



**NOTICE OF A
REGULAR MEETING OF THE
WHOLE-CHILD MODEL
FAMILY ADVISORY COMMITTEE**

**TUESDAY, OCTOBER 28, 2025
9:30 A.M.**

**CalOptima Health
505 City Parkway West, Room 109-N
Orange, California 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

The Regular Whole-Child Model Family Advisory Committee's meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:

https://us02web.zoom.us/webinar/register/WN_B8J32ATHQ421b9M3mHT_pA and Join the Meeting.

Webinar ID: 896 3969 4425

Passcode: 704078 -- Webinar instructions are provided below.

1. **CALL TO ORDER**
Pledge of Allegiance
2. **ESTABLISH QUORUM**
3. **APPROVE MINUTES**
[Approve Minutes of the August 26, 2025 Regular Meeting of the Whole-Child Model Family Advisory Committee](#)
4. **PUBLIC COMMENT**
At this time, members of the public may address the Whole-Child Model Family Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.
5. **INFORMATIONAL ITEMS**
 - A. [California Children's Services \(CCS\) Update](#)
 - B. [OneCare Update](#)
 - C. Committee Member Updates
6. **MANAGEMENT REPORTS**
 - A. Chief Operating Officer
 - B. Chief Medical Officer
 - C. [Chief Administrative Officer](#)
 - D. [Chief Executive Officer](#)
7. **COMMITTEE MEMBER COMMENTS**
8. **ADJOURNMENT**

TO JOIN THE MEETING

Please register for the Regular Meeting of the Whole-Child Model Family Advisory Committee on October 28, 2025 at 9:30 a.m. (PDT)

Join from a PC, Mac, iPad, iPhone or Android device:

Please click this URL to join.

<https://us02web.zoom.us/j/89639694425?pwd=362tgnoaTL7PhmOdKATiWmhK7p3HoR.1>

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Join via audio:

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+1 386 347 5053 US

+1 507 473 4847 US

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+1 646 931 3860 US

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MINUTES

REGULAR MEETING OF THE CALOPTIMA HEALTH WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

August 26, 2025

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on August 26, 2025 at CalOptima Health, 505 City Parkway West, Orange, California via in-person and teleconference (Zoom).

CALL TO ORDER

Chair Lori Sato called the meeting to order at 9:34 a.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present: Lori Sato, Chair; Erika Jewell, Vice-Chair (remote); Katya Aguilar; Fabiana Avendano (Remote); Jody Bullard (remote); Cally Johnson (remote); April Johnston (Remote) Jennifer Heavener; Mayra Ortiz; Jessica Putterman; Kristen Rogers

Members Absent:

Others Present: Michael Hunn, Chief Executive Officer; Richard Pitts, DO., Ph.D., Chief Medical Officer; Zeinab Dabbah, MD, JD, MPH, FACP, Deputy Chief Medical Officer; Veronica Carpenter, Chief Administrative Officer; Michael S. Rose, Dr.PH, LCSW, Chief Health Equity Officer; Carmen Katsarov, Executive Director, Behavioral Health; Kelly Giardina, Executive Director, Clinical Operations; Carlos Soto, Manager Cultural and Linguistics; Dr. Michelle Laba, California Children's Services; Kim Goll, President/Chief Executive Officer, First 5 Orange County; Lilan Castrillo, Interpreter; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant;

MINUTES

Approve the Minutes of the August 26, 2025 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: On motion of Member Kristen Rogers, seconded and carried, the WCM FAC Committee approved the minutes of the August 26, 2025, meeting. (Motion carried 11-0-0)

PUBLIC COMMENTS

There were no public comments.

INFORMATION ITEMS

California Children's Services Update

Michelle Laba, MD, MS, FAAP, Medical Services Deputy Director of the California Children Services (CCS) program in Orange County presented an update the fiscal year the program served a total of 11,253 clients, with 1,691 children receiving medical therapy services. These services accounted for over 35,000 therapy visits, reflecting the program's extensive reach and impact on children with special health care needs. Dr. Laba noted that key accomplishments included significant outreach, education, and collaboration efforts. The team conducted annual joint training with CalOptima on the Whole Child Model, targeting local hospitals, physicians, and healthcare networks. Dr. Laba also provided an overview of the CCS program to the Orange County Health Care Agency's Community and Nursing Services Division and noted that additional engagement included ongoing networking with CHOC specialty providers and continued collaboration with Kaiser, the Regional Center of Orange County, HealthBridge, and the Maternal Child Adolescent Health Division. Dr. Laba also noted that the Medical Outpatient Rehabilitation Center (OPRC) at the Westminster Medical Therapy Unit successfully passed its review and recertification in August.

Dr. Laba also addressed updates on CalAIM and noted that while the program's launch date remains pending, the Department of Health Care Services (DHCS) continues to provide oversight of CCS programs under the Health and Safety Code. Current performance measures include annual medical reviews, family participation tracking, timeliness of eligibility determinations, and service authorization turnaround times. Additionally, monthly chart audits are conducted across both general and therapy programs. She also noted that several currently optional oversight activities will become mandatory. These include implementing a grievance process, enhancing staff training, and completing transition planning logs for youth aging out of the CCS program.

Getting the Most Out of A Well-Child Visit

Kim Goll, Chief Executive Officer, First 5 Orange County (First 5) presented on how First 5 was created in 1998 through a voter-approved initiative that added a 50-cent tax on tobacco products in California. This funded both state and county commissions to support children from prenatal to age five based on local needs and while often linked to school readiness, First 5 OC emphasizes health outcomes as a foundation for long-term success.

Ms. Goll highlighted a major challenge in that declining revenue due to reduced tobacco use. First 5's funding has dropped from \$62 million in 1999 to about \$20 million today. Although this reflects positive public health trends, it also strains resources at a time when early childhood development is increasingly prioritized. She stressed that First 5 OC is committed to serving all

children in Orange County, with a focus on equity. While services are universally available, the organization prioritizes children furthest from opportunity, using the Medi-Cal population as a proxy to guide targeted support.

Member Population Health Needs Assessment

Michael Silva-Rose, presented on the Member and Population Health Needs Assessment and provided an overview of the various health assessments CalOptima Health is involved in. Population Needs Assessment (PNA), which is an annual requirement under the National Committee for Quality Assurance (NCQA). Dr. Rose also discussed the Community Health Assessment, which is led by the Orange County Health Care Agency (OCHCA) and noted that in 2028, CalOptima Health will collaborate with the county to conduct a joint health needs assessment.

Dr. Rose reviewed the Member and Population Health Needs Assessment, which is currently underway and noted that this comprehensive assessment is designed to inform CalOptima Health's equity interventions, community investments, and strategic program development. She noted that CalOptima is partnering with the National Opinion Research Center (NORC) for this assessment which will use a three-pronged approach: (1) surveys of both members and providers, (2) key informant interviews, and (3) community focus groups. These methods aim to gather a broad range of perspectives and data to better understand both the assets and barriers within the community that impact health outcomes. Dr. Rose emphasized that this work is foundational to shaping future strategies and ensuring that CalOptima Health's programs are responsive to the needs of its members.

Dr. Rose shared that CalOptima Health is conducting a Member and Population Health Needs Assessment using a strength-based approach. The goal is to identify both community needs and existing assets, such as support from organizations like First 5. Findings will support CalOptima's accreditation and inform future collaboration with the Orange County Health Care Agency on the 2028 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The final report is expected by Q2 2026.

Dr. Rose also discussed how to ensure inclusivity, CalOptima Health was engaging its Member and Provider Advisory Committees and 18 community partners. A member survey translated into threshold languages will gather feedback on care barriers, service gaps, and health experiences. It will be distributed to 25,000 randomly selected members and at community events with gift cards offered as incentives. Dr. Rose also noted that a provider survey was launched in July 2025 and had already received over 240 responses from a wide range of healthcare professionals. Providers are encouraged to complete the survey regardless of their network.

Focus groups, facilitated by Community Action Partnership of Orange County (CAP OC), will begin in late fall 2025, both in person and virtually. Special sessions will be held for parents of children in the Whole Child Model and children with disabilities. Dr. Rose requested help identifying participants and host locations.

