

Population-Based Phased Growth Approach Yields Better Outcomes (2 of 2)

Phased Growth in Strategic Partner Sites		
Phase	**Region**	**% CA Population**
N CA	48 Counties	~30%
Phase 1	Orange	8%
	Inland Empire	3%
	San Diego	9%
Phase 2	Los Angeles	24%
Phase 3	Additional Areas	Remaining 10%

Statewide Behavioral Health Goals

Planning and progress on these goals in Phase 1 will require coordination across multiple service delivery systems.

	Goals for Improvement
	» **Care experience** » **Access to care**
Indirect Impact	» Prevention and treatment of co-occurring physical health conditions » Quality of life » Social connection » Engagement in school » Engagement in work

Already directly supports **3 of 14** statewide behavioral health goals, and may also indirectly support other Behavioral Health Transformation goals

[DHCS Behavioral Health Services Act County Policy Manual]

Statewide Behavioral Health Goals

Planning and progress on these goals in Phase 1 will require coordination across multiple service delivery systems.

	Goals for Reduction
Potential Longer-term Impact through Prevention, Earlier Intervention	» Suicides » Overdoses
	» **Untreated behavioral health conditions**
Indirect, Longer-term Impact	» Institutionalization » Homelessness » Justice-Involvement » Removal of children from home

Already directly supports **3 of 14** statewide behavioral health goals, and may also indirectly support other Behavioral Health Transformation goals

[DHCS Behavioral Health Services Act County Policy Manual]

Connecting For Care

Most plants communicate with each other underground through their root system to ensure optimal growth for all.

Similarly, we want to ensure we are connecting with you to ensure optimal development of California's youth.

Questions?

Membership Renewal

Election of 2026 Chairperson

Break

Director’s Update

Michelle Baass, Director

Access Final Rule Update:
Member and Stakeholder Engagement

CMS Access Final Rule (2024)

All states should hear directly from members and stakeholders.

- Requires formal stakeholder engagement.
- Emphasizes transparency and lived experience.

- **KEY DEADLINES**
  - Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) in place by summer 2025.
  - First annual report due in July 2026.

Calls for Two Advisory Groups

Medi-Cal Member Advisory Committee (MMAC)

- Will fulfill the requirement for a BAC.
- Member-only advisory group that will advise DHCS on Medi-Cal services, administration, and policy.
- Designed to be a supportive and trusting environment for members to share input freely and safely.
- Meetings and membership list are not public, unless members choose otherwise.

Medi-Cal Voices and Vision Council (Voices and Vision Council)

- Will fulfill the requirement for a MAC.
- New advisory group that will include Medi-Cal members and other partners.
- Will also advise DHCS on a range of Medi-Cal services, program administration, and policy.
- Membership list and at least two meetings a year must be open to the public.

Medi-Cal Voices and Vision Council

- Comprised of state or local consumer advocacy groups or other CBOs that represent the interests of, or provide services to, Medi-Cal members.
- Clinical providers or administrators who are familiar with the health and social needs of Medi-Cal members, including providers or administrators of primary care, specialty care, and long-term care.
- Participating MCPs or health plan association.
- Other state agencies/departments that serve Medi-Cal members, as ex-officio, non-voting members.
- Must also include a portion of MMAC members. Their representation will increase from a minimum of 10 percent in July 2025 to 25 percent by July 2027.

The Council's first meeting was on September 24, 2025.

Resources

- Voices and Vision Council Webpage
- Membership List
- Proposed Bylaws
- Questions? Email: VoicesandVisionCouncil@dhcs.ca.gov

