

February 10, 2026

TO: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

SUBJECT: Notice of Intent to Submit a Renewal of CalAIM Section 1115 Demonstration

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal program that will be submitted to the Centers for Medicare & Medicaid Services (CMS). DHCS is forwarding this information for your review and comment. DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on American Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendments (SPAs), waiver requests or amendments, or proposals for demonstration projects in the Medi-Cal program. Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Tribes and Indian Health Programs may also submit written comments or questions concerning this proposal within 30 days from receipt of notice. To be assured consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) on Thursday, March 12, 2026. Please note that comments will continue to be accepted after Thursday, March 12, 2026, but DHCS may not be able to consider those comments prior to the initial submission of the CalAIM Section 1115 demonstration application to CMS. Comments may be sent by email to 1115waiver@dhcs.ca.gov or by mail to the address below:

Department of Health Care Services
Director's Office
Attn: Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413



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Urban Indian Organizations

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Please also note that DHCS will host two Tribal webinars for Tribes and Designees of Indian Health Programs on Monday, February 23, 2026, from 2:00 to 3:15 PM PT and on Friday, February 27, 2026 from 2:00 to 3:00 PM PT. Registration and call-in information are listed at the end of this document. Please note that Indian Health Programs and Urban Indian Organizations may request a consultation on this proposal at any time as needed.

Sincerely,

Original Signed By

Andrea Zubiato, Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE

To seek a five-year renewal of the California Advancing & Innovating Medi-Cal (CalAIM) Section 1115 demonstration.

BACKGROUND

CalAIM Overview

DHCS is seeking to build upon the successes of the CalAIM initiative through this renewal request. To implement CalAIM, California received authority from the federal government for a Section 1115 demonstration. Section 1115 demonstrations allow states to test new ideas in their Medicaid programs to help people get better care and permit certain flexibilities that otherwise are not allowed under federal law. Through the CalAIM Section 1115 demonstration approval in December 2021 and subsequent updates in the following years, California received federal authority to implement a range of initiatives that have led to broad delivery system, program, and payment reform across Medi-Cal, which is California's Medicaid program. Key initiatives included: first-in-the-nation approval for the Justice-Involved Reentry Initiative, to provide a set of Medicaid services to youth and eligible adults in state prisons, county jails, and youth correctional facilities in the 90 days prior to release; Recovery Incentives, the only treatment that has demonstrated positive outcomes for individuals with stimulant use disorder; and approval to cover traditional health care practices for members with a substance use disorder (SUD) receiving care at Indian Health Service (IHS), Tribal, or Urban Indian Organization (UIO) facilities. The state also received approval to offer two Community Supports—Recuperative Care and Short-Term Post Hospitalization Housing—under the CalAIM Section 1115 demonstration to improve members' health outcomes.

California has made significant progress towards achieving CalAIM's full potential since its launch in January 2022, in close partnership with Tribal partners, Medi-Cal managed care plans (MCPs), county behavioral health plans (BHPs), county public health departments, providers, community-based providers and organizations, the California Department of Corrections and Rehabilitation, county sheriffs, and other implementation partners. Through the renewal of the CalAIM Section 1115 demonstration, DHCS seeks to build on prior investments and sustain the unprecedented changes that have led to a more coordinated, person-centered, value-based and efficient health system for California's Medicaid members.



DHCS is soliciting input on the CalAIM Section 1115 demonstration renewal application proposed for submission to CMS in the second quarter of 2026. The CalAIM Section 1115 demonstration renewal application, Tribal notice, public notice, and the abbreviated public notice are available on the [DHCS website](#). In addition to the written resources, DHCS will also cover this information at the upcoming Tribal and Indian Health representatives meeting, Tribal and Designees of Indian Health Programs quarterly webinar, and two public hearings.

