Stakeholder Advisory Committee & Behavioral Health Stakeholder Advisory Committee Meeting

Wednesday, October 29, 2025

9:30 a.m. to 3 p.m. PDT

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Hybrid Meeting Tips

» Please use either a computer or a phone for audio connection.

» Please mute your line when not speaking.

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

» Registered attendees can make oral comments during the public comment period.

» For questions or comments, please email SACinquiries@dhcs.ca.gov.

Welcome and Roll Call

Director’s Update

Michelle Baass, Director

Medi-Cal Member Advisory Committee and Medi-Cal Voices and Vision Council

New Online Experience for Medi-Cal Members and Applicants

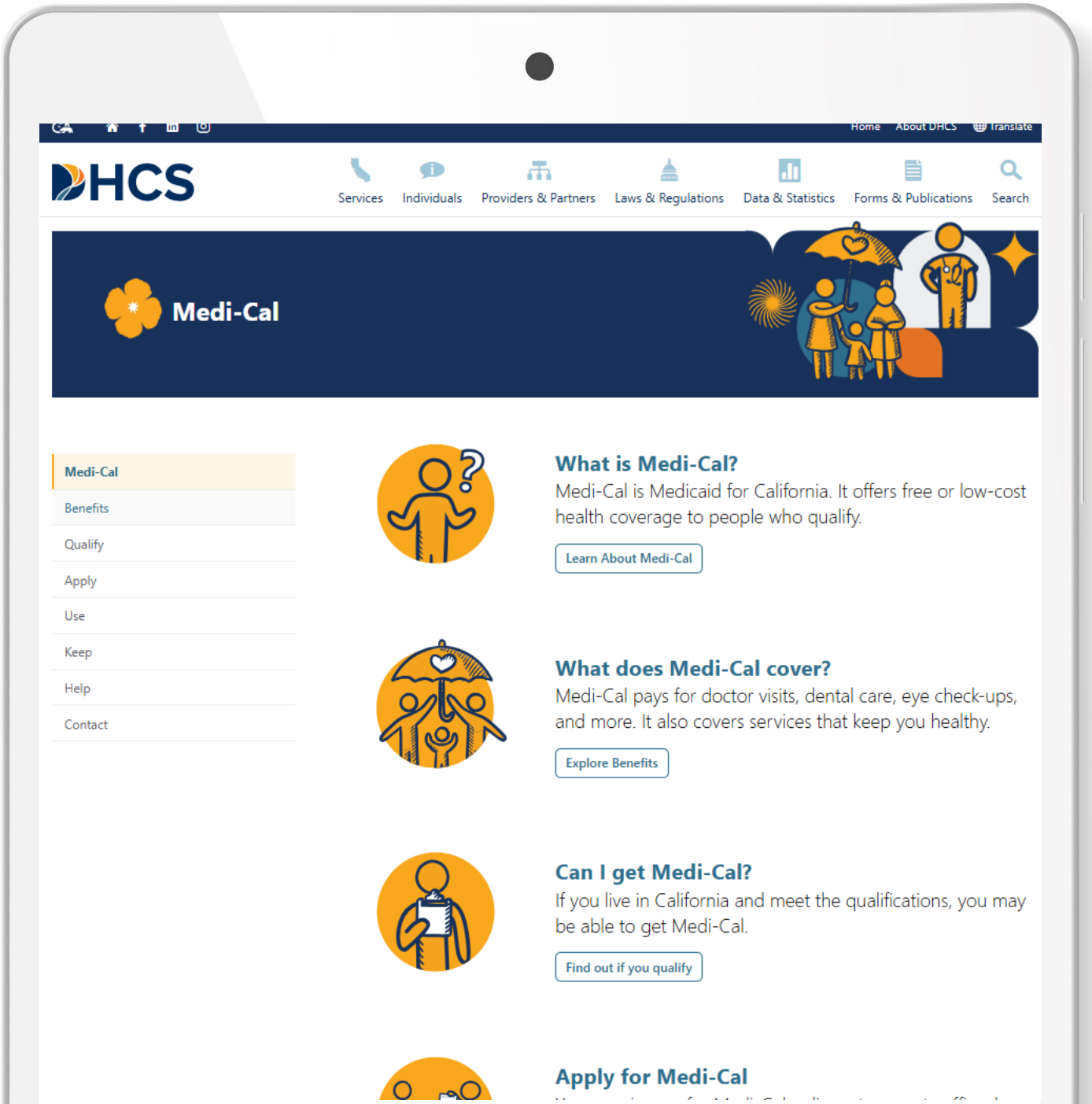
What is New

- A clean, intuitive design with clear, plain-language content.
- Full accessibility for people with disabilities and using assistive technologies.
- Mobile-friendly navigation for easy use on any device.
- Multilingual support for California’s diverse populations.

What Members Can Find

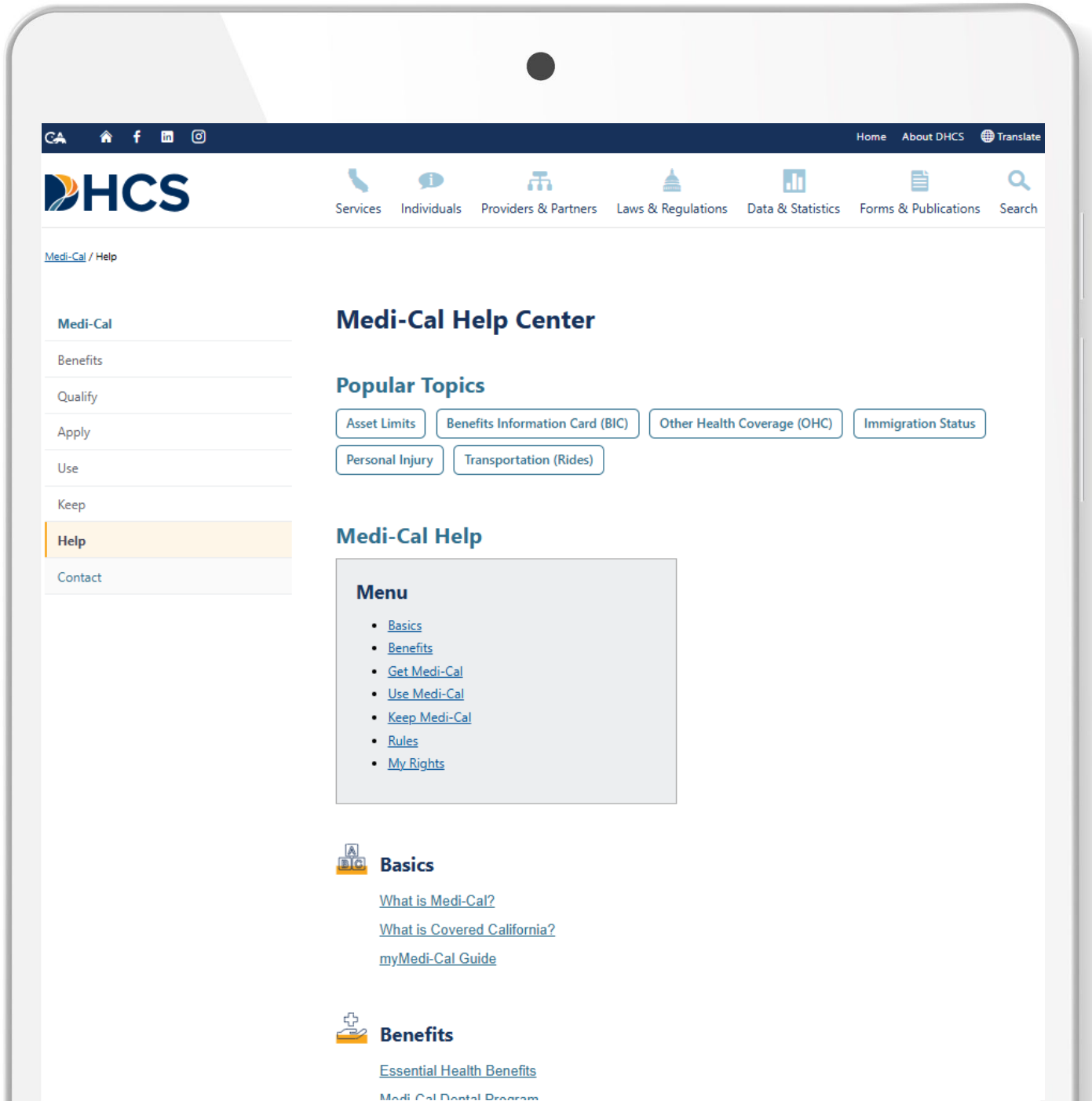
- **Members can visit this page to:**
  - Learn about member benefits.
  - See if they qualify.
  - Connect to the Medi-Cal application.
  - Discover how to start using their Medi-Cal benefits.
  - Find out how to keep their Medi-Cal coverage.

