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

TUESDAY, MARCH 18, 2025
9:30 A.M.

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

AGENDA

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

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

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

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_n_1BQMXnRrWgjSD3jgF-oA and Join the Meeting.

Webinar ID: 885 2162 4993

Passcode: 347862 -- Webinar instructions are provided below.

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

2. **ESTABLISH QUORUM**

3. **APPROVE MINUTES**
   Approve Minutes of the November 19, 2024 Regular Meeting of the Whole-Child Model Family Advisory Committee

4. **PUBLIC COMMENT**
   At this time, members of the public may address the Whole-Child Model Family Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

5. **INFORMATIONAL ITEMS**
   A. California Children's Services (CCS) Update
   B. Newborn Gateway Updates
   C. Whole-Child Model Transportation Utilization
   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 March 18, 2025 at 9:30 a.m. (PDT)

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.

https://us06web.zoom.us/webinar/register/WN_n_1BQMXnRrWgjSD3jgF-oA

Passcode: 347862

Or One tap mobile:
+16694449171,,88521624993#,,,,*347862# US
+13462487799,,88521624993#,,,,*347862# US (Houston)

Or join by phone:
+1 669 444 9171 US
+1 346 248 7799 US (Houston)
+1 719 359 4580 US
+1 720 707 2699 US (Denver)
+1 253 205 0468 US
+1 253 215 8782 US (Tacoma)
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 558 8656 US (New York)
+1 646 931 3860 US
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Webinar ID: 885 2162 4993
Passcode: 347862

Back to Agenda

MINUTES

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

November 19, 2024

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on November 19, 2024 at CalOptima Health, 505 City Parkway West, Orange, California via in-person and teleconference (Zoom).

CALL TO ORDER
Chair Lori Sato called the meeting to order at 9:33 a.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present: Lori Sato, Chair; Kristen Rogers (remote); Jennifer Heavener; Cally Johnson (remote); Monica Maier (remote); Sofia Martinez; Jessica Putterman;

Members Absent: Erika Jewell, Vice-Chair; Jody Bullard; Janis Price

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Zainab Dabbah, M.D., Ph.D., J.D., Deputy Chief Medical Officer; Veronica Carpenter, Chief Administrative Officer; Mia Arias, Director, CalAIM; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant; Maura Byron, Board of Directors

MINUTES

Approve the Minutes of the September 24, 2024 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: ***On motion of Member Maier, seconded and carried, the WCM FAC Committee approved the minutes of the September 24, 2024, meeting. (Motion carried 7-0-0)***

PUBLIC COMMENTS
There were no public comments.

Back to Agenda

INFORMATION ITEMS

California Children's Services Update

Doris Billings, Program Manager and Chief Therapist of the California Children Services (CCS) program in Orange County discussed the completion of the updated Whole-Child Model Memorandum of Understanding (MOU) to the new template that was provided by DHCS. Ms. Billings also discussed how CCS is now outlining required topics to include in their meetings with CalOptima Health and noted that the intercounty transfers was a continuing item that they has been discussed in these monthly meetings. She also noted that there is now a work group with county and state personnel that will be developing training for CCS staff on the inter-county transfer, which CCS will share with the managed care plans. Ms. Billings noted that the goal of the training is to ensure timeliness of transfers, sharing of information and continuity of care.

Family Support Network

Maura Byron, Executive Director, Family Support Network and CalOptima Health Board Member presented on services provided by the Family Support Network noting that they had been in existence since 1985 by providing services to families with special needs kids. Ms. Byron noted that they are funded through donations, foundation grants and contracts. Their departments include: Early Childhood, Special Needs and Resilient Families. Ms. Byron provided an overview of these departments and noted that they plan to bring back CAMP TLC in the near future once they were able to secure funding to do so.

CalAIM Update

Mia Arias, Director, CalAIM presented an explanation of services and proposed refinement of CalAIM Services that included personal care and homemaker services for individuals who need assistance with activities of daily living, respite services provided to caregivers of members who require intermittent temporary supervision, environmental accessibility adaptations such as physical adaptation to a home that are necessary to ensure the health, welfare and safety of the individual or enable the individual to function with greater independence in the home, without which the member would require institutionalization. She also discussed nursing facility transition/diversion to assisted living facilities services that facilitate nursing facility transition and ongoing support to members transition into an assisted living facility from a nursing home or private residence.

Committee Member Updates

Chair Lori Sato announced that recruitment for the committee will begin in February 2025. She also noted that there was one Authorized Family Member seat available on the committee and that staff would notify those members whose seats were up for reappointment prior to February 2025 so they can reapply for their seat.