SUMMARY OF PROPOSED CHANGES

Following are the CalAIM Section 1115 demonstration initiatives that are proposed to continue under the renewal:

- » ***Reentry Services for Justice-Involved Populations 90-Days Pre-Release:*** The state requests to continue to provide a targeted set of Medi-Cal services for justice-involved individuals for up to 90 days prior to their release from a prison, county jail, or youth correctional facility. Services include care management, medications for addiction treatment, physical and behavioral health clinical consultation, laboratory and radiology services, and the administration of covered medications.
- » ***Drug Medi-Cal Organized Delivery System (DMC-ODS) – Waiver of the Institutions for Mental Disease (IMD) Exclusion for SUD Services:*** The state requests continued federal reimbursement for Medicaid services provided to individuals receiving SUD services in qualifying institutions. DHCS requests this extension to continue its efforts to expand access to necessary treatment for SUD.
- » ***County Option to Cover Select Outpatient SUD Services:*** The state requests to continue making peer support services, which are culturally competent services that promote recovery, available to Medi-Cal members receiving care in the Specialty Mental Health Services (SMHS), the Drug Medi-Cal (DMC), or the DMC-ODS delivery systems. Additionally, the state requests new authority to allow DMC counties to opt in to cover certain outpatient SUD services that are currently limited to the DMC-ODS delivery system (care coordination, recovery services, partial hospitalization, withdrawal management). Finally, the state requests new authority to allow DMC counties and continued authority to allow DMC-ODS and SMHS counties to opt-in to provide mobile crisis services to Medi-Cal members receiving care in those delivery systems.
- » ***Recovery Incentives:*** The state requests to continue Recovery Incentives, also referred to as contingency management services, in the DMC-ODS. Recovery Incentives are an evidence-based practice to treat stimulant use disorder, which is a specific type of SUD that is defined as the continued use of stimulants (e.g.,

cocaine, amphetamine, methamphetamine) despite harm to the person using them. Recovery Incentives reward eligible participants with stimulant use disorder for meeting treatment goals. These services aim to promote recovery among Medi-Cal members living with stimulant use disorder.

- » ***Traditional Healers and Natural Helpers:*** The state requests continued authority to provide Traditional Healer and Natural Helper services for Medi-Cal members experiencing SUDs. Members who receive coverage from DMC-ODS counties, meet DMC-ODS access criteria, and receive care from a participating Indian Health Service (IHS) facility, a facility operated by Tribes or Tribal organizations (Tribal Facilities), or UIO facilities are able to receive Traditional Healer and Natural Helper services. DHCS seeks to renew its authority for DMC-ODS services provided by Traditional Healers and Natural Helpers and retain flexibility to cover these services for other conditions beyond SUD and for other delivery systems.
- » ***Coverage of Out-of-State Former Foster Care Youth:*** The state seeks continued and ongoing authority to provide Medi-Cal coverage to former foster care youth for individuals who turned 18 before January 1, 2023 until they turn 26 years old. Young adults who have aged out of foster care often present with complex medical, behavioral, oral, and developmental health problems rooted in a history of childhood trauma and adverse childhood experiences. DHCS seeks to ensure access to medically necessary care for this population.
- » ***Chiropractic Services from IHS and Tribal Facilities:*** The state seeks continued authority to provide reimbursement for chiropractic services provided by IHS and Tribal providers.
- » ***Modification of Asset Test for Deemed Supplemental Security Income (SSI) Populations:*** The state seeks to renew this authority with one change—to reinstate the Medi-Cal asset limit for individuals in select Deemed SSI populations (Pickle Group, Disabled Adult Child group, Disabled Widow/Widower group). An individual in these groups will be allowed to have up to \$130,000 in assets (and \$65,000 for each additional household member) and still be eligible for Medi-Cal.
- » ***Align Dually Eligible Enrollees' Medi-Cal Managed Care Plan and Medicare Advantage Plan:*** The state seeks continued authority to align a dually eligible member's Medicaid plan with their Medicare Advantage (MA) Plan choice if the MA plan has an affiliated Medicaid plan.
- » ***Managed Care Authority to Limit Plan Choice in Certain Counties:*** The state seeks continued authority to limit choice of managed care plans in Metro, Large Metro, and Urban counties and to allow counties to participate, or continue participating in, County Organized Health System (COHS) and Single Plan

managed care models. These changes improve access to and quality of care and accountability.

- » **Global Payment Program:** The state seeks continued authority to support public health care systems that provide health care for uninsured Californians through a statewide funding pool.