Legislative Update

Veronica Carpenter, Chief Administrative Officer provided an overview of the state and federal budget updates and their implications for CalOptima Health members. She highlighted that her department oversees Government Affairs, Communications, Community Relations, Strategic Development, and the Clerk of the Board. A handout titled Fiscal Year 2025–2026 Enacted State Budget was distributed, summarizing the key changes. She noted that Governor Newsom had released the revised state budget on May 14, 2025 and it was passed by the state legislature on June 13, 2025. Ms. Carpenter reviewed the key changes including a freeze on new enrollment for undocumented individuals aged 19 and older, effective January 1, 2026 and that the asset limit test will be reinstated on the same date, setting a threshold of \$130,000 for individuals and \$65,000 for each additional household member. She noted that other changes included pharmaceutical policy updates and that beginning on July 1, 2027, a \$30 monthly premium for undocumented individuals aged 19–59 would take effect. Ms. Carpenter emphasized that no immediate changes are in effect and encouraged members to continue accessing care, including well-child and wellness visits. CalOptima’s communications team will ensure timely updates as changes are implemented.

Ms. Carpenter also provided a Federal update which included a handout that outlined changes under HR 1, the Federal Reconciliation Bill that is grouped into three categories: eligibility, financing, and access with notable changes including a work or community engagement requirement beginning between December 31, 2026, and December 31, 2028, and a six-month revalidation requirement for the expansion population starting December 31, 2026. She also noted that CalOptima Health will work closely with community partners and the Social Services Agency to ensure members are well-informed and prepared to respond to these changes, including watching for revalidation notices.

Committee Member Updates

Chair Lori Sato welcomed new authorized members Fabiana Avendano, April Johnston and Mayra Ortiz and Katya Aguilar as the Community Based Organization Represent. She also noted that former Chair Kristen Rogers had rejoined the committee as a Consumer Advocate. She also noted they had all been appointed by the Board at the August 7, 2025 meeting and that this was the committee’s first time accommodating two Spanish-only members with interpreter support via Zoom and in person. Chair Sato also notified the committee that a stipend increase would be requested at the October 2, 2025 Board meeting and that if approved the stipends would increase from \$50 to \$100. She also noted that the committee would no longer be required to complete the annual compliance courses. Chair Sato also notified the committee that if they had agenda items they would like to hear to please notify Cheryl Simmons.

CEO AND MANAGEMENT REPORTS

Deputy Chief Medical Officer Report

Zeinab Dabbah, M.D., JD, MPH, FACP, Deputy Chief Medical Officer provided key updates from the American Academy of Pediatrics (AAP) vaccination recommendations released in July 2025. As a reminder, immunizations remain the safest and most cost-effective way to prevent disease,

disability, and death. She noted that COVID-19 continues to circulate, and the AAP recommends an annual, strain-matched COVID-19 vaccine for all children aged six months and older as this ensures protection against the most current circulating variant. Dr. Dabbah also discussed the new the high-dose Influenza vaccine which is recommended for high-risk individuals aged six years and older, especially as flu season will begin in early fall. She also noted that the Human Papillomavirus (HPV) vaccination is now recommended starting at age nine to improve early protection against cervical cancer and that Meningococcal B vaccination is now routinely recommended for all adolescents aged 16 to 18.

Dr. Dabbah also provided an update on the Respiratory Syncytial Virus (RSV) and that prevention has expanded significantly. She noted that for infants, a single intramuscular dose is recommended for all babies eight months or younger during RSV season (October–March). This provides protection for up to five months and that a second dose is advised for high-risk infants aged 8–19 months, including those with chronic lung disease, congenital heart disease, or who are immunocompromised. For pregnant individuals, the maternal RSV vaccine is now recommended between 32-36 weeks gestation during RSV season. This approach which is endorsed by the American College of Obstetrics and Gynecology, helps pass immunity to the unborn child. If the maternal vaccine is given, the infant dose is not needed except for high-risk infants. Dr. Dabbah also discussed the new updated catch-up schedules which are available for children with interrupted vaccine series, immunocompromised children, and those with uncertain vaccination histories, such as refugees and immigrants.

Chief Administrative Officer Report

Veronica Carpenter, Chief Administrative Officer provided an update on how CalOptima Health is preparing to launch its Covered California line of business in 2027, with a go-live date set for January 1, 2027. She noted that the Strategic Development team is collaborating across departments including clinical, operations, and customer service to support this major initiative. She also noted that on the regulatory front, the Board approved the submission of the licensure application at the state level in June and that since then, the team has been actively engaged in reviewing and responding to feedback on the application, which will continue as an ongoing process.

Ms. Carpenter also noted that Network development was underway, with contracting efforts focused on engaging health and behavioral health providers to ensure most of the Covered California network was in place by summer to meet the October submission deadline. Operational readiness is also progressing, guided by internal assessments and a consultant-developed roadmap. New workstreams, including in claims for premium collection, are being implemented, and the team is nearly halfway through the launch year with strong momentum.

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer provided a CEO Report and welcomed the new members to the committee. He noted that there is growing concern about the changes to the Medi-Cal program, particularly the end of continuous eligibility that began in January. This shift is expected to impact many families—especially the approximately 72,000 young children (ages 0–5) currently enrolled and that outreach and communication will be critical with coordination with First 5, community

clinics, health networks, pediatricians, and that direct member messaging is essential in the coming months. He noted that fewer parents and caregivers were bringing children in for their well-child visits, immunizations, and developmental screenings and felt that this decline was deeply concerning and highlighted the urgent need for clear, widespread messaging. He discussed how the WCM FAC could play a key role in supporting this effort. CalOptima Health will ensure information is available on its website, shared with delegated health networks, and distributed to community and hospital partners.

ADJOURNMENT

Hearing no further business, Chair Lori Sato adjourned the meeting at 11:15 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: October 28, 2025



California Children's Services

October 2025 Updates

Michelle Laba, MD
CCS Medical Services Deputy Director

CCS Program Updates

- **Whole Child Model (WCM) Neonatal Intensive Care Unit (NICU) and High Risk Infant Follow-up Eligibility Workflows**
 - Recently created by the Department of Health Care Services (DHCS).
 - Impact on Managed Care Plans and California Children's Services (CCS).
- **Medical Therapy Program Updates**
 - Interagency agreements between the school districts and CCS are being updated as required by DHCS.



2026 OneCare Updates

2025 October Whole Child Model Family Advisory Committee
October 28, 2025

Cheryl Meronk, Director of Medicare Program Development

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CalOptima Health, A Public Agency

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

2026 Changes

- CMS ended the Value-Based Insurance Design (VBID) Model
- Members will have one plan option: OneCare Complete
- Enhanced most supplemental benefits
- Continuing flex card benefit
 - Members must meet Special Supplemental Benefits for the Chronically Ill (SSBCI) criteria to purchase healthy food and produce with a flex card
- Part D benefit changes
 - \$0 copay for generic medications
 - Small copays for brand-name medications
 - Addition of mail-order pharmacy service

2026 Benefits Summary

Benefit	2025 Benefits		2026 Benefits
	OneCare Complete	OneCare Flex Plus	OneCare Complete
Transportation	Unlimited trips to/from the gym and 100 one-way trips to grocery stores (10-mile radius)	Unlimited trips to/from the gym (10-mile radius)	Unlimited trips to/from the gym (10-mile radius)
Vision	Annual Exam and up to \$300 for eyeglasses or contact lenses every year	Annual Exam and up to \$300 for eyeglasses or contact lenses every year	Annual Exam and up to \$500 for eyeglasses, contact lenses, and repairs every 2 years
Hearing	\$1,000 of hearing hardware above the Medicaid limit of \$1,510	\$1,000 of hearing hardware above the Medicaid limit of \$1,510	\$500 allowance to be covered by OneCare prior to the Medi-Cal allowance (\$1,510) is used – total allowance is \$2,010
Flex Card: Over the Counter (OTC) and Food and Produce	\$135 per quarter and no roll over of unused funds <i>(Available to all members)</i>	\$245 per quarter and no roll over of unused funds <i>(Groceries only available to members with chronic conditions)</i>	\$167 per quarter and no roll over of unused funds <i>(Healthy food and produce only available to members with chronic conditions)</i>

Benefits are subject to change prior to September 2025

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2026 Benefits Summary (cont.)