Back to Agenda

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer shared with the committee that some of the members on the committee had joined in on a meeting with the Department of Health Care Services (DHCS). She thanked them for making the time to share their feedback with the DHCS and provided some information on who from the DHCS attended and noted that the DHCS was very appreciative of the candid feedback they received from that meeting. She noted that Orange County feedback had given the DHCS a lot to think about in terms of what's coming next in the waivers. Ms. Kim also discussed the recent election and reemphasized CalOptima Health's commitment to serving its members. She also discussed upcoming items for the December Board of Directors meeting.

Chief Medical Officer Report

Zeinab Dabbah, M.D., Ph.D. J.D., Deputy Chief Medical Officer presented on vaccines that were available and encouraged the committees to consider the three seasonal vaccines RSV, COVID and Flu that were available. Dr. Dabbah also discussed the 90-day countdown to the pediatric integration of members 21 years of age and younger effective January 31, 2025 by Medi-Cal Rx. She noted that this will reinstate claim edits and prior authorization (PA) requirements for members under 21. As part of this pediatric integration, Medi-Cal Rx will implement the CCS Panel Authority policy in which CCS Panel Providers will have prescribing authority for a limited list of medications and supplies under a set of utilization management (UM) policies selected for this authority.

ADJOURNMENT

Hearing no further business, Chair Lori Sato adjourned the meeting at 11:03 a.m.

/s/ Cheryl Simmons
Cheryl Simmons
Staff to the Advisory Committees

Approved: March 18, 2025

Back to Agenda

California Children's Services

March 2025 Updates

Doris Billings
CCS Program Manager/Chief Therapist

Back to Agenda

CCS Program Updates

Reductions in CCS

- State underfunding of CCS program for Orange County
  - Reductions in staffing and operating expenses complete
  - Hiring freeze
  - 40% decrease in FTE in Admin (Medical) Program
  - 12% decrease in FTEs in Medical Therapy Program (MTP)
- Operational changes in process
  - Reductions in support staff may impact timelines for AMRs
  - Priority focus on new referrals
  - Medical Therapy Program reassignment of staff and responsibilities necessary to meet needs of each Medical Therapy Unit
- Transition of roles
  - Doris Billings, CCS Program Manager/Chief Therapist retiring 3/28/25.
  - Dr. Michelle Laba, CCS Medical Director to assume Medical program
  - Diana Weber, PT, to assume Interim Chief Therapist for MTP

Back to Agenda

Newborn Gateway Program Updates

Our Mission

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

Our Vision

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

Back to Agenda

Background:

Effective July 1, 2024, Qualified providers (QP) participating in Presumptive Eligibility are required to report births of newborns with eligibility to Medi-Cal and Medi-Cal Access Infant Program (MCAIP) born in their facilities within 72 hours after birth or 24 hours after discharge, whichever is sooner.

From the date of implementation, July 1, 2024, newborns enrolled through the Newborn Gateway were placed into the Medi-Cal Fee-for-Service (FFS) delivery system until the family chose or was defaulted into a Medi-Cal managed care plan.

Newborns with eligibility are those whose mothers were active Medi-Cal or Medi-Cal Access Program (MCAP) members at the time of birth.

Change in procedure as of November 26, 2024

Back to Agenda

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Change in Procedure:

As of November 26, 2024, newborns placed in coverage through the Newborn Gateway will be enrolled directly into their mother's Health Care Plan (HCP) at the time of birth.

Infants will continue to receive their own unique Client Index Number (CIN), and all services administered to the infant should be billed to the infant's unique CIN.

This only applies to infants born to mothers who are active on an HCP at the time of birth.

Births reported through the Newborn Gateway Portal will be given a "B1" HCP enrollment status code linking the infant to the mothers HCP and Capitation payment for the birth month and the month following birth, when the mother has an active HCP enrollment.

Back to Agenda

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Resources:

- Update: Change in Procedure for Infants Enrolled Through the Newborn Gateway
- https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I24-28.pdf
- Newborn Gateway FAQs
- The-Newborn-Gateway (ca.gov)

Back to Agenda

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WCM Transportation Utilization