Following are initiatives that are newly proposed for inclusion under the CalAIM Section 1115 demonstration:

- » **Employment Supports:** The state is seeking new authority to provide services that help people find and keep employment to support Medi-Cal members subject to work requirements. This initiative aims to address barriers to employment, support sustained workforce participation, and promote economic stability among Medi-Cal members.
- » **BridgeCare Pilots:** The state is seeking authority to provide a targeted set of home and community-based services (HCBS) and caregiver supports for Medicare members ages 65 and older with incomes just above Medicaid income limits but who lack resources for adequate care.

Following are the CalAIM Section 1115 demonstration initiatives that DHCS proposes to authorize via an alternate authority:

- » **Community-Based Adult Services (CBAS):** This outpatient, facility-based program provides services and supports for older adults and adults with disabilities to restore or maintain their optimal capacity for self-care and delay/prevent institutionalization. California intends to cover this benefit under the Medicaid State Plan, which will increase access to this benefit.
- » **Community Supports:** Two Community Supports, recuperative care and short-term post hospitalization housing, are currently authorized under the CalAIM Section 1115 Demonstration. Recuperative care is a short-term residential setting where Medi-Cal members can recover from an injury or illness while accessing primary care, behavioral health services, case management, and other supportive social services. Through short-term post hospitalization housing, eligible Medi-Cal members receive ongoing supports to help them recover after exiting an institution. DHCS is planning to create a model for recuperative care that incorporates the levels of care offered under both recuperative care and short-term hospitalization housing, and no longer offer short-term post hospitalization housing as a separate Community Support. California plans to cover recuperative care under Medicaid managed care contracts, using the same approach currently used for other Community Supports.

Following are the CalAIM Section 1115 demonstration initiatives that will or have sunset and are not included for renewal under the CalAIM Section 1115 demonstration:

- » ***Providing Access and Transforming Health (PATH) Initiative:*** The state plans to sunset the PATH initiative, which are time-limited funds to support the capacity and infrastructure of community partners to successfully participate in the Medi-Cal delivery system and offer Enhanced Care Management, Community Supports, and pre-release services. The PATH initiative achieved its intended goals of providing implementation partners with capacity and infrastructure support to provide Enhanced Care Management, Community Supports, and Justice-Involved reentry services.
- » ***Designated State Health Program (DSHP):*** DSHP financing was used to support portions of the PATH program. Given that CMS has indicated it will no longer approve this funding approach, along with the conclusion of the PATH initiative, DHCS is not seeking to renew its expenditure authority for DSHP.
- » ***Low-Income Pregnant Women:*** DHCS was previously authorized to provide postpartum benefits for pregnant women with incomes between 109% up to and including 138% of the federal poverty level (FPL), that includes all benefits that would otherwise be covered for women with incomes below 109% of the FPL under the CalAIM Section 1115 demonstration. The authority transitioned to the Medi-Cal State Plan starting January 1, 2023, therefore, the authority has already sunset.

IMPACT TO TRIBAL HEALTH PROGRAMS

To the extent that a Tribal health program provides, or plans to provide, these services, the following waiver proposals may have an impact:

- » ***Reentry Services for Justice-Involved Populations 90-Days Pre-Release:*** This initiative will impact IHCPs, including Tribal Health Programs, by enabling them to potentially begin—or continue—providing relevant pre-release services to Medi-Cal members for up to 90 days before their release from a prison, county jail, or youth correctional facility. After returning to their communities, these Medi-Cal members who received Reentry Services may also access services at Tribal Health Programs more frequently.
- » ***DMC-ODS – Waiver of the IMD Exclusion for SUD Services:*** This initiative will benefit Tribal Health Programs that operate as an IMD and offer residential SUD services to Medi-Cal members by ensuring they receive federal reimbursement for providing SUD services for Medi-Cal members.
- » ***County Option to Cover Select Outpatient SUD Services:*** This initiative will impact Tribal Health Programs that provide peer support services, mobile crisis

services, or outpatient SUD services, as it will allow them to begin—or continue—offering these services to Medi-Cal members, including AI/AN individuals.