https://my.medi-cal.ca.gov/



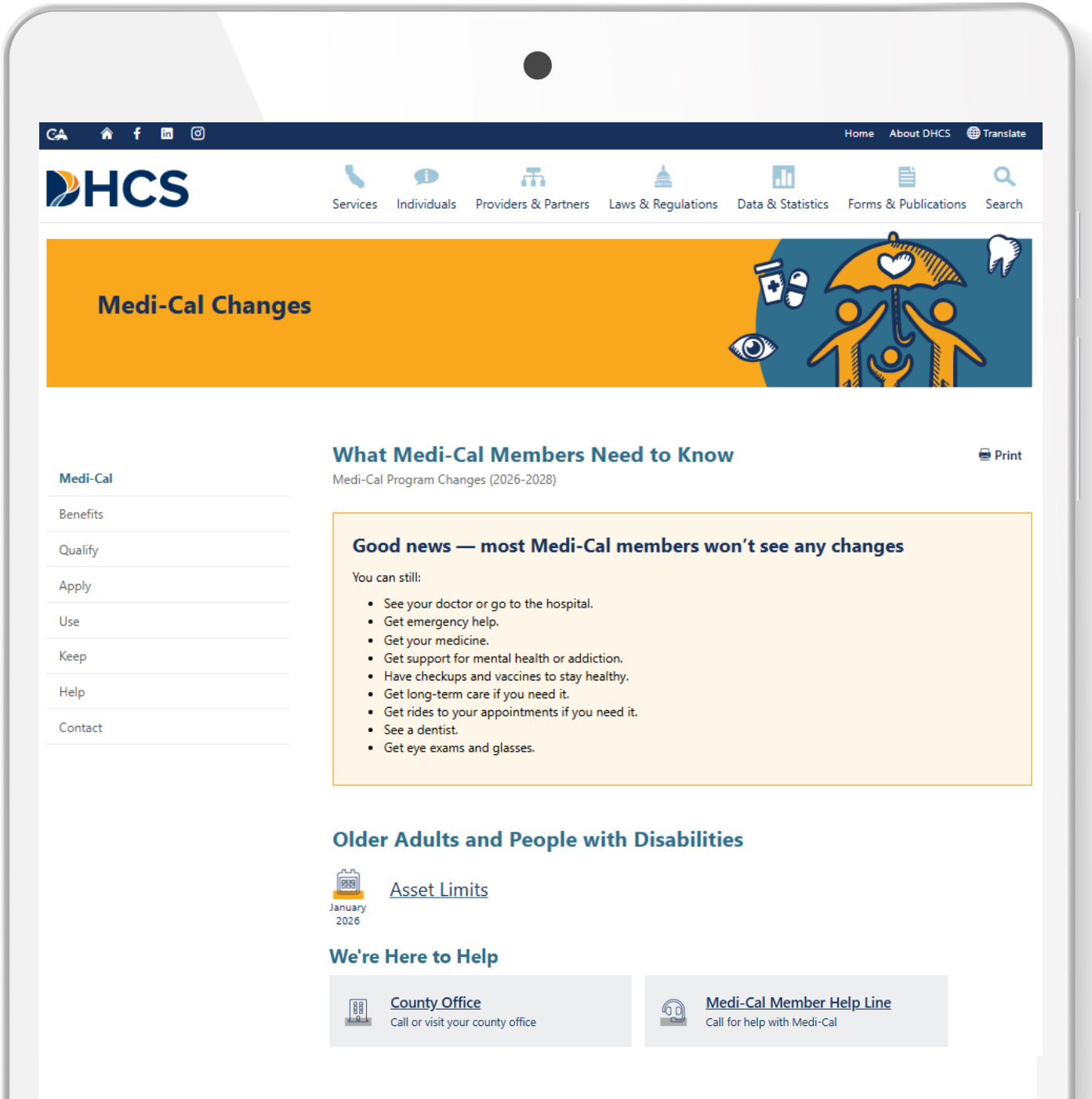
New Member Help Center

- The Medi-Cal Help Center provides resources by popular topics. Resources include guides, Frequently Asked Questions (FAQ), contact information, and more.

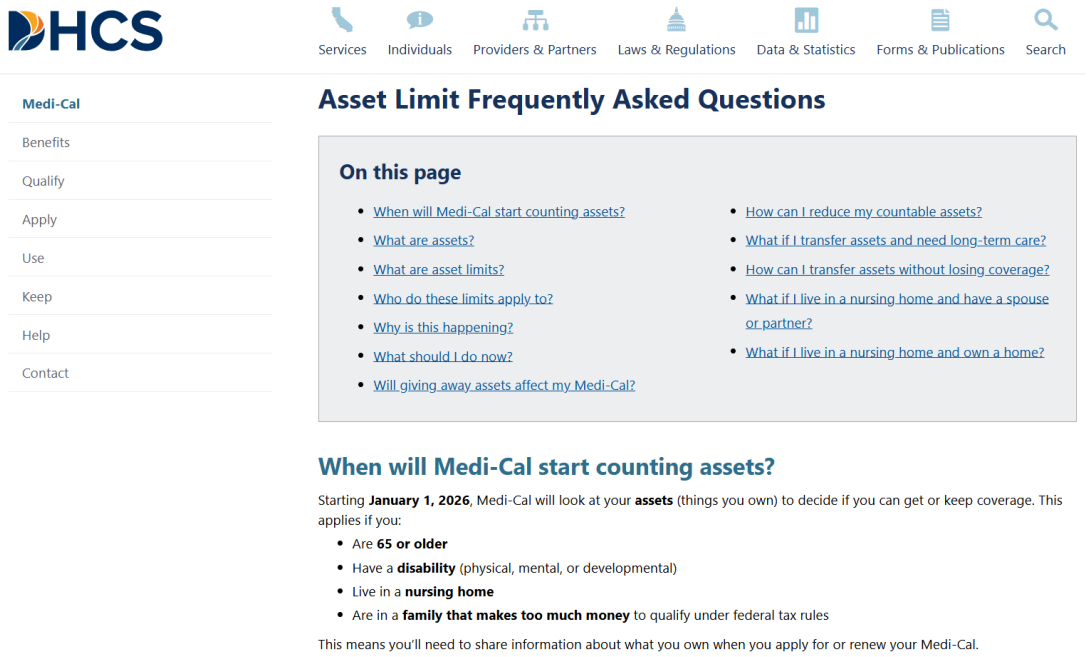


Resources Members can Connect to From the Help Center

- Help resources on this page:
  - **County Office Locator**
  - **Medi-Cal Member Help Lines**
- Medi-Cal Updates: **What Medi-Cal Members Need to Know.**
  - Includes information in plain language on upcoming changes for affected groups including older adults and people with disabilities, adult immigrants, and members who are 19 to 64 years old.



New Asset Limit Resources


DHCS

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- Medi-Cal
- Benefits
- Qualify
- Apply
- Use
- Keep
- Help
- Contact

Asset Limit Frequently Asked Questions

On this page

- When will Medi-Cal start counting assets?
- What are assets?
- What are asset limits?
- Who do these limits apply to?
- Why is this happening?
- What should I do now?
- Will giving away assets affect my Medi-Cal?
- How can I reduce my countable assets?
- What if I transfer assets and need long-term care?
- How can I transfer assets without losing coverage?
- What if I live in a nursing home and have a spouse or partner?
- What if I live in a nursing home and own a home?

When will Medi-Cal start counting assets?

Starting **January 1, 2026**, Medi-Cal will look at your **assets** (things you own) to decide if you can get or keep coverage. This applies if you:

- Are **65 or older**
- Have a **disability** (physical, mental, or developmental)
- Live in a **nursing home**
- Are in a **family that makes too much money** to qualify under federal tax rules

This means you'll need to share information about what you own when you apply for or renew your Medi-Cal.

Asset Limit Frequently Asked Questions


Asset rules are changing on January 1, 2026

Medi-Cal

Medi-Cal will consider assets (what you own) when deciding if you qualify starting January 1, 2026.

Who does this apply to?

Medi-Cal members and applicants who:

- are age 65+ or older, or
- have a disability (physical, mental, or developmental), or
- live in a nursing home, or
- are in a family that makes too much money to qualify under federal income rules.

How much can I own and still get Medi-Cal?

- $130,000 limit for 1 person.
- +$65,000 for each additional household member (10 people maximum).

What paperwork will I need?

You may be asked to send proof of the assets you must report, like statements for your bank accounts, car loan, or mortgage.

Medi-Cal members:

You do not need to do anything unless you get a renewal form or request for information from Medi-Cal. Turn in your information by the due date so you don't lose your Medi-Cal.

Examples of items you must report:

- Bank accounts.
- Cash.
- Certain savings.
- Primary home.
- Additional properties, such as rental homes.
- Motor vehicles.
- Life insurance policies.
- Digital wallets, like Apple Pay and Venmo.
- Retirement accounts.
- Other personal and household items, like a wedding ring or musical instrument.

[Office Name]

[Physical Address Line 1]
[Physical Address Line 2]
[Phone Number]
[Website]

Contact your county Medi-Cal office with questions.
For more information, scan the QR code or visit https://www.dhcs.ca.gov/asset

Follow us on social media linktr.ee/medicaldhcs 9/2025

Medi-Cal Asset Limit Flyer

Available in 19 threshold languages.