March 18, 2025

Eric Holland Sr. Program Manager

Customer Service

Our Mission

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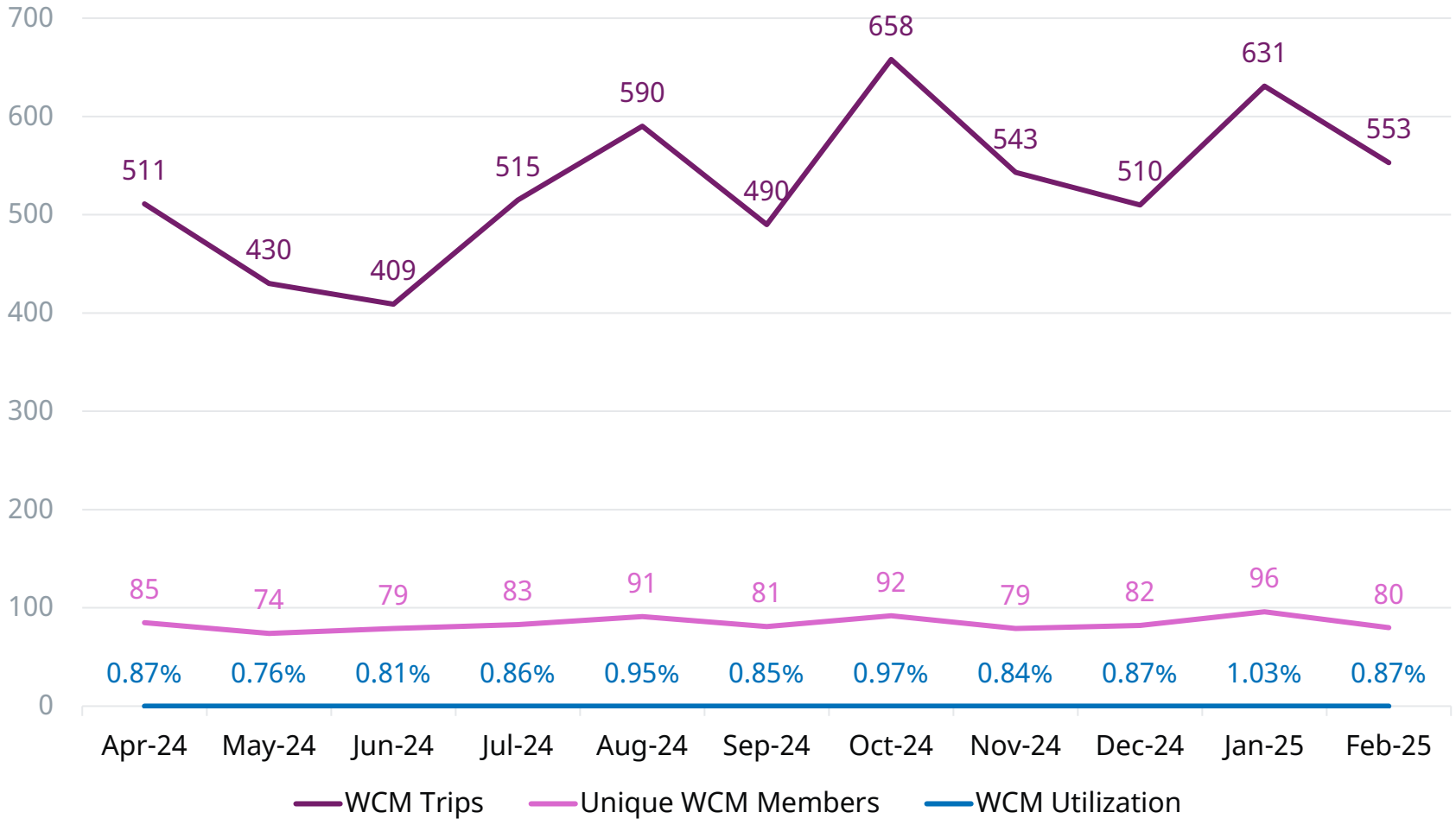
Back to Agenda

WCM Transportation Utilization



LOB	Avg. WCM per month
WCM ALL HEALTH NETWORKS	9,533
WCM Unique	83
Trips per Member per Month	6.3