Benefit	2025 Benefits		2026 Benefits
	OneCare Complete	OneCare Flex Plus	OneCare Complete
In-Home Support Services and Companionship	Up to 90 hours	Not covered	Up to 90 hours
Fitness Benefit	Covered	Covered	Covered
Worldwide ER Coverage	\$100,000 coverage	\$100,000 coverage	Up to \$100,000 reimbursement
Erectile Dysfunction Drug	Not covered	4 pills per month	6 pills per month
Annual Physical Exam	Once every 12 months	Once every 12 months	Once per year
Comprehensive Dental	Dental services	Dental services	Dental services

Benefits are subject to change prior to September 2025

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2026 Benefits Summary (cont.)

Benefit	2025 Benefits		2026 Benefits
	OneCare Complete	OneCare Flex Plus	OneCare Complete
Part D Premium Coverage	Buy Down of drug benefit premium to decrease generic and name brand drug co-pays to \$0	Standard Part D copays based on low-income status up to \$4.90 for generics and \$12.15 for brands	<p>Tier 1: Buy Down of drug benefit premium to decrease <u>generic</u> drug co-pays to \$0</p> <p>Tier 2: Standard Part D <u>brand</u> drug nominal copays based on low-income status:</p> <ul style="list-style-type: none"> - \$4.90 (Full Benefit Dual Eligible up to 100% of Federal Poverty Level) - \$12.65 (Full Benefit Dual Eligible 100% to 150% of Federal Poverty Level)

Changes in Prior Authorization Requirements

These services will no longer require prior authorizations:

- Podiatry
- Dental:
 - Diagnostic and preventive
 - Oral exams

These services will require prior authorizations:

- Dental:
 - Prosthodontics, removable or fixed
 - Adjunctive general services

Changes in Referral Requirements

These services will no longer require referrals:

- Observation Services
- Colorectal cancer screening
- Dental:
 - Oral Exams
 - Prosthodontics, removable or fixed
 - Adjunctive general services

Dental Benefit Coordination

- Customer Service assists members with dental benefit coordination
 - Members are encouraged to see Liberty Dental providers
 - All Liberty Dental Providers are Medi-Cal Dental providers
- Some services are covered by Medi-Cal Dental and some are covered by Liberty Dental
 - These services are explained in more detail in the Comprehensive Dental section of the OneCare website
 - FAQs are also available on the website
 - OneCare supplemental dental benefits must be provided by a Liberty Dental network provider
- Liberty Dental Customer Service: 888-704-9838

Wider Circle Pilot

- Member engagement in their health care is low.
- Wider Circle provides a community-based approach to engaging members to talk about their health care needs and connect with their community.
- The pilot will engage a small number of OneCare members who have gaps in care and are willing to participate.



OneCare

CalOptima Health

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Communications Update

Veronica Carpenter
Chief Administrative Officer

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

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Get Care Now Campaign

- In response to the upcoming Medi-Cal changes, some members are hesitant to continue accessing their health care benefits
- Communications created an integrated, multilingual advertising campaign and toolkit that will roll out starting in November
 - Advertising plan includes print, transit, digital, radio and place-based (pharmacies, grocery stores, etc.) ads
 - Toolkit includes flyer, FAQ, newsletter article and social media post
- Messaging builds on CalOptima Health's recent launch of a web page promoting ways to get care (www.caloptima.org/getcare)
 - Virtual doctor and behavioral health visits, nurse advice line, medicine home delivery and more

Print Ad

- English, Spanish and Vietnamese newspapers

Attention Medi-Cal Members

GET CARE NOW

Your health matters


How to get care:

- Virtual Doctor Visits
- Nurse Advice Line
- Medicine Home Delivery
- Virtual Mental Health Support

Medi-Cal changes are coming in the future. But CalOptima Health's mission to keep you healthy has not changed. Right now, it's important that you continue to see your doctor and use your benefits to stay well. Your health is everything to us, and we are here for you every step of the way.

Visit www.caloptima.org/getcare to find ways to get care that work for you.

1-888-587-8088 (TTY 711)

 CalOptima Health

Transit Ads

- Transit shelters and interior bus cards in English and Spanish



Attention Medi-Cal Members

GET CARE NOW

Your health matters

How to get care:

			
Virtual Doctor Visits	Nurse Advice Line	Medicine Home Delivery	Virtual Mental Health Support

Find ways to get care that work for you!

caloptima.org/getcare

1-888-587-8088 (TTY 711)

 **CalOptima Health**

Toolkit Strategy and Content

- CalOptima Health makes it easy for community partners, providers, elected officials and others to help spread key messages using downloadable toolkits
 - Successful prior efforts with Medi-Cal renewal, Medi-Cal expansion and CalFresh
- Get Care Now Toolkit contents:
 - General flyer
 - FAQ (including questions about immigration status)
 - Sample newsletter article
 - Sample social media post

Fiscal Year 2025–26 Public Policy Priorities

Access to Care

- Remove barriers to Medi-Cal enrollment, services and access to care for individuals experiencing homelessness.
- Support policies that allow Section 1115 demonstration waivers to be catalysts for innovations in Medi-Cal, resulting in comprehensive whole-person care.
- Mitigate potential impacts of H.R. 1 (2025) that may restrict the ability of eligible Medi-Cal beneficiaries to newly enroll, maintain enrollment and access high-quality care in the most appropriate setting.
- Support proposals that remove administrative barriers to accessing health and social services benefits.
- Support sustaining coverage expansions and subsidies enacted by the Affordable Care Act.
- Reauthorize and extend the enhanced levels of Advance Premium Tax Credits (APTCs) for purchasing health insurance through Covered California.
- Support the preservation of Covered California enrollment policies that minimize administrative burdens for current and potential beneficiaries

Behavioral Health

- Support improved parity between physical and mental health care, including rates and coverage for preventive services without diagnoses.
- Support increased, sustainable funding streams for behavioral health services.
- Remove barriers to accessing behavioral health services, including mobile crisis and telehealth-only.
- Incentivize all applicable providers to treat behavioral health conditions within their scope of service.
- Promote systematic improvement and increase capacity for complex discharge management of members with behavioral health diagnoses.
- Enhance integration between specialty and non-specialty Medi-Cal mental health services.
- Support policies to prevent and address substance use disorders, including medication surveillance.

California Advancing and Innovating Medi-Cal (CalAIM)

- Allow health plan discretion to determine member and provider eligibility for Enhanced Care Management (ECM) and Community Supports (CS).
- Simplify pathway for Medi-Cal plans to develop and offer additional CS options to members.
- Incorporate CS into covered benefits to ensure long-term funding and sustainability.
- Invest in infrastructure, training and other supports to prepare providers for CalAIM initiatives.
- Support continuous Medi-Cal coverage for justice-involved individuals.
- Streamline health plan assessment and reporting requirements for CalAIM measures and outcomes.
- Support the construction and permitting of supportive housing and recuperative care facilities.

Data Sharing

- Increase funding, guidance, timeline certainty and implementation flexibility for health care entities to launch data-sharing and infrastructure initiatives, including the Data Exchange Framework, interoperability and the expansion of and connection to regional health information exchanges (HIEs).
- Standardize and ease requirements for data sharing and consent management of health records across payors, providers and public agencies to improve care coordination.
- Improve collection and sharing of social determinants of health (SDOH) and demographic data across public agencies, health plans, utility providers and community-based organizations.

Older Adults

- Promote overall integration of the Medi-Cal and Medicare programs.
- Support enrollment of full and partial dual-eligible beneficiaries into exclusively aligned enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).

- Align Medi-Cal and Medicare policies that limit the frequency of plan switching to improve continuity of care.
- Support the creation and sustainability of Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) consistent with EAE D-SNP enrollment policies.
- Expand access to home- and community-based services, including the Program of All-Inclusive Care for the Elderly (PACE), for older adults, including those experiencing or at risk of homelessness.
- Preserve current flexibilities to virtually assess prospective and current PACE participants.
- Increase PACE funding to address telehealth barriers, such as member access to devices, internet and training.

