



CALIFORNIA CHILDREN'S SERVICES (CCS) ADVISORY GROUP MEETING

January 21, 2026 1:00-4:00 P.M.

CCS Advisory Group (AG) Members:

Paloma Barraza, Tanesha Castaneda, Lianna Chen, Whitney Clark, Janis Lambert Connallon, Stephanie Dansker, Kristen Dimou, Dr. Mary Giammona, Michelle Gibbons, Allison Gray, Kelly Hardy, Michael Hunn, Erin Kelly, Ann Kinkor, Ann Kuhns, Dr. Carol Miller, Jaime Ordonez, Dr. Miriam Parsa, Dr. Mona Patel, Kelsey Riggs for Linnea Koopmans, James Stein, Gina Stabile, Amy Westling and Katrina Whitaker.

DHCS Staff:

Sabrina Atoyebi, Joseph Billingsley, Bambi Cisneros, Erica Grant, Alyssa Hedrick, Dr. Bassant Khalil, Annette Lee, Susan Philip, Barbara Sasaki, and Punreep Sahota.

Meeting Summary

Welcome and Housekeeping

- » Health Care Delivery Systems (HCDS) Assistant Deputy Director (ADD), Joseph Billingsley, welcomed participants.
- » Integrated Systems of Care Division (ISCD), CCS Policy Unit Chief, Erica Grant, reviewed housekeeping and meeting logistics. Attendance will be taken from the call-in logs. Email CCSProgram@dhcs.ca.gov with questions or for assistance.

Director Remarks

HCDS, ADD Joseph Billingsley provided the following remarks in Director Michelle Baass's absence.

- » New 2025-2026 State Budget Act regulations went into effect January 1, 2026, which may impact CCS members. An Undocumented Adult Enrollment Freeze update will be provided later in the agenda.
- » Reminder: Upcoming Medi-Cal, and elements of House Resolution 1 changes can be found on the DHCS "What Medi-Cal Members Need to Know" webpage.

- Link: [Medi-Cal Changes 2026-2028](#)
- » Today's agenda includes a review of 2025 CCS accomplishments and 2026 CCS priorities, an update on Managed Care Quality & Monitoring, Medi-Cal Rx, and CCS Program policies.
- » CCS Monitoring and Oversight Information Notice (IN) 26-01 was released on January 21, 2026. A revised CCS Reporting and Survey Numbered Letter (NL) will be released soon.

October 2025 Meeting Recap

Erica Grant provided the following October 2025 meeting recap:

- » Progress and next steps were given for 2025 CCS priorities.
- » The Medi-Cal Rx team provided updates on step medications, continuing care for select products, step coverage for over-the-counter COVID-19 antigen tests, and GLP-1 weight loss drugs for CCS children.

2025 CCS Accomplishments

HCDS, ADD Joseph Billingsley provided the following 2025 CCS accomplishments:

- » An Enhanced Care Management (ECM) Technical Assistance (TA) Resource was released. More information will be provided later in the agenda.
- » CCS Policy Guidance released in 2025:
 - Coverage of Community Health Worker IN
 - CCS Members with Unsatisfactory Immigration Status NL
 - CCS Program Medical Documentation NL
 - Low Protein Therapeutic Foods NL and Manual
 - Assessment Tools to Enable Family Centered Services in the Medical Therapy Program NL
 - Vended Occupational Therapy (OT) and/or Physical Therapy (PT) Program
 - CCS Administrative Case Management Manual
- » Medi-Cal Rx Prior Authorization
- » Providers and facilities enrolled in 2025 (see Appendix)
- » An additional twelve (12) counties expanded the Whole Child Model (WCM) in collaboration with either Central California Alliance for Health (the Alliance), Partnership HealthPlan of CA, or Kaiser Permanente Health Plans. DHCS is grateful for the collaborative partnerships during the expansion.