Q2 2024-Feb 2025 - (data pulled 2/2025) Core/Tableau

Back to Agenda

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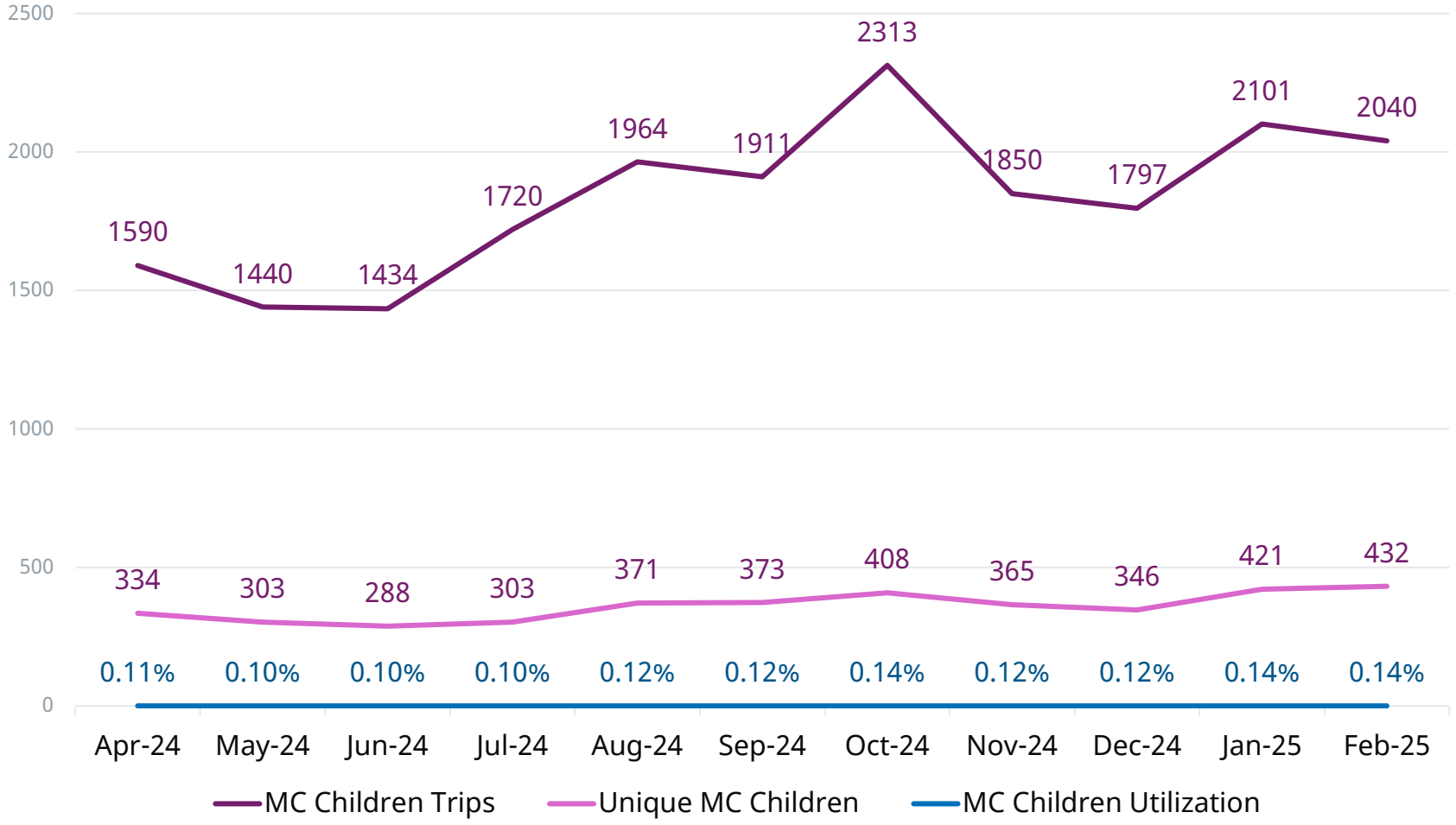
MC Children Transportation Utilization



LOB	Avg. MC Child per month
MC Children ALL HEALTH NETWORKS	298,898
Unique MC Child	358
Trips per Member per Month	5.1