Legislative Updates

2025 Legislative Session

- **AB 543 (Gonzalez, Chapter 374, Statutes of 2025) Medi-Cal: field medicine.** Authorizes Medi-Cal managed care plans (MCPs) to elect to offer services through a field medicine provider and allows members experiencing homelessness to receive services directly from contracted field medicine providers, as specified.
  - This bill expands access to care for vulnerable Californians experiencing homelessness.
- **SB 27 (Umberg, Chapter 528, Statutes of 2025) Community Assistance, Recovery, and Empowerment (CARE) Court Program.** Makes several changes to the CARE Court referral and judicial processes and expands CARE Court eligibility to include persons suffering from bipolar I disorder with psychotic features.
  - This bill strengthens the CARE Court process to provide better treatment and care to some of California's most at-risk populations.
- **SB 530 (Richardson, Chapter 418, Statutes of 2025) Medi-Cal: time and distance standards.** Extends the sunset date for existing time or distance standards to January 1, 2029, among other requirements.
  - This bill sets the stage for DHCS to look holistically at time or distance standards in compliance with federal guidance to expand access to care.

2025 Legislative Session

- **AB 144 (Committee on Budget, Chapter 105, Statutes of 2025) Health.**
  - **Statewide Immunization Guidelines:** Updates immunization guidelines to include recommendations by existing federal bodies, and/or those recommended by the California Department of Public Health (CDPH), as of January 1, 2025. Medi-Cal is maintaining flexibility to preserve the ability to draw down federal funding as immunization guidelines change.
  - **Unsatisfactory Immigration Status:** Exempts foster youth and former foster youth with unsatisfactory immigration status from provisions related to the freeze on Medi-Cal enrollment and monthly premiums adopted as part of the 2025 Budget Act.

Behavioral Health Transformation Update

Behavioral Health Transformation Updates

- Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2: Unmet Needs applications were due yesterday, October 28. Awards will be made in spring 2026.
- DHCS will release the Behavioral Health Services Act (BHSA) County Policy Manual Module 4 for public comment in late November. This module will cover oversight and monitoring, the Early Intervention Evidence-Based Practices and Community-Defined Evidence Practices (EBP/CDEP) list and additional guidance on Full Service Partnerships (FSP).
- Counties are engaged in local community planning processes for their county Integrated Plans (IP).
- DHCS continues to publish new BHT infographics and other training and technical assistance (TA) resources.

Community Planning Process Webinar

- On October 16, 2025, DHCS hosted an informational webinar open to the public on the Community Planning Process (CPP) under BHSA.
- During this webinar, participants learned about:
  - Ways to get involved in the Community Planning Process.
  - How DHCS evaluates meaningful stakeholder engagement in the Integrated Plan.
  - The available resources to help foster engagement efforts.
- The recording and slides will be posted on the **BHT Stakeholder-Engagement** webpage.

Understanding the Behavioral Health Services Act: Myths vs. Reality

- The **Understanding the BHSA: Myths vs. Reality** guidance clarifies and dispels misconceptions or "myths" about the BHSA.
- Topics include funding, provider and system capacity, stakeholder engagement, and behavioral health services.

Myth: The BHSA only serves people covered by Medi-Cal.

Reality: The BHSA encompasses more than just services for Medi-Cal members; it supports a broader behavioral health continuum for all Californians.

Published BHT Resources

- Community Planning
  - Stakeholder guidebook (**Meaningful Engagement: A New Community Planning Process - California Mental Health Services Authority**)
  - CPP Walkthrough Webinar
    - **Meaningful Engagement: A Guide to the Community Planning Process on Vimeo**
- Integrated Plan
  - Data Training series (**Data Explainer Webinar Series - California Mental Health Services Authority**)
  - Recorded IP Walkthrough webinars (3) and IP FAQ **Stakeholder-Engagement**
  - IP Budget Manual and training video- **IP Budget Instructions**
  - **Continuum of Care Inventory**
- Housing
  - Intersection of BHSA/other housing funding - **Behavioral Health Settings, Services, and Funding Sources**
  - Housing 101 Webinars - **Housing Interventions - California Mental Health Services Authority**
  - **BHSA Housing Interventions and Medi-Cal Community Supports FAQ**
- Medi-Cal Certification Provider Training for Community-Based Organizations (CBO) (**Medi-Cal Provider Training - California Mental Health Services Authority**)
- **BHSA/Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) EBP Overlap FAQ**

Questions?

DHCS

H.R. 1 Update

Michelle Baass, Director

Tyler Sadwith, State Medicaid Director

Sarah Crow, Chief, Medi-Cal Eligibility

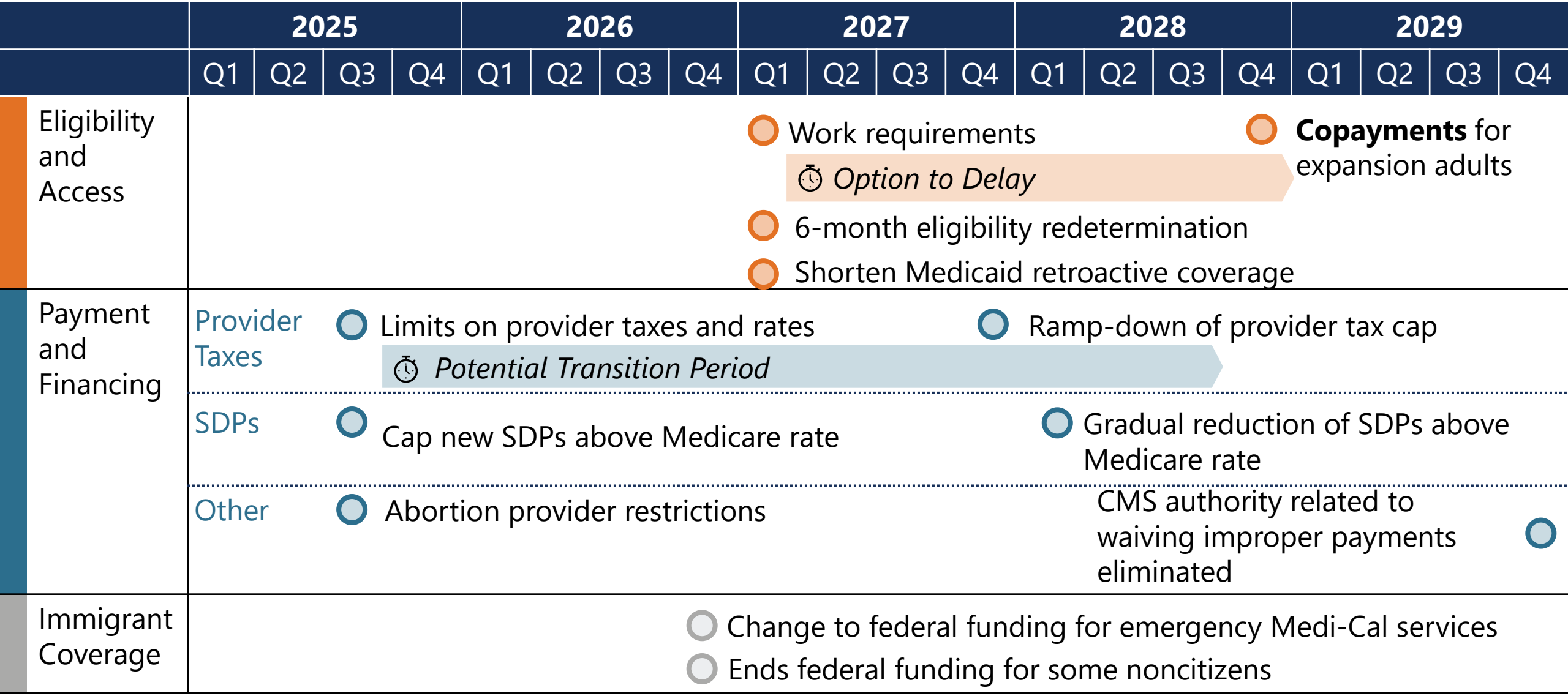
Rafael Davtian, Deputy Director, Health Care Financing

Lemeneh Tefera, MD, MSc, Chief Medical Officer, California Department of Health Care Access and Information (HCAI)

DHCS

Key H.R. 1 Implementation Dates

Effective Dates for Key Provisions



Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provisions: Eligibility and Access

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JANUARY 1, 2027:** Implements **mandatory work requirements** for Medicaid expansion adults ages 19 to 64.

  ⏱ *State option to delay implementation until December 31, 2028; California unlikely to obtain approval from HHS Secretary.*

- **JANUARY 1, 2027: Redetermine eligibility** for expansion adults once every 6 months.
- **JANUARY 1, 2027: Shorten Medicaid retroactive coverage**; provide Children's Health Insurance Program (CHIP) retroactive coverage at state option.
- **OCTOBER 1, 2028:** Impose **copayments** on most services for expansion adults with incomes above 100% of the federal poverty level (FPL).

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provisions: Payment and Financing (*Provider Taxes)*

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JULY 4, 2025:**
  1. Prohibits implementation of new Medicaid provider taxes and increasing existing tax rates.
  2. Prohibits taxes that impose a lower tax rate on providers explicitly defined based on their lower Medicaid volumes compared to providers with higher Medicaid volumes, or tax Medicaid units of service at a higher rate than non-Medicaid units of service (as well as taxes that have the same effect) – impacts Managed Care Organization (MCO) Tax and Hospital Quality Assurance Fee (HQAF).