- » Post-transition monitoring for WCM implementation included continuity of care, case management, care coordination, CCS Program eligibility referrals, and grievance and appeals.
- » Stakeholder comments:
 - Can we get a list of the Special Care Centers (SCCs) approved in 2025?
 - DHCS reply: Yes, the 2025 list of approved SCCs will be attached to the meeting minutes.
 - Are there plans in 2026 for additional counties to expand the WCM?
 - DHCS reply: Currently, there are no plans to expand WCM in 2026 to additional counties.
 - What are the backlogs to review and approve facility applications?
 - DHCS reply: We acknowledge we have applications in queue, and we are working to continue to bring down the backlog and find ways to streamline the process to increase efficiency. An update on this topic is being planned for the April 2026 meeting.
 - Does any of the WCM planning/expansion for this year involve Medical Therapy Unit (MTU) services in schools?
 - DHCS reply: The Medical Therapy Program (MTP) and MTUs remain a core benefit under the CCS Program for Classic and WCM. MTP is carved out of WCM transitions and is not impacted by WCM.

2026 Priorities

ISCD, Medical Operations Branch (MOB) Chief, Sabrina Atoyebi, provided the following updates:

- » A majority of 2025 priorities are carried forward to 2026. Several represent multi-year initiatives:
- » Transition to Adulthood
 - 2025 Goal: Update existing guidance and tools, publish a provider and CCS County partner Frequently Asked Question (FAQ) guide, as well as create guidance to help transition CCS Program members while in pre-/post-transition periods.
 - Update: Progress and next steps will be provided later in the meeting.
- » Access to CCS Paneled Providers
 - 2025 Goal: Promote and increase Provider awareness to become a CCS-paneled Provider for children up to 20 years of age.
 - Update: Progress and next steps will be provided later in the meeting.

- CCS WCM Enrollment
- 2025 Goal: Review existing data to monitor and identify trends and areas of improvement.
- Update: Progress and next steps will be provided later in the meeting.
- CCS Quality Metrics Performance Measures
- 2025 Goal: Monitor measures throughout 2026 and continue work on Tier 1 measures.
- Update: DHCS continues the data collection and is working towards publishing Tier 1 measures in 2027. The demographic dashboard was refreshed with new data in December 2025.
- Enhanced Care Management (ECM)
- 2025 Goal: Monitor ECM services for CCS children.
- Update: Progress and next steps will be provided later in the meeting.
- CCS Referral and Enrollment
- 2025 Goal: Review existing data to identify trends and areas of improvement.
- Update: DHCS continues to review referral and enrollment data. Progress and next steps will be provided later in the meeting. A presentation on referrals is also being planned for later in 2026.
- » Stakeholder comments:
 - Transition to Adulthood: What is the implementation plan? How do we make it a high priority? What transition data do the MCPs have from the WCM Phase 1 (2018) transitioning populations?
 - CHEAC recommended the following program improvement priorities for 2026: There is a need to reset the CCS AG and collaboratively work with DHCS to inform improvements to the CCS program as a whole, including both WCM and Classic CCS. This includes leveraging CCS AG member experience to educate/inform DHCS on policy impacts (i.e., the lens on the ground); CCS funding to match staffing standards; update on Service Authorization Request (SAR) backlogs; Provider Paneling approvals; better and upfront engagement for policy changes (discuss the why and need of the policy); improving access to MTUs; lack of Physical and Occupational Therapists; shortages of Durable Medical Equipment (DME) vendors; low Medi-Cal reimbursement rates; and as a result of Medi-Cal changes, some

will lose their Medi-Cal Managed Care Plan (MCP) and still be eligible for CCS based on their medical condition; the counties are not funded to support the shift of these caseloads.

- DHCS reply: DHCS is committed to transparency and will take these priorities back for discussion. DHCS will provide an update on SAR and provider paneling backlog at the April 2026 CCS AG Meeting.

- The MTP program, as part of CCS, is underfunded thus therapists cannot be hired to perform services, and there are no other vendors for children. Medical Therapy Conference (MTC): Physician hiring for the one in-person required visit per year is impacted by low Medi-Cal reimbursement rates.
 - DHCS reply: Thank you for the comment and we encourage stakeholders to continue raising the issue. We acknowledge that budget discussions involve everyone, including legislators, and that the current fiscal climate this year will not allow much change.

- Can the Department consider who is eligible at no cost for MTU, and possibly layer in some cost-sharing with families that can financially pay or have private insurance? This would allow the Program to fund families who have nowhere else to go or no other way to pay for services.
 - DHCS reply: This may require a legislative change, and we are always open to discuss changes to the Program

Transition to Adulthood

ISCD, MOB Chief, Sabrina Atoyebi provided the following updates:

- » 190,000 members under age 21 are enrolled in CCS. As members approach age 21, they become eligible for adult care programs, and care transitions to adult providers.