New Online Experience for Medi-Cal Members and Applicants

What is New

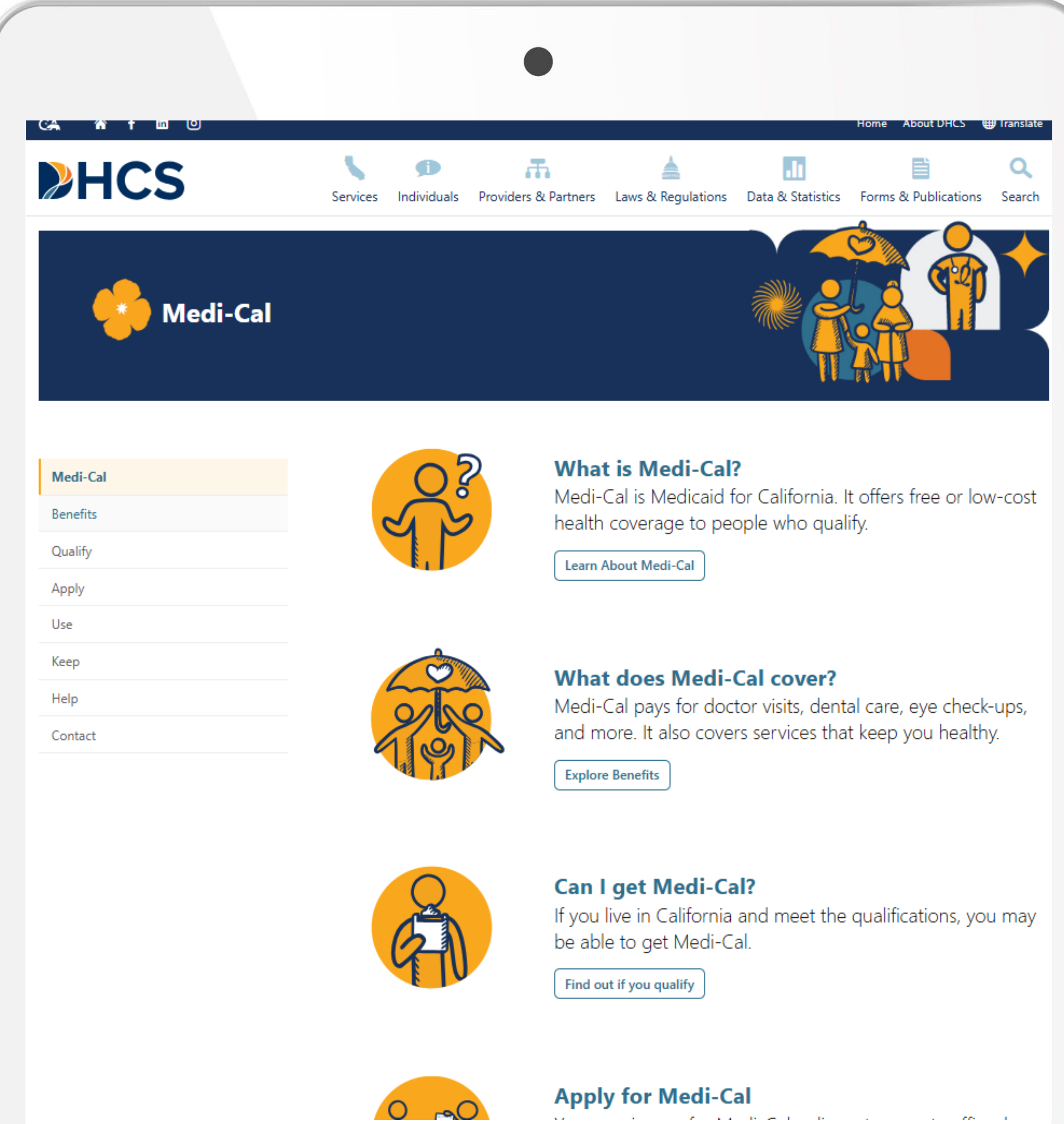
- A clean, intuitive design with clear, plain-language content.
- Full accessibility for people with disabilities and using assistive technologies.
- Mobile-friendly navigation for easy use on any device.
- Multilingual support for California’s diverse populations.