Operations and Administration

- Preserve the county-organized health system (COHS) and delegated managed care delivery models.
- Oppose requiring COHS to obtain a Knox-Keene Act license.
- Oppose the elimination or carving out of Medi-Cal managed care benefits, such as the Whole-Child Model (WCM).
- Promote efforts to advance health equity and reduce health disparities through current and future Medi-Cal and Medicare initiatives.
- Support 12-month continuous eligibility for all Medi-Cal beneficiaries.
- Reform Medi-Cal Rx policies to improve prior authorization and appeals processes.
- Incentivize health networks to implement same-day prior authorizations.
- Oppose policies that restrict health plan use of prior authorizations.
- Expand the ability for health plans to communicate with members to support care coordination.
- Implement clear, consistent and reasonable timelines for the implementation and evaluation of new covered benefits, programs, initiatives and audits.

Provider Support

- Increase Medi-Cal reimbursement rates, especially for behavioral health services and major organ transplants.
- Remove barriers to provider contracting, including expanding allowable provider types.
- Invest in the development of a diverse health care workforce, including training, education and certification programs, and remove barriers to program enrollment, completion and subsequent hiring.
- Invest in public health infrastructure to better prepare for future pandemics and other health crises.
- Permanently extend Medicare telehealth flexibilities enacted during the COVID-19 pandemic, including use of video and audio-only modalities, virtual establishment of new patients, and payment parity with in-person visits.

Quality Improvement

- Improve alignment between state and federal regulators and the National Committee for Quality Assurance (NCQA), including quality metrics, data collection, network adequacy and value-based programs.
- Incorporate dual-eligible status into risk adjustment, Star Ratings and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores.
- Allow more flexible distance standards for specialty care providers.
- Improve CAHPS survey to account for delegated delivery model and new forms of health care services, including CS and telehealth utilization.

Safety Net Funding and Financing

- Support preserving current Medicaid, Medicare and Marketplace funding levels and oppose reductions in federal funding.
- Support the protection of California's current Federal Medical Assistance Percentage (FMAP) for all populations.
- Support maintaining current levels of provider taxes and state-directed payments.
- Support ongoing funding to community clinics through the federal Community Health Center Fund
- Oppose changes to current Medical Loss Ratio (MLR) methodology.

- Ensure Managed Care Organization (MCO) tax revenue prioritizes funding for the Medi-Cal program.
- Ensure future rate changes are beneficial to CalOptima Health and its contracted providers.
- Incorporate audio-only telehealth encounters into the calculation of Medicare risk adjustment payments.
- Reform the use of risk corridors by increasing transparency, accounting for administrative complexity and reducing the number of overlapping corridors.
- Preserve the use of intergovernmental transfer (IGT) funds to offer non-covered Medi-Cal and Medicare benefits.

2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
<u>SB 483</u> Stern	<p>Mental Health Diversion: Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of behavioral health treatment for members.</p>	<p>07/16/2025 Passed Assembly Public Safety Committee; referred to Assembly Appropriations Committee</p> <p>06/04/2025 Passed Senate floor</p>	CalOptima Health: Watch
<u>SB 626</u> Smallwood-Cuevas	<p>Maternal Mental Health Screenings and Treatment: Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for eligible members.</p>	<p>07/15/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/02/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Oppose
<u>SB 812</u> Allen	<p>Qualified Youth Drop-In Center Health Care Coverage: Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center, defined as a center providing behavioral or primary health and wellness services to youth 12 to 25 years of age with the capacity to provide services before and after school hours and that has been designated by or embedded with a local educational agency or institution of higher education.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.</p>	<p>07/16/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/28/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Concerns
<u>AB 37</u> Elhawary	<p>Behavioral Health Workforce: Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for members experiencing homelessness.</p>	<p>03/13/2025 Referred to Assembly Labor and Employment Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 348</u> Krell	<p>Full-Service Partnership: Would establish presumptive eligibility for Full-Service Partnership programs contingent upon meeting criteria and receiving recommendation for enrollment by a licensed behavioral health clinician.</p> <p><i>Potential CalOptima Health Impact:</i> Increased continuity of care for members with serious mental illness.</p>	<p>09/11/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/03/2025 Passed Senate floor</p> <p>05/12/2025 Passed Assembly floor</p>	CalOptima Health: Watch
<u>AB 384</u> Connolly	<p>Inpatient Prior Admission Authorization: Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care.</p> <p><i>Potential CalOptima Health Impact:</i> Modified utilization management (UM) procedures for covered Medi-Cal benefits.</p>	<p>04/22/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 423</u> Davies	<p>Disclosures for Alcoholism, Drug Abuse Recovery or Treatment Programs and Facilities: Would mandate a business-operated recovery residence to register its location with the California Department of Health Care Services (DHCS).</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight for members who have received SUD treatment.</p>	<p>02/18/2025 Referred to Assembly Health Committee</p>	CalOptima Health: Watch
<u>AB 618</u> Krell	<p>Behavioral Health Data Sharing: Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require the DHCS, in consultation with the California Health and Human Services Agency (CalHHS), to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027.</p> <p><i>Potential CalOptima Health Impact:</i> Increased coordination between Medi-Cal delivery systems regarding behavioral health services.</p>	<p>07/07/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/03/2025 Passed Assembly floor</p>	<p><u>05/07/2025</u> CalOptima Health: SUPPORT</p> <p>LHPC: Sponsor</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 877</u> Dixon	<p>Nonmedical SUD Treatment: Would require DHCS and the California Department of Managed Health Care (DMHC) to send a letter to the chief financial officer of every health plan (including a Medi-Cal MCP) that provides SUD coverage in residential facilities. The letter must inform the plan that SUD treatment in licensed or unlicensed facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027.</p> <p><i>Potential CalOptima Health Impact:</i> Enhanced transparency and clarity around nonmedical treatment provided for SUDs.</p>	03/03/2025 Referred to Assembly Health Committee	CalOptima Health: Watch
<u>AB 951</u> Ta	<p>Autism Diagnosis: Prohibits a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to care for specific behavioral health treatments.</p>	07/30/2025 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Budget			
<u>H.R. 1</u> Arrington (TX)	<p>One Big Beautiful Bill Act: Makes substantial changes to Medicaid program funding and policies, including but not limited to the following:</p> <ul style="list-style-type: none"> • Work, community service and/or education requirement of 80 hours per month for able-bodied adults without dependents (with exceptions for pregnant women, foster youth, medically frail, caregivers and others), effective December 31, 2026, or no later than December 31, 2028 • Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026 • Emergency Medicaid services provided to all undocumented beneficiaries subject to the traditional Federal Medical Assistance Percentage (FMAP) — 50% in California — regardless of the FMAP for which those would otherwise be eligible, effective October 1, 2026 • Cost-sharing for MCE enrollees with incomes of 100–138% Federal Poverty Level (FPL), not to exceed \$35 per service and 5% of total income, and not to be applied to primary, prenatal, pediatric, or emergency care, effective October 1, 2028 • Prohibition on any new or increased provider taxes, effective immediately • Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California’s MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years (FYs) <p>Potential CalOptima Health Impact: Reduced funding to CalOptima Health and contracted providers; decreased number of members; increased administrative costs; implementation of co-pay systems; increased financial and administrative burdens for some existing members; decreased health care utilization by some existing members; reduced benefits for some existing members. A separate overview is also enclosed.</p>	07/04/2025 Signed into law	<u>05/20/2025</u> CalOptima Health: OPPOSE

