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

TUESDAY, MAY 19, 2026
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 before 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_9M3dzkK3QVuV0sIe6m9ewg and Join the Meeting.

Webinar ID: 891 4629 1035

Passcode: 640597 -- Webinar instructions are provided below.

1. **CALL TO ORDER**
   Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **APPROVE MINUTES**
   Approve Minutes of the February 24, 2026 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 Committee's subject-matter jurisdiction. Speakers will be limited to three (3) minutes.

5. **INFORMATIONAL ITEMS**
   A. California Children's Services (CCS) Update
   B. Home and Community-Based Alternatives (HCBA)
   C. Whole-Child Model Age Transition PCP Incentive Model
   D. 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 May 19, 2026, at 9:30 a.m. (PDT)

Join from a PC, Mac, iPad, iPhone or Android device:
Please use this link to register prior to the meeting date:

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+1 360 209 5623 US
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Webinar ID: 891 4629 1035
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MINUTES

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

February 24, 2026

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on February 24, 2026, at CalOptima Health, 505 City Parkway West, Orange, California, in person and via teleconference (Zoom).

CALL TO ORDER

Vice-Chair Erika Jewell called the meeting to order at 9:35 a.m. and led the committee in the Pledge of Allegiance.

ROLL CALL

Members Present: Erika Jewell, Vice-Chair; Katya Aguilar; Jody Bullard (remote); Cally Johnson (remote); April Johnston (Remote); Jennifer Heavener (9:39 a.m.); Jessica Putterman (remote);

Members Absent: Lori Sato, Chair; Fabiana Avendano,

Others Present: Michael Hunn, Chief Executive Officer; Richard Pitts, DO., Ph.D., Chief Medical Officer; Veronica Carpenter, Chief Administrative Officer; Michaell S. Rose, Dr.PH, LCSW, Chief Health Equity Officer; Kelly Giardina, Executive Director, Medical Management; Jenny Claros, Manager, Case Management; Carmen Katsarov, Executive Director, Behavioral Health; Alice Cheng, Director, Contracting; Andrew Kilgust, Director, CalAIM; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant; Reny Sims, Rady's Children; Michael Weiss, M.D., Rady's Children

MINUTES

Approve the Minutes of the October 28, 2025 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: ***On motion of Member Cally Johnson, seconded and carried, the WCM FAC Committee approved the minutes of the October 28, 2025, meeting. (Motion carried 7-0-0)***

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PUBLIC COMMENTS

There were no public comments.

INFORMATION ITEMS

Adolescent to Adult (A2B) Program

Reny Sims, Manager of the Adolescent to Adult Program, and Michael Wise, M.D., Vice President of Population Health at Rady's Children's Health of Orange County (CHOC), discussed the Rady's CHOC Adolescent to Adult Bridge (A2B) Program. Ms. Sims highlighted key points about the healthcare transition for youth moving from pediatric to adult care, a period marked by increased emergency visits, more hospitalizations, reduced self-management, and poorer outcomes. She noted that a 2022–2023 national survey found that over 86% of California parents of teens aged 12–17 reported receiving no transition support. She emphasized that the transition is viewed as a long-term developmental process rather than a one-time event. At Rady's CHOC, it begins at age 12 and can continue until age 26. Early 2020 chart reviews showed that only 10% of contacted patients had completed an adult visit within the previous year, underscoring the need for improvement.

Ms. Sims described the healthcare transition as a planned shift from family-centered pediatric care to patient-focused adult care. She clarified the distinction between transition (the entire process) and transfer (the final handoff). Dr. Weiss and Ms. Sims also discussed the consequences of poorly managed transitions and noted that research showed significant increases in complications among young adults with type 1 diabetes, higher hospitalization mortality among people with sickle cell disease, more emergency visits and admissions for individuals with spina bifida, and increased emergency department use among young adults with cerebral palsy.

Dr. Weiss emphasized that the challenges families face during the transition from pediatric to adult care are systemic and multi-layered. Key barriers include difficulty finding adult providers comfortable managing childhood-onset conditions, a lack of wraparound services typically available in pediatrics, and broader access issues. He noted that although UCI has internal medicine and pediatric physicians well-qualified to care for these young adults, many cannot see Medi-Cal patients due to insurance restrictions.

Jennifer Heavener, a consumer advocate on the committee, shared her experience navigating Medicare and Medi-Cal after her daughter's transition. Despite living near a UCI clinic, she reported that no providers would accept her daughter's coverage, creating significant gaps in continuity of care. She also noted that her daughter sees different practitioners at each visit and that insurance barriers persist even with Medicare as the primary payer.

Dr. Weiss also highlighted that these issues worsen when the transition is treated as a last-minute task rather than a long-term process. Families need years of preparation to develop skills, understand their conditions, and navigate adult care successfully. Well-structured, early, and formal transition programs have been shown to improve outcomes.

Board of Directors Vice-Chair Maura Byron, who attended the meeting, noted that the systemic nature of these challenges has been discussed for years and recommended presenting this information at a full board meeting to foster broader discussion and awareness.

Ms. Sims outlined evidence-based approaches that improve outcomes, including early, structured transition curricula and validated readiness assessments to identify gaps in patient and family preparation. She highlighted the importance of dedicated transition navigators who understand both pediatric and adult systems, build partnerships with adult providers, and help families manage complex medical, educational, and community transitions.

Ms. Sims also described the model at Rady Children's, which includes a multidisciplinary transition team of social workers, nurse practitioners, case managers, and psychologists. She noted that other institutions use varying models, but the essential component is having dedicated staff committed to guiding patients and families through the transition process.

The A2B Program presentation generated extensive feedback from the committee members.

California Children's Services (CCS) Transition Planning

Jenny Claros, Manager of Case Management for CalOptima Health's Whole Child Model Program, introduced CalOptima Health's new Transition Planning Playbook. The playbook aims to address the confusion and overwhelm families often experience when transitioning from pediatric to adult care. It consolidates essential information, including member and insurance details, primary and secondary coverage, conservatorship, DME processes, and provider contacts, into a single, portable document. The goal is to keep families informed and supported throughout the transition. The document is currently in draft form, and feedback from committee members is being sought to ensure it is comprehensive and inclusive.

Ms. Claros emphasized that the playbook is designed for collaborative use, with case managers guiding families through the material rather than simply handing it over. It aims to equip families with the knowledge they need when case managers are not immediately available. The draft has already been reviewed by internal teams, leadership, CCS, provider networks, regional centers, and waiver agencies, and will be shared with the full group for additional input.

Alice Chang, Director of Provider Relations, discussed a new Primary Care Physician (PCP) incentive model to improve access to adult primary care. Because specialists already receive higher reimbursements, the incentive encourages adult PCPs to accept and establish care for members aging out of pediatrics. PCPs will receive higher payments when they see transitioning members within 90 days of turning 21, with continued incentives for 2 years to foster stable care relationships. The model also includes quality metrics and additional support for managing complex care.

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Kelly Giardina, Executive Director, Medical Management, closed by noting that both the playbook and the incentive model remain in the design phase. She invited further feedback and said draft documents will be sent to committee members. She also acknowledged the personal experiences shared during the meeting and committed to following up individually on identified concerns.

CalAIM Transitional Rent Overview

Andrew Kilgust, Director of Program Management, presented an overview of CalAIM Transitional Rent. He noted that transitional rent is a state-mandated benefit that assists eligible members for up to six months and is not limited to Whole Child Model members. He explained that members must meet behavioral health criteria for county mental health or substance use services, be experiencing or at risk of homelessness, and belong to a specific transitioning population, such as those leaving institutional settings, interim housing, foster care, or post-hospital programs. Members must also have remaining days within their federally defined six-month cap and a viable long-term housing plan detailing how they will sustain rent after the transitional period.

Mr. Kilgust also noted that transitional rent can be used for permanent housing, the program's goal, or for interim housing when needed. Because eligible members are linked to county behavioral health services, CalOptima Health has directly contracted with the County of Orange to serve as the transitional rent provider, in line with updated state funding rules that allow the county to cover rent beyond month seven. A network of community-based housing navigation providers partners with the county to help members find housing options and maintain stable tenancies.