- » The goal is to enhance the member experience during transition. DHCS will conduct an analysis to create standardized guidance, tools, and support during the transition to adulthood.

- » In 2025, stakeholder interviews were held with WCM counties, WCM MCPs, Classic Counties, CCS Advisory Group, and Bleeding Disorders Council of California. Additional analysis will be conducted for: best practices, requirements for member support, and categorization of the information obtained from the interviews.

- » Key themes from the preliminary reviews include: pain/relief points (i.e., expressed issues and resolution); points of clarification (i.e., unclear guidance documents); methods of communication (i.e., ways for tools and systems to cross workstreams and areas across the Department); interaction with providers or regional centers; continuity of care (i.e., is it happening, ways DHCS can develop policies to support transition); roles and responsibilities within the MCP, the county providers, etc.; and determining levels of need (i.e., guidelines to determine level of risk and what age each level of engagement should start).
- » The roadmap for 2026 includes conducting additional and follow-up interviews and may expand interviews to additional entities. These interviews are to collect more information to provide a timeline of deliverables and communicate with stakeholders through the various steps of the road map. We will continue to identify and evaluate best practices and socialize these best practices through guidance documents with our stakeholders to support members through their transition.
- » Stakeholder comments:
 - Are there plans to make changes now that we potentially have someone who will leave CCS without Medicaid or Medi-Cal?
 - DHCS reply: Yes, we will be looking into this. This falls into the arena of CCS state-only and the Unsatisfactory Immigration Status (UIS).
 - Who and how many people or groups were interviewed? Some counties may want to consider having focus groups to expand on family experiences.
 - DHCS reply: 11 interviews were completed: 2 classic CCS counties (San Diego, San Francisco); 2 classic MCPs (Kaiser, SF Health Plan); 2 WCM CCS counties (Del Norte, Santa Cruz); 2 WCM MCPs (Central California Alliance for Health, Partnership); 3 Stakeholders (CCS Advisory Group, Bleeding Disorders Council of California, DDS Regional Centers). 11 interviews were completed: 2 classic CCS counties (San Diego, San Francisco); 2 classic MCPs (Kaiser, SF Health Plan); 2 WCM CCS counties (Del Norte, Santa Cruz); 2 WCM MCPs (Central California Alliance for Health, Partnership); 3 Stakeholders (CCS Advisory Group, Bleeding Disorders Council of California, Department of Developmental Services Regional Centers).
 - Were any interviews conducted with providers, or are there plans to? This could be important when thinking about network adequacy, training, and skill sets for the transitioning population.
 - DHCS reply: We did not meet with providers or plan to. We will take this into consideration.

- Would like to see the information and data from MCPs about their transition programs and processes to ensure transition is happening as expected. Transition was robust as a Classic County, but it needs improvement from our years as a WCM county.
 - DHCS reply: If we have an opportunity to implement policies earlier, we will take the opportunity; DHCS recognizes transitions happen routinely.

CCS WCM Enrollment

ISCD, MOB Chief, Sabrina Atoyebi provided the following updates:

- » A high-level overview of the enrollment process entails a referral from any source that comes into the CCS Program queue while county partners determine financial, residential, and medical eligibility. Once the member is determined to be eligible based on an eligible CCS condition, they enter the Program with established Program eligibility.
- » From 2017, prior to the WCM, to 2024, a few key trends were observed in the data comparison of Classic CCS, WCM, and total enrollment. Total enrollment has largely remained consistent at 240,000 members with small peaks and valleys. In 2018, the first year of WCM implementation, there was a dip in WCM and increase in Classic CCS likely due to implementation, but by the following year the WCM enrollment rebounded and has remained consistent. From 2019 to 2024, yearly enrollment for Classic CCS is about 200,000 members and WCM yearly enrollment at approximately 40,000. Classic CCS enrollment rose starting in 2021 related to COVID-19 through the unwinding of COVID flexibilities in 2024. The 2025 data is still being reviewed.
- » Stakeholder comments:
 - Our cases have been decreasing since we became a WCM County seven years ago, which wasn't the case when we were a Classic County, and it worries me what has happened to the clients after WCM was implemented.
 - Can the children who are MTU-only be separated from the rest of the population?
 - DHCS reply: DHCS will look at this when CCS enrollment data is presented again in the future. MTU-only (9M) population can be separated from the rest of the population.
 - Curious to see what the data looked like in the years prior to WCM and if the trend was also flat or going up, and the data on how many referrals are

submitted compared to enrollment, because appropriate documentation is given to the county to make a proper determination.