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 101</u> Wiener <u>AB 102</u> Gabriel	<p>Budget Act of 2025: Makes appropriations for the government of the State of California for FY 2025–26. Total spending is \$321 billion, of which \$228.4 billion is from the General Fund.</p> <p><i>Potential CalOptima Health Impact:</i> An overview of the FY 2025–26 Enacted State Budget is enclosed.</p>	<p>06/30/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>
<u>AB 100</u> Gabriel	<p>Budget Acts of 2023 and 2024: Increases Medi-Cal’s current FY 2024–25 General Fund appropriation by \$2.8 billion and federal funds appropriation by \$8.25 billion in order to solve a deficiency in the Medi-Cal budget.</p> <p><i>Potential CalOptima Health Impact:</i> Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.</p>	<p>04/14/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>
<u>AB 116</u> Committee on Budget	<p>Health Omnibus Trailer Bill: Consolidates and enacts certain budget trailer bill language containing policy changes needed to implement health-related budget expenditures. Provisions related to the Medi-Cal program include but are not limited to the following:</p> <ul style="list-style-type: none"> • Enrollment freeze for undocumented individuals 19 years or older, effective no sooner than January 1, 2026, with exceptions for pregnant individuals • Implementation of \$30 monthly premiums for undocumented individuals ages 19-59, effective no sooner than July 1, 2027 • Reinstatement of the asset limit at \$130,000 for individuals, adding \$65,000 for each additional household member, capping at 10 members, effective January 1, 2026 • Enacts PACE provider sanctions, effective immediately <p><i>Potential CalOptima Health Impact:</i> An overview of the FY 2025–26 Enacted State Budget is enclosed.</p>	<p>06/30/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
California Advancing and Innovating Medi-Cal (CalAIM)			
<u>SB 324</u> Menjivar	<p>Enhanced Care Management (ECM) and Community Supports Contracting: Would require a Medi-Cal MCP to give preference to contracting with community providers that demonstrate capability of providing access and meeting quality requirements when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers.</p> <p><i>Potential CalOptima Health Impact:</i> Increased collaboration with community providers and standardized contracts.</p>	<p>07/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/27/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Watch LHPC: Oppose
<u>AB 543</u> Gonzalez	<p>Street Medicine: Would authorize a Medi-Cal MCP to elect to offer Medi-Cal covered services through a street medicine provider. MCPs that elect to do so would be required to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a contracted street medicine provider, regardless of the beneficiary's network assignment. Additionally, would require the MCP to allow a contracted street medicine provider enrolled in Medi-Cal to directly refer the beneficiary for covered services within the appropriate network and share that information with the relevant county for inclusion in CalSAWS.</p> <p><i>Potential CalOptima Health Impact:</i> Continued access to street medicine services for members experiencing homelessness.</p>	<p>09/10/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/09/2025 Passed Senate floor</p> <p>06/02/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Watch
Covered Benefits			
<u>SB 40</u> Wiener	<p>Insulin Coverage: Would prohibit a health plan, effective January 1, 2026 (or a policy offered in the individual or small group market, effective January 1, 2027), from imposing a copayment or other cost sharing of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Additionally, would require a health plan to cover all types of insulin without step therapy on and after January 1, 2026.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.</p>	<p>09/09/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/03/2025 Passed Assembly floor</p> <p>05/28/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 62</u> Menjivar <u>AB 224</u> Bonta	<p>Essential Health Benefits (EHBs): Would express the intent of the Legislature to review California’s EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Additionally, upon approval from the United States Department of Health and Human Services and by January 1, 2027, would require the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for future members enrolled in Covered California line of business.</p>	<p>09/08/2025 Senate concurred in SB 62 amendments; ordered to the Governor</p> <p>07/15/2025 SB 62 passed Assembly floor</p> <p>05/27/2025 SB 62 passed Senate floor</p> <p>09/15/2025 Assembly concurred in AB 224 amendments; ordered to the Governor</p> <p>09/03/2025 AB 224 passed Senate floor</p> <p>05/29/2025 AB 224 passed Assembly floor</p>	CalOptima Health: Watch CAHP: Concerns
<u>SB 535</u> Richardson <u>AB 575</u> Arambula	<p>Obesity Care Access Act: Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and bariatric surgery for the treatment of obesity.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefits for future members enrolled in Covered California line of business.</p>	<p>07/15/2025 SB 535 passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/28/2025 SB 535 passed Senate floor</p> <p>02/24/2025 AB 575 referred to Assembly Health Committee</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 242</u> Boerner	<p>Genetic Disease Screening: Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefits for members.</p>	<p>04/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch
<u>AB 298</u> Bonta	<p>Cost-Sharing Under Age 21: Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account.</p> <p><i>Potential CalOptima Health Impact:</i> Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.</p>	<p>02/10/2025 Referred to Assembly Health Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 350</u> Bonta	<p>Fluoride Treatments: Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefit for pediatric members.</p>	<p>08/29/2025 Passed Senate Appropriations Committee; referred to Senate floor</p> <p>07/02/2025 Passed Senate Health Committee</p> <p>06/02/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 432</u> Bauer-Kahan	<p>Menopause: Would require a health plan that covers outpatient prescription drugs to provide coverage for evaluation and treatment options for symptoms of perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for members; increased communications to providers.</p>	<p>09/10/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/09/2025 Passed Senate floor</p> <p>06/03/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 636</u> Ortega	<p>Diapers: Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature:</p> <ul style="list-style-type: none"> • Children greater than three years of age diagnosed with a condition that contributes to incontinence • Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards <p><i>Potential CalOptima Health Impact:</i> New covered benefit for pediatric members.</p>	<p>04/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Eligibility and Enrollment			
<u>AB 315</u> Bonta	<p>Home and Community-Based Alternatives (HCBA) Waiver: Would remove the cap on the number of HCBA Waiver slots and instead require DHCS to enroll all eligible individuals who apply for HCBA Waiver services. By March 1, 2026, would require DHCS to seek any necessary waiver amendments to ensure there is sufficient capacity to enroll all individuals currently on a waiting list. Would also require DHCS by March 1, 2026, to submit a rate study to the Legislature addressing the sustainability, quality and transparency of rates for the HCBA Waiver.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded member access to HCBA Waiver services.</p>	03/25/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<u>AB 974</u> Patterson	<p>Managed Care Enrollment Exemption: Would exempt any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage from mandatory enrollment in a Medi-Cal MCP.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased number of members.</p>	04/22/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<u>AB 1012</u> Essayli	<p>Unsatisfactory Immigration Status: Would make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits. In addition, would transfer funds previously appropriated for such eligibility to a newly created Serving our Seniors Fund to restore and maintain payments for Medicare Part B premiums for eligible individuals.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased number of members.</p>	02/21/2025 Introduced	CalOptima Health: Watch
<u>AB 1161</u> Harabedian	<p>State of Emergency Continuous Eligibility: Would require DHCS and the California Department of Social Services to provide continuous eligibility for its applicable programs (including Medi-Cal and CalFresh) to all beneficiaries within a geographic region who have been affected by a state of emergency or a health emergency.</p> <p><i>Potential CalOptima Health Impact:</i> Extended Medi-Cal eligibility for certain members.</p>	<p>04/29/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>04/08/2025 Passed Assembly Human Services Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Operations and Administration			
<u>SB 278</u> Cabaldon	<p>Health Data HIV Test Results: Would authorize disclosures of HIV test results that identify or include identifying characteristics of a Medi-Cal beneficiary without written authorization of the member or their representative to the MCP for quality improvement efforts such as value-based payment and incentive programs.</p> <p><i>Potential CalOptima Health Impact:</i> Increased quality oversight of HIV program development.</p>	<p>09/09/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Assembly floor</p> <p>05/29/2025 Passed Senate floor</p>	CalOptima Health: Watch
<u>SB 497</u> Wiener	<p>Legally Protected Health Care Activity: Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena.</p> <p><i>Potential CalOptima Health Impact:</i> Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.</p>	<p>09/10/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/09/2025 Passed Assembly floor</p> <p>06/02/2025 Passed Senate floor</p>	CalOptima Health: Watch
<u>SB 530</u> Richardson	<p>Medi-Cal Time and Distance Standards: Would extend current Medi-Cal time and distance standards until January 1, 2029. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS, unless already required to do so. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of contracted providers; increased reporting to DHCS.</p>	<p>09/10/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/09/2025 Passed Assembly floor</p> <p>05/29/2025 Passed Senate floor</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 660</u> Menjivar	<p>California Health and Human Services Data Exchange Framework (DxF): Would require the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, would expand DxF to include social services information.</p> <p><i>Potential CalOptima Health Impact:</i> Increased care coordination with social service providers.</p>	<p>09/10/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/09/2025 Passed Assembly floor</p> <p>06/02/2025 Passed Senate floor</p>	CalOptima Health: Watch
<u>AB 45</u> Bauer-Kahan	<p>Reproductive Data Privacy: Would prohibit the collection, use, disclosure, sale, sharing, or retention of the information of a person who is physically located at, or within a precise geolocation of, a family planning center, except any collection or use necessary to perform services or provide goods that have been requested. Would also authorize an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions.</p> <p><i>Potential CalOptima Health Impact:</i> Increased safeguards regarding reproductive health information.</p>	<p>09/13/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/12/2025 Passed Senate floor</p> <p>06/03/2025 Passed Assembly floor</p>	CalOptima Health: Watch