When transitional rent is authorized, members must also be enrolled in Enhanced Care Management and a relevant housing support service, such as housing navigation or tenancy-sustaining services. Members may also use housing deposits of up to $5,000, subject to a lifetime limit, to cover move-in costs or essential household items. Referrals can be made by anyone, including members, through CalOptima Health's website or the Connect portal used by contracted providers. If a referred member lacks a viable housing plan, CalOptima Health collaborates with housing providers to develop one before proceeding.

Committee Member Updates

Vice-Chair Erika Jewell informed the committee that recruitment has begun and congratulated Kristen Rogers, who previously served on the committee as a Consumer Advocate, on her appointment to the Member Advisory Committee as an Authorized Family Member. She noted that this has created an opening for the Consumer Advocate seat, which will be filled during this recruitment period. She also reminded members to return their stipend forms to Cheryl Simmons, who will send them to remote attendees after the meeting.

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CEO AND MANAGEMENT REPORTS

Chief Operating Officer Update

Yunkyung Kim, Chief Operating Officer, thanked family members and guest speakers for sharing their experiences, noting that their insights highlighted specific barriers in the transition process. Because these issues are urgent, staff is committed to continuing discussions well before the committee's next scheduled meeting in May. Director Byron offered to hold additional sessions, and the team expressed readiness to work together promptly.

Ms. Kim also provided the committee with operational updates from CalOptima Health.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer, reminded the committee that measles remains a significant public health concern in the United States. After a sharp decline during the COVID-19 pandemic, cases have risen from 58 to over 2,200 in recent years, and current trends suggest the country may soon surpass previous peaks. While California maintains a high childhood immunization rate of about 95%, outbreaks continue, including a recent cluster in Shasta County with no identifiable travel source, unlike most other cases linked to international travel.

Dr. Pitts emphasized that people traveling abroad without measles immunity pose a significant risk of reintroducing the virus, especially when visiting crowded areas with weaker public health systems. Historically, measles vaccination nearly eradicated the disease, and Dr. Pitts urged committee members to serve as vaccination ambassadors and strongly recommend the measles vaccine whenever questions arise.

Members of the committee questioned whether the pediatric care system was prepared to handle a major outbreak, given that many hospitals no longer admit pediatric patients. Children's hospitals, where most pediatric care now occurs, serve large numbers of immunocompromised children, leaving these facilities particularly vulnerable. Members noted that a significant increase in cases could overwhelm these facilities. Dr. Pitts noted that the United States once achieved measles-free status but now risks losing that designation due to ongoing outbreaks affecting more than 1,000 people.

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer, thanked everyone for attending and noted that CalOptima Health's motto is "Better Together." He also said he is ready to step in and support the team through the transition challenges.

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ADJOURNMENT

Hearing no further business, Vice-Chair Erika Jewell adjourned the meeting at 11:30 a.m.

_____
Cheryl Simmons
Staff to the Advisory Committees

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CAL OPTIMA WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

CCS PROGRAM UPDATES

Michelle Laba MD | California Children's Services

May 19, 2026

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OC health CARE AGENCY
SPECIALIZED MEDICAL SERVICES

CCS PROGRAM UPDATES

- 11,000 clients received General (Medical) Program services this year.
- 1.650 clients received Medical Therapy Program services this year.
- Next year (2027) will mark a historic milestone as CCS celebrates a century of dedication to children and youth with special health care needs.

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CCS OPERATIONAL UPDATES

- Staffing
  - State underfunding of Orange County CCS program is ongoing.
  - County of Orange continues to monitor program staffing needs to meet mandated program requirements.
  - CCS Administrative (Medical) Program filled 1 PHN vacancy and added 4 office support staff.
  - Medical Therapy Program (MTP) filled 1 Supervising Therapist vacancy and is recruiting for a few office support staff in the Medical Therapy Units.
  - This helps to offset previous March 2025 FTE reductions (40% decrease/Admin; 12% decrease/MTP).

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CalOptima Health

Home and Community Based Services Waivers

Whole-Child Model Family Advisory Committee

May 19, 2026

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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Agenda

- California Community Transitions (CCT)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA)

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CalOptima Health

California Community Transitions (CCT)

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California Community Transitions (CCT)

- DHCS works with designated Lead Organizations (LO) who:
  - Identify eligible Medi-Cal beneficiaries who have been hospitalized and at Long-Term-Care Nursing Facility (LTC-NF) for 60+ consecutive days under Medi-Cal
    - Skilled stays under Medicare do not count towards the 60-day required period
  - Employ Transition Coordinators (TC) who work directly with willing and eligible individuals, support networks, and providers to facilitate and monitor their transition from facilities to community settings
  - No age limitations

DHCS CCT website: https://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx

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CalOptima Health

California Community Transitions (CCT)

- CCT assists with physically and financially transitioning members from Long Term Care Nursing Facilities (LTC-NF) back to the community.
- Community placement includes independent living in the home, in own apartment, or Assisted Living Facility (ALF) / Board and Care (B&C).

DHCS CCT website: https://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx

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CalOptima Health

California Community Transitions (CCT) and Community Supports

- Community Support: Community Transition Services/Nursing Facility Transition to a Home
- Eligibility:
  - A member can be eligible for both the CCT program and the Nursing Facility Transition/Diversion Community Support.
  - A member cannot receive both at the same time.

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Assisted Living Waiver (ALW)

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Assisted Living Waiver (ALW)

- ALW is limited to individuals eligible for Medi-Cal, without a Medi-Cal share of cost, who require a nursing facility level of care and wish to live in a residential care setting or in publicly funded senior and/or disabled housing
- ALW participants must have sufficient funds to pay for their room and board, with some funds remaining to meet personal and incidental needs.

DHCS ALW website:
https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx

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CalOptima Health

Assisted Living Waiver (ALW)

- Eligibility criteria:
  - Age 21 or older;
  - Have full-scope Medi-Cal eligibility with zero share of cost;
  - Have care needs equal to those of Medi-Cal-funded residents living and receiving care in nursing facilities;
  - Willing to live in an assisted living setting as an alternative to a nursing facility;
  - Able to reside safely in an assisted living facility or public subsidized housing;

DHCS ALW website:
https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx

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CalOptima Health

Assisted Living Waiver (ALW)

- Eligibility criteria:
  - Willing to live in an assisted living setting located in one of the following counties providing ALW services: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.

DHCS ALW website:
https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx

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CalOptima Health

Assisted Living Waiver (ALW)

- Current enrollment and waitlist information for the Assisted Living Waiver can be found on the enrollment dashboard, which is updated monthly.
- New applicants to the ALW should be aware the number of available slots is limited and there is a waitlist.
- Open waiver slots are release to Care Coordination Agencies (CCA) on a regular basis.
- Contact the CCA of choice for information and referral.

DHCS ALW website:
https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx

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Home and Community-Based Alternatives (HCBA)

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Home and Community-Based Alternatives (HCBA)

- Provides care management services to persons at risk of nursing home or institutional placement.
- The care management services are provided by a multidisciplinary team comprised of a nurse and social worker.
- Care management and Waiver services are provided in the member's community-based residence.

DHCS HCBA waiver website: https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx

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Home and Community-Based Alternatives (HCBA)

- Apply and secure a placement on the waiting list with the assigned Waiver Agency (WA) in area of residence.
- Waiting list applicants who meet Reserve Capacity criteria will be prioritized.
  - Reserve Capacity criteria includes members transitioning from similar Home and Community Based Services (HCBS) Waivers because their needs can no longer be met, members under 21 years of age, or members who have been residing in a health care facility for at least 60 days at the time the HCBA Waiver application is submitted.

DHCS HCBA waiver website: https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx

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Home and Community-Based Alternatives (HCBA)

- Orange County WA:
  - Access TLC: https://accesstlc.com/hcba-application/
  - Libertana Home Health: https://libertana.com/services/hcba-waiver/

DHCS HCBA waiver website: https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx

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Whole Child Model (WCM) Age Out Transition-PCP Incentive Pilot

May 19, 2026

Kelly Giardina, Executive Director, Clinical Operations

Michael Gomez, Executive Director, Network Operations

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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Whole Child Model (WCM) Age Out Transition: Three-Year PCP Incentive Pilot

- CalOptima Health is launching a three-year, performance-based incentive pilot designed to improve continuity and reduce care disruptions for CCS/WCM members transitioning into the adult system, while boosting provider engagement and addressing system barriers.