- DHCS reply: Because a referral can come from any source, having the proper documentation for medical determination of a CCS-eligible condition is very important. Most referrals come from providers who should have access to medical records, which helps county partners doing financial and residential determinations.
- Showing the number of kids on Medi-Cal as compared to the CCS population would be helpful to see if the CCS population is increasing or decreasing compared to the overall pediatric population, and possibly a population of kids not being referred to CCS.
- Recommend that the Department counterweigh the data that is presented against other data points, other than just CMS Net caseloads.
 - DHCS reply: We will take these two recommendations into consideration.

CCS Quality Metrics Performance Measures

ISCD, MOB Chief, Sabrina Atoyebi provided the following updates:

- » The CCS Redesign Quality Subcommittee met several times in 2025 to develop the Classic and WCM Enrollment and Demographic Dashboard, and framework for Tier 1 measures. The dashboard provides a comparison with clinical and non-clinical measures for CCS WCM Counties. While this goal was postponed this fiscal year, if funding allows it will be revisited in the 2026/2027 fiscal year. The goals here are to monitor progress through 2025, continue work on Tier 1 measures, explore the feasibility of expanding subcommittee recommendations, and consider benchmarks to begin in 2028.
- » Stakeholder comments:
 - Caution that people may make comparisons between WCM and Classic Counties, but they are not apples-to-apples comparisons. Could DHCS share this information with AG members before it goes live to see if there is information that is missing or could be misinterpreted.

CCS Provider Paneling

Quality Monitoring Branch (QMB) Chief, Annette Lee, provided the following updates:

- » The concerns have been heard. DHCS is looking at the provider paneling process in place today, including provider standards, ease of submission, streamlined processes, relevant licensure criteria, whether duplicative information is

requested, and the required education and experience for certification. We know some nurses have had difficulty getting timely copies of their certificates. DHCS has implemented processes such as online verification of active licenses. Same for National Provider Identifier (NPI) numbers. Same for board certifications.

- » DHCS is also looking at a self-attestation process when enrolling through the portal, for additional ease of submission.
- » A RightFax submission issue has been identified. Submissions often arrive to the Provider Paneling inbox with no identifying information (no sender info, paneling or NPI numbers) to match to a submitted application in the portal which has hindered timely responses.
- » DHCS is aware some providers have timed out of the portal which was designed to auto-deny at 180 days. DHCS ran a report for those that received denials between June 16 - July 16, 2026, and has approved 280 applications in the last 4-week period.
- » DHCS is also exploring auto-paneling for some qualifying physician classes and anticipates more positive movement in the first quarter of 2026.
- » Individual provider inquiries can be sent to ProviderPanelingInquiry@dhcs.ca.gov inbox. Please allow time for DHCS to process applications because multiple email inquiries do contribute to the backlog.
- » Supporting documents for an application request can be sent to the ProviderPaneling@dhcs.ca.gov inbox.
- » Inquiries regarding individual facility requests (i.e., Special Care Centers and hospitals) can be sent to the FacilityReview@dhcs.ca.gov inbox.
- » Stakeholder comments:
 - Is it in regulation or statute that requires DHCS to request a copy of the NPI or license information, or is it an internal requirement of DHCS?
 - DHCS reply: DHCS requires NPI information for Medi-Cal verification and licensure details to confirm the current status in NPPES and relevant licensing authorities. However, DHCS is actively working to eliminate the requirement for applicants to submit copies of their NPI and licensing confirmations.
 - How many items are in the backlog or in the queue?
 - DHCS reply: As of July 2025, approximately 2000 items are in queue. The goal is to stay within the 180-day window and move to 30, 60, 90-day outlooks.

