CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

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TO: All County California Children's Services Program Administrators

SUBJECT: California Children's Services Members with Unsatisfactory Immigration Status (2026) - REVISED

I. PURPOSE

The purpose of this Numbered Letter (NL) is to provide guidance to County California Children's Services (CCS) Programs on changes to the Medi-Cal eligibility and enrollment of CCS members with Unsatisfactory Immigration Status (UIS) who are currently enrolled in Medi-Cal Managed Care Plans (MCPs).

II. BACKGROUND

Enrollment Freeze for the Adult Expansion Population

As of January 1, 2026, the Department of Health Care Services (DHCS) froze new Medi-Cal enrollments for individual adults ages 19 and older who previously qualified for full-scope Medi-Cal under the state-funded Adult Expansion Initiative. Adult members who fall under the enrollment freeze are those who have no immigration status, an unverified immigration status, or are certain non-immigrant visa holders with full-scope Medi-Cal.[1] These individuals are considered to have UIS. As of January 1, 2026, these individuals with UIS who newly apply for Medi-Cal are only eligible for emergency or pregnancy-related services.

Individuals who are unable to enroll in full-scope Medi-Cal may still be eligible for CCS state-only despite not being eligible for full-scope Medi-Cal if they meet all other residential, financial, and medical eligibility requirements for CCS. Individuals impacted by the UIS Medi-Cal enrollment freeze and who may lose full-scope Medi-Cal coverage have a 90-day re-enrollment period.

[1] Immigration Status and Changes to Medi-Cal Eligibility – Department of Health Care Services

Transition of the UIS Population from Managed Care to FFS

On January 1, 2027, all Medi-Cal Members with UIS, including CCS members with UIS who are enrolled in an MCP, will be disenrolled from their MCP and transitioned into the Medi-Cal Fee-for-Service (FFS) delivery system. While CCS Members with full-scope Medi-Cal with UIS will still retain their Medi-Cal coverage; their delivery system will change and their MCP will no longer be involved in their care delivery effective January 1, 2027.

All CCS members with UIS in Medi-Cal FFS will receive case management through their County CCS Program, as well as services through approved Special Care Centers and CCS paneled FFS providers.

III. POLICY

WHEN CCS MEMBER WITH UIS, AGES 19-20 DOES NOT RENEW THEIR MEDI-CAL ELIGIBILITY DURING THE REMAINING YEAR, THROUGH DECEMBER 2026.

CCS members ages 19 and 20 who were enrolled in Medi-Cal prior to January 1, 2026, will continue to stay covered under full-scope Medi-Cal regardless of their immigration status as long as they complete the necessary Medi-Cal renewal forms by their deadlines and continue to meet Medi-Cal eligibility requirements (e.g., income and residency requirements). If a CCS member with UIS fails to renew their Medi-Cal by their renewal deadline, their full-scope Medi-Cal coverage will stop, and they will be disenrolled from their MCP.

However, if the Medi-Cal coverage stops because of a missed renewal deadline or missing paperwork but the CCS member with UIS remains otherwise eligible for Medi-Cal, they will have 90 days from the date of Medi-Cal disenrollment to correct the renewal issue and be re-enrolled in full-scope Medi-Cal.[2] If the re-enrollment occurs in 2026, the CCS member with UIS will also be re-enrolled back into their WCM MCP for the remainder of the 2026 year only. If the re-enrollment occurs in 2027, the CCS member with UIS will be re-enrolled in full-scope Medi-Cal and into Medi-Cal FFS, **not** in a Medi-Cal managed care plan.

As of January 1, 2026, if a 19- or 20-year-old CCS member with UIS loses their full-scope Medi-Cal coverage and the 90-day period to correct their issue(s) lapses, they will not be able to re-apply and re-enroll in full-scope Medi-Cal. Instead, they will

[2] Welfare and Institutions Code Section 14007.8(b)(2).

only be eligible for restricted scope Medi-Cal, which only covers emergency or pregnancy-related care. However, per W&I section 14007.8(b)(3), foster youth or nonminor dependents with UIS shall remain eligible for full scope Medi-Cal coverage until the age of 26.[3] This means that a 19- or 20-year-old CCS member with UIS, who is also a foster youth or nonminor dependent, who renews or re-applies and re-enrolls in Medi-Cal after a lapse in coverage shall remain eligible for full-scope Medi-Cal.

CCS Program applicants and CCS members with UIS, ages 0-18, may continue to enroll in full-scope Medi-Cal, regardless of immigration status. After January 1, 2026, even if CCS members with UIS, ages 0 to 18, lose their Medi-Cal and do not complete their renewal within the 90-day period for correcting issues or missing paperwork, they may still re-apply and re-enroll in full-scope Medi-Cal.

Again, if a CCS member with UIS loses full-scope Medi-Cal, they may still be eligible for CCS state-only *if they meet all CCS Program requirements: residential, financial, and medical eligibility*.

REQUIREMENTS

When a County CCS Program becomes aware that a CCS member with UIS has lost their full-scope Medi-Cal eligibility, the County CCS Program must refer the CCS member with UIS or their family to their local Medi-Cal office within 90 days of the Medi-Cal termination to correct any renewal issues or missing paperwork. If the CCS member with UIS is unable to re-enroll into full-scope Medi-Cal because of missing paperwork, the County CCS Program must work with the member and/or family to begin enrollment into CCS state-only i.e., financial, residential and medical eligibility to continue services from the CCS Program.

A CCS member with UIS, age 19-20 who is not known to Medi-Cal and unable to enroll into Medi-Cal due to the enrollment freeze may apply for CCS state-only and must meet CCS Program requirements; medical, residential and financial eligibility.