- » **Recovery Incentives:** This initiative will impact Tribal Health Programs (and IHCPs more broadly) since they will be able to begin—or continue to—provide Recovery Incentives to Medi-Cal members. To note, IHCPs, including Tribal Health Programs, are exempt from the requirement to contract with DMC-ODS counties to offer Recovery Incentives to Medi-Cal members receiving care in the DMC-ODS when rendering services to AI/AN Medi-Cal members (per [BHIN 20-065](#)).
- » **Traditional Healers and Natural Helpers:** This initiative will benefit IHCPs, including Tribal Health Programs, since they will be able to receive federal reimbursement for the provision of Traditional Healer and Natural Helper services.
- » **Chiropractic Services from IHS and Tribal Facilities:** This will benefit Tribal Health Programs enrolled in Medi-Cal as IHS-MOAs as these payments increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state. This will assure that Tribal Health Programs that do not seek to enroll as Tribal FQHCs can continue to be reimbursed for providing chiropractic services to their Medi-Cal populations.
- » **Coverage of Out-of-State Former Foster Care Youth:** Through this initiative, former foster care youth, including AI/AN individuals, will be able to enroll in Medi-Cal as long as they meet certain eligibility criteria. Tribal Health Programs will be able to receive federal reimbursement when they provide Medi-Cal services to these individuals.
- » **BridgeCare Pilots:** This initiative may impact Tribal Health Programs that fall within a local entity's service area (e.g., a county or region). If the local entity elects to participate in the BridgeCare Pilots, Tribal Health Programs that choose to take part will be able to receive federal reimbursement for delivering BridgeCare pilot services to eligible individuals.
- » **CBAS:** Through this change, Tribal Health Programs will be able to continue to receive federal reimbursement for CBAS provided to Medi-Cal members.
- » **Community Supports:** Through this change, Tribal Health Programs will be able to continue to receive federal reimbursement for recuperative care services provided to Medi-Cal members. Tribal Health Programs that may have provided short-term post hospitalization housing services to eligible individuals will likely

be able to continue to receive federal reimbursement under DHCS' updated model for recuperative care.

- » ***PATH Initiative:*** This change will impact Tribal entities, including Tribal Health Programs, that have received PATH initiative funding to build their capacity to provide services, including Enhanced Care Management and Community Supports, to AI/AN members. They will no longer be able to receive PATH funding. However, Tribal Health Programs will be able to begin—or continue—to provide ECM and Community Supports services to AI/AN members.
- » ***DSHP:*** California was authorized to use DSHP funding to support select components of the PATH initiative: TA Marketplace Initiative, Collaborative Planning and Implementation Initiative, CITED Initiative, and the Justice-Involved Capacity Building Program. As outlined above, Tribal Health Programs will no longer be able to receive PATH funding.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

FQHCs that provide, or plan to provide, the waiver services described below will be impacted.

- » ***Reentry Services for Justice-Involved Populations 90-Days Pre-Release:*** This initiative will impact FQHCs, including UIOs that are FQHCs, by enabling them to begin—or continue—providing relevant pre-release services to Medi-Cal members for up to 90 days before their release from a prison, county jail, or youth correctional facility. After returning to their communities, these Medi-Cal members who received Reentry Services may also access services at FQHCs more frequently.
- » ***County Option to Cover Select Outpatient SUD Services:*** This initiative will impact FQHCs that provide peer support services, mobile crisis services, or outpatient SUD services, as it will allow them to begin—or continue—offering these services to Medi-Cal members, including AI/AN individuals.
- » ***Recovery Incentives:*** This initiative will impact FQHCs since they will be able to begin—or continue to—provide Recovery Incentives to Medi-Cal members. To note, IHCPs, including FQHCs, are exempt from the requirement to contract with DMC-ODS counties to offer Recovery Incentives to Medi-Cal members receiving care in the DMC-ODS when rendering services to AI/AN Medi-Cal members (per [BHIN 20-065](#)).
- » ***Traditional Healers and Natural Helpers:*** This initiative will benefit FQHCs since they will be able to receive federal reimbursement for the provision of Traditional Healer and Natural Helper services.