- Appreciate the work that has been done to date, but 180 days still creates delays to care and administration hardships. Registered Nurse (RN) NPIs are still in the system and awaiting processing.
 - DHCS reply: We understand not entering the NPI is helping to solve the RN issue, and we are working with the DHCS Information Technology (IT) area regarding the error code showing for some RNs.
- Can the department consider outreach for more adult specialists to see CCS children aged 18-20? We continue to have a need in this area. One idea, as some children's hospitals are now doing, is to have physicians automatically submit a CCS provider paneling application.
 - DHCS reply: In the portal, providers are paneled based on their licensure, not based on whether they are signing up for pediatrics or adult care. Should providers wish to address adults, and it is within their licensure, please encourage them to submit a CCS application.
- Is there a stipend or bonus for physicians to work with the CCS population? Are CCS opportunities being advertised or promoted? Are there programs to encourage people to pursue this field (i.e., OTs and PTs)?
 - DHCS reply: There are multiple billing structures in place. Beyond the Medi-Cal payments that physicians receive, CCS-paneled physicians and CCS facilities receive enhanced payment bumps for services rendered to CCS members (i.e., Neonatal Intensive Care Unit). DHCS has historically sent provider bulletins about the CCS Program and enhanced payments received for the CCS population. In 2026, DHCS is exploring ways to expand the communication reach (i.e, contact providers not already in the Medi-Cal provider network). More information about Becoming a CCS Provider is available on the DHCS website. Additionally, we encourage all of our clinic, hospital, and association partners to consider the comments made earlier and to reach out internally to encourage physicians to submit paneling applications to also help increase provider availability statewide.

Enhanced Care Management

Enhanced Care Management Unit, Program Analyst, Punreep Sahota, provided the following updates:

- » ECM is not dependent on the California Advancing and Innovating Medi-Cal (CalAIM) waiver renewal and will continue as a statewide Medi-Cal managed care benefit. Recent federal changes do not affect ECM's authority under federal Medicaid managed care rules as part of core care coordination responsibilities.

DHCS is committed to sustaining and improving ECM with the Centers of Medicare and Medicaid (CMS).

- » A new [ECM CCS Technical Assistance Resource](#), available on the [DHCS Enhanced Care Management and Community Supports News](#) webpage has been developed to better engage children and families, clarify different service rules, and prepare ECM care managers to serve the CCS community. The technical assistance (TA) resource has been shared through multiple channels, including provider networks, stakeholder meetings, and online platforms. The goal is to ensure ECM providers, county staff, and stakeholders have easy access to guidance tools and best practices to actively distribute and encourage use of the resources.
- » DHCS held focus groups with nine (9) ECM providers and County CCS providers, which informed a “Lessons from the Field” TA resource. TA resource content covers four (4) main areas: overview of ECM for children in CCS; engaging children and families in ECM; service delivery and the role of ECM and CCS Care Managers; and preparing ECM providers to serve CCS populations. Communication across ECM and CCS teams was highlighted as key factor for program success. CCS AG members can play a key role in promoting awareness and sharing with MCPs, CCS and ECM providers, and referral partners.
- » Some key implementation challenges identified are: uncertainty about eligibility criteria; lack of awareness about ECM and the referral process; doubts about ECM’s value for CCS kids, specialists, or schools; confusion about overlapping benefits; clarification needed about how ECM should be delivered alongside the CCS model; and lack of experience among ECM providers for children in CCS.
- » Stakeholders were asked to respond to three (3) questions:
 - What feedback does the AG have on any additional implementation gaps not addressed by the TA Resource?
 - Which stakeholders and stakeholder organizations may be helpful partners in sharing this TA resource?
 - What other engagement opportunities or formats may be helpful from DHCS teams, including those working on ECM, CCS, and WCM implementation?
- » Stakeholder comments:
 - A challenge stakeholder’s have seen is the referral to ECM because ECM does not have a connection with a medical facility and are overwhelmed by the child’s CCS condition.

- DHCS reply: The intent of the ECM program is to ideally have SCCs with ECM providers that know and work with the CCS population of focus. We will look at further clarifying this point moving forward.