- **OCTOBER 1, 2027:** Ramp-down of **provider tax** cap begins, with the 6% tax threshold reduced by half a percentage point per year until the threshold hits 3.5% in 2031.

⏱ *CMS may allow for a transition period of up to **3 years***

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provisions: Payment and Financing (*SDPs and Other)*

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JULY 4, 2025:** Caps future **State-Directed Payments (SDP)** at 100% of Medicare payment levels.
- **January 1, 2028:** Requires states with existing **SDPs** above Medicare rates to reduce payments by 10 percentage points per year until they are no greater than 100% of Medicare.

- **JULY 4, 2025– July 4, 2026:** Bars Medicaid participation by certain **providers of abortion services.**
- **OCTOBER 1, 2029: Eliminates CMS authority to waive states' disallowance of federal funds** associated with "excess" improper payments.

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provisions: Immigrant Coverage

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **OCTOBER 1, 2026:**
  Provides regular **Federal Medical Assistance Percentage (FMAP) for emergency Medi-Cal.**

- **OCTOBER 1, 2026:**
  Ends the availability of federal Medicaid and CHIP funding for **refugees, asylees, and certain other noncitizens.**

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Work Reporting Requirements

Implementation Guiding Principles

- **Automate to Protect Coverage.** Maximize the use of data sources to confirm eligibility without burdening members. Reduce paperwork, streamline verifications, and safeguard coverage stability.
- **Communicate with Clarity and Connection.** Implement an outreach and education campaign that is culturally relevant, linguistically accurate, and written in plain language to build trust and help members understand the changes.
- **Simplify the Renewal Experience.** Modernize and streamline the Medi-Cal renewal process with a clearer, member-friendly form and six-month renewal steps that are easier to navigate.
- **Educate and Train Those Who Serve Medi-Cal Members.** Deliver comprehensive training on all H.R. 1 provisions for county eligibility workers. Provide clear policy guidance, practical tools, and ongoing TA so counties and DHCS Coverage Ambassadors can confidently support members.
- **Provide Timely and Transparent Communication to Members.** Share information on H.R. 1 changes early on so members can build awareness, anticipate changes to their coverage, and have ample preparation time to meet new requirements.

Overview of Work Reporting Requirements

Effective **January 1, 2027**, Section 71119 of H.R. 1 establishes new federal work reporting requirements for expansion adults.

- **Impacted Population:** Individuals aged 19 to 64 who are not pregnant, not entitled to Medicare, and are eligible to enroll (or are enrolled) in the Medicaid expansion eligibility group.
- **Requirement:** Individuals must complete one or more qualifying activities:
  - Employment of 80 hours/month.
  - Have monthly income at least 80 times the federal hourly minimum wage ($580) (seasonal work will be averaged over the last six months).
  - Community service of 80 hours/month.
  - Enrolled at least half-time in an educational program.
  - Participation in a work program of 80 hours/month.
- **Exemptions:** The law includes mandatory and short-term hardship exemptions (outlined on following slides).

Mandatory Exemptions From Work Reporting Requirements (1 of 2)

At any point during a month, DHCS will exempt the following individuals from work reporting requirements. H.R. 1 provides that "specifically excluded individuals" are not subject to work reporting requirements.

Mandatory Exemptions (Eligibility Group Related)
• Children under 19. • Individuals eligible for another mandatory eligibility group (e.g., non-Modified Adjusted Gross Income). • Foster youth. • Former foster youth under age 26. • Parents and other caretaker relatives. • Pregnant women and those entitled to postpartum coverage. • Individuals receiving Supplemental Security Income. • Individuals entitled to Medicare Part A or Part B.

Mandatory Exemptions From Work Reporting Requirements (2 of 2)

Mandatory Exemptions

- American Indians and Alaska Natives.
- Parents/caretaker relatives of a dependent child(ren) 13 years or younger.
- Parents/caretaker relatives of a disabled individual(s).
- Veterans with a disability rated as total (section 1155 of Title 38, United States Code).
- Medically frail individuals or those with special medical needs (as defined by the U.S. HHS Secretary), including:
  - Blind or disabled individuals.
  - Individuals with a substance-use disorder.
  - Individuals with a disabling mental disorder.
  - Individuals with a physical, intellectual, or developmental disability.
  - Individuals with serious or complex medical conditions.
- Individuals meeting Temporary Assistance for Needy Families.
- Individuals in compliance with Supplemental Nutrition Assistance Program (SNAP) work reporting requirements or individuals who are non-compliant, but in a household receiving SNAP.
- Individuals participating in a drug addiction or alcohol treatment program.
- Inmates of a public institution and recently released from incarceration within the past 90 days.

Optional Temporary Exemptions from Work Reporting Requirements

DHCS will also exempt individuals for a given month if, at any point during that month, they experience a "short-term hardship" exemption, including:

- Living in a county impacted by a federally declared emergency or disaster.
- Living in a county with a high unemployment rate (at or above the lesser of 8% or 150% of the national unemployment rate.
- Receiving inpatient hospital care, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric care, or other services of similar acuity (including related outpatient care) determined by the U.S. HHS Secretary.*
- Traveling for an extended period to access medically necessary care for a serious or complex medical condition that is not available in the individual/their dependent(s)' community.*

**Exemption only available if specifically requested by the individual.*

Work Requirements: Process

1. Gather self-attested exemption or work reporting requirement information.

- Exemption and work reporting questions will be added to the CalHEERS and BenefitsCal consumer portals.
- DHCS will create a standalone exemption and work reporting form to use at application and renewal.

2. Conduct *ex parte* to determine if someone meets an exemption or work reporting requirements.

- DHCS is leveraging current data sources and building bridges to new data sources to support verifying work activities and exemptions.
- Data received from CalFresh or otherwise available in CalSAWS will be incorporated into the *ex parte* process at application and renewal.

3. If unable to verify work activities or exemptions, applicants and members will have 30 days to demonstrate compliance or that they meet an exemption.

- DHCS will lead a coordinated communications outreach strategy to ensure members, partners, MCPs, and counties have the information they need to maintain coverage.
- Stakeholders will help DHCS shape the engagement process for those who need help meeting the work requirement provisions.

Examples of State and Federal Data Sources For Verifying Compliance (Income or Hours)

Compliance/Exemption Category	Potential Data Source	Status
Income of at least $580/month and/or 80 hours of work	State Quarterly Wage Data and IRS Data	Currently in use
	Equifax Work Number (provides timely income data and hours of work)	DHCS is exploring options to leverage Federal Data Services Hub or establish new State build
	Gig Economy Data	California is assessing several options
Veteran with disability rated as total	Veteran Service History and Eligibility Application Programming Interface (API)	Exploring potential data source

Examples of DHCS Data Sources for Identifying Eligibility Group and Medical Frailty Exemptions (1 of 2)

Exemption Category	Potential Data Source	Current Status
• Child under 19 • Pregnant or postpartum • Foster youth and former foster care youth • Aged/disabled • Parents/caretaker relatives • Inmates or recently released from incarceration	Medi-Cal Eligibility Aid Codes	System to be configured to exempt individuals from work reporting requirements

Examples of DHCS Data Sources for Identifying Eligibility Group and Medical Frailty Exemptions (2 of 2)

Exemption Category	Potential Data Source	Current Status
Medically Frail	All Claims and Encounters (e.g., submitted through PACES, CA-MMIS, Medi-Cal Rx)	• DHCS will exempt individuals who are eligible for certain programs (e.g., HCBS, PACE) and is currently evaluating ECM and Community Supports eligibility criteria to assess alignment with medical frailty designations. • In addition, DHCS will be developing International Classification of Diseases (ICD)-10 and Current Procedural Terminology (CPT) Code list to identify diagnosis and utilization data that meet medical frailty definitions. • DHCS is also exploring other potential data sources (e.g., MCP care management systems) for timely sources of exemption data.
	Short Doyle Medi-Cal System	DHCS will exempt any individual who has a claim in Short-Doyle

Examples of Cross-State Data Sources for Identifying Compliance/Exemptions

Compliance/Exemption Category	Data System	Status
Compliance with Temporary Assistance for Needy Families (TANF)/CalFresh Work Requirements	Department of Social Services (CDSS)	System to be configured to pull in CDSS data for identifying exemption
Part Time Education	California Student Aid Commission (CSAC) and University of California (UC) data/ California State University (CSU) data CA Department of Education (DOE)	Exploring potential for data matching
80 hours of work program participation	Department of Rehabilitation	Exploring potential for data matching

Outreach and Communication Strategies

- DHCS will implement a phased outreach campaign in all threshold languages, using culturally relevant and plain-language materials.
- The Coverage Ambassador model will continue, leveraging trusted messengers and local partnerships to reach diverse communities.
- Outreach will include FAQs, scripts, templates, and translated materials, distributed through websites, social media, flyers, and direct outreach.
- Communication will focus on equity, language access, and early awareness, with messaging aligned to implementation timelines and member actions.