<u>AB 257</u> Flora	<p>Specialty Telehealth Network Demonstration: Would require the establishment of a demonstration project or grant program for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded member access to telehealth specialists.</p>	<p>03/25/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 316</u> Krell	<p>Artificial Intelligence Defenses: Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff.</p> <p><i>Potential CalOptima Health Impact:</i> Increased liability related to UM procedures.</p>	<p>09/09/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Senate floor</p> <p>05/19/2025 Passed Assembly floor</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 403</u> Ortega	<p>Medi-Cal Community Health Service Workers: Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data.</p> <p><i>Potential CalOptima Health Impact:</i> New reporting requirements to DHCS.</p>	03/25/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<u>AB 577</u> Wilson	<p>Prescription Drug Antisteering: Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. Additionally, would require a health care provider, physician's office, clinic or infusion center to obtain consent from an enrollee and disclose a good faith estimate of the applicable cost-sharing amount before supplying or administering an injected or infused medication.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of contracted PBM and referral processes.</p>	04/29/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<u>AB 688</u> Gonzalez	<p>Telehealth for All Act of 2025: Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report.</p> <p><i>Potential CalOptima Health Impact:</i> New reporting requirements to DHCS.</p>	<p>08/28/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>08/08/2025 Passed Senate floor</p> <p>06/02/2025 Passed Assembly floor</p>	CalOptima Health: Watch
<u>AB 980</u> Arambula	<p>Health Plan Duty of Care: As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures.</p>	04/22/2025 Re-referred to Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Older Adult Services			
<u>SB 242</u> Blakespear	<p>Medicare Supplemental Coverage Open Enrollment Periods: Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. Additionally, would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicant's age at the time of issue, but would prohibit premiums from varying based on age after the contract is issued.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded Medicare coverage options for dual-eligible members.</p>	<p>04/30/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p>	CalOptima Health: Watch CAHP: Oppose
<u>SB 412</u> Limón	<p>Home Care Aides: Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter.</p> <p><i>Potential CalOptima Health Impact:</i> New training requirements for PACE staff.</p>	<p>09/09/2025 Senate concurred in amendments; ordered to the Governor</p> <p>08/28/2025 Passed Assembly floor</p> <p>05/08/2025 Passed Senate floor</p>	CalOptima Health: Watch
Providers			
<u>SB 32</u> Weber Pierson	<p>Timely Access to Care: Would require DHCS, DMHC and the California Department of Insurance to consult stakeholders for the development and adoption of geographic accessibility standards of perinatal units to ensure timely access for enrollees by July 1, 2027.</p> <p><i>Potential CalOptima Health Impact:</i> Additional timely access standards; increased contracting with perinatal units.</p>	<p>07/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/02/2025 Passed Senate floor</p>	CalOptima Health: Watch LHPC: Oppose
<u>SB 250</u> Ochoa Bogh	<p>Medi-Cal Provider Directory — Skilled Nursing Facilities: Would require an annually updated provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type.</p> <p><i>Potential CalOptima Health Impact:</i> Modifications to CalOptima Health's online provider directory.</p>	<p>09/10/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/04/2025 Passed Assembly floor</p> <p>05/29/2025 Passed Senate floor</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 306</u> Becker	<p>Prior Authorization Exemption: No later than January 1, 2028, would eliminate prior authorization for the most frequently approved covered health care services, except in cases of fraudulent provider activity or clinically inappropriate care</p> <p><i>Potential CalOptima Health Impact:</i> Implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.</p>	<p>09/09/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Assembly floor</p> <p>05/28/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<u>SB 504</u> Laird	<p>HIV Reporting: Would authorize a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH.</p> <p><i>Potential CalOptima Health Impact:</i> Increased coordination of care for HIV-positive members.</p>	<p>09/09/2025 Senate concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Assembly floor</p> <p>05/08/2025 Passed Senate floor</p>	CalOptima Health: Watch
<u>AB 29</u> Arambula	<p>Adverse Childhood Experiences (ACEs) Screening Providers: Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to care for pediatric members with ACEs.</p>	<p>04/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch
<u>AB 50</u> Bonta	<p>Over-the-Counter Contraceptives: Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives.</p> <p><i>Potential CalOptima Health Impact:</i> Increased member access to hormonal contraceptives.</p>	<p>09/08/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Senate floor</p> <p>04/28/2025 Passed Assembly floor</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 55</u> Bonta	<p>Alternative Birth Centers Licensing: Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.</p>	<p>09/09/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Senate floor</p> <p>04/28/2025 Passed Assembly floor</p>	CalOptima Health: Watch LHPC: Support
<u>AB 220</u> Jackson	<p>Medi-Cal Subacute Care Authorization: Would require a provider seeking prior authorization for pediatric subacute or adult subacute care services under the Medi-Cal program to submit a specified form. Additionally, would prohibit a Medi-Cal MCP from developing or using its own criteria for medical necessity and from requiring a subsequent treatment authorization request upon a patient's return from a bed hold for acute hospitalization.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures and forms.</p>	<p>09/04/2025 Passed Senate floor; referred to Assembly for concurrence in amendments</p> <p>05/29/2025 Passed Assembly floor</p>	CalOptima Health: Watch
<u>AB 280</u> Aguiar-Curry	<p>Provider Directory Accuracy: Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. Additionally, would require a health plan to provide information about in-network providers to enrollees upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee is required to pay for services from those providers under specified circumstances.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of CalOptima Health provider directory; increased coordination with contracted providers; increased penalty payments to DHCS.</p>	<p>07/09/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/02/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 375</u> Nguyen	<p>Qualified Autism Service Paraprofessional: Would expand the definition of “health care provider” to also include a qualified autism service paraprofessional.</p> <p>Potential CalOptima Health Impact: Increased access to autism services for eligible members; additional provider contracting and credentialing.</p>	<p>04/08/2025 Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch
<u>AB 416</u> Krell	<p>Involuntary Commitment: Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability.</p> <p>Potential CalOptima Health Impact: New legal standards for certain CalOptima Health providers.</p>	<p>09/11/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/03/2025 Passed Senate floor</p> <p>05/15/2025 Passed Assembly floor</p>	CalOptima Health: Watch
<u>AB 510</u> Addis	<p>Utilization Review Appeals and Grievances: Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient’s condition. If these deadlines are not met, the authorization request would be automatically approved.</p> <p>Potential CalOptima Health Impact: Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.</p>	<p>04/22/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<u>AB 512</u> Harabedian	<p>Prior Authorization Timelines: Would shorten the timeline for prior or concurrent authorization requests to no more than 24 hours via electronic submission or 48 hours via non-electronic submission for <i>urgent</i> requests and three business days via electronic submission or five business days via non-electronic submission for <i>standard</i> requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination.</p> <p>Potential CalOptima Health Impact: Expedited and modified UM procedures for covered Medi-Cal benefits.</p>	<p>09/10/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/09/2025 Passed Senate floor</p> <p>06/03/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 517</u> Krell	<p>Wheelchair Prior Authorization: Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed \$1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures for a covered Medi-Cal benefit.</p>	<p>04/08/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch
<u>AB 539</u> Schiavo	<p>One-Year Prior Authorization Approval: Would require a prior authorization for a health care service to remain valid for a period of at least one year, or throughout the course of prescribed treatment if less than one year, from the date of approval.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.</p>	<p>05/12/2025 Passed Assembly floor; referred to Senate</p>	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<u>AB 787</u> Papan	<p>Provider Directory Disclosures: Would require a health plan to include in its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within one business day if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days for urgent requests and five business days for nonurgent requests. Medi-Cal MCPs would not be required to distribute a printed provider directory.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.</p>	<p>06/18/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/05/2025 Passed Assembly floor</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 1041</u> Bennett	<p>Provider Credentialing: Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. Additionally, would require a health plan to use the standardized credentialing form on and after January 1, 2028, or six months after the form is developed, whichever is later.</p> <p><i>Potential CalOptima Health Impact:</i> Expedited and modified credentialing procedures for interested providers.</p>	<p>09/09/2025 Assembly concurred in amendments; ordered to the Governor</p> <p>09/08/2025 Passed Senate floor</p> <p>06/03/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended
Rates & Financing			
<u>SB 339</u> Cabaldon	<p>Medi-Cal Laboratory Rates: Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to <i>equal</i> the lowest of the following metrics:</p> <ol style="list-style-type: none"> 1. the amount billed; 2. the charge to the general public; 3. 100% of the lowest maximum allowance established by Medicare; or 4. a reimbursement rate based on an average of the lowest amount that other payers and state Medicaid programs are paying. <p>For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above.</p> <p><i>Potential CalOptima Health Impact:</i> Increased payments to contracted clinical laboratories.</p>	<p>04/29/2025 Passed Senate Judiciary Committee; referred to Senate Appropriations Committee</p> <p>04/23/2025 Passed Senate Health Committee</p>	CalOptima Health: Watch

