

Virtual Meeting Tips



Use either a computer or phone for audio connection.



Mute your line when not speaking.



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



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

Translation and Captions



Spanish Translation - Select three dots on the top right, Language and Speech, Language Interpretation, and select Spanish.

Traducción al español - Seleccione tres puntos en la parte superior a la derecha, Idioma y Habla, Interpretación de Idiomas, y seleccione Español.



Closed captioning - Select the three dots, Language and Speech, Turn on Live Captions.

Subtítulos – Seleccione los tres puntos, Idioma y Habla, active Subtítulos en Vivo.

Medi-Cal Member Advisory Committee

Wednesday, June 3, 2026

Welcome and Opening

Translation and Captions



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Agenda

5:30 – 6:00

Welcome

6:00 – 7:00

Transition of Unsatisfactory
Immigration Status Medi-Cal Members
to Fee-For-Service

7:00 – 7:25

Group Discussion and Member
Comments

7:25 – 7:30

Closing Remarks and Next Steps

Language Justice

- » One person speaks at a time
- » Speak slowly and clearly
- » Pause (if needed) when asked by meeting facilitators
- » Avoid acronyms
- » Raise your hand if you are not following or understanding the presentation
- » If comfortable, add your comments or questions in the chat section during the meeting.

Community Norms

- » **Embrace an honest, brave, and kind space.**
- » Choose collaboration.
- » **Everyone participates, no one dominates.**
- » **Acknowledge and respect differing views, opinions, and experiences.**
- » **Practice active listening. Don't interrupt or assume; ask for clarification.**
- » Avoid acronyms, and if we have acronyms and program names, we will explain the acronym or program before having a conversation as a group.
- » **All questions are welcomed. We all have different levels of understanding and different perspectives.**
- » Speak your truth, without blame or judgement.
- » **Be intrigued by the differences you hear.**
- » Check egos and titles at the door.
- » Support each other and learn together as we go.
- » Stay on task, no side conversations.
- » What happens here, stays here. What's learned here leaves here.
- » **Identify pending issues and agreements at the end of the meeting.**
- » Identify actions that result from decisions.

Disclose Conflict of Interest

- » What is a conflict of interest?
 - When someone has a personal, professional, or financial interest that makes it hard to participate in a fair way.
- » If you have a conflict of interest, we will provide the space for you to state your situation, and we will move forward.

Recommendations and Voting

Transition of Unsatisfactory Immigration Status Medi-Cal Members to Fee-For-Service

Yingjia Huang, Deputy Director, Health Care Benefits and Eligibility

Tyra Taylor, Assistant Deputy Director, Program Operations

What We'll Cover

1. Federal Guidance
2. Fee-for-Service
3. What this Means for some Medi-Cal Members
4. Breakout Room Discussion

Federal Guidance



Approximately
2 million Medi-Cal
members will be
impacted.

- » This change is required by new federal guidance issued by the Centers for Medicare and Medicaid Services and is outlined in the [State Medicaid Director Letter](#).
- » On January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status will be moved from Medi-Cal Managed Care to Fee-For-Service.

What is Fee-for-Service and how do members get health care?



- » Benefits are not coordinated by a health plan; there is no assigned care team or “medical home.”
- » Members will need to find and verify Medi-Cal providers who are currently accepting new patients.
- » Members will need to take with them their Medi-Cal Beneficiary Identification Card also known as “BIC card.”

Who are the Medi-Cal members being impacted by this guidance?

Impacted Populations:

Medi-Cal members with Unsatisfactory Immigration Status:

- » All undocumented immigrants—including children and pregnant people
- » Lawful Permanent Residents (Green Card Holders) who have been in the U.S. for less than five years.
- » Permanently Residing Under Color of Law (PRUCOL), non-citizens living in the U.S. with the knowledge and permission of immigrations authorities (such as those with pending asylum or stay of deportation) while they wait for a final status.

Not Impacted Populations:

- » U.S. Citizens
- » Other immigrants:
 - Lawful Permanent Residents (Green Card Holders) who have been in the U.S. for five (5) years or more

What This Means for Medi-Cal Members



Members are not losing coverage, the way they get care is changing.

- » Eligible Medi-Cal members will be receiving full scope medical services.
- » Members will automatically transition to Medi-Cal Fee-For-Service starting January 1, 2027.
- » Members will lose access to some services, Community Supports and Enhanced Care Management, that are only available through managed care.

What Doesn't Change?