State Directed Payments

Overview of State Directed Payments

The **federal regulatory landscape** governing State Directed Payments (SDPs) continues to change rapidly.

- The **2024 Medicaid and CHIP Managed Care Final Rule** requires existing SDPs implemented by DHCS to be redesigned over multiple years to comply with changing requirements, among them:
  - Medi-Cal payments for each service, including the impact of SDPs, must be reasonable, appropriate, and attainable.
  - SDPs may not be amended retroactively, which impacts over $20 billion in "pooled" SDPs for hospital and other services.
  - SDPs that are based on fee schedules may not use post-payment reconciliation processes (e.g., risk corridors).
  - SDPs must demonstrably achieve, not merely align with, the goals and objectives of the state's comprehensive quality strategy.
  - SDP preprints and related rate certifications and MCP contracts must be submitted within tighter timelines.

Overview of State Directed Payments

- **Section 71116 of H.R. 1**:
  - Caps future SDPs at 100% of Medicare payment levels.
  - "Grandfathers" certain existing SDPs at current totals.
  - Requires SDPs to be reduced by 10 percentage points per year starting in 2028 until they are no greater than 100% of Medicare.
- CMS issued guidance in September 2025 regarding **grandfathering under H.R. 1** and **SDP evaluation plans**, and has noticed future rulemaking that is expected, at minimum, to codify and further clarify H.R. 1's provisions.

State Directed Payments

DHCS continues to seek and obtain **approval of submitted SDPs.**

- In September 2025, CMS approved the SDP preprint for the CY 2025 Children's Hospital Supplemental Payment.
- DHCS is actively working on SDP preprints and related documentation to continue all existing SDPs for CY 2026, except the Skilled Nursing Facility Workforce & Quality Incentive Program, which is being sunset as of December 31, 2025, in accordance with the 2025-26 Enacted Budget.

Questions?

DHCS

2026 Expansion of Medi-Medi Plans

Lauren Gavin Solis, Chief, Office of Medicare Innovation and Integration

DHCS

Office of Medicare Innovation and Integration (OMII)

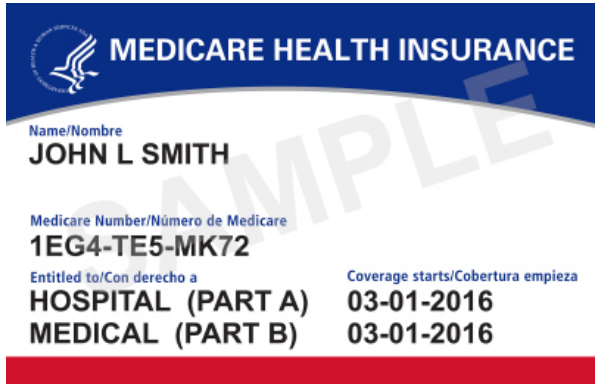
OMII Priorities

- Medi-Medi Plan expansion in 2026 and future years.
- Provide policy expertise on dual eligible members, Dual Eligible Special Needs Plans (D-SNPs), care coordination, and other Medicare topics, within the Administration and with external partners.
- Supporting dual eligible members' access to care, particularly for benefits, such as dental, durable medical equipment, hearing aids, and long-term services and supports (LTSS).
- Monitoring and data reporting for Medi-Medi Plans.
- Data publishing around dual eligible members.
- Analysis of LTSS options and other opportunities for Medicare-only populations.

Overview: Dual Eligible Members

Medicare and Medi-Cal

- Some people have both Medicare **and** Medi-Cal. They are known as dual eligibles or Medi-Medis.
- Medicare covers doctor visits, hospital stays, labs, prescription drugs, and other benefits.
- Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, In-Home Supportive Services (IHSS), transportation, and other benefits.



Dual Eligible Members

- Nationally, dual eligible individuals are more likely than people with Medicare only to report being in poor health (**13 percent vs. 4 percent**).
  - Heart failure, hypertension, and depression diagnoses among dual eligible individuals occur at significantly higher rates than in Medicare-only population.
- Dual eligible individuals have high rates of chronic conditions, high utilization, and are a diverse group:
  - **25 percent under age 65**.
  - **33 percent limited English proficiency**.
  - **About 18 percent prevalence of dementia among dual eligibles age 65 and older**.
- More than **75 percent** of IHSS recipients and 80 percent of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.

Dual Eligible Members in California

- In California, almost a quarter of Medicare members (**1.7 million Californians**) also have Medi-Cal.
- Statewide, about 50 percent of dual eligible members are in Original (fee-for-service) Medicare, and about 50 percent are enrolled in some type of Medicare Advantage plan, including integrated plans.
  - Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for health coverage.
- All dual eligible members in California are enrolled in Medi-Cal MCPs.

Medi-Medi Plans:
Current State and 2026 Look-Ahead

The Need for Coordinated Care

- For most dual eligible members, Medicare and Medi-Cal operate separately, with different funding streams.
- This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.
- **CalAIM Approach:** Health plans required to coordinate care across Medicare and Medi-Cal, known as Medi-Medi Plans.
  - Available in 12 counties in 2025, with current enrollment totaling 330,000.
  - Will launch in 29 additional counties on January 1, 2026, expanding the Medi-Medi Plan option to an additional 461,000 potential enrollees.
  - A list of Medi-Medi Plans by county is available on the **DHCS website**.

Medi-Medi Plans

- **Medi-Medi Plans** are a type of **Medicare Advantage plan** in California only available to dual eligible members. Medi-Medi Plans operate with exclusively aligned enrollment.
- Members enrolled in a Medi-Medi Plan receive coordinated care. A Medi-Medi Plan member's Medicare benefits are delivered through the D-SNP, and their Medi-Cal benefits are delivered through the MCP.
- Enrollment in Medi-Medi Plans is **voluntary**.

D-SNP + MCP

Medi-Medi Plan

D-SNP provides care coordination and Medicare services, such as:

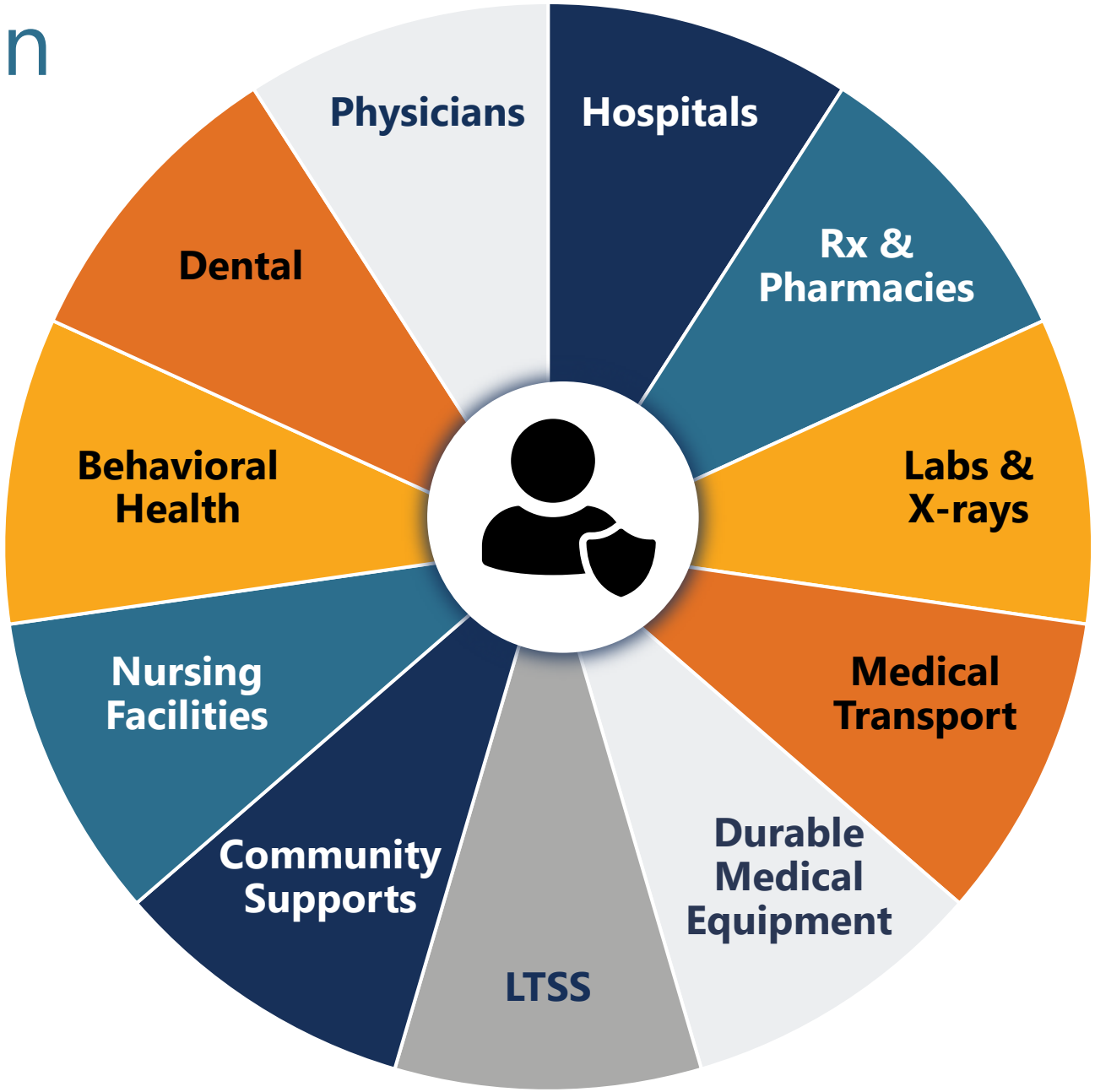
- Hospitals
- Doctor visits
- Prescription drugs

MCP provides wrap-around services, such as:

- Medicare cost-sharing
- LTSS
- Transportation
- Other Medi-Cal benefits

Care Coordination in Medi-Medi Plans

- Medi-Medi Plans help members with all of their health care needs and coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.
- Instead of Medi-Cal Enhanced Care Management (ECM), Medi-Medi Plans provide **California Integrated Care Management** (CICM).