Q2 2024-Feb 2025 - (data pulled 2/2025) Core/Tableau

Back to Agenda

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US Measles Outbreak 2025

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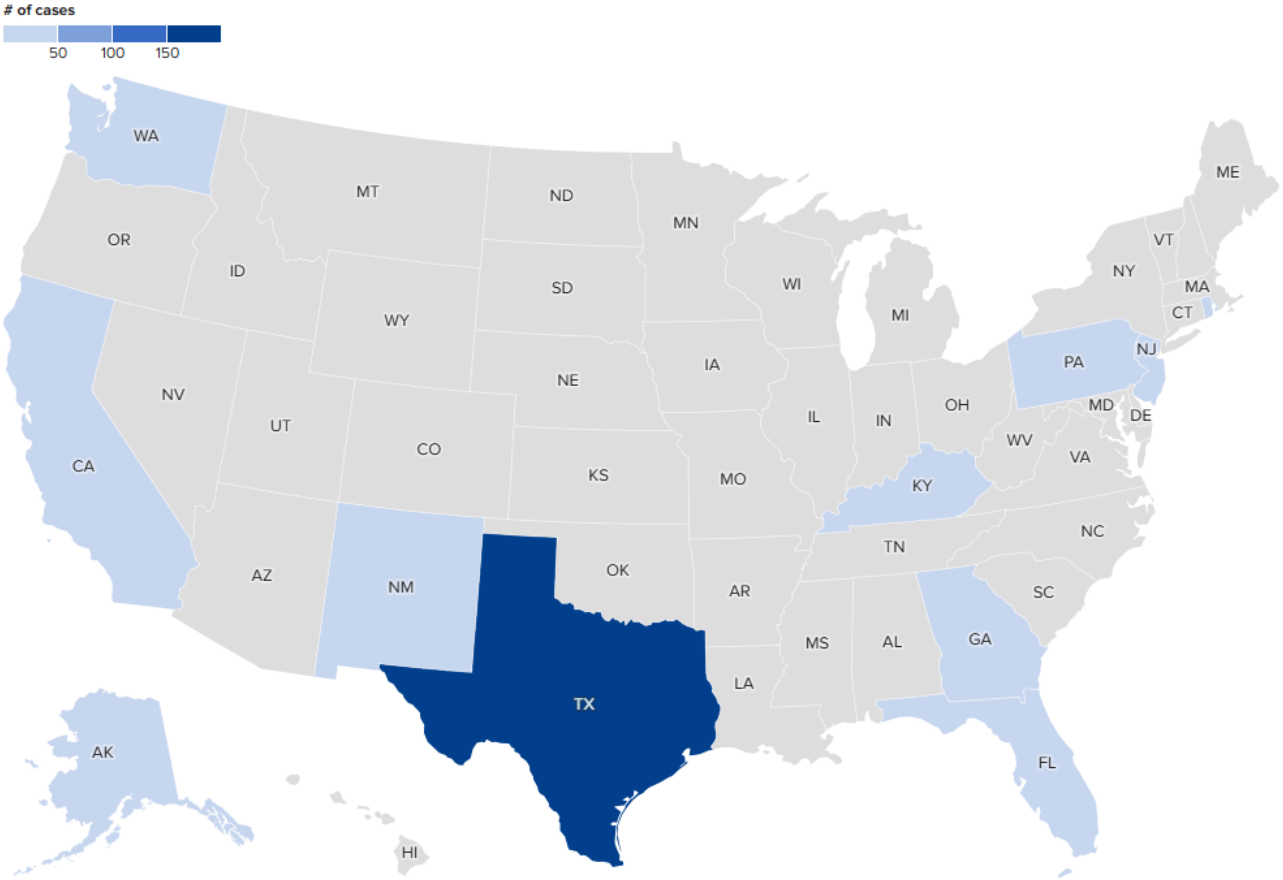
Back to Agenda

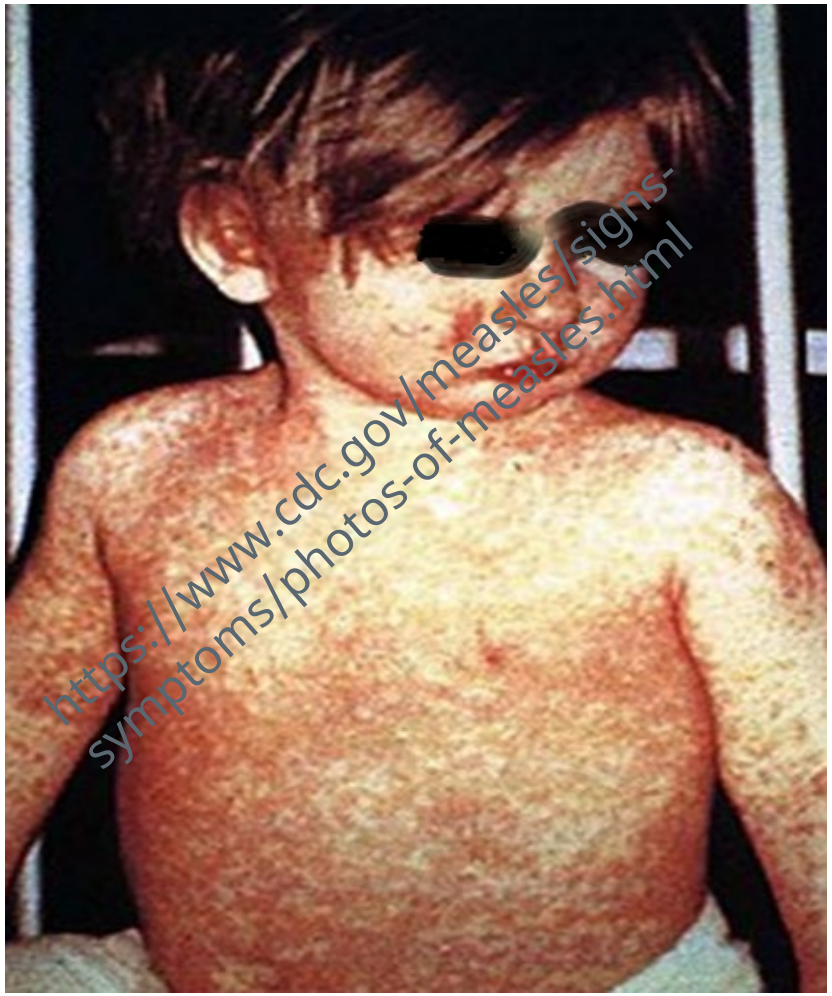
States with measles in 2025

So far this year, the U.S. has reported **222** cases. Click or hover over a state for more details.