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Critical System Barriers

California Children's Services (CCS) members age out of the Whole Child Model (WCM)at age 21. CalOptima Health has adopted early planning, beginning at age 14, but the shift to adult care continues to present challenges for our members:

- Adult system fragmentation creates barriers to seamless care. Members lose long-standing pediatric PCPs, specialists, and DME vendors during the transition.
- Adult PCPs often lack readiness and competency to establish care for the transition of complex needs. Members' biopsychosocial complexity further complicates transitions.
- Pediatric providers must develop transition plans with limited adult-care options and resources.

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CCS/WCM Age-Out Impact

Health Network	# of total WCM Eligible Members as of March 2026	# of total newly eligible WCM members as of March 2026	# 19-21 Year old WCM members
CalOptima Health (All Health Networks)	8,914	190	1,105
CalOptima Community Network	1,023	65	195
HPN - Regal	38	2	7
Optum Care Network	742	9	129
Prospect Medical Group, Inc.	99	1	21
AltaMed Health Services	347	12	53
Family Choice Health Network	144	1	16
Rady's/ CHOC Health Alliance	6,040	91	605
AMVI Care Health Network	80	0	10
Noble Mid-Orange County	130	5	27
Providence	108	0	11
United Care Medical Group	163	4	31

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PCP Incentive Pilot Philosophy

- Targeted incentive-supported activities are started six months prior to transition age 21.
- The model incorporates warm handoffs, ICT coordination, and family engagement to support continuity of care.
- Emphasizes a proactive, structured, and coordinated transition approach.
- Pilot to be Launched with accompanying Member and Provider Standardized transition playbook

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CalOptima Health

Financial Foundation & Incentive Model

- Primary Care Providers currently receive payment through annual capitation rebasing and existing funding structures.
- The pilot introduces targeted performance-based payment enhancements for coordination activities rather than changes to underlying rates.
- The pilot directly incentivizes providers for high-touch coordination and communication while reinforcing accountability and quality performance.

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Focused Incentives on High-Impact Activities

- **PCP Acceptance (G9001):** Supports adult PCP engagement in accepting members with complex transition needs.
- **Care Coordination / ICT (99367):** Reinforces multidisciplinary care coordination and transition planning.
- **Specialist Transition Completion (G9002):** Promotes successful transition and continuity of specialty care services.
- Incentives are designed to strengthen key transition activities and reduce care disruption risks.

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Provider Partnership & Care Impact of Pilot

- Incentive payment potential up to 243% of Medicare-equivalent value in high-performance scenarios.
- Estimated enhanced payment ranges from $781–$1,491 per member.
- Approximately $3M dedicated to provider partnership over three years.
- Expected outcomes: Reduction in ED utilization/unnecessary hospitalization rates, improved access and member satisfaction.
- Strengthens PCP capacity while advancing quality access and cost stewardship goals.

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Strategic Value Summary

- Expands upon existing provider support infrastructure.
- Adds meaningful performance-based incentive alignment.
- Advances care coordination, quality performance, and member outcomes.
- Creates strong clinical value while supporting value optimization goals.

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2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 483 Stern	**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. ***Potential CalOptima Health Impact*:** Increased oversight of behavioral health treatment for members.	**07/16/2025** Passed Assembly Public Safety Committee; referred to Assembly Appropriations Committee **06/04/2025** Passed Senate floor	CalOptima Health: Watch
SB 490 Umberg	**Alcohol and Drug Programs:** Would implement specific timelines for the California Department of Health Care Services (DHCS) to investigate unlicensed treatment facilities (i.e., sober living homes) that were unlawfully advertising or providing services. ***Potential CalOptima Health Impact*:** Increased oversight of treatment facilities that serve CalOptima Health members.	**01/26/2026** Passed Senate floor; referred to Assembly **01/05/2026** Gutted and amended **02/19/2025** Introduced	CalOptima Health: Watch
SB 626 Smallwood-Cuevas	**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. ***Potential CalOptima Health Impact:*** Increased access to behavioral health services for eligible members.	**08/28/2025** Passed Assembly floor; referred to Senate for concurrence in amendments **06/02/2025** Passed Senate floor	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 812 Allen	**Qualified Youth Drop-In Center Health Care Coverage:** Would require a health plan to provide coverage for mental health and substance use disorders (SUDs) 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. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.	**07/16/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/28/2025** Passed Senate floor	CalOptima Health: Watch CAHP: Concerns
SB 874 Weber-Pierson	**Behavioral Health Treatment (BHT) Workgroup:** Would require certain individuals providing BHT services under Medi-Cal to complete background checks. Additionally, would require DHCS to convene a stakeholder workgroup to review the implementation of BHT services in Medi-Cal and release clinical guidance and treatment plan requirements. ***Potential CalOptima Health Impact:*** Enhanced oversight and quality of BHT services provided to members under 21 years of age with autism spectrum disorder and/or related conditions.	**04/16/2026** Passed Senate Public Safety Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
AB 37 Elhawary	**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. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for members experiencing homelessness.	**01/16/2026** Died in Assembly Business and Professions Committee **03/13/2025** Referred to Assembly Labor and Employment Committee	CalOptima Health: Watch
AB 348 Krell	**Full-Service Partnership:** Establishes presumptive eligibility for Full-Service Partnership programs contingent upon meeting criteria and receiving recommendation for enrollment by a licensed behavioral health clinician. ***Potential CalOptima Health Impact*:** Increased continuity of care for members with serious mental illness.	**10/13/2025** Signed into law	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 384 Connolly	**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 SUDs as well as for any medically necessary services provided to a beneficiary while admitted for that care. ***Potential CalOptima Health Impact*:** Modified utilization management (UM) procedures for covered Medi-Cal benefits.	**01/23/2026** Died in Assembly Appropriations Committee **04/22/2025** Passed Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose
AB 423 Davies	**Disclosures for Alcoholism, Drug Abuse Recovery or Treatment Programs and Facilities:** Would mandate a business-operated recovery residence to register its location with DHCS. ***Potential CalOptima Health Impact*:** Increased oversight for members who have received SUD treatment.	**01/16/2026** Died in Assembly Health Committee **02/18/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 618 Krell	**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 DHCS 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. ***Potential CalOptima Health Impact*:** Increased coordination between Medi-Cal delivery systems regarding behavioral health services.	**07/07/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee **06/03/2025** Passed Assembly floor	**05/07/2025** CalOptima Health: SUPPORT LHPC: Sponsor
AB 877 Dixon	**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. ***Potential CalOptima Health Impact*:** Enhanced transparency and clarity around nonmedical treatment provided for SUDs.	**01/16/2026** Died in Assembly Health Committee **03/03/2025** Referred to Assembly Health Committee	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 951 Ta	**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. ***Potential CalOptima Health Impact*:** Increased access to care for specific behavioral health treatments.	**07/30/2025** Signed into law	CalOptima Health: Watch
AB 1970 Harabedian	**Mental Health and SUD Utilization Management:** Would prohibit a health plan from imposing step therapy as a prerequisite to authorizing coverage of any prescription drug used for the treatment of a mental illness or SUD. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**04/22/2026** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Budget			
H.R. 1 Arrington (TX)	**One Big Beautiful Bill Act:** Makes substantial changes to Medicaid program funding and policies, including but not limited to the following: • 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) ***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.	**07/04/2025** Signed into law	**05/20/2025** CalOptima Health: OPPOSE