Medi-Medi Plans Support Access to Providers

Provider Network

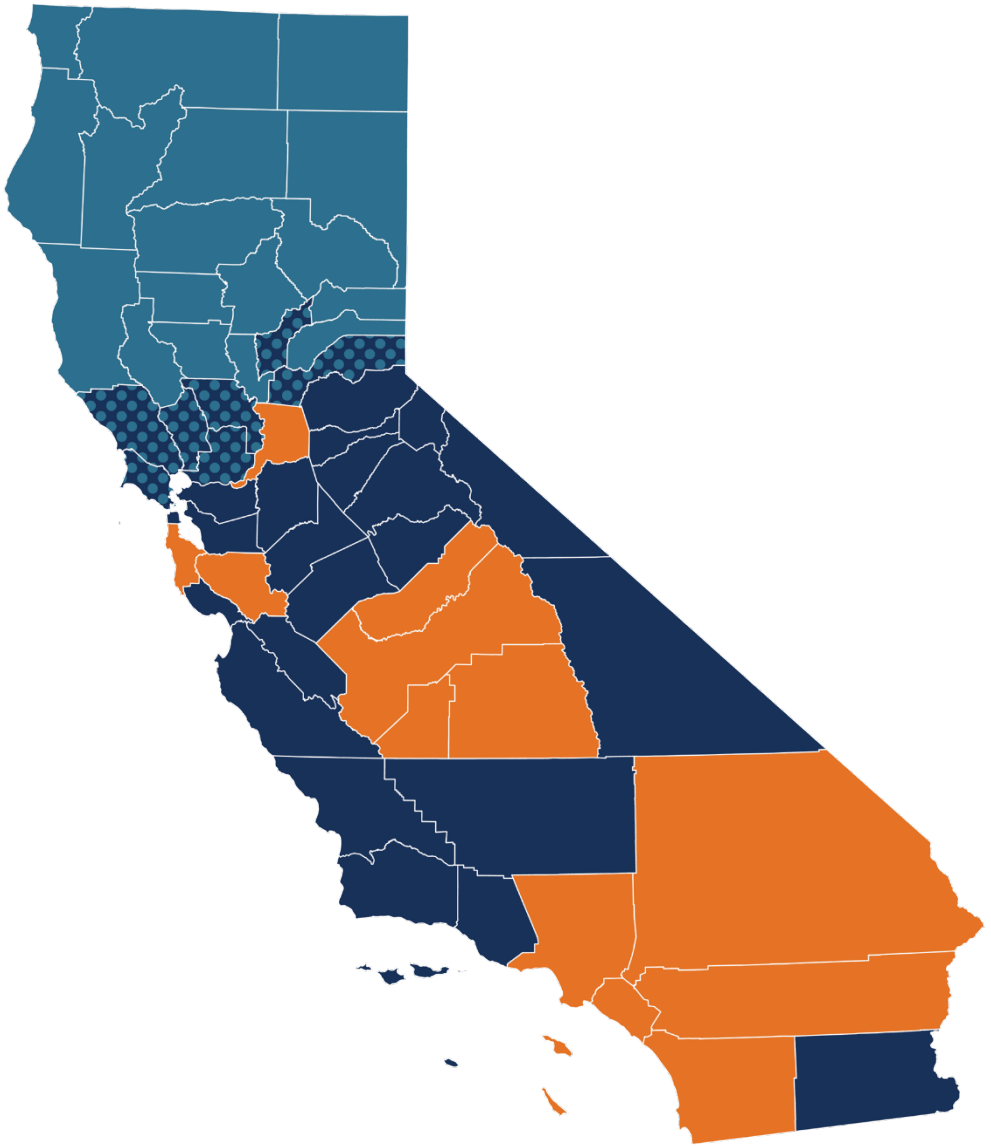
- Members will have access to a provider network through their Medi-Medi Plan.
- If a member’s current provider is not in network, a provider can join the Medi-Medi Plan’s network, or the Medi-Medi Plan will help the member find a new doctor.
- To join a Medi-Medi Plan network, a provider should contact the plan’s provider relations department.

Continuity of Care

- If a member's provider is not currently in network, Medi-Medi Plans must offer a continuity of care period, which allows the member to continue to see their provider for up to 12 months (in most cases).
- The member must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payments.

Medi-Medi Plans in California Counties

- **Currently available:** Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, Tulare
- **Will be available in 2026:** Alameda, Alpine, Amador, Calaveras, Contra Costa, El Dorado, Imperial, Inyo, Kern, Mariposa, Merced, Mono, Monterey, San Benito, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tuolumne, Ventura
- **At least one plan available in 2026 (additional option expected after 2026):** Marin, Napa, Placer, Solano, Sonoma, Yolo, Yuba
- **Will be phased in after 2026:** Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity



Joining a Medi-Medi Plan

- Members can join a Medi-Medi Plan if they:
  - Have both Medicare Part A and B and Medi-Cal.
  - Are 21 years or older.
  - Live in one of the counties that offers Medi-Medi Plans.

- Member enrollment in Medi-Medi Plans is **voluntary**.

- To enroll, a member can contact their Medi-Cal plan or 1-800-MEDICARE.

Options for Dual Eligible Members in 2026

- A dual eligible member may have the following choices in 2026:
  - Original Medicare and a Medi-Cal plan
  - A Medicare Advantage plan and a Medi-Cal plan
  - A Medi-Medi Plan*
  - Program of All-Inclusive Care for the Elderly (PACE)** (for those who need nursing facility level of care)
- Reminder: 2026 Medicare Open Enrollment is October 15 – December 7, 2025.

*Except in counties that will be phased in after 2026. Please see the DHCS **Medi-Medi Plan List webpage** for more information.

Please refer to the DHCS **Medi-Cal Managed Care Health Plan Directory to see whether PACE is an option in your county.

Medicare Enrollment Periods for Dual Eligible Members

- Dual eligible members can change their Medicare Advantage and Medicare drug coverage for any reason during the Medicare Open Enrollment Period (October 15 – December 7) or the Medicare Advantage Open Enrollment Period (January 1 – March 31).
- In addition, Medicare Special Enrollment Periods allow dual eligible members to make changes at other times of the year. The full list of Special Enrollment Periods is available on the **CMS website**.
- Further information can be found on the **DHCS webpage**.

Medicare Special Enrollment Period Changes for 2025

- Medicare allows dual eligible members to switch to Original Medicare with a stand-alone prescription drug plan once-per-month.
- A new type of Special Enrollment Period for integrated care allows dual eligible members to choose a Medi-Medi Plan once per month, in any month of the year.
  - Members can continue to enroll in PACE in any month of the year, if they meet PACE enrollment criteria.
- Dual eligible members cannot enroll in, or change, regular Medicare Advantage plans or other Special Needs Plans outside of the usual times, except if a different Special Enrollment Period applies, such as moving out of the plan's service area.