Back to Agenda

CalOptima Health



Back to Agenda

https://www.cdc.gov/measles/signs-symptoms/photos-of-measles.html

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Complications of measles

- Ear infections.
- Scarring of the cornea.
- Pneumonia.
- Encephalitis (inflammation of the brain) which occurs in about one in every 1,000 people with measles.

Back to Agenda

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In All of 2023
What was the total number of Measles cases in the US? **58**

Back to Agenda

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In All of 2024
What was the total number of Measles cases in the US? **132**

Back to Agenda

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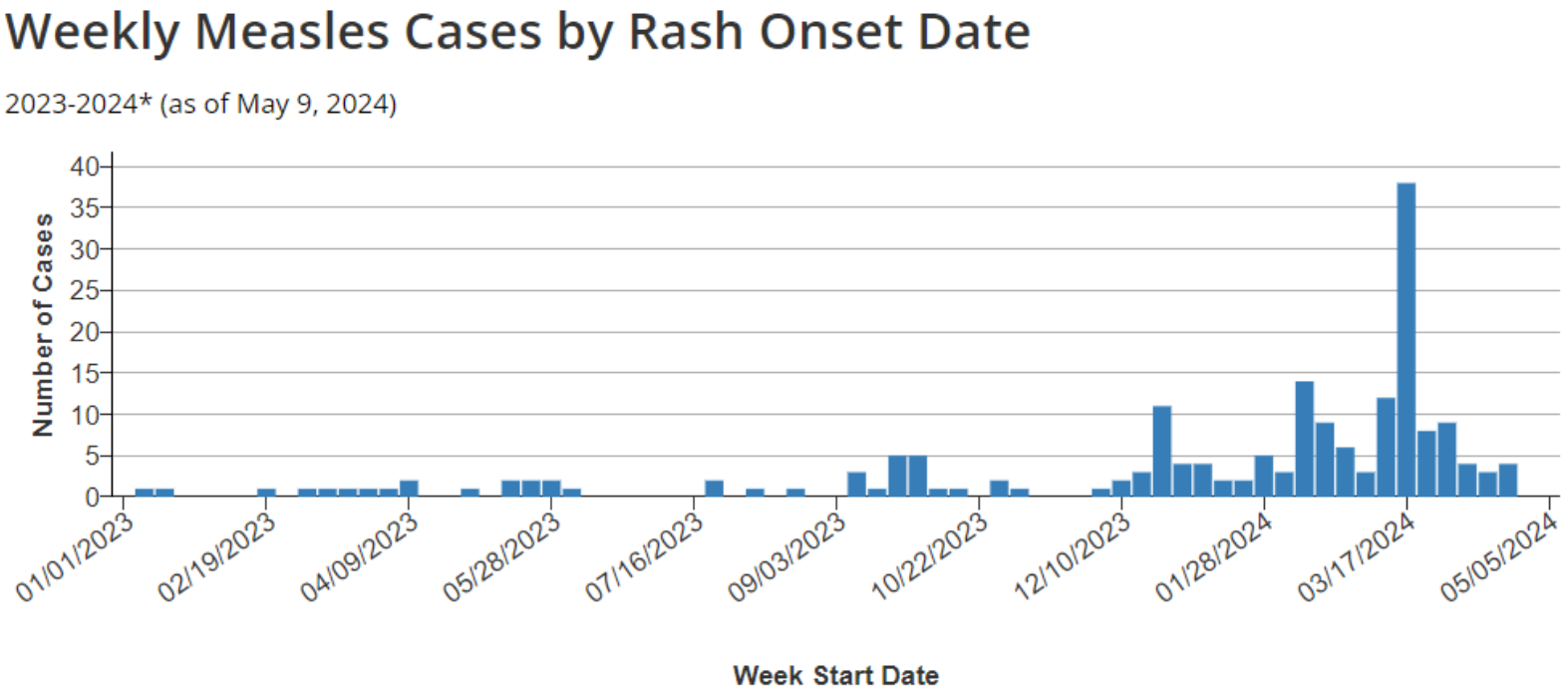
CDC as of May 9th 2024
Total in 2024 **285** Cases



https://www.cdc.gov/measles/cases-outbreaks.html#:~:text=Measles%20cases%20in%202024,Pennsylvania%2C%20Virginia%2C%20and%20Washington.