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 7148 Cole (OK)	**Consolidated Appropriations Act, 2026:** Would provide FY 2026 appropriations for several federal departments and agencies, including the U.S. Department of Health and Human Services, as well as extend several expiring health care programs and increase health care oversight. Specifically, the bill would strengthen compliance among pharmacy benefit managers (PBMs), extend Medicare telehealth flexibilities through December 31, 2027, extend the hospital-at-home waiver for five years, and delay Medicaid disproportionate share hospital (DSH) cuts until FY 2028. ***Potential CalOptima Health Impact:*** Continued access to Medicare telehealth flexibilities for dual-eligible CalOptima Health members and delayed cuts to certain contracted hospitals.	**02/03/2026** Signed into law **01/30/2026** Passed Senate floor **01/22/2026** Passed House floor	CalOptima Health: Watch
SB 101 Wiener **AB 102** Gabriel	**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. ***Potential CalOptima Health Impact:*** An overview of the FY 2025–26 Enacted State Budget is enclosed.	**06/30/2025** Signed into law	CalOptima Health: Watch
SB 106 Laird	**Budget Act of 2025:** Amends the Budget Act of 2025 by appropriating $90 million to Planned Parenthood in response to H.R. 1 cuts. ***Potential CalOptima Health Impact:*** Continued funding for certain family planning services.	**02/11/2026** Signed into law	CalOptima Health: Watch
SB 879 Laird **AB 1563** Gabriel	**Budget Act of 2026:** Would make appropriations for the government of the State of California for FY 2026-27 in alignment with the governor's proposed budget released on January 9, 2026. Total spending would be $348.9 billion, of which $248.3 billion would be from the General Fund. ***Potential CalOptima Health Impact:*** No major impacts to existing Medi-Cal and CalAIM services.	**01/09/2026** Introduced	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 100 Gabriel	**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. ***Potential CalOptima Health Impact:*** Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.	**04/14/2025** Signed into law	CalOptima Health: Watch
AB 116 Committee on Budget	**Health Omnibus Trailer Bill I:** 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: • 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 Program of All-Inclusive Care for the Elderly (PACE) provider sanctions, effective immediately ***Potential CalOptima Health Impact:*** An overview of the FY 2025–26 Enacted State Budget is enclosed.	**06/30/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 144 Committee on Budget	**Health Omnibus Trailer Bill II:** Consolidates and enacts certain budget trailer bill language containing policy changes needed to implement health-related budget expenditures. Specifically, this bill: • Establishes the list of immunizations by the Advisory Committee on Immunization Practices (ACIP) • Exempts foster youth and former foster youth with Unsatisfactory Immigration Status from various service limitations in the Medi-Cal program (including enrollment freeze and monthly premiums) • Requires DHCS to convene a workgroup to discuss the implementation of the Children and Youth Behavioral Health Initiative (CYBHI) school fee schedule • Establishes the Abortion Access Fund to provide family planning services through grants and contracts • Requires Covered California to provide payments to qualified health plans to defray the costs of state-mandated gender-affirming care benefits ***Potential CalOptima Health Impact:*** An overview of the FY 2025–26 Enacted State Budget is enclosed.	**09/17/2025** Signed into law	CalOptima Health: Watch
RN 26 08635 Trailer Bill Language	**Skilled Nursing Facility (SNF) Financing Extension:** Would extend the SNF Quality Assurance Fee (QAF) and Medi-Cal Long-Term Care (LTC) Reimbursement Act from December 31, 2026, to December 31, 2027. ***Potential CalOptima Health Impact:*** Maintained funding for contracted SNFs.	**02/02/2026** Published by the California Department of Finance	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
RN 26 08913 Trailer Bill Language	**Aligning Evidence-Based Standards for SUD Treatment:** Would amend licensure and certification statutes for SUD treatment facilities, including Narcotic Treatment Programs (NTPs), to replace references to "detoxification" with the modern, industry-standard term "withdrawal management." Would also align state standards for SUD treatment facilities licensed or certified by DHCS with current, evidence-based standards of care by eliminating withdrawal management as a standalone service and integrating it into standard residential treatment, effective June 30, 2027. ***Potential CalOptima Health Impact:*** Improved coordination of SUD treatment services across the continuum of care.	**02/11/2026** Published by the California Department of Finance	CalOptima Health: Watch
TBD Trailer Bill Language	**H.R. 1**: Would implement Medi-Cal policy changes in compliance with the Medicaid provisions of H.R. 1, including but not limited to the following: • Reducing duplicate enrollments • Semi-annual eligibility redeterminations • Amending the definition of Qualified Non-Citizens • Reducing retroactive coverage • Community engagement requirements ***Potential CalOptima Health Impact:*** An overview of H.R. 1 is enclosed.	**02/02/2026** Published by the California Department of Finance	CalOptima Health: Watch
TBD Trailer Bill Language	**Menopause Coverage**: Would add menopause treatments as a Medi-Cal covered benefit, including hormone-replacement therapy, antidepressants, anticonvulsants, bioidentical hormones, and medications to address osteoporosis and vasomotor-related symptoms. ***Potential CalOptima Health Impact:*** New covered benefits for members experiencing menopause.	**02/02/2026** Published by the California Department of Finance	CalOptima Health: Watch
TBD Trailer Bill Language	**Community-Based Mobile Crisis Response Services:** Would make community-based mobile crisis response services an optional benefit in counties that agree to participate and provide the necessary nonfederal share of funding from local sources. ***Potential CalOptima Health Impact:*** Depending on future actions by the County of Orange, either maintained or decreased access to mobile crisis response services.	**02/12/2026** Published by the California Department of Finance	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
California Advancing and Innovating Medi-Cal (CalAIM)			
SB 324 Menjivar	**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. ***Potential CalOptima Health Impact*:** Increased collaboration with community providers and standardized contracts.	**07/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/27/2025** Passed Senate floor	CalOptima Health: Watch CAHP: Watch LHPC: Oppose
AB 543 Gonzalez	**Street Medicine:** Authorizes 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, requires 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. ***Potential CalOptima Health Impact*:** Continued access to street medicine services for members experiencing homelessness.	**10/06/2025** Signed into law	CalOptima Health: Watch CAHP: Watch
AB 2138 Krell	**ECM Peer Support Specialists:** Would require ECM providers to include at least one peer support specialist in their interdisciplinary teams; specialists would have lived experience with recovery from mental illness and/or substance use. Additionally, would outline conditions where peer support specialists cannot be disqualified based on criminal background, fingerprint-based background check or similar screening that is a condition of employment, contracting, certification, credentialing, enrollment or participation in providing peer support services. ***Potential CalOptima Health Impact*:** Expanded access to peer support specialists for certain high-need members.	**04/23/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2348 Bonta	**Community Supports Extension:** Would extend Community Supports within the Medi-Cal managed care program — by proposing that the supports are deemed cost-effective and medically appropriate services — beyond the existing CalAIM initiative, beginning January 1, 2027. Additionally, would implement quarterly public reporting on Community Supports utilization with ongoing technical assistance. ***Potential CalOptima Health Impact*:** Safeguards access to Community Supports for Medi-Cal members.	**04/16/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Prohibits 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, requires a health plan to cover all types of insulin without step therapy on and after January 1, 2026. ***Potential CalOptima Health Impact:*** Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.	**10/13/2025** Signed into law	CalOptima Health: Watch CAHP: Oppose
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** Expresses 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, requires the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment. ***Potential CalOptima Health Impact:*** New covered benefits for future members enrolled in Covered California line of business.	**10/13/2025** SB 62 signed into law **10/13/2025** AB 224 signed into law	CalOptima Health: Watch CAHP: Concerns