WCM Managed Care Plan (MCP) Monitoring and Oversight

Managed Care Assistant Deputy Director and Managed Care Quality Monitoring Division (MCQMD) Acting Division Chief, Bambi Cisneros, provided the following update:

- » The MCQMD role is to oversee Medi-Cal Managed Care Plans and contractual/regulatory obligations and work in collaboration with other DHCS divisions to inform Medi-Cal policy that is delivered in the managed care delivery system. For WCM, it is CCS Policy that is then provided by managed care plans.
- » DHCS' monitoring and oversight process focuses on contract compliance and access to care. DHCS is actively looking into ways to further develop and improve oversight processes for WCM monitoring.
- » WCM MCPs report monthly data to DHCS, such as continuity of care, authorizations, care coordination, etc. DHCS reviews the information regularly to identify trends or systemic concerns.
 - MCQMD uses the data to guide policy decisions or clarifications and collaborates with other program areas for implementation or subsequent enforcement actions.

Postmortem Noticing

MCQMD Unit Chief, Alyssa Hedrick, provided the following update:

- » A requirement has been added to the 2025 B/C Medi-Cal Managed Care Plan Contract Amendment. MCPs must notify WCM and Classic County CCS Programs when they become aware that a CCS child has passed away.
- » The update addresses WCM stakeholder concerns that County CCS Programs were not consistently informed of such events. Timely notification helps ensure that CCS Programs can maintain program integrity.
- » Questions for this topic can be sent to DHCSMCQMDWCM@dhcs.ca.gov.

Medi-Cal Rx Pediatric Integration Pharmacy Benefits

Pharmacy Benefits Assistant Division Chief, Bassant Khalil, responded to the following questions submitted by CCS Advisory Group members:

- » Can prior authorization be waived for medications if ordered by a CCS Paneled Provider after the member ages out of CCS?
 - DHCS reply: The Department appreciates this question and is still discussing internally. As a reminder, the proposed policy change would allow prescriptions written by CCS Paneled Providers, for any pediatric member, to be eligible for a 100-day prior authorization extension when the member becomes 21 years of age. Until the current policy changes, the member will need to have an active, approved prior authorization.
- » How will Medi-Cal Rx determine “medical necessity” for prior authorization of GLP-1 medications for weight loss alone? What is the prior authorization criteria and how can prescribers meet the prior authorization criteria?
 - DHCS reply: For Medi-Cal members under 21 years of age, Medi-Cal Rx's prior authorization review is based upon an individual, case-by-case assessment to determine if medical necessity is demonstrated, consistent with the federal Early and Periodic, Screening, and Diagnostic Treatment (EPSDT) benefit. Please note that the medical necessity standard under EPSDT, i.e., to “correct or ameliorate,” is more expansive than the standard applied for adults.
- » Can the Department provide an update on prior authorization denial trends, concerns about prior authorization denials, and/or potentially inappropriate quantity, cost, and dosage limits for Medi-Cal members (children and youth) under age 21?
 - DHCS reply: DHCS is not aware of any specific trends and/or concerns about prior authorization denials. That said, any examples of access to care or other related prior authorization issues may be submitted to the Department for review and appropriate follow-up. When submitting any examples, please ensure that you send via secured (encrypted) email to

Medi-Cal.PharmacyBenefits@dhcs.ca.gov and
copy medicalrxeducationoutreach@primetherapeutics.com.

- » Stakeholder comments:
 - Can the department consider expanding prior authorizations for medications to any aged youth who is still being followed by a CCS paneled provider? This would not necessarily be a CCS benefit but would be a benefit for the patient/provider match.
 - DHCS reply: We will look at the request and provide a response.

Program Update

ISCD Special Populations Section Chief, Barbara Sasaki, provided the following updates:

- » CCS Program Medical Documentation NL posted November 24, 2025.
- » CCS Members with Unsatisfactory Immigration Status NL posted December 22, 2025.
- » Coverage of Community Health Worker Services in CCS IN posted December 22, 2025.
- » The following are under final executive review for distribution and posting:
 - Special Care Center Core Standards; Early Periodic Screening, Diagnostic, and Treatment Services for Private Duty Nursing – Case Management NL; Neonatal Intensive Care Unit and High-Risk Infant Follow-Up Referral Process; Intercounty Transfer NL and training slide deck.
- » If you have questions about a specific number letter, please email CCSProgram@dhcs.ca.gov.
- » Adult Unsatisfactory Immigration (UIS) Status
 - Effective January 1, 2026, DHCS began freezing new Medi-Cal enrollments for undocumented adults ages 19 and older who qualified for Full Scope Medi-Cal through the state-funded Adult Expansion Initiative. These adults with no immigration status, unverified immigration status, or who are certain non-immigrant visa holders currently active on Full Scope Medi-Cal, will only be eligible for emergency or pregnancy-related services.
 - CCS Program members, ages 19 and 20, in this status, will continue to receive Medi-Cal services provided the member continues to meet Medi-Cal

eligibility, including proper program renewals, income, and residential requirements.