What Members Can Find

» **Members can visit this page to:**

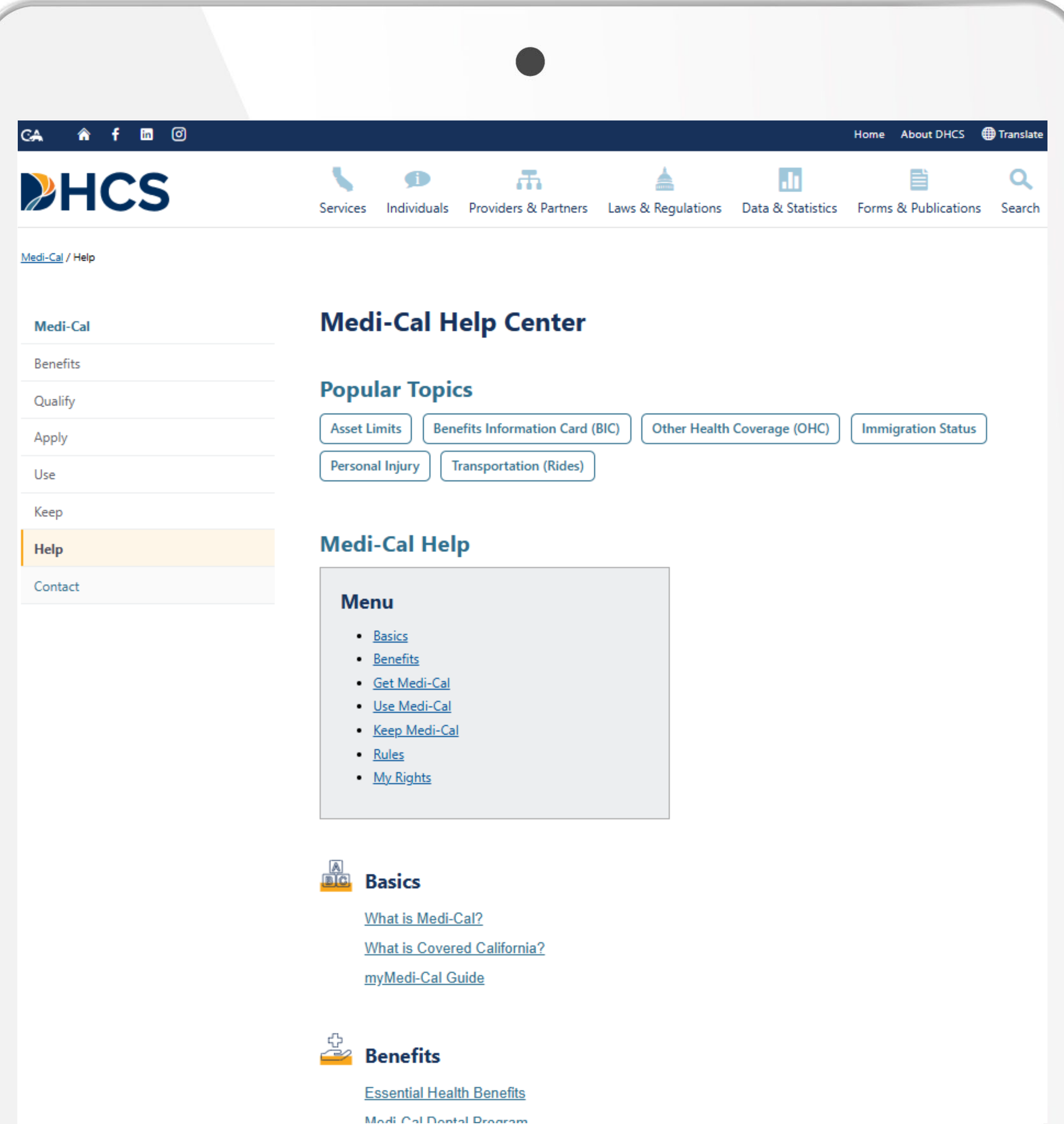
- Learn about member benefits.
- See if they qualify.
- Connect to the Medi-Cal application.
- Discover how to start using their Medi-Cal benefits.
- Find out how to keep their Medi-Cal coverage.