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 535 Richardson **AB 575** Arambula	**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. ***Potential CalOptima Health Impact:*** Expanded covered benefits for future members enrolled in Covered California line of business.	**07/15/2025** SB 535 passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/28/2025** SB 535 passed Senate floor **02/24/2025** AB 575 referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose
SB 912 Cervantes	**Comprehensive Perinatal Services:** Would require DHCS to oversee a statewide community-based perinatal services program and enroll providers to deliver such services, but would maintain the role of the California Department of Public Health (CDPH) in regards to contracts, grants and agreements. ***Potential CalOptima Health Impact:*** Enhanced access to and delivery of perinatal services for pregnant and postpartum members.	**04/23/2026** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
SB 944 Wiener	**Acupuncture Coverage:** Would remove the limitation requiring federal matching funds for acupuncture to be a covered benefit, preserving it as a covered benefit under Medi-Cal. ***Potential CalOptima Health Impact:*** Maintained covered benefits for members.	**03/26/2026** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**01/23/2026** Died in Assembly Appropriations Committee **04/01/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 298 Bonta	**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. ***Potential CalOptima Health Impact:*** Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.	**01/23/2026** Died in Assembly Appropriations Committee **01/13/2026** Passed Assembly Health Committee **02/10/2025** Referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 350 Bonta	**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. ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**08/29/2025** Passed Senate Appropriations Committee; referred to Senate floor **07/02/2025** Passed Senate Health Committee **06/02/2025** Passed Assembly floor	CalOptima Health: Watch CAHP: Oppose
AB 432 Bauer-Kahan	**Menopause:** Would have required a health plan that covers outpatient prescription drugs to provide coverage for evaluation and treatment options for symptoms of perimenopause and menopause. Would also have required 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. ***Potential CalOptima Health Impact:*** New covered benefits for members; increased communications to providers.	**10/13/2025** Vetoed	CalOptima Health: Watch CAHP: Oppose
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon appropriation by the Legislature: • 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 ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**01/23/2026** Died in Assembly Appropriations Committee **04/01/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 1949 Lee	**Acupuncture Treatment Flexibility:** Would state the intent of the Legislature to enact legislation that allows more flexibility in Medi-Cal coverage for acupuncture treatments. ***Potential CalOptima Health Impact:*** Expanded covered benefit for members.	**04/15/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2160 Celeste Rodriguez	**Lactation Services:** Would require DHCS to update Medi-Cal's coverage guidance on lactation services by July 1, 2027, to clarify coverage policies for various lactation services, including health education, support and consultation. Additionally, would allow a lactation consultant certified as an International Board Certified Lactation Consultant (IBCLC) to enroll as a Medi-Cal provider and bill for services. ***Potential CalOptima Health Impact:*** Expanded access to lactation services for members.	**04/08/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 2208 Stefani	**Federally Mandated Copayments:** In accordance with the minimum requirements of H.R.1, would set copayments at $0.01 for nonemergency services delivered to Medicaid Expansion adults with incomes between 100% and 138% of the federal poverty level, no later than October 1, 2028. Would exempt emergency and family planning services from copayments and prohibit service denial due to unpaid copayments. In addition, would allow self-attestation for Medi-Cal eligibility, including related to work or community engagement activities. ***Potential CalOptima Health Impact:*** Minimized financial burden on Medi-Cal members; decreased member burden to enroll in or maintain Medi-Cal coverage; minimized loss of members due to H.R. 1.	**04/08/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 2240 Stefani	**Private Duty Nursing for Specialty Care:** Would require DHCS to measure and assess whether private duty nursing services provided as part of the EPSDT benefit are in compliance with federal Medicaid requirements. The assessment would include a comparison of the hours of authorized EPSDT private duty nursing services to the hours actually provided to eligible children, as well as a determination of whether reimbursement rates are sufficient to ensure that all authorized hours are able to be provided. ***Potential CalOptima Health Impact:*** Expanded access to care for youth Medi-Cal members; increased reimbursement rates to private duty nurses.	**04/22/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Eligibility and Enrollment			
SB 1202 Weber Pierson	**Eligibility Dashboard and Outreach:** Would mandate the development of a data dashboard to track Medi-Cal application and enrollment data, reflecting changes in federal Medicaid law. Would also require DHCS and Medi-Cal MCPs to conduct outreach and education to Medi-Cal beneficiaries about community engagement requirements and changes to eligibility while aligning cultural and linguistic standards. In addition, would remove the requirement for Medi-Cal MCPs to contact a beneficiary for permission to share contact information with the county for eligibility determination purposes. ***Potential CalOptima Health Impact:*** Improved visibility of member eligibility and enrollment data; increased outreach to and engagement with members; modified data sharing process with the Orange County Social Services Agency; increased retention of existing Medi-Cal members.	**04/09/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
SB 1422 Durazo	**Medi-Cal Eligibility:** Would repeal the Medi-Cal enrollment freeze for individuals who are 19 years of age or older without satisfactory immigration status, which was included in the FY 2025–26 Enacted State Budget and became effective on January 1, 2026. Certain limitations would be maintained, such as the elimination of dental benefits and the implementation of $30 monthly premium payments. ***Potential CalOptima Health Impact:*** Expanded Medi-Cal eligibility for individuals with unsatisfactory immigration status; increased number of members.	**04/09/2026** Passed Senate Health Committee; referred to Senate Appropriation Committee	CalOptima Health: Watch
SB 1907 Addis	**Aligned Covered California Enrollment:** Would authorize Covered California to enroll an individual in the plan in which other members of the individual's household are enrolled, or the lowest cost plan available. ***Potential CalOptima Health Impact:*** Increased enrollment in future Covered California line of business; streamlined enrollment process for certain members.	**03/18/2026** Passed Senate Health Committee; referred to Senate Appropriation Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 315 Bonta	**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. ***Potential CalOptima Health Impact*:** Expanded member access to HCBA Waiver services.	**01/23/2026** Died in Assembly Appropriations Committee **03/25/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 974 Patterson	**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 (FFS) delivery system as a secondary form of health care coverage from mandatory enrollment in a Medi-Cal MCP. ***Potential CalOptima Health Impact:*** Decreased number of members.	**01/23/2026** Died in Assembly Appropriation Committee **04/22/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 1012 Essayli	**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. ***Potential CalOptima Health Impact:*** Decreased number of members.	**01/31/2026** Died at Assembly desk **02/21/2025** Introduced	CalOptima Health: Watch
AB 1161 Harabedian	**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. ***Potential CalOptima Health Impact*:** Extended Medi-Cal eligibility for certain members.	**01/23/2026** Died in Assembly Appropriations Committee **04/29/2025** Passed Assembly Health Committee **04/08/2025** Passed Assembly Human Services Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2161 Bonta	**Community Engagement Implementation:** Would integrate federal community engagement requirements into the Medi-Cal program. Would prevent California from extending H.R. 1's work requirements to state-funded Medi-Cal populations. Would also minimize administrative load by automating verification using available data sources and require that any federal work requirement implementation be applied in the least burdensome way possible. ***Potential CalOptima Health Impact*:** Modifications to eligibility for certain members; minimized impact of new community engagement requirements.	**04/08/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 2201 Boerner	**Eligibility Redetermination Changes:** Would seek to align state provisions for Medi-Cal eligibility redeterminations with federal requirements, such as changing the current 12-month renewal cycle to a six-month cycle for adults covered under Medicaid Expansion. Additionally, would encourage counties to verify beneficiary income and assets through existing data sources to streamline the redetermination process. ***Potential CalOptima Health Impact*:** Modifications to eligibility redetermination for certain members.	**04/08/2026** Passed Assembly Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 2363 Bains	**Coverage Penalty Exemption:** Would prohibit the imposition of a penalty for not maintaining minimum essential health coverage on individuals enrolled in Medi-Cal in 2024 or 2025. ***Potential CalOptima Health Impact:*** Reduced financial penalties for certain current and future members.	**02/202026** Introduced; referred to Assembly Health Committee	CalOptima Health: Watch
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Authorizes 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. ***Potential CalOptima Health Impact:*** Increased quality oversight of HIV program development.	**10/13/2025** Signed into law	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 497 Wiener	**Legally Protected Health Care Activity:** Prohibits 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. Also prohibits 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. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.	**10/13/2025** Signed into law	CalOptima Health: Watch
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Extends current Medi-Cal time and distance standards until January 1, 2029. In addition, requires 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 does not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. ***Potential CalOptima Health Impact:*** Increased oversight of contracted providers; increased reporting to DHCS.	**10/06/2025** Signed into law	CalOptima Health: Watch
SB 660 Menjivar	**California Health and Human Services Data Exchange Framework (DxF):** Requires 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, expands DxF to include social services information. ***Potential CalOptima Health Impact:*** Increased care coordination with social service providers.	**10/03/2025** Signed into law	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 987 Weber Pierson	**California Health Access Fund (CHAF):** Would require DHCS to administer the CHAF to ensure California residents who lose health care coverage due to the impacts of H.R. 1 (or other divestments from health care services) can continue to receive health care services and that providers are also reimbursed for these services. Furthermore, money in the fund would include deposits equal to the amount of any savings to the state that resulted from decreased enrollment in the Medi-Cal program caused by enrollment barriers from new federal policy changes. ***Potential CalOptima Health Impact:*** Extended health care benefits for certain future former members.	**03/26/2026** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
AB 45 Bauer-Kahan	**Reproductive Data Privacy:** Prohibits 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. Also authorizes an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions. ***Potential CalOptima Health Impact:*** Increased safeguards regarding reproductive health information.	**09/26/2025** Signed into law	CalOptima Health: Watch
AB 257 Flora	**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. ***Potential CalOptima Health Impact:*** Expanded member access to telehealth specialists.	**01/23/2026** Died in Assembly Appropriations Committee **03/25/2025** Passed Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose
AB 316 Krell	**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. ***Potential CalOptima Health Impact:*** Increased liability related to UM procedures.	**10/13/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 403 Ortega	**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. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**01/23/2026** Died in Assembly Appropriations Committee **03/25/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 577 Wilson	**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. ***Potential CalOptima Health Impact:*** Increased oversight of contracted PBM and referral processes.	**01/23/2026** Died in Assembly Appropriations Committee **04/29/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, requires DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**10/07/2025** Signed into law	CalOptima Health: Watch
AB 980 Arambula	**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. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**01/16/2026** Died in Assembly Health Committee **04/22/2025** Re-referred to Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 2194 Valencia	**CalOptima Health Governance:** Would implement staggered terms on the CalOptima Health Board of Directors (Board), effective for the new terms expected to begin in August 2028. To accommodate a transition, the following three Board seats would serve initial two-year terms: 1. Current or former hospital administrator 2. Practicing licensed medical provider who is not affiliated with a health network 3. Accounting or public finance professional or actively licensed attorney In addition, would provide the alternate Board member from the Orange County Board of Supervisors with the same right of access as other Board members to CalOptima Health's records, including confidential, closed-session materials. ***Potential CalOptima Health Impact:*** Increased continuity of Board representation; increased disclosure of potentially privileged information to one additional County Supervisor.	**04/16/2026** Passed Assembly floor; referred to Senate	CalOptima Health: Watch County of Orange: Sponsor
AB 2565 Wallis	**Pharmacist Services:** Would require DHCS to update its model evidence of coverage (EOC) to explicitly include the obligation of MCPs to cover pharmacist services. ***Potential CalOptima Health Impact:*** Updated member-facing materials, such as EOCs and member handbooks.	**04/22/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Older Adult Services			
SB 242 Blakespear	**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. ***Potential CalOptima Health Impact:*** Expanded Medicare coverage options for dual-eligible members.	**01/23/2026** Died in Senate Appropriations Committee **04/30/2025** Passed Senate Health Committee	CalOptima Health: Watch CAHP: Oppose
SB 412 Limón	**Home Care Aides:** Requires 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. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff.	**10/06/2025** Signed into law	CalOptima Health: Watch
Providers			
SB 32 Weber Pierson	**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. ***Potential CalOptima Health Impact:*** Additional timely access standards; increased contracting with perinatal units.	**07/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **06/02/2025** Passed Senate floor	CalOptima Health: Watch LHPC: Oppose
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — SNFs:** Requires an annually updated provider directory issued by a Medi-Cal MCP to include SNFs as a searchable provider type. ***Potential CalOptima Health Impact:*** Modifications to CalOptima Health's online provider directory.	**10/03/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 306 Becker	**Prior Authorization Exemption:** No later than January 1, 2028, requires health plans — except Medi-Cal MCPs — to eliminate prior authorization for the most frequently approved health care services, except in cases of fraudulent provider activity or clinically inappropriate care. ***Potential CalOptima Health Impact:*** In future Covered California line of business, implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.	**10/06/2025** Signed into law	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
SB 504 Laird	**HIV Reporting:** Authorizes 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 CDPH to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**10/13/2025** Signed into law	CalOptima Health: Watch
SB 1049 Pierson	**Claim Reimbursements:** Would grant a provider 90 days to submit a corrected claim after a health care plan denies a claim or sends a notice of overpayment for a claim based on a defect that could be rectified by submitting a corrected claim. Additionally, would prohibit denial of a corrected claim on the grounds that the provider did not submit the claim within the applicable filing deadline. ***Potential CalOptima Health Impact:*** Modified claims review process.	**03/26/2026** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended
AB 29 Arambula	**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. ***Potential CalOptima Health Impact:*** Increased access to care for pediatric members with ACEs.	**01/23/2026** Died in Assembly Appropriations Committee **04/01/2025** Passed Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 50 Bonta	**Over-the-Counter Contraceptives:** Allows 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 are limited to prescription-only hormonal contraceptives. ***Potential CalOptima Health Impact:*** Increased member access to hormonal contraceptives.	**09/26/2025** Signed into law	CalOptima Health: Watch
AB 55 Bonta	**Alternative Birth Centers Licensing:** Removes the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement. ***Potential CalOptima Health Impact:*** Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.	**10/11/2025** Signed into law	CalOptima Health: Watch LHPC: Support
AB 220 Jackson	**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. ***Potential CalOptima Health Impact:*** Modified UM procedures and forms.	**09/04/2025** Passed Senate floor; referred to Assembly for concurrence in amendments **05/29/2025** Passed Assembly floor	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans — except Medi-Cal MCPs — 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 update standardized formats 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. Would also require that, within 30 days of receiving a request from a health plan, a provider must confirm that its information is current and accurate or update the required information. ***Potential CalOptima Health Impact:*** In future Covered California line of business, increased oversight of provider directory; increased coordination with contracted providers; increased penalty payments to DMHC.	**07/09/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee **06/02/2025** Passed Assembly floor	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional. ***Potential CalOptima Health Impact:*** Increased access to autism services for eligible members; additional provider contracting and credentialing.	**01/29/2026** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 416 Krell	**Involuntary Commitment:** Authorizes a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and exempts the emergency physician from criminal and civil liability. ***Potential CalOptima Health Impact:*** New legal standards for certain CalOptima Health providers.	**10/13/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 510 Addis	**Utilization Review Peer-to-Peer Review:** Would allow a provider to request review of a decision to delay, deny or modify health services by another 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. ***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.	**01/23/2026** Died in Assembly Appropriations Committee **04/22/2025** Passed Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 512 Harabedian	**Prior Authorization Timelines:** Would have shortened 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 *urgent* requests and three business days via electronic submission or five business days via non-electronic submission for *standard* requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination. ***Potential CalOptima Health Impact***: Expedited and modified UM procedures for covered Medi-Cal benefits.	**10/06/2025** Vetoed	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 517 Krell	**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. ***Potential CalOptima Health Impact:*** Modified UM procedures for a covered Medi-Cal benefit.	**01/23/2026** Died in Assembly Appropriations Committee **04/08/2025** Passed Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 539 Schiavo	**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. ***Potential CalOptima Health Impact:*** Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.	**05/12/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 787 Papan	**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. ***Potential CalOptima Health Impact:*** Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.	**06/18/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/05/2025** Passed Assembly floor	CalOptima Health: Watch
AB 1041 Bennett	**Provider Credentialing:** Requires a health plan — except a Medi-Cal MCP — to credential a provider within 90 days of receipt of a completed application; otherwise, a credential is conditionally approved for 120 days, except as specified. A plan is required to notify the provider whether the application is complete within 10 days of receipt. Additionally, requires a health plan to subscribe to and use the Council for Affordable Quality Healthcare credentialing form on and after January 1, 2028. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for future Covered California line of business.	**10/11/2025** Signed into law	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended
AB 1843 Elhawary	**Communicable Disease:** Would prohibit health plans from requiring authorization for direct-acting antiviral drugs needed for hepatitis C treatment. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**04/22/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1887 Zbur	**Prescription Drug Coverage for Rare Diseases:** Would prohibit a health care service plan – except a Medi-Cal MCP — from imposing prior authorization, step therapy or other utilization review for a drug approved for the treatment of a rare disease, and prescribed by a specialist with expertise in such disease, unless a biosimilar, interchangeable biologic or generic version of the drug is available. ***Potential CalOptima Health Impact:*** New UM procedure for future Covered California line of business.	**04/22/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 2352 Valencia	**Nonprofit Public Benefit Corporations:** Would allow nonprofit public benefit corporations that offer nonspecialty mental health services to be enrolled as Medi-Cal providers. ***Potential CalOptima Health Impact:*** Increased number of contracted mental health providers; increased access to mental health services for Medi-Cal members.	**03/25/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 2457 Connolly	**Medi-Cal Provider Credentialing:** Would extend the requirements of AB 1041 (2025) to Medi-Cal MCPs. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for Medi-Cal line of business.	**03/25/2026** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
Rates & Financing			
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to *equal* the lowest of the following metrics: 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. 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. ***Potential CalOptima Health Impact*:** Increased payments to contracted clinical laboratories.	**04/29/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **04/23/2025** Passed Senate Health Committee	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1672 Solache	**PACE Rates:** Would modify how PACE rates are negotiated by eliminating the requirement for consultation during rate setting and instead mandating direct negotiation of rates. Additionally, would require DHCS to provide written responses to comments and the rationale for rate assumptions before federal submission. ***Potential CalOptima Health Impact:*** Modified rate-setting process for PACE line of business.	**04/16/2026** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CalPACE: Sponsor
AB 2036 Patel	**Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Reimbursement:** Would clarify how FQHC and RHC services are reimbursed on a per-visit basis, including how such Prospective Payment System (PPS) rates are set and adjusted based on necessary documentation. ***Potential CalOptima Health Impact:*** Improved access to care for members assigned to contracted FQHCs; improved financial stability of contracted FQHCs.	**02/17/2026** Introduced; referred to Assembly Health Committee	CalOptima Health: Watch
AB 2327 Lowenthal	**Subcontractor Rates:** Would require Medi-Cal MCPs operating as fully or partially delegated subcontractors to be compensated with actuarially sound rates starting January 1, 2027s. ***Potential CalOptima Health Impact:*** Modifications to rate setting for Medi-Cal subcontractors.	**02/19/2026** Introduced; referred to Assembly Health Committee	CalOptima Health: Watch