- Counties are expected to periodically run the CMS-39 report to identify active cases with recently terminated Medi-Cal.
- Counties should contact UIS members/families for members between 19-20 years old who recently lost Medi-Cal, to ensure they are informed that necessary paperwork needs to be submitted so as not to lose Medi-Cal coverage.
- If CCS members' Medi-Cal coverage is stopped/dropped due to late renewal(s) or missing paperwork, members will not be allowed to re-enroll in Medi-Cal. Members will have 90 days from the date of disenrollment to correct any issues to stay enrolled in Medi-Cal.
- If Medi-Cal has been terminated for 90 days or more, the counties should work with families to begin the enrollment process for CCS State-Only.
- DHCS policy is outlined in [CCS-NL-06-1225](#) released December 22, 2025.
- DHCS has also restarted the [DHCS Coverage Ambassadors](#) for information and resources regarding upcoming Medi-Cal changes.

» Interoperability Update

- The Centers for Medicare and Medicaid Services (CMS) finalized the CMS Interoperability and Prior Authorization Final Rule. This rule requires medical advantage organizations, state Medicaid programs, the Children's Health Insurance Program, fee-for-service programs, Medicaid managed care plans, CHIP managed care entities, and qualified health plan issuers on the federal facilitated exchanges to enhance health information exchange. The goal is to ensure that patients, healthcare providers, and payers have appropriate access to health records. The prior authorization process is focused on decision timeframes and expedited/urgent Service Authorization Request (SAR) authorizations within 72-hours and non-urgent, standard requests authorized within seven (7) calendar days, provider notifications will include specific reasons when a prior authorization is denied, and as required by CMS, DHCS annually posts a public metrics report. DHCS was granted a delayed implementation of the new prior authorization timeframes provision in the Interoperability and Prior Authorization Final Rule to January 1, 2028. The CCS Program is working to: evaluate and update existing utilization management policies; review and revise policy manuals, provider guidance and internal procedures; amend contracts and interagency agreements; modify internal systems; and train staff, contractors and providers.

- » Stakeholder Feedback
 - Adult Unsatisfactory Immigration:
 - How many CCS clients may be impacted? What is the plan and process for counties to periodically check for members who lose their Medi-Cal coverage but may still be eligible for CCS? For WCM Independent counties (for example), what steps are involved in the client's case management?
 - DHCS reply: MCPs communicate to counties when they identify someone who no longer qualifies for CCS or Medi-Cal. Currently, counties are required to periodically review CMS Net reports to identify children who no longer qualify for CCS or Medi-Cal. Guidance is provided in the [CCS Admin Case Management Manual](#) to work with families on Medi-Cal re-enrollment, if possible, or look to enroll children in CCS State-only. Preliminary reports indicate approximately 150 children statewide would be impacted on a monthly basis, and DHCS continues to run reports monthly to watch the numbers and the impacted counties.
 - Stakeholder follow-up question: Can you define periodically, and can the county-by-county data be made available?
 - DHCS reply: DHCS is looking to create a CMS Net report for counties that will show month-to-month population changes. Currently, counties have access to the CMS-39 report.
 - Stakeholder follow-up comment: Before WCM, counties would audit those coming on/off Medi-Cal, and counties would connect with families. However, CCS State-only enrollment is not automatic; counties must spend more time to make cases eligible for CCS State-only, and the cost sharing to a 50/50 split between counties & CCS Program for incurred expenses.
 - Use of CCS Monitoring and Oversight allocation funds:
 - Stakeholder question: Are the M&O dollars being offered to the counties to use for non-M&O activities such as administrative tasks?
 - DHCS reply: Per the IN released today, counties can access their CCS M&O allocation without restriction. It is not tied to the M&O functions developed as part of the M&O and

workgroup process. DHCS recognizes county administrative actions support CCS-related functions.

Public Comment

- » For questions not answered during the meeting, please send the question to CCSProgram@dhcs.ca.gov for a reply.
- » Next Meeting: April 15, 2026, 1:00 – 4:00 p.m.