CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL UPDATE

CHANGES FOR SOME IMMIGRANT MEMBERS

Starting January 1, 2027, some Medi-Cal members will no longer get care through a Medi-Cal health plan (managed care). Instead, they will get care through Fee-for-Service (FFS) Medi-Cal, where Medi-Cal pays providers directly for each visit or service.

This is a change in how people **get** care, not whether they have Medi-Cal. **Coverage is not being lost.**

FFS does not mean members pay. Medi-Cal still covers the cost of care. Medi-Cal members will **not** have to pay a co-pay or fee when they see a doctor, go to a clinic, or pick up a prescription.

Who's Impacted

- These changes apply to Medi-Cal members who are:
  - Undocumented.
  - Some lawful permanent residents (green card holders) in the five-year waiting period before they qualify for full-scope federally funded Medicaid.
  - People considered Permanently Residing Under Color of Law (PRUCOL), meaning they are allowed to stay in the U.S. even without formal immigration status.

What Members Need to Do

- Ask their current doctors and clinics if they accept Medi-Cal FFS. The Find Doctors and Services online tool will be updated in September with more user-friendly features to make it easier for members to find providers, and it will continue to be improved throughout the transition.
- Keep contact information updated in the Medi-Cal system online or through their county office.
- Watch for mail from Medi-Cal about the change.

- Use their Medi-Cal Beneficiary Identification Card (BIC). New BICs will not be sent for this transition. Replacement BICs can be requested from county offices or BenefitsCal.
- Renew Medi-Cal on time to stay covered.
- Members can call the Medi-Cal Help Line (1-800-541-5555) for help understanding the change or finding Medi-Cal FFS providers.

What's Changing

- Members will not be in a Medi-Cal health plan. In FFS, they may see any doctor, clinic, or hospital that accepts Medi-Cal FFS.
- Enhanced Care Management and Community Supports are not available in Medi-Cal FFS.
    - Enhanced Care Management: Comprehensive care management for people with complex health or social needs.
    - Community Supports: Non-medical services such as housing navigation and medically tailored meals.
- Members may still receive supports in Medi-Cal FFS, such as chronic care management, doula services, and Community Health Worker services that provide health education, navigation support, renewal support, and help connecting to resources.
- Beginning in January 2027, DHCS will add new coordination and navigation services for members transitioning to Medi-Cal FFS, including a Nurse Advice Line and clinic- and community-based navigators who can help members understand benefits and find Medi-Cal FFS providers.

What's Not Changing

- Medicines will still be covered by Medi-Cal Rx.
- Specialty mental health and substance use disorder treatment will continue through County Behavioral Health Plans.
- Non-specialty mental health services such as therapy, counseling, medication follow-up, and psychological testing, will continue in Medi-Cal FFS. You can get these services from any Medi-Cal FFS provider who offers them.
- Primary care, specialty care, and hospital care benefits remain the same. You can get these services from any clinic, doctor, or hospital that accepts Medi-Cal FFS.

- Dental benefits remain the same for most members, though delivery differs by county:
  - Sacramento and Los Angeles counties will continue Dental Managed Care. (Enrollment in Los Angeles is voluntary.)
  - San Mateo County's Dental Managed Care pilot ends December 31, 2026; members will move to Dental FFS on January 1, 2027.
  - All other counties will continue using Dental FFS.
  - Starting July 1, 2027, some adults will shift from full-scope dental services to emergency-only dental coverage.
- Members enrolled in the Program of All-Inclusive Care for the Elderly (PACE), which provides coordinated care for eligible older adults, will remain in PACE.
- Home- and community-based programs that help people remain safely at home will not change.

Why This is Happening

- Federal Medicaid funding for members with UIS is allowed only for emergency services delivered.
- Managed care monthly payments (capitation) cannot be used because they are not directly for specific services.
- To maintain federal funding, California must move these members to FFS, where providers are paid per service.