This section outlines the policy requirements through December 31, 2026. If a WCM CCS member with UIS aged 19 to 20, loses full-scope Medi-Cal and is unable to re-enroll into their WCM MCP, the WCM MCP must provide to the County CCS Program a CCS Transition of Care Plan for each CCS member who needs to be transitioned out of their WCM MCP.

[3] Welfare and Institutions Code Section 14007.8(b)(3)

The CCS Transition of Care Plan must include:

- Member's information (name, contact information, and client index number (CIN))
- Most recent care management plan(s), including Transition to Adulthood care plans;
- Current authorized CCS services and treatment including medical documentation supporting the services; and
- A list of Durable Medical Equipment (DME) and provider contact information.

County CCS Programs may request the following additional documentation from WCM MCPs for continuation of CCS Program covered services:

- Authorizations issued for CCS eligible conditions;
- Clinical documentations submitted in support of authorizations issued for CCS eligible conditions;
- Care plans; and
- Member contact information

The County CCS Program and WCM MCP are required to work together to establish a mutually agreed format for sending the CCS Transition of Care Plans. WCM MCPs must provide the County CCS Program with a CCS Transition of Care Plan upon the CCS member's disenrollment from their WCM MCP by the DHCS eligibility processes.

POLICY: FOR CCS MEMBERS WITH UIS TRANSITIONING FROM MCP TO MEDI-CAL FEE-FOR-SERVICE

Effective January 1, 2027, all CCS members with UIS will no longer be enrolled in or receive services through an MCP. CCS members with UIS will be transitioned from their MCPs, including WCM MCPs, into Medi-Cal Fee-for-Service on that date.

REQUIREMENTS

Please see the *Policy Guide for Transition of the Unsatisfactory Immigration Status Population from Managed Care to Medi-Cal Fee-For-Service*[4] Version 2.0 of the Policy Guide includes specific requirements pertaining to MCP Member Communication,

[4] For the initial Version published in July 2026, see: version 2.0 of the DHCS Policy Guide for UIS Subsequent versions, including one forthcoming in September will be available on DHCS' web site. Version 2.0 will include specific requirements pertaining to MCPs Member Communication, Provider Communication and Data Sharing with DHCS and the Counties.

Provider Communication, and Data Sharing with DHCS and the Counties to enable transitions of care and to enable continuity of provider access from now through the end of the year.

Prior to January 1, 2027, WCM MCPs must take steps to prepare for the transition from managed care to the County CCS Program for their CCS Members with UIS. These are outlined in the *Policy Guide for Transition of the Unsatisfactory Immigration Status Population from Managed Care to Medi-Cal Fee-For-Service,* specifically with the September 2026 release.

In WCM Independent Counties, the responsibility for the authorization of services, including Service Authorization Requests (SARs), and case management for CCS Members with UIS will shift from the WCM MCP to the County CCS Program.

In Classic Independent Counties, the County CCS Program will remain responsible for case management and authorization of SARs.

For Classic and WCM Dependent Counties, DHCS is responsible for authorization of SARs and medical eligibility determinations. In WCM Dependent Counties, case management will shift from the WCM MCP to the County CCS Program.

WCM MCPs must continue to provide case management and services to all CCS Members with UIS up to January 1, 2027. This includes assisting CCS Members and families with identifying and referring CCS Members to FFS providers.

WCM REQUIREMENTS

By October 1, 2026, DHCS will provide County CCS Programs with a list of all CCS members with UIS transitioning out of their WCM MCP.

By November 1, 2026, the WCM MCP must provide the County CCS Program a CCS Transition of Care Plan for each CCS member with UIS who will transition from the WCM MCP. The CCS Transition of Care Plan will assist the County CCS Program in providing continuation of CCS Program-covered services to CCS members with UIS.

The County CCS Program and WCM MCP are required to work together to establish a mutually agreed format for sending the CCS Transition of Care Plans. The County CCS Program must work with the WCM MCP's CCS liaison to resolve any questions or concerns about the transition plan.

The CCS Transition of Care Plan must include:

- Member's information (name, contact information, and client index number (CIN));
- Plan for each member's care. The plan for each Member's care must identify if care will continue with each of their existing providers or require new providers. If a new provider is required, the plan must include the information of each new provider(s). If this is not available on November 1, 2026, this information must be made available prior to December 31, 2026;
    - Most recent care management plan(s), including Transition to Adulthood care plans;
    - A list of current authorized CCS services and treatment including clinical documentation supporting the service authorization; and
    - A list of DME and provider contact information.

County CCS Programs may request the following additional documentation from WCM MCPs for continuation of CCS Program covered services for the following categories:

- Authorizations issued for CCS eligible conditions;
- Clinical documentations submitted in support of authorizations issued for CCS eligible conditions;
- Care plans; and,
- Member contact information.

For one-time DME authorizations, the WCM MCP must ensure CCS members with UIS receive their approved DME by December 1, 2026. Subsequent or reoccurring DME must be authorized by December 31, 2026. The WCM MCP is responsible for payment and delivery of DME when authorized on or before December 31, 2026, even in cases where the DME is delivered after January 1, 2027.

For each CCS member, the County CCS Program must upload the CCS Transition of Care Plan into the CMS Net system, specifically within the Eligibility Module. The County CCS Program must enter the following case note "Received transition plan from MCP on [date]."

WCM MCPs will continue to provide case management and services to all CCS members with UIS up to January 1, 2027. This includes assisting CCS members and families with identifying and referring CCS members to new FFS providers.

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

Sincerely,

ORIGINAL SIGNED BY

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