Back to Agenda

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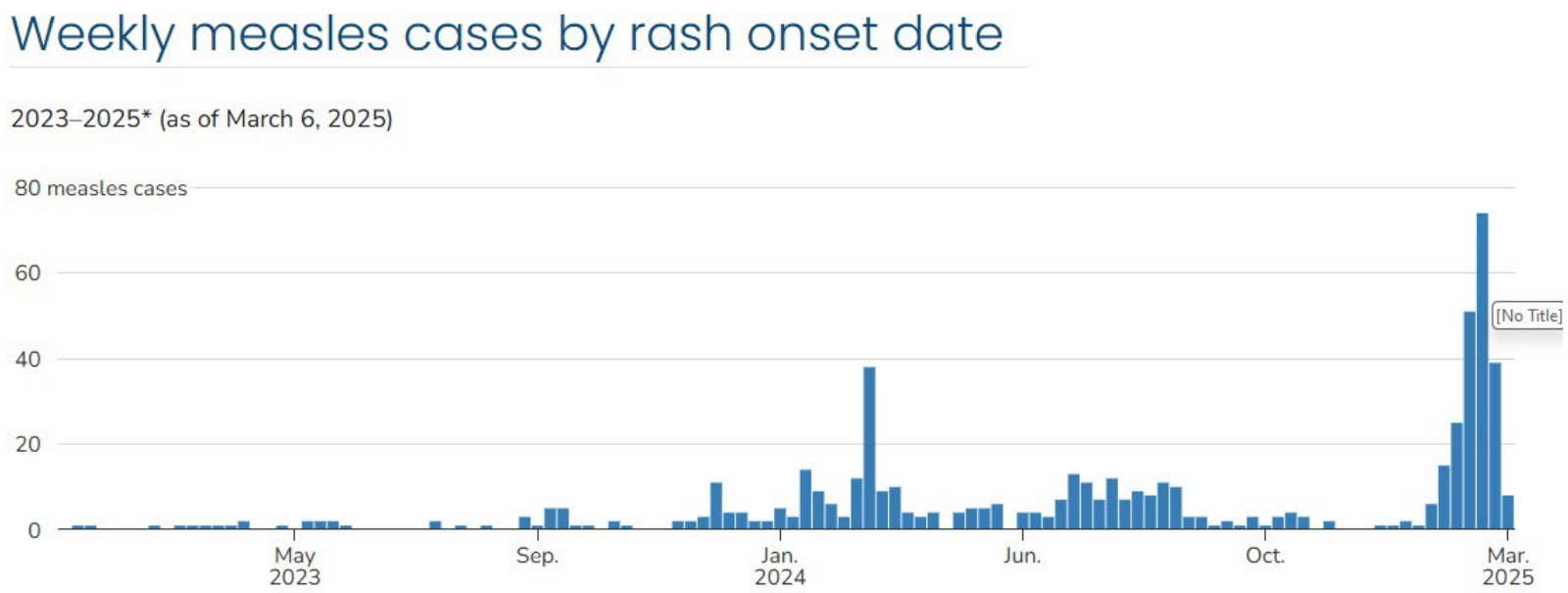
2025 Outbreak **224** Cases



Back to Agenda

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- Based on historical data:
- CDC has estimated that approximately 1 in 4 of cases of measles in the US result in hospitalization
- **1 in 1000** cases results in death
- Texas outbreak **2 deaths in 224 cases**
- Hospitalizations for measles precipitously declined with widespread measles vaccination