Information in this document is subject to change as bills proceed through the legislative process.

CAHP: California Association of Health Plans

LHPC: Local Health Plans of California

Last Updated: September 22, 2025

2025 Federal Legislative Dates

January 3	119th Congress, 1st Session convenes
July 25–September 1	Summer recess for House
August 2–September 1	Summer recess for Senate
December 19	1st session adjourns

Source: Floor Calendars, United States Congress: <https://www.congress.gov/calendars-and-schedules>

2025 State Legislative Dates

January 6	Legislature reconvenes
January 10	Proposed budget must be submitted by Governor
February 21	Last day for legislation to be introduced
April 10–20	Spring recess
May 2	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house
May 9	Last day for policy committees to hear and report to the Floor any non-fiscal bills introduced in that house
May 23	Last day for fiscal committees to hear and report to the Floor any bills introduced in that house
June 2–6	Floor session only
June 6	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 18	Last day for policy committees to hear and report bills in their second house to fiscal committees or the Floor
July 18–August 17	Summer recess
August 29	Last day for fiscal committees to report bills in their second house to the Floor
September 2–12	Floor session only
September 5	Last day to amend bills on the Floor
September 12	Last day for each house to pass bills; interim recess begins upon adjournment
October 12	Last day for Governor to sign or veto bills passed by the Legislature

Source: 2025 Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislativedeadlines>

About CalOptima Health

CalOptima Health is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, our mission is to serve member health with excellence and dignity, respecting the value and needs of each person. We provide coverage through three major programs: Medi-Cal, OneCare (HMO D-SNP) and the Program of All-Inclusive Care for the Elderly (PACE).



H.R. 1: One Big Beautiful Bill Act
Fiscal Year 2025 Federal Budget Reconciliation
As signed into law on July 4, 2025

Please note that H.R. 1 includes several distinct implementation dates over the coming years, but there are no major immediate impacts to Medicaid beneficiaries until 2026.

In addition, most Medicaid provisions of H.R. 1 still require federal rulemaking by the U.S. Centers for Medicare and Medicaid Services (CMS) and subsequent state implementation by the California State Legislature and/or the California Department of Health Care Services (DHCS).

MEDICAID HIGHLIGHTS	
Eligibility	
Work, community service and/or education requirement of 80 hours per month for able-bodied adults ages 19–64 (with exceptions for short-term hardship, parents with dependents under age 14, pregnant women, medically frail, caregivers and others), effective December 31, 2026 (or no later than December 31, 2028 , at the discretion of the U.S. Secretary of Health and Human Services [HHS])	
Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months , effective December 31, 2026	
Financing	
Prohibition on any new or increased provider taxes, effective immediately	
Existing provider taxes (except those related to nursing or intermediate care facilities) would be gradually reduced from the current maximum 6.0% hold harmless threshold to a new 3.5% hold harmless threshold by 0.5% annually from October 1, 2027, through October 1, 2031	
Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California’s MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years at the discretion of the HHS Secretary	
Cap on new state-directed payments (SDPs) at 100% of the Medicare payment rate, effective immediately ; gradually reduces existing SDPs to that cap by 10% annually , starting January 1, 2028	
Emergency Medicaid services provided to all undocumented beneficiaries would be subject to the traditional Federal Medical Assistance Percentage (FMAP) — 50% in California — regardless of the FMAP for which those would otherwise be eligible, effective October 1, 2026	
Access	
Cost-sharing for MCE enrollees with incomes of 100–138% Federal Poverty Level (FPL), not to exceed \$35 per service and 5.0% of total income, and not to be applied to primary, prenatal, pediatric, behavioral or emergency care, effective October 1, 2028	
Temporary one-year prohibition on all Medicaid funding to Planned Parenthood, effective immediately	



Fiscal Year 2025–26 Enacted State Budget

On May 14, Governor Gavin Newsom released a Fiscal Year (FY) 2025–26 Revised State Budget Proposal, known as the May Revision. On June 13, the State Senate and State Assembly both passed a counterproposal — Senate Bill (SB) 101 — as a placeholder budget to meet the June 15 constitutional deadline while negotiations with the governor on a final budget remained ongoing.

On June 24, Gov. Newsom and legislative leaders announced a final budget agreement. After both houses of the Legislature passed the agreed-upon revisions as Assembly Bill (AB) 102 on June 27, Gov. Newsom signed both SB 101 and AB 102 into law. Additionally, the Legislature passed and the governor signed the consolidated Health Trailer Bill (AB 116) containing policy changes needed to implement health-related budget expenditures. Together, these bills represent the FY 2025-26 Enacted State Budget.

MEDI-CAL HIGHLIGHTS
<u>Unsatisfactory Immigration Status (UIS)-Member Impacts</u>
Freeze on <i>new</i> enrollment of UIS individuals ages 19+ (except those who are pregnant or one-year postpartum), effective January 1, 2026 , including a three-month grace/cure period for re-enrollment following payment of outstanding premium balances; <i>currently enrolled</i> individuals are not affected
Implementation of \$30/month premiums for UIS individuals ages 19–59, effectively July 1, 2027
Elimination of dental coverage for UIS individuals ages 19+, effective July 1, 2026
Elimination of Prospective Payment System rates to Federally Qualified Health Centers for state-only-funded services provided to UIS individuals, effective July 1, 2026
<u>All-Member Impacts</u>
Reinstatement of asset limit at \$130,000 for individuals (plus \$65,000 for each additional household member) in non-Modified Adjusted Gross Income eligibility categories, effective January 1, 2026
Elimination of pharmacy coverage for GLP-1 agonists for weight loss; coverage for diabetes and on a case-by-case basis will continue, effective January 1, 2026
Elimination of pharmacy coverage of some over-the-counter drugs, including COVID-19 antigen tests, vitamins and certain antihistamines, such as dry eye products, effective January 1, 2026
Implementation of prior authorization for hospice services, effective July 1, 2026
Limitation on capitation payments to Program of All-Inclusive Care for the Elderly (PACE) organizations at the midpoint of the actuarial rate ranges, effective January 1, 2027
Elimination of the Workforce and Quality Incentive Program (WQIP) for skilled nursing facilities, effective December 31, 2025 , with all close-out activities to be completed by January 1, 2027

State agencies, including the California Department of Health Care Services, will begin implementing the policies included in the enacted budget. Staff will continue to monitor these policies and provide updates regarding issues that have a significant CalOptima Health impact. In addition, the Legislature will continue to advance policy bills through the legislative process. Bills with funding allocated in the enacted budget are more likely to be passed and signed into law. The Legislature has until September 12 to pass legislation, and Gov. Newsom has until October 12 to either sign or veto that passed legislation.