Resources for Members

- Dual eligible members can learn more about Medi-Medi Plans by viewing the **Medi-Medi Plan Fact Sheet** on the **DHCS Medi-Medi Plan webpage**.
  - The fact sheet is available in English, Spanish, Hmong, Vietnamese, Traditional Chinese/Cantonese, Russian, Khmer/Cambodian, Arabic, Farsi, American Sign Language, and Mexican Sign Language.
- For more information about coordinated care for dual eligibles, visit the **DHCS Integrated Care for Dual Eligible Beneficiaries Website**.
- For support, members can contact:
  - Health Insurance Counseling and Advocacy Program (HICAP) for free counseling on health care options: 1-800-434-0222
  - Medicare Medi-Cal Ombudsman Program (MMOP) for help resolving issues with providers or health plans: 1-855-501-3077

Resources for Providers and Stakeholders

- Providers should direct questions to their contracted Medi-Cal plan.
- Providers and other stakeholders can also submit general questions to DHCS at **info@calduals.org**.
- To learn more about Medi-Medi Plans, providers and stakeholders can:
  - Visit the **DHCS Medi-Medi Plan Webpage**.
  - View the **Medi-Medi Plans: Information for Providers Fact Sheet**.
- For more information about coordinated care for dual eligibles, visit the **DHCS Integrated Care for Dual Eligible Beneficiaries Website**.
- Join the next **MLTSS and Duals Integration Stakeholder Workgroup** on November 19 at 12 p.m. (advance **registration required**)

Break

BH-CONNECT Policy and Implementation Updates: High Fidelity Wraparound Policies and more

Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division
Erika Cristo, Assistant Deputy Director, Behavioral Health

DHCS

BH-CONNECT Updates

- Evidence-Based Practices and Centers of Excellence
- Mental Health Institutions for Mental Diseases (IMD) Federal Financial Participation (FFP) Program
- Workforce Initiative
- Other Updates
- High Fidelity Wraparound

Evidence-Based Practices and Centers of Excellence

BH-CONNECT Evidence Based Practices Updates

- In 2024, CMS approved three SPAs that expand coverage for five EBPs: Assertive Community Treatment (ACT) and Forensic ACT (FACT), Coordinated Specialty Care (CSC) for First Episode Psychosis, Clubhouse Services, Enhanced Community Health Worker (CHW) Services, and Individual Placement and Support (IPS) Model of Supported Employment.
  - **BHIN 25-009 Coverage of BH-CONNECT Evidence-Based Practices** was released in April 2025 and the **BH-CONNECT EBP Policy Guide** was published in May 2025.
  - The **EBP Training and Fidelity Manual** was released for public comment in September 2025 and will be finalized and released in Q4 2025.
  - Counties must submit a **Letter of Commitment** to cover these EBPs under Medi-Cal and may do so at any time.
- Under BH-CONNECT, DHCS also clarified coverage requirements for Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Parent-Child Interaction Therapy (PCIT).
  - BHIN **25-XXX** Coverage of Evidence Based Practices for Children and Youth was released for public comment in July 2025 and will be finalized and released in Q4 2025.

Centers of Excellence Updates

DHCS established COEs to provide training, TA, and fidelity monitoring support to county behavioral health delivery systems and behavioral health practitioners in implementing EBPs under BH-CONNECT and the BHSA.

- COEs are supporting the implementation of:
  - ACT/FACT
  - CSC
  - IPS Supported Employment
  - Clubhouse Services
  - MST
  - FFT
  - PCIT
  - HFW

- COEs are providing:
  - Training for practitioners.
  - TA and coaching/mentoring for counties and practitioners.
  - Fidelity assessments, consistent with the requirements on the previous slides.
  - Other supports to deliver evidence-based practices through a culturally sensitive lens.

Counties should submit an Engagement Initiation Form to initiate a consultation with one or more COEs. More information is available on the COE Resource Hub.

Centers of Excellence Resources

- **Introduction to Behavioral Health COE Webinars**
  - In July and August 2025, DHCS and HMA **held** several webinars to introduce the COEs and broader context of BH-CONNECT Initiative and the BHSA.
- **Engagement Initiation Form (EIF)**
  - Counties ready to initiate a consultation with one or more COEs can fill out the **Engagement Initiation Form (EIF) form**.
  - The EIF is live, and counties can submit at any time.
- **Upcoming Events and Guidance**
  - The **COE Resource Hub** houses detailed information about each COE and available resources for counties, providers, and other stakeholders.
  - In partnership with the COEs and DHCS, HMA will be hosting monthly office hours to provide stakeholders the opportunity to ask questions and discuss EBP implementation.
  - DHCS is reviewing comments and finalizing the EBP Training, TA, Fidelity Monitoring, and Data Collection Policy Manual.

Mental Health Institutions for Mental Diseases (IMD) Federal Financial Participation (FFP) Program

IMD FFP Program Updates (1 of 3)

- BH-CONNECT includes a county option to receive FFP for mental health care provided during short-term stays in IMDs.
- Behavioral health plans (BHP) may "opt in" to the IMD program on a rolling basis by completing an **IMD FFP Plan**.
- **BHIN 25-011 BH-CONNECT Demonstration Option to Receive Federal Financial Participation for Specialty Mental Health Services in Institutions for Mental Diseases** was published in April 2025.

IMD FFP Program Updates (2 of 3)

- Three counties have submitted IMD FFP Plans to participate in the MH IMD FFP Program.
  - In September 2025, DHCS approved Sacramento and San Diego counties to participate in the program.
  - DHCS is currently in the process of reviewing Santa Clara's IMD FFP Plan.

IMD FFP Program Updates (3 of 3)

- To participate in the IMD FFP Program, BHPs must:
  - Submit and receive DHCS approval of an IMD FFP Plan.
  - Cover a "full suite" of BH-CONNECT EBPs: ACT, FACT, CSC, IPS, Enhanced Community Health Workers, and Peer Support Specialist Services (including Peers with forensic specialization)
    - ***Reminder:*** BHPs must have at least one claim for Peer Support Services and Enhanced CHW Services before drawing down FFP for IMD stays, even if their IMD FFP Plan is approved.
  - Use FFP received for IMD services to support services and activities that benefit Medi-Cal members.
  - Meet federal and state requirements to ensure that IMDs are used only when there is a clinical need and that facilities meet quality standards.
- As of October 2025, Sacramento and San Diego counties have been approved to participate in the IMD program, and DHCS is reviewing an IMD FFP plan for Santa Clara.

Workforce Initiative

BH-CONNECT Workforce Initiative Programs

Between 2025 and 2029, in partnership with the DHCS and the Department of Health Care Access and Information (HCAI) will invest up to **$1.9 billion** in five workforce programs. Recipients of workforce funding will commit to serving Medi-Cal members living with significant behavioral health needs for 2-4 years.

The five workforce programs include:

1. **The Medi-Cal Behavioral Health Student Loan Repayment Program ($530M):** The State will offer student loan repayment opportunities for behavioral health professionals serving Medi-Cal members.
2. **The Medi-Cal Behavioral Health Scholarship Program ($234M):** Scholarship payments while participants work towards earning a behavioral health degree or certificate and will serve Medi-Cal members post-graduation.
3. **The Medi-Cal Behavioral Health Recruitment and Retention Program ($966M):** Establishes a program to recruit and retain behavioral health professionals serving the Medi-Cal population. Program funding will support retention bonuses, clinical supervision, licensure and certification expenses, and training backfill to promote workforce stability in safety net settings.
4. **The Medi-Cal Behavioral Health Community-Based Provider Training Program ($85M):** Provides funding to train Alcohol or Other Drug Counselors, Community Health Workers, and Peer Support Specialists and address workforce shortages across the state. Payments will be made directly to training programs.
5. **The Medi-Cal Behavioral Health Residency Training Program ($85M):** Annual funding to support the expansion of psychiatry residency and fellowship slots in safety net settings for the duration of the demonstration period.

Workforce Initiative Updates

- The **Behavioral Health Student Loan Repayment Program (MBH-SLRP)** is currently reviewing applications. Final awards are expected to be announced in November 2025, with applications under review through October 2025.
- The **Medi-Cal Behavioral Health Residency Training Program (MBH-RTP)** announced award determinations in October 2025. Awardee information can be found on the **HCAI RTP Website**.
- The **Medi-Cal Behavioral Health Scholarship Program (MBH-SP)** and the **Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP)** are under development and will launch in February 2026.

Other Updates

Other Upcoming BH-CONNECT Guidance (1 of 2)

- **Activity Funds:** The Activity Funds Initiative will cover the cost of activities and items beyond traditional therapies to support the health and well-being of children and youth involved in the child welfare system.
  - **BHIN 25-XXX** was released for public comment in July 2025 and will be finalized and released in Q4 2025.
- **Community Transition In-Reach Services:** Community Transition In-Reach Services will support adults, age 21 and older, who meet the access criteria for SMHS, and who are experiencing or at-risk for long-term extended stays in institutional settings in returning to the community.
  - **BHIN 25-XXX** was released for public comment in August 2025 and will be finalized and released in Q4 2025.

Other Upcoming BH-CONNECT Guidance (2 of 2)

- **Child and Adolescent Needs and Strengths (CANS) Alignment:** DHCS and CDSS are aligning their CANS processes to ensure that county child welfare agencies, county juvenile probation agencies, BHPs, and SMHS providers administer the same CANS tool in the same manner so that results are comparable, outcomes can be tracked over time, and to further promote collaboration of the CANS between partners.
  - **BHIN 25-XXX** was released for public comment in May 2025 and will be finalized and released in Q4 2025.

High Fidelity Wraparound

High Fidelity Wraparound (HFW) Overview

HFW is a team-based and family-centered EBP that includes an "anything necessary" approach to care for children and youth living with the most significant behavioral health needs. HFW is regarded as an alternative to out-of-home placement for children with complex needs by providing intensive services in the family's home and community.

» HFW centers family voice and decision-making in developing a care plan to reach desired family outcomes by providing a structured, creative, and individualized set of strategies that result in plans/services that are effective and relevant to the youth and family.

» HFW is delivered by a HFW Facilitator, who leads a team through the development and implementation of an individualized plan of care with strategies that are responsive to child- and family-identified strengths and needs.