- » **Coverage of Out-of-State Former Foster Care Youth:** Through this initiative, former foster care youth, including AI/AN individuals, will be able to enroll in Medi-Cal as long as they meet certain eligibility criteria. FQHCs will be able to receive federal reimbursement when they provide Medi-Cal services to these individuals.
- » **BridgeCare Pilots:** This initiative may impact FQHCs that fall within a local entity's service area (e.g., a county or region). If the local entity elects to participate in the BridgeCare Pilots, FQHCs that choose to take part will be able to receive federal reimbursement for delivering BridgeCare pilot services to eligible individuals.
- » **Community Supports:** Through this change, FQHCs will be able to continue to receive federal reimbursement for recuperative care services provided to Medi-Cal members. FQHCs that may have provided short-term post hospitalization housing services to eligible individuals will likely be able to continue to receive federal reimbursement under DHCS' updated model for recuperative care.
- » **CBAS:** Through this change, FQHCs will be able to continue to receive federal reimbursement for CBAS provided to Medi-Cal members.
- » **PATH Initiative:** This change will impact Tribal entities, including FQHCs, that have received PATH initiative funding to build their capacity to provide services, including Enhanced Care Management and Community Supports, to AI/AN members. They will no longer be able to receive PATH funding. However, FQHCs will be able to begin—or continue—to provide ECM and Community Supports services to AI/AN members.
- » **DSHP:** California was authorized to use DSHP funding to support select components of the PATH initiative: TA Marketplace Initiative, Collaborative Planning and Implementation Initiative, CITED Initiative, and the Justice-Involved Capacity Building Program. As outlined above, FQHCs will no longer be able to receive PATH funding.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

To the extent that an AI/AN Medi-Cal member accesses these services, the following waiver proposals may have an impact:

- » **Reentry Services for Justice-Involved Populations 90-Days Pre-Release:** This initiative will benefit eligible justice-involved individuals, including AI/AN individuals, by allowing them to receive a set of targeted Medi-Cal services prior to their release into the community from a jail, prison, or youth correctional facility. This supports members' successful reintegration into the community and reduces their risk of suffering severe health consequences and requiring costly care.

- » **DMC-ODS – Waiver of the IMD Exclusion for SUD Services:** This initiative will benefit Medi-Cal members with SUD in qualifying facilities, including AI/AN Medi-Cal members, by ensuring they have access to evidence-based SUD care in IMDs.
- » **County Option to Cover Select Outpatient SUD Services:** This initiative will benefit AI/AN Medi-Cal members by ensuring expanded access to SUD treatment services in the least restrictive setting possible, with the goal of improving members' recovery outcomes, preventing relapses, and reducing symptoms of behavioral health disorders.
- » **Recovery Incentives:** This will benefit AI/AN Medi-Cal members by ensuring that those experiencing stimulant use disorder have access to evidence-based care. This initiative aims to promote longer retention in treatment and reduced drug use, ultimately improving members' health outcomes, reducing the rates of emergency department utilization and inpatient stays and increasing community engagement.
- » **Traditional Healers and Natural Helpers:** This initiative will benefit AI/AN Medi-Cal members by ensuring access to culturally responsive SUD treatment.
- » **Coverage of Out-of-State Former Foster Care Youth:** This will benefit former foster care youth, including AI/AN individuals, by allowing them to enroll in Medi-Cal, enabling them to access medically necessary care.
- » **Modification of Asset Test for Deemed SSI Populations:** This will impact AI/AN individuals who seek to apply for, or renew, their Medi-Cal coverage since individuals with up to \$130,000 in assets will be eligible for Medi-Cal as long as they meet other Medi-Cal eligibility criteria. Asset exemptions that were in place prior to the elimination of asset limits on January 1, 2024, including exemptions specific to AI/AN assets, will continue to be exempt.
- » **Align Dually Eligible Enrollees' Medi-Cal Managed Care Plan and Medicare Advantage Plan:** This will benefit AI/AN Medi-Cal members since this initiative will promote coordinated and integrated care. For example, members who are interested may be able to receive care coordination services for both their Medicare and Medicaid benefits.
- » **Managed Care Authority to Limit Plan Choice in Certain Counties:** This will impact AI/AN Medi-Cal members enrolled in Medi-Cal managed care who reside in Metro, Large, and Urban counties that opt to participate in COHS and Single Plan managed care models as their plan choice will be limited. To note, AI/AN Medi-Cal members are not exempt from the requirement to enroll in a Medi-Cal managed care plan, including those in COHS and Single Plan counties, but they still have the right to access care at IHCPs.