https://my.medi-cal.ca.gov/



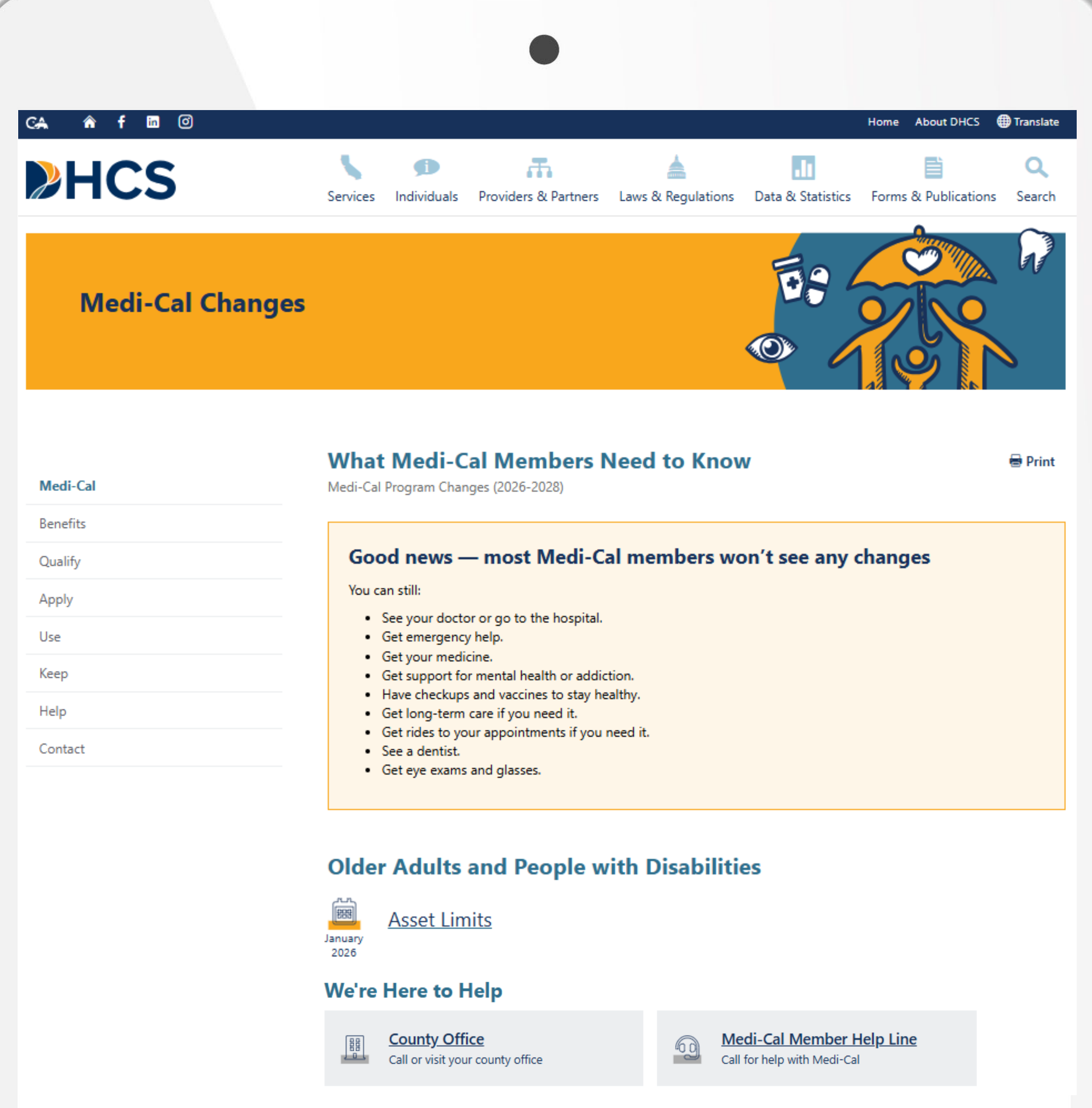
New Member Help Center

» The Medi-Cal Help Center provides resources by popular topics. Resources include guides, Frequently Asked Questions (FAQ), contact information, and more.



Resources Members can Connect to From the Help Center

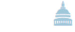
- Help resources on this page:
  - **County Office Locator**
  - **Medi-Cal Member Help Lines**
- Medi-Cal Updates: **What Medi-Cal Members Need to Know**.
  - Includes information in plain language on upcoming changes for affected groups including older adults and people with disabilities, adult immigrants, and members who are 19 to 64 years old.



New Asset Limit Resources

DHCS

Services

Individuals

Providers & Partners

Laws & Regulations

Data & Statistics

Forms & Publications
Search

Medi-Cal
Benefits
Qualify
Apply
Use
Keep
Help
Contact

Asset Limit Frequently Asked Questions

On this page

- When will Medi-Cal start counting assets?
- What are assets?
- What are asset limits?
- Who do these limits apply to?
- Why is this happening?
- What should I do now?
- Will giving away assets affect my Medi-Cal?
- How can I reduce my countable assets?
- What if I transfer assets and need long-term care?
- How can I transfer assets without losing coverage?
- What if I live in a nursing home and have a spouse or partner?
- What if I live in a nursing home and own a home?

