CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: September 1, 2026

ALL PLAN LETTER 26-016

TO: ALL MEDI-CAL MANAGED CARE PLANS

SUBJECT: CALIFORNIA CHILDREN'S SERVICES MEMBERS WITH UNSATISFACTORY IMMIGRATION STATUS: REQUIREMENTS PERTAINING TO THE ADULT EXPANSION POPULATION AND REQUIREMENTS PERTAINING TO THE UIS TRANSITION TO MEDI-CAL FFS

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care plans (MCPs) serving Members enrolled in the California Children's Services (CCS) Program of the changes to Medi-Cal eligibility and enrollment for CCS Members with Unsatisfactory Immigration Status (UIS) regarding two recently enacted policies:

- The Enrollment Freeze for the Adult Expansion Population (effective January 1, 2026) and
- The UIS Transition from managed care to Fee-For-Service (FFS) (effective January 1, 2027).

This guidance pertains to all MCPs given that all MCPs serve CCS Members in every County. This includes those participating in the Whole Child Model (WCM) Program as well as MCPs serving CCS Members in Classic CCS Counties. In addition, it is important to know that MCPs that operate in Independent Counties versus Dependent Counties will face differing requirements.

The table below provides a summary of the CCS County by model type:

County Type	Independent CCS	Dependent CCS
Whole Child Model (33)	**17 Counties:** Butte, Humboldt, Marin, Mendocino, Merced, Monterey, Napa, Orange, Placer, San Luis Obispo, San Mateo, Santa	**16 Counties:** Colusa, Del Norte, Glenn, Lake, Lassen, Mariposa, Modoc, Nevada, Plumas, San Benito, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba

County Type	Independent CCS	Dependent CCS
	Barbara, Santa Cruz, Shasta, Solano, Sonoma, Yolo	
Classic CCS (25)	**15 Counties:** Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare, Ventura	**10 Counties:** Alpine, Amador, Calaveras, El Dorado, Imperial, Inyo, Kings, Madera, Mono, Tuolumne

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 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.

Transition of the UIS Population from Managed Care to FFS

On January 1, 2027, all Members with UIS, including CCS Members with UIS who are enrolled in a WCM MCP, will be disenrolled from their MCP and transitioned into the Medi-Cal FFS delivery system. While CCS Members with full-scope Medi-Cal with UIS

[1] For more information on immigration status and changes to Medi-Cal eligibility, see the DHCS webpage at: https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx.

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 through December 31, 2026, 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 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 an MCP.

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 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. 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 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

[2] See Welfare and Institutions Code (W&I) section 14007.8(b)(2). State law is searchable at: https://leginfo.legislature.ca.gov/.

within the 90-day period for correcting issues or missing paperwork, they may still reapply and reenroll 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

Through December 31, 2026: MCPs must notify their CCS County Administrator for each of their CCS Members who loses full-scope Medi-Cal as a result of the Enrollment Freeze and provide information regarding the Member in order for the County to conduct the CCS eligibility review process to determine if the Member qualifies for CCS state-only.

For WCM MCPs specifically to the extent the Member continues to qualify for CCS, the CCS Member's case management and service authorizations will shift from the WCM MCP to the County CCS Program. WCM MCPs must provide the County CCS Program with a CCS Transition of Care Plan for each CCS Member with UIS who needs to be transitioned out of their WCM MCP.[3]

The CCS Transition of Care Plan must include:

- Member's information (name, contact information, and client index number)
- 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 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 documentation submitted in support of authorizations issued for CCS-eligible conditions;

[3] See APL 24-015: California Children's Services Whole Child Model Program. APLs are searchable at: https://www.dhcs.ca.gov/forms-laws-publications/managed-care-all-plan-letters-1998-to-current/.

- 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. The WCM MCP must provide the CCS Transition of Care Plan to the County CCS Program upon the CCS Member's disenrollment from the WCM MCP determined by DHCS eligibility processes.

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

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 managed care into the Medi-Cal FFS delivery system 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 Member Communication, 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.

[4] For the initial Version published in July 2026, see: https://www.dhcs.ca.gov/wp-content/uploads/2026/08/UIS-FFS-Policy-Guide_d53ef5.pdf. Subsequent versions, including one forthcoming in September will be available on DHCS' website. Version 2.0 will include specific requirements pertaining to MCPs Member Communication, Provider Communication, and Data Sharing with DHCS and the Counties.

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.

MCP Responsibilities for Policies and Procedures, Subcontractors, Downstream Subcontractors, and Network Providers, and Enforcement Actions

MCPs are responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose enforcement actions, including corrective action plans, as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Subcontractor, Downstream Subcontractor, and Network Provider Agreements, as appropriate, to ensure compliance with this APL. For additional information regarding enforcement actions, see APL 25-007. Any failure to meet the requirements of this APL may result in enforcement actions.

W&I section 14094.15 requires WCM MCPs to use all current and applicable CCS Program guidelines, including CCS Program regulations, CCS Numbered Letters, and Information Notices.

If you have questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Jake Johnson

Jake Johnson

Chief, Integrated Systems of Care Division