- » **GPP:** This will benefit participating public health care systems that serve uninsured AI/AN individuals since GPP aims to increase access to, stabilize, and strengthen the providers and provider networks available to serve Medicaid and low-income populations.
- » **BridgeCare Pilots:** This initiative will benefit AI/AN individuals by providing access to HCBS for eligible individuals to allow them to remain in their communities. Through BridgeCare Pilots, low-income Medicare beneficiaries with incomes just above Medicaid limits, including AI/AN individuals, may be eligible for a set of home- and community-based services (HCBS) as long as they meet certain eligibility criteria. More information on the proposed financial eligibility criteria is available in the draft CalAIM Section 1115 demonstration application on the [CalAIM 1115 Demonstration & 1915\(b\) Waiver](#) webpage.
- » **CBAS:** This change will have minimal impacts on AI/AN members—they will continue to have access to CBAS if determined to be medically necessary.
- » **Community Supports (Recuperative Care and Short-Term Post Hospitalization Housing):** DHCS seeks to minimize impacts to AI/AN Medi-Cal members by creating a model for recuperative care under a different federal authority that incorporates the levels of care offered under both recuperative care and short-term hospitalization housing. DHCS plans to sunset short-term post hospitalization housing as a separate Community Support.

The following initiatives are not expected to have an impact on AI/AN members:

- » **Employment Supports:** This initiative will not impact AI/AN members since they are exempt from work and community engagement requirements.
- » **PATH Initiative:** This change will not impact AI/AN Medi-Cal members since there will be no disruption to ECM, Community Supports, and Justice-Involved Reentry Services offered by Tribal organizations who have received PATH funding.
- » **DSHP:** This change will not impact AI/AN Medi-Cal members. As outlined above, PATH funding was only available to Tribal entities and other organization types (e.g., community-based organizations). Medi-Cal members were not eligible for PATH funding.
- » **Low-Income Pregnant Women:** This change will not impact AI/AN Medi-Cal members because members with incomes between 109% and 138% FPL will be covered under the Medi-Cal State Plan.

RESPONSE DATE

Tribes and Indian Health Programs may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. To be assured

consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) on Thursday, March 12, 2026. Please note that comments will continue to be accepted after March 12, 2026, but DHCS may not be able to consider those comments prior to the initial submission of the CalAIM Section 1115 demonstration application to CMS. Comments may be sent by email to 1115waiver@dhcs.ca.gov or by mail to the address below.

DHCS will also host a Tribal webinar to solicit Tribal and Indian Health Program comments. The webinar will be hosted virtually. The meeting will have online video streaming and telephonic conference capabilities to ensure statewide accessibility.

Tribes and Indian Health Program Representatives Hybrid Meeting

- **Date:** Monday, February 23, 2026
- **Time:** 9:00 a.m. – 4:00 p.m. (Check-in begins at 8:30 a.m.)
 - **Please note:** The CalAIM waiver renewal discussion is scheduled from 2 p.m. to 3:15 p.m.
- **In-Person Location:**
The Center for Healthy Communities – Sacramento
1414 K Street, Suite 500 (Adelante Conference Room, 1st Floor)
Sacramento, CA 95814
- **Registration Links:**
 - **In-Person Option:** [Register here](#) via SurveyMonkey
 - **Virtual Option:** [Register here](#) to attend via Microsoft Teams

Tribal and Designees of Indian Health Programs Quarterly Webinar on Proposed Changes to the Medi-Cal Program

- **Date:** Friday, February 27, 2026
- **Time:** 2:00 p.m. – 3:00 p.m.
- **Registration Link (Virtual Meeting):** [Register here](#)

CONTACT INFORMATION

Written comments may be sent by email to 1115waiver@dhcs.ca.gov or by mail to the following address; please indicate “CalAIM Section 1115 Waiver” in the written message:

Department of Health Care Services
Director’s Office
Attn: Tyler Sadwith
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413