» Current Medi-Cal members with full-scope Medi-Cal will keep their medical, mental health, and substance use disorder coverage.

» Pharmacy benefits will continue to be provided through Medi-Cal Rx.

» Dental services will continue for children and pregnant women, former foster youth, and foster care children.

Steps DHCS is taking

- » DHCS is committed to working closely with Medi-Cal members, managed care plans, providers, and community partners to support members throughout this transition.
- » DHCS will help members understand what this change means for their care by ensuring they know how to:
 - continue getting services, and
 - find Fee-For-Service providers

Other Medi-Cal Changes Affecting Unsatisfactory Immigration Status Population

January 1, 2026

Enrollment freeze:
No new full scope
Medi-Cal
enrollments for
certain UIS adults
(19-64)

October 1, 2026

Federal immigration
status reclassification

July 1, 2027

- » Monthly Premiums: Some adults must pay a premium to keep full coverage.
- » Transition Qualified Non-Citizens (from federal status changes) to restricted scope Medi-Cal.

July 1, 2026

Dental Benefits:
Full dental ends
for UIS adults and
only emergency
care is covered.

January 1, 2027

- » **Unsatisfactory Immigration Status (UIS) to Fee-For-Service Transition take effect**
- » Work Requirements: Certain adults must report 80 hours monthly of work, school, or volunteering or income of \$580/monthly
- » 6-month renewals

Breakout Rooms Instructions



Reminders

- » This is the time to dive deeper into the topic of conversation.
- » You will have a chance to ask questions and share what you think we are missing.

- » Facilitators, a note taker, and a reporter.
- » MMAC members.
- » DHCS leadership will be in both rooms.

Questions and Feedback



- » All questions and feedback is welcome.
- » We all have different levels of understanding and perspectives.

Guiding Questions



- » What is your immediate reaction or concern?
- » How can we support Medi-Cal members during this transition?
- » What questions do you have?

Group Discussion/Member Comments

Closing Remarks and Next Steps

Stay Involved

- » Members can learn more on the [What Members Need to Know](#) webpage.

Upcoming Meeting Dates

MMAC:

- » Wednesday, September 16, 2026, from 5:30 - 7:30 p.m.
- » Virtual via Teams
- » Not open to the public

Medi-Cal Voices and Vision Council:

- » Wednesday, June 17, 2026, from 5:30 - 7:30 p.m.
- » Virtual via Teams

Thank you!



Appendix

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Glossary

- » Centers for Medicare and Medicaid Services (CMS)
- » Enhanced Care Management (ECM)
- » Fee-For-Service (FFS)
- » Federal Financial Participation (FFP)
- » Medi-Cal Managed Care (MC)
- » Managed Care Plans (MCPs)
- » Permanently Residing Under Color of Law (PRUCOL)
- » Primary Care Provider (PCP)
- » Unsatisfactory Immigration Status (UIS)

Additional Information to Understand the Transition



Medi-Cal Member Resources

- » Complaints and Appeals in Fee-For-Service
 - [How to File a Complaint](#)
 - [How to File an Appeal](#)
- » [What Medi-Cal Member Need to Know](#)

Fee-For-Service versus Managed Care

Features	Fee-For-Service	Managed Care
Who is in charge?	DHCS pays doctors directly for each visit.	A Health Plan (county or private) is paid a flat monthly fee to manage care.
Provider Network	Any doctor in California who bills Medi-Cal.	Doctors within the plan's specific network.
Primary Care	No main doctor required. Members can visit different doctors as needed.	One main doctor. Members have one "Primary Care Provider" (PCP) who handles basic care.
Choosing a Primary Care Doctor	Independent Search. Members find a doctor and ask if they take FFS.	Members pick a PCP from the plan's list. If they don't, the plan picks for them.
Seeing a Specialist	Direct Access. Members can book appointments themselves.	Members generally need a referral from their primary doctor.
How Care is Managed	Self-Managed. Members manage their own appointments and records.	Care Manager/ Team. Plans offer staff to help coordinate care and find resources.

Managed Care Plans

- » Managed care plans (MCPs) organize care, provide a network of providers, and offer additional benefits not available in fee-for-service, such as Enhanced Care Management (ECM) and Community Supports.
 - ECM provides intensive care coordination for members with complex needs.
 - Community Supports address health-related social needs like housing navigation support for individual who are experiencing homelessness and medically supportive foods for people with clinical needs
- » Today, about 95 percent of Medi-Cal members receive care through managed care plans