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

CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California

Last Updated: April 27, 2026

2026 Federal Legislative Dates

January 5	119th Congress, 1st Session convenes
July 24–August 30	Summer recess for House
August 8–September 13	Summer recess for Senate
December 18	2nd session adjourns

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

2026 State Legislative Dates

January 5	Legislature reconvenes
January 10	Proposed budget must be submitted by Governor
January 16	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house in 2025
January 23	Last day for any committees to hear and report to the Floor any bills introduced in that house in 2025
January 31	Last day for each house to pass bills introduced in that house in 2025
February 20	Last day for legislation to be introduced in 2026
March 27–April 5	Spring recess
April 24	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house in 2026
May 1	Last day for policy committees to hear and report to the Floor any non-fiscal bills introduced in that house in 2026
May 15	Last day for fiscal committees to hear and report to the Floor any bills introduced in that house in 2026
May 26–29	Floor session only
May 29	Last day for each house to pass bills introduced in that house in 2026
June 15	Budget bill must be passed by midnight
July 2	Last day for policy committees to hear and report bills in their second house to fiscal committees or the Floor
July 3–August 2	Summer recess
August 14	Last day for fiscal committees to report bills in their second house to the Floor
August 17–31	Floor session only
August 21	Last day to amend bills on the Floor
August 31	Last day for each house to pass bills; final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature

Source: Legislative Deadlines, California State Senate: https://www.senate.ca.gov/legislative-deadlines-calendar

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)

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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**

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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
Unsatisfactory Immigration Status (UIS)-Member Impacts
Freeze on *new* 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; *currently enrolled* 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**
All-Member Impacts
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.

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MEMORANDUM

DATE:	April 30, 2026
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — May 7, 2026, Special 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 is continuing to prepare to launch a Covered California plan, effective January 1, 2027. On April 16, Covered California approved the 2027 standard benefit package. Subsequently, staff submitted CalOptima Health's formal application to Covered California on April 28 and the associated premium rate package on April 30. Staff will continue to remain engaged with Covered California's Plan Management Advisory Group in advance of implementation. In addition, staff continues to respond to questions from the California Department of Managed Health Care (DMHC) on our filing to expand the scope of CalOptima Health's current Knox-Keene Act license. Staff also continues to make progress on operational implementation activities, including information technology solutions and regular onboarding sessions with delegated health networks.

B. H.R. 1 State Budget Request Submitted by Counties

A coalition of county-related associations in California has submitted a budget request to the State Legislature for additional resources to support the implementation of H.R. 1 and respond to its downstream impacts. The coalition includes the California State Association of Counties, the Urban Counties of California, the California Welfare Directors Association and the California Behavioral Health Directors Association, among others. Totaling $1.9 billion in Fiscal Year (FY) 2026–27 and $4.5 billion in FY 2027–28, the budget request covers the four areas of indigent care, public hospital systems, county eligibility and county behavioral health. In addition, the Orange County Board of Supervisors has submitted a letter to state legislative leadership to support applicable components of the request.

C. H.R. 1 Implementation Bills Update

Several bills have been introduced in the State Legislature to implement the requirements of H.R. 1, while simultaneously minimizing their negative impacts. Staff is monitoring ongoing legislative developments, including the following four key bills that have now passed their respective health committees and have been referred to their respective appropriations committees:

- SB 1202 (Weber Pierson): Would create a Medi-Cal application and enrollment dashboard; would strengthen beneficiary outreach regarding eligibility changes

- AB 2161 (Bonta): Would automate verification for work requirements using available data sources; would prevent extending work requirements to state-funded Medi-Cal populations
- AB 2201 (Boerner): Would align Medi-Cal renewal processes with new federal requirements; would encourage counties to verify income and assets through existing data sources
- AB 2208 (Stefani): Would cap copays at $0.01 for applicable non-emergency services and prohibit service denial due to unpaid copays; would preserve three months of state-funded retroactive coverage

D. Care Traffic Control Earmark Funding Fully Drawn Down

CalOptima Health has officially drawn down the full $2 million in earmark funding from the U.S. Department of Health & Human Services' Payment Management System to reimburse construction and tenant improvement costs for our Care Traffic Control command center on the third floor of the 500 building. The federal earmark was sponsored by U.S. Representatives Lou Correa and Young Kim as part of the Consolidated Appropriations Act, 2023. This milestone marks the near completion of the Care Traffic Control project this summer, when staff plans to host a grand opening ceremony with several partners.

E. CalOptima Health Holds a Press Conference for Santa Ana Street Medicine Program; Offers Collaborative Expansion Opportunity

On April 22, CalOptima Health held a press conference to formally announce the launch of our Santa Ana Street Medicine Program. The event was well attended by the media, resulting in significant coverage in the following outlets: ABC7, NBC4, KCBS Radio, Telemundo 52, Orange County Register, KNX Radio, Fullerton Observer and New Santa Ana. The speakers included me, Board Chair and Supervisor Vicente Sarmiento, Board Director and AltaMed Chief Quality Officer Dr. José Mayorga, Santa Ana Mayor Valerie Amezcua, and Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM. According to Santa Ana's point-in-time count in 2025, approximately 500 people are unsheltered in the city.

In other Street Medicine Program news, CalOptima Health is exploring expansion through a collaborative approach and has released a Notice of Interest Opportunity. This is designed for groups of cities that recognize the value of regional coordination and shared responsibility in addressing the complex needs of unsheltered individuals. The application portal can be accessed through May 29, 2026.

F. CalAIM Annual Summit Highlights Major 2025 Achievements

CalOptima Health hosted the Third Annual CalAIM Provider & Grantee Summit on April 3, convening 210 contracted providers, grantees and organizational leaders for a comprehensive review of program progress and strategic priorities. The CalAIM Year in Review highlighted major 2025 achievements, including more than 32,000 members receiving Community Supports, continued expansion of Enhanced Care Management (ECM) services to more than 10,000 members, and significant advancements across Justice-Involved initiatives, Street Medicine and grantmaking, with approximately 260 grants under management totaling $300 million. The summit also featured a Member Success Stories segment showcasing real-world progress across diverse populations, including individuals with complex behavioral health needs, families facing housing instability, and a Justice-Involved member whose successful transition and stabilization highlighted the impact of coordinated support services and cross-sector collaboration. Providers shared meaningful accomplishments — including successful linkages to housing, nutrition services, IHSS, Medi-Cal renewals and strengthened care coordination — while also raising system-level challenges related to reimbursement pressures, affordable housing scarcity and the need for clearer operational guidance.