When will Medi-Cal start counting assets?

Starting **January 1, 2026**, Medi-Cal will look at your **assets** (things you own) to decide if you can get or keep coverage. This applies if you:

- Are **65 or older**
- Have a **disability** (physical, mental, or developmental)
- Live in a **nursing home**
- Are in a **family that makes too much money** to qualify under federal tax rules

This means you'll need to share information about what you own when you apply for or renew your Medi-Cal.

Asset Limit Frequently Asked Questions

Asset rules are changing on January 1, 2026

Medi-Cal will consider assets (what you own) when deciding if you qualify starting January 1, 2026.

Who does this apply to?
Medi-Cal members and applicants who:
- are age 65+ or older, or
- have a disability (physical, mental, or developmental), or
- live in a nursing home, or
- are in a family that makes too much money to qualify under federal income rules.

How much can I own and still get Medi-Cal?
- $130,000 limit for 1 person.
- +$65,000 for each additional household member (10 people maximum).

What paperwork will I need?
You may be asked to send proof of the assets you must report, like statements for your bank accounts, car loan, or mortgage.

Medi-Cal members:
You do not need to do anything unless you get a renewal form or request for information from Medi-Cal. Turn in your information by the due date so you don't lose your Medi-Cal.

Examples of items you must report:
- Bank accounts.
- Cash.
- Certain savings.
- Primary home.
- Additional properties, such as rental homes.
- Motor vehicles.
- Life insurance policies.
- Digital wallets, like Apple Pay and Venmo.
- Retirement accounts.
- Other personal and household items, like a wedding ring or musical instrument.

[Office Name]
[Physical Address Line 1]
[Physical Address Line 2]
[Phone Number]
[Website]

Contact your county Medi-Cal office with questions.
For more information, scan the QR code or visit https://www.dhcs.ca.gov/asset

Follow us on social media linktr.ee/medicaldhcs

9/2025

Medi-Cal Asset Limit Flyer

Available in 19 threshold languages.

Legislative Updates

2025 Legislative Session (1 of 2)

- **AB 543 (Gonzalez, Chapter 374, Statutes of 2025) Medi-Cal: field medicine.** Authorizes Medi-Cal managed care plans (MCPs) to elect to offer services through a field medicine provider and allows members experiencing homelessness to receive services directly from contracted field medicine providers, as specified.
  - This bill expands access to care for vulnerable Californians experiencing homelessness.
- **SB 27 (Umberg, Chapter 528, Statutes of 2025) Community Assistance, Recovery, and Empowerment (CARE) Court Program.** Makes several changes to the CARE Court referral and judicial processes and expands CARE Court eligibility to include persons suffering from bipolar I disorder with psychotic features.
  - This bill strengthens the CARE Court process to provide better treatment and care to some of California's most at-risk populations.
- **SB 530 (Richardson, Chapter 418, Statutes of 2025) Medi-Cal: time and distance standards.** Extends the sunset date for existing time or distance standards to January 1, 2029, among other requirements.
  - This bill sets the stage for DHCS to look holistically at time or distance standards in compliance with federal guidance to expand access to care.

2025 Legislative Session (2 of 2)

- **AB 144 (Committee on Budget, Chapter 105, Statutes of 2025) Health.**
  - **Statewide Immunization Guidelines:** Updates immunization guidelines to include recommendations by existing federal bodies, and/or those recommended by the California Department of Public Health (CDPH), as of January 1, 2025. Medi-Cal is maintaining flexibility to preserve the ability to draw down federal funding as immunization guidelines change.
  - **Unsatisfactory Immigration Status:** Exempts foster youth and former foster youth with unsatisfactory immigration status from provisions related to the freeze on Medi-Cal enrollment and monthly premiums adopted as part of the 2025 Budget Act.

Questions?

Public Comment

Public Comment Guidelines

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

Final Comments and Adjourn

Upcoming 2026 Meeting Dates and Location Change

- March 12, 2026
- June 11, 2026
- September 10, 2026
- November 5, 2026

- New Meeting Location:
  - DHCS 1501 Capitol Avenue (first floor conference center 71.1316) Sacramento, CA 95814

Thank You.