DHCS Medi-Cal HFW Proposal

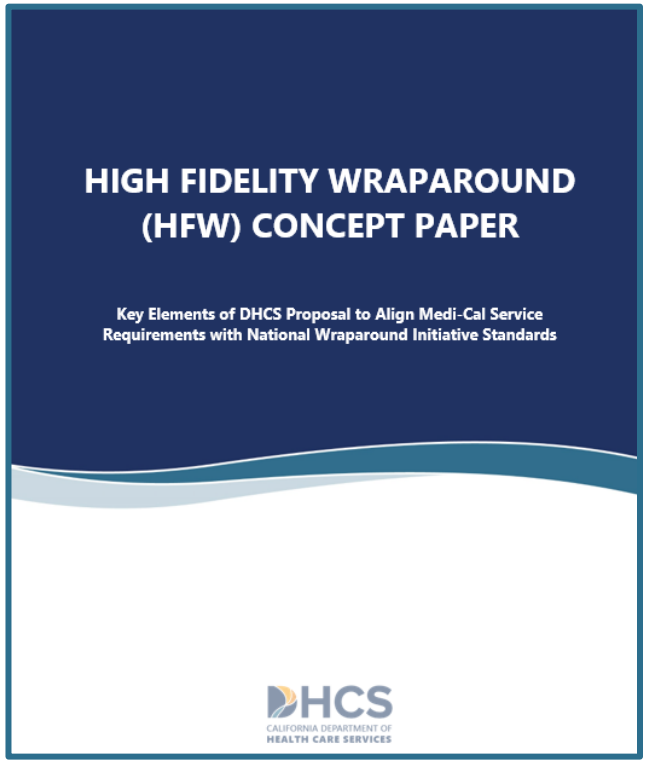
DHCS aims to align CA's HFW existing programs with national standards and deliver effective, evidence-based care to California's youth living with significant behavioral health needs in the least restrictive environment.

- Beginning July 1, 2026, and in accordance with **Assembly Bill (AB) 161**, DHCS will align Medi-Cal HFW service requirements with national practice standards and implement a corresponding **updated payment model within Medi-Cal Specialty Mental Health Services (SMHS)**. Pursuant to the BHSA, counties must also implement HFW under the FSP program beginning in July 2026.
- **Goals of HFW Designs:**
  - Integrate HFW appropriately into the Medi-Cal care continuum.
  - Improve delivery of HFW.
  - Clarify roles/responsibilities (California Department of Social Services (CDSS), DHCS, County Behavioral Health, Child Welfare, MCPs, providers).
  - Avoid billing and service duplication.

HFW Concept Paper

On July 31, 2025, DHCS released the HFW Concept Paper, which describes DHCS' initial vision for Medi-Cal HFW payment and monitoring policies and associated updated standards for service delivery in both Medi-Cal and BHSA, in alignment with national standards and state best practices.

- The Concept Paper is not formal guidance, but an opportunity for DHCS to seek feedback from stakeholders on its initial vision for Medi-Cal HFW design, payment, and monitoring policies.
- Between July 31 and August 28, DHCS received feedback from 56 unique commenters, representing providers/CBOs, associations/advocacy organizations, counties, research institutions, health plans/MCPs, and state agencies/offices. **DHCS is considering and incorporating public comment feedback as it develops formal Medi-Cal guidance.**



HFW Concept Paper Proposal: Intensive Care Coordination (ICC)

Context: In 2013, DHCS implemented ICC as a Medi-Cal SMHS in response to the Katie A. litigation that sought to provide access to high-intensity community-based services to youth who needed or were receiving and involved in the child welfare system. HFW represents an updated and evidence-based approach to delivering ICC, centering the role of the Child and Family Team (CFT) in service planning, empowering the CFT to lead care delivery and adhering to fidelity standards as the gold standard of implementing the CFT process.

- **As part of the HFW Concept Paper, DHCS proposed to update the delivery of ICC by requiring adherence to HFW facilitation standards, proposing that ICC become HFW Facilitation.**
- DHCS proposed to allow youth currently receiving ICC to automatically qualify for HFW, effectively "grandfathering" any youth who is receiving ICC into HFW.
- DHCS specifically invited stakeholders to provide input on this proposal.

DHCS Response to Stakeholder Feedback

In responses to stakeholder feedback on workforce and service constraints, DHCS is proposing that ICC (as it is *currently* described in guidance) continue to be offered in addition to HFW.

- As DHCS implements updated service requirements for HFW, ICC will remain an available option for youth who need SMHS care coordination, but who do not meet clinical criteria for (or want to receive) HFW **for a transitional period that will end June 30, 2028, unless extended by DHCS**. During this time, DHCS may refine ICC service requirements and/or consider how existing and emerging evidence-based care coordination services may complement HFW and fit within the broader array of Medi-Cal care coordination services.

Discussion:

- What questions and feedback do you have for DHCS in response to this updated proposal to retain ICC for a transitional period of two years?

Next Steps for HFW Policy Guidance Development

DHCS is partnering with U.C. Davis' Resource Center for Family-Focused Practice (RCFFP) as the HFW Center of Excellence (COE), CDSS, and additional stakeholders to refine the HFW benefit design and develop comprehensive Medi-Cal guidance.

- Claiming and Medi-Cal payment for HFW.
  - DHCS is developing the HFW payment model and will actively engage key stakeholders in this process.
- Training, technical assistance, fidelity assessments and monitoring via HFW COE.
- HFW team structure and staffing ratios.
- Service and training standards.
- Interaction with existing SMHS and Medi-Cal MCP care management services.

Discussion and Questions

DHCS

Transitional Rent

Glenn Tsang, Policy Advisor, Homelessness and Housing

Katherine Barresi, RN, Chief Health Services Officer,
Partnership HealthPlan of California

Amy Ellis, MFT, Adult System of Care Division Director,
County of Placer Health and Human Services

DHCS

Transitional Rent

» Overview:

- Transitional Rent is the newest Community Support that covers up to six months of rental assistance or temporary housing to Medi-Cal members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.
- Beginning on **January 1, 2026**, all MCPs must cover Transitional Rent for the Behavioral Health Population of Focus.

» New Guidance:

- **Community Supports Policy Guide Volume 2** (April 2025)
- **BHSA Housing Interventions & Medi-Cal Community Supports FAQ** (August 2025)
- **Transitional Rent Payment Methodology** (October 2025)

» Upcoming Guidance:

- Referral Standards Guidance for Community Supports Housing Trio and Room and Board Services *(Expected by end of 2025)*

Transitional Rent Eligibility Criteria

Eligible high-need members enrolled in a MCP may be eligible for up to 6 months of Transitional Rent if they meet the following criteria:

1

MEET CLINICAL RISK FACTORS

- Meet the access criteria for Medi-Cal SMHS, *or*
- Meet the access criteria for Drug Medi-Cal (DMC), *or*
- Meet the access criteria for Drug Medi-Cal Organized Delivery Systems (DMC-ODS) services, *or*
- Have one or more serious chronic physical health conditions, *or*
- Pregnant to 12-months postpartum, *or*
- Have physical, intellectual, *or* developmental disabilities.

+

2

EXPERIENCING OR AT RISK OF HOMELESSNESS (SOCIAL RISK FACTOR)

- As defined by US Department of Housing and Urban Development's (HUD) current definition as codified at 24 CFR part 91.5, with certain modifications.

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3

MEET CRITERIA FOR SPECIFIED "TRANSITIONING POPULATIONS"

- Transitioning out of an institutional or congregate residential setting, *or*
- Transitioning out of a carceral setting, *or*
- Transitioning out of interim housing, *or*
- Transitioning out of recuperative care or short-term post-hospitalization housing, *or*
- Transitioning out of foster care, *or*
- Unsheltered homeless, *or*
- Eligible for FSP.

What We Are Hearing From Counties

- MCPs are strongly encouraged to contract with county behavioral health agencies as Transitional Rent Providers.
- **Recently DHCS surveyed counties and conducted select interviews to better understand progress and challenges. We heard:**

Over half of county respondents reported either contracting or considering contracting with their local MCPs to become Transitional Rent Providers.

When asked to compare projected BHSA Housing Interventions allocation to existing funding commitments, the responses were mixed. Some counties report that they expect to have surplus funds available to support new investments; others said they will not.

Today's commitments reflect previous funding opportunities, which have not always prioritized long-term subsidies. COVID was a high watermark of funding for short-term settings. A significant proportion of legacy spend is on settings that are not aligned with Transitional Rent (e.g., Assisted Living).

Guest Speakers

Katherine Barresi, RN

Chief Health Services Officer, Partnership HealthPlan of California

Amy Ellis, MFT

Adult System of Care Division Director, County of Placer Health and Human Services

Questions?

DHCS

Public Comment

Public Comment Guidelines

- During public comment, we do not answer questions; we simply listen to public comment.
- All public comments are recorded in the meeting summary.
- Public comment will include members of the public here in the room as well as members of the public attending virtually.
- Please state your name and organization.
- Please keep your comments concise and no longer than 1 minute.

Final Comments and Adjourn

Upcoming 2026 Meeting Dates and Location Change

- February 25, 2026
- May 20, 2026
- August 5, 2026
- October 28, 2026

- New Meeting Location:

DHCS 1501 Capitol Avenue (first floor conference center 71.1316) Sacramento, CA 95814