G. DHCS Distributes News Release on Fraud Scheme Targeting the Medi-Cal Program

The California Department of Health Care Services (DHCS) and the California Department of Justice (DOJ), working in close coordination with the California Department of Public Health (CDPH), have taken decisive action to dismantle a large-scale identity theft and hospice fraud scheme targeting the Medi-Cal program. This coordinated enforcement effort underscores California's commitment to protecting Medi-Cal members and safeguarding taxpayer dollars from fraud, waste and abuse. Working together, DHCS and DOJ's Division of Medi-Cal Fraud and Elder Abuse confirmed that transnational criminal networks used stolen identities to fraudulently enroll individuals in Medi-Cal and bill for hospice services that were never provided. The scheme involved 14 fraudulent hospice providers and resulted in more than $267 million in improper billing. State agencies have revoked licenses, suspended payments, disenrolled fraudulent accounts and begun recovery efforts, recovering more than $70 million to date. Enhanced safeguards and oversight measures are being implemented, including stricter provider checks and expanded oversight starting July 2026. The full release can be found here.

H. BrightLife Kids and Soluna Release Impact Report

On April 17, DHCS released the 2025 BrightLife Kids and Soluna Impact Report, featuring video testimonials and key data detailing how California's free behavioral health platforms have reached more than 500,000 users, including children, youth, young adults and families, across all 58 California counties. Launched in 2024, the platforms offer free confidential mental health support and resources to all Californians, regardless of insurance or immigration status. Early data show the platforms are advancing equity, with most users coming from communities with the greatest social and health inequities. Participant satisfaction remains high at 98%, and for most users, this is their first experience with professional mental health support — 77% of BrightLife Kids users and 50% of Soluna users. CalOptima Health has been actively promoting both platforms to our members since inception.

I. CalOptima Health Receives News Coverage of Housing Grant

On April 9, the San Clemente Times interviewed Kelly Bruno-Nelson, DSW, Executive Director, Medi-Cal/CalAIM, about CalOptima Health investing $500,000 to transform a motel in San Clemente into permanent supportive housing.

CalOptima Health

Fast Facts
May 2026

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

Membership Data* (as of March 31, 2026)

Total CalOptima Health Membership

841,313

Prior month: 850,253

Program	Members
Medi-Cal	822,183
OneCare (HMO D-SNP)	18,573
Program of All-Inclusive Care for the Elderly (PACE)	557

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

Key Financial Indicators (for the month ended March 31, 2026)

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	$135.9M	$110.4M	433.8%
Non-Operating Income/(Loss)	●	$118.0M	$44.2M	60.0%
Covered California Start-up Expenses	●	($3.5M)	$4.5M	56.4%
Bottom Line (Change in Net Assets)	●	$250.4M	$159.1M	174.4%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	91.7%	---	(1.3%)
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	4.9%	---	1.5%

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 87.8%.

Reserve Summary (as of March 31, 2026)

	Amount (in millions)
Board Designated Reserves*	$1,628.5
Statutory Designated Reserves	$136.0
Capital Assets (Net of depreciation)	$107.2
Unspent Balance of Allocated Resources	$341.4
Unspent Balance of Board Approved Provider Rate Increase**	$157.9
Unallocated Resources*	$680.0
Total Net Assets	$3,051.0

* Total of Designated Reserves and Unallocated Resources can support approximately 211 days of CalOptima Health's current operations.

**5/2/24 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

May 2026

Personnel Summary (as of April 18, 2026, pay period)

	Filled	Open	Vacancy Administrative	Vacancy Medical	Vacancy % Combined
Staff	1,361	72.25	35.50	36.75	5.04%
Supervisor	86	1	1	0	1.15%
Manager	116	9	6	3	7.2%
Director	84	5.5	3	2.5	6.15%
Executive	21	1	1	0	4.55%
Total FTE Count	1,668	88.75	46.50	42.25	5.05%

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

Provider Network Data (as of April 23, 2026)

	Number of Providers
Primary Care Providers	1,299
Specialists	8,265
Pharmacies	499
Acute and Rehab Hospitals	43
Community Health Centers	73
Long-Term Care Facilities	247

Treatment Authorizations (as of February 28, 2026)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	36.89 hours
Prior Authorization – Urgent	72 hours	4.98 hours
Prior Authorization – Routine	5 days	0.63 days

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

Member Demographics (as of March 31, 2026)

Member Age

0 to 5	8%
6 to 18	22%
19 to 44	33%
45 to 64	20%
65 +	17%

Language Preference

English	56%
Spanish	29%
Vietnamese	9%
Other	2%
Korean	2%
Farsi	1%
Chinese	<1%
Arabic	<1%
Russian	<1%

Medi-Cal Aid Category

Expansion	37%
Temporary Assistance for Needy Families	36%
Seniors	13%
Optional Targeted Low-Income Children	8%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%

CalOptima Health

Provider Network Trend

May 2026

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

CHCN and Health Networks

Total Providers [1]

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	1,312	1,301	1,281	1,306	1,337	25
Specialist (Physicians)	7,070	7,479	7,685	8,246	8,501	1,431
Hospitals [3]	41	41	43	42	41	2
Community Health Centers [4]	65	68	68	68	68	3
Long Term Care	207	207	225	241	242	35
Behavioral Health [5]	2,529	2,579	2,791	3,023	3,148	619
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

Medi-Cal

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	1,087	1,076	1,057	1,090	1,126	39
Specialist (Physicians)	6,464	7,173	7,394	7,987	8,248	1,784
Hospitals [3]	37	37	40	39	38	3
Community Health Centers [4]	63	66	66	68	68	5
Long Term Care	203	203	221	237	238	35
Behavioral Health [5]	2,436	2,495	2,695	2,926	3,075	639
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

OneCare

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	1,096	1,082	1,074	1,088	1,083	-13
Specialist (Physicians)	5,488	5,844	6,047	6,270	6,494	1,006
Hospitals [3]	36	36	40	39	39	4
Community Health Centers [4]	58	62	62	62	62	4
Long Term Care	203	207	224	240	240	37
Behavioral Health [5]	668	713	851	952	1,020	352

PACE

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	3	4	3	3	3	0
Specialist (Physicians)	3,549	4,033	4,256	4,446	4,713	1,164
Hospitals [3]	29	29	31	30	30	2
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	67	69	76	91	96	29
Behavioral Health [5]	106	116	119	132	127	21

Provider Network Trend

May 2026

CHCN Only

Total Providers [1]

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	677	671	671	685	690	13
Specialist (Physicians)	6,384	6,841	7,058	7,330	7,602	1,218
Hospitals [3]	37	37	40	39	36	1
Community Health Centers [4]	56	58	58	59	60	4
Long Term Care	203	203	221	237	238	35
Behavioral Health [5]	2,500	2,541	2,767	2,975	3,098	598
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

Medi-Cal

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	653	650	650	514	532	-121
Specialist (Physicians)	6,026	6,791	7,000	7,269	7,549	1,523
Hospitals [3]	34	34	38	37	36	4
Community Health Centers [4]	56	58	58	59	60	4
Long Term Care	203	203	221	237	238	35
Behavioral Health [5]	2,411	2,471	2,673	2,879	3,026	615
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

OneCare

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	571	565	567	581	584	13
Specialist (Physicians)	4,746	5,136	5,359	5,575	5,789	1,043
Hospitals [3]	31	31	33	32	30	0
Community Health Centers [4]	46	48	48	49	51	5
Long Term Care	203	203	220	236	236	33
Behavioral Health [5]	652	699	836	936	1,006	354

PACE

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP [2]	3	4	3	3	3	0
Specialist (Physicians)	3,549	4,033	4,256	4,446	4,713	1,164
Hospitals [3]	29	29	31	30	30	2
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	67	69	76	91	96	29
Behavioral Health [5]	106	116	119	132	127	21

Footnotes:

[1] Unique count of Provider by NPI (does not include count of each practice location per provider)

[2] Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers

[3] Includes Acute, Rehab and Long Term Acute Care Hospitals. Removed LOA Hospitals, effective Q1 2026

[4] Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics

[5] Includes Practitioners and Behavioral Health Groups