MEMORANDUM

DATE: September 26, 2025

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — October 2, 2025, Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health continues to prepare for the launch of a Covered California line of business, effective January 1, 2027. Following the Board’s approval on June 5, staff submitted an initial filing on June 16 to the California Department of Managed Health Care (DMHC) to expand the scope of CalOptima Health’s current Knox-Keene Act license, which is required to offer a commercial insurance product. Since then, we have interfaced with DMHC on two rounds of comments and are working on exhibits for our second filing in late October. With the conclusion of the Deloitte Consulting LLP operational gap analysis, staff have initiated several new workstreams to discuss and implement solutions to achieve operational readiness during the next year. On September 15, Covered California issued the draft 2027 Qualified Health Plan application. Our teams are currently reviewing and developing strategies to respond in April 2026. Lastly, CalOptima Health continues to negotiate provider contracts and execute amendments with several existing vendors to include Covered California in their scopes of service.

B. Program of All-Inclusive Care for the Elderly (PACE) Celebrates 12-Year Anniversary

There are currently 171 PACE organizations across the United States, 28 in California and three in Orange County. As the first PACE program to open in Orange County, CalOptima Health PACE is proud to be celebrating our 12-year anniversary this month. We are currently serving more than 525 participants, and in a recent survey, participants rated CalOptima Health PACE as one of the top five PACE organizations. Our current advertising campaign distinguishes CalOptima Health PACE as the premier PACE program in Orange County. The tagline is “Senior Care to Keep You Active and Living at Home” and emphasizes that CalOptima Health PACE is a leader in complete care for Orange County seniors. It increases awareness of our PACE program through advertising that includes print, outdoor, radio, television, digital display, social media, programmatic video (YouTube), search engine marketing and direct mail. Using a unique, personal approach, the campaign features photography of our actual PACE participants enjoying the benefits of the program.

C. CalOptima Health 30th Anniversary Member Wellness Fair

On Saturday, October 18, from 9 a.m. to 1 p.m., we are hosting a special wellness fair for our members in celebration of our 30th anniversary. The event will be held at our 505 building and will include

dental and vision screenings, flu vaccines, food and diaper distribution, Medi-Cal and CalFresh enrollment, and community organization resources. We will be sending text messages to our members inviting them to attend.

D. OneCare Annual Election Period Coming Soon

The annual election period (AEP) for CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, will open October 15 and will run through December 7. To be eligible for OneCare a member must be:

- Age 21 and older
- Living in Orange County
- Enrolled in Medicare Parts A and B
- Receiving Medi-Cal benefits

Starting in 2026, the OneCare Flex Plus plan will be consolidated into the OneCare Complete plan due to changes in the federal Medicare program. All existing OneCare Flex Plus members will be transitioned into OneCare Complete.

- CalOptima Health OneCare Complete — Our original plan offers \$0 copays on medical and hospital services and generic prescription drugs. It includes many extras, such as a fitness benefit, comprehensive dental, more vision care, a flex card for over-the-counter (OTC) items and for those who qualify, food and produce.

As an Exclusively Aligned Enrollment D-SNP, OneCare can accept enrollment from members every month due to the Special Election Period (SEP) for dual-eligibles.

E. Affordable Housing Complex Breaks Ground in Costa Mesa

Recently, I celebrated the groundbreaking of a new affordable housing complex in Costa Mesa. American Family Housing, an Orange County-based developer, received a nearly \$500,000 grant through our Housing and Homelessness Incentive Program to renovate a former motel site into the Avon River Apartments. Once complete, it will offer 76 brand-new, fully remodeled rental homes for households at risk of homelessness or those transitioning out of homelessness.

F. CalOptima Health Continues to Monitor KPC Quality Issues

CalOptima Health continues oversight of KPC hospitals, addressing regulatory compliance, patient experience and quality outcomes. Corrective action plans from recent California Department of Public Health and Centers for Medicare & Medicaid Services reviews are in progress, with certification efforts focused on reinstating Stroke Receiving Center status and elevating Chapman Global's rating. Performance highlights include strong infection prevention, zero sentinel events and improved ED metrics, though challenges remain in discharge efficiency, sepsis, maternal outcomes and specialty access. Patient surveys show progress in nurse communication but ongoing concerns with environment and responsiveness. A CalOptima Health site visit is scheduled for October 1 to validate care quality.

G. U.S. House Committee Requests Medi-Cal Information on Undocumented Beneficiaries

On September 3, the U.S. House Committee on Oversight and Government Reform sent a letter to Governor Gavin Newsom and state leadership requesting documents and communications related to California's Medicaid program (Medi-Cal) to be sent to the committee no later than September 17. Among the eight separate requests are the names of all state and local programs that provide health coverage and other services for undocumented immigrants, the cost of every Medi-Cal-covered procedure and benefit performed on or received by that population, and all processes related to the

verification of enrollment eligibility in California’s full-scope and emergency Medi-Cal programs, including any related to the verification of immigration status. The state has not yet shared an update on the status of its response.

H. CalOptima Health Gains Media Coverage

- On September 1, [New Santa Ana](#) ran an article sharing news about our no-cost mental health support, which is available in person, via telehealth or by app.
- News on the groundbreaking of the Costa Mesa Avon River Apartments with 76 affordable housing units ran in the following media outlets:
 - [August 29](#) and [September 2](#) in the Daily Pilot/TimesOC online. The news also ran on September 7 in the print edition.
 - August 29 on [ABC7 Eyewitness News](#)



Fast Facts October 2025

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of August 31, 2025)

Total CalOptima Health Membership 891,812	Program	Members
	Medi-Cal	873,410
	OneCare (HMO D-SNP)	17,873
	Program of All-Inclusive Care for the Elderly (PACE)	529

*Based on unaudited financial report and includes prior period adjustments.

Key Financial Indicators (for the month ended August 31, 2025)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$30.4M	\$23.0M	311.7%
Non-Operating Income/(Loss)	●	\$21.7M	\$5.3M	32.4%
Covered California Start-up Expenses	●	(\$0.7M)	\$0.8M	52.1%
Bottom Line (Change in Net Assets)	●	\$51.3M	\$29.1M	131.0%
<i>Medical Loss Ratio (MLR)</i> (Percent of every dollar spent on member care)	●	91.0%	---	(2.0%)
<i>Administrative Loss Ratio (ALR)</i> (Percent of every dollar spent on overhead costs)	●	5.3%	---	1.0%

Notes:

- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 86.5%.

Reserve Summary (as of August 31, 2025)

	Amount (in millions)
Board Designated Reserves*	\$1,599.1
Statutory Designated Reserves	\$133.7
Capital Assets (Net of depreciation)	\$102.4
Unspent Balance of Allocated Resources	\$396.8
Unspent Balance of Board Approved Provider Rate Increase**	\$280.6
Unallocated Resources*	\$339.2
Total Net Assets	\$2,851.9

* Total of Board-designated reserves and unallocated resources can support approximately 177 days of CalOptima Health's current operations.

** 5/5/24 meeting: Board of Directors committed \$526.2 million for provider rate increases from 7/1/24–12/31/26.

**Total Annual
Budgeted Revenue**

\$4.7 Billion

Note: CalOptima Health receives its funding from state and federal revenues only and does not receive any of its funding from the County of Orange.

CalOptima Health Fast Facts

October 2025

Personnel Summary (as of September 6, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,353.5	81.75	36.67%	63.33%	5.7%
Supervisor	85	2	0%	100%	2.3%
Manager	111	15	20%	80%	11.9%
Director	74	12.5	20%	80%	12.5%
Executive	21	1	---	100%	4.55%
Total FTE Count	1,644.5	112.3	32.48%	67.52%	6.39%

FTE count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of September 22, 2025)

	Number of Providers
Primary Care Providers	1,290
Specialists	7,657
Pharmacies	496
Acute and Rehab Hospitals	43
Community Health Centers	71
Long-Term Care Facilities	225

Treatment Authorizations (as of July 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	36.59 hours
Prior Authorization – Urgent	72 hours	12.23 hours
Prior Authorization – Routine	5 days	1.56 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of August 31, 2025)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	54%	Expansion	38%
6 to 18	22%	Spanish	31%	Temporary Assistance for Needy Families	37%
19 to 44	34%	Vietnamese	9%	Seniors	12%
45 to 64	20%	Other	2%	Optional Targeted Low-Income Children	7%
65 +	16%	Korean	1%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	1%	Other	<1%
		Arabic	<1%		
		Russian	<1%		