Back to Agenda

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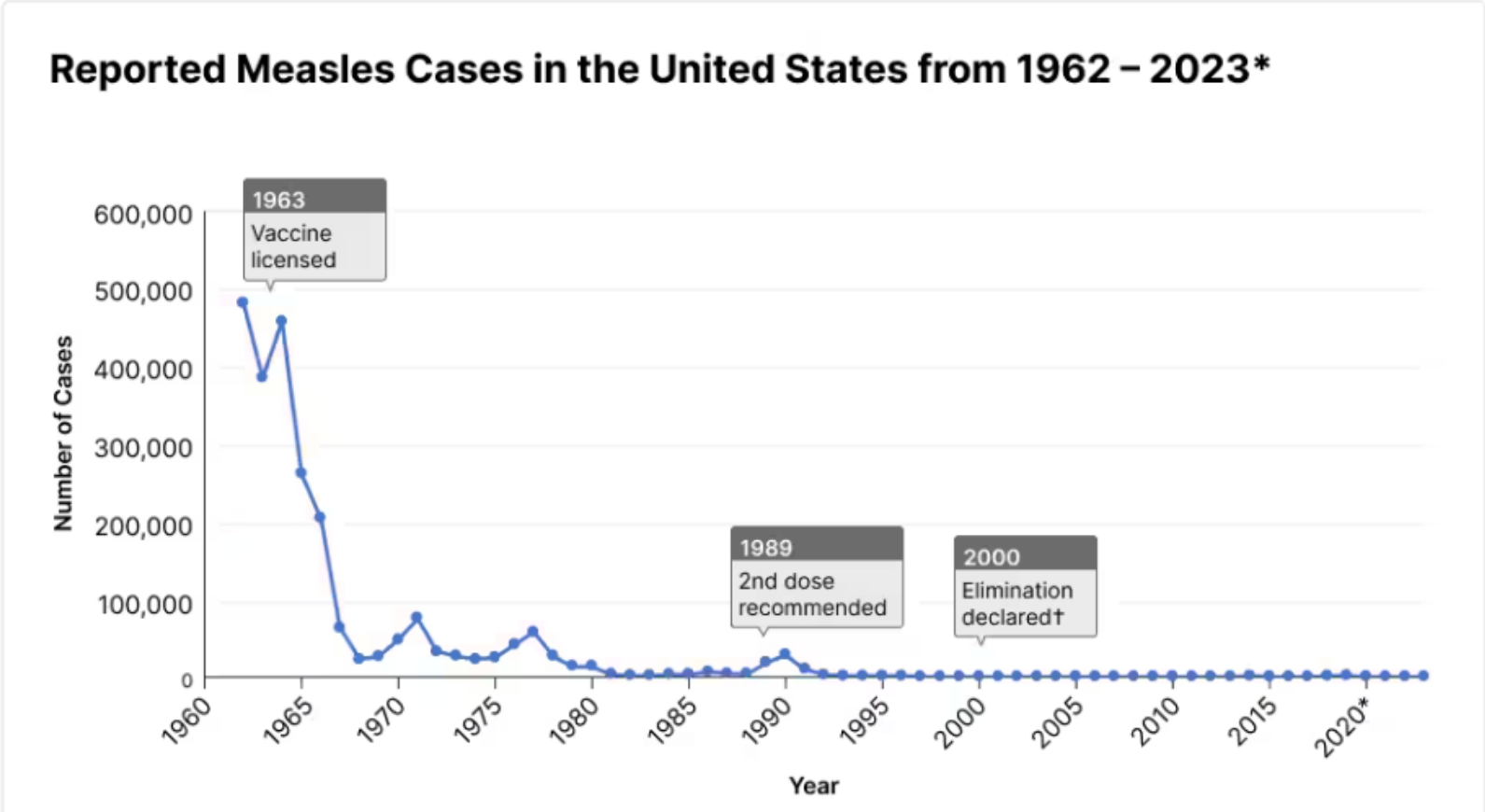
Does Measles vaccine work?



https://www.cdc.gov/measles/cases-outbreaks.html#:~:text=Measles%20cases%20in%202024,Pennsylvania%2C%20Virginia%2C%20and%20Washington.

Back to Agenda

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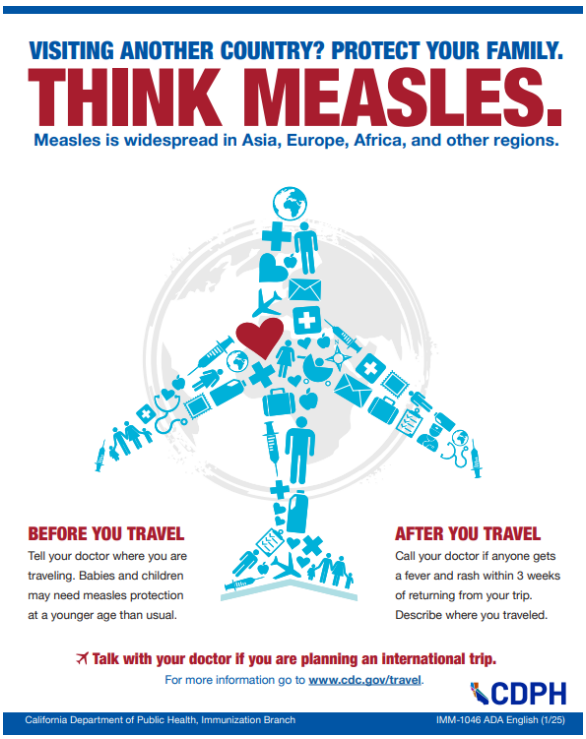
Back to Agenda

Health Officer Monthly Newsletter for Orange County Clinicians
March 2025

March 17, 2025
Regina Chinsio-Kwong, DO
County Health Officer

Measles, Tuberculosis (TB), Nutrition

Measles



On March 7, 2025, the Centers for Disease Control & Prevention (CDC) issued a Health Alert notifying the medical community of expanding measles outbreak in the US and to provide guidance for the upcoming travel season. With the rising number of identified cases across the US (301 as of March 14, 2025) from outbreaks occurring in different states as well as imported cases from other countries, and busy travel seasons around the corner (Spring and Summer Breaks) potentially increasing exposures during travel, messaging from clinicians remains a critical step in informing the public to take positive preventive measures to protect themselves and their community.

Of note, all 5 identified measles cases in California in 2025 have been associated with recent travel to Vietnam, a country that has been experiencing a surge in measles cases last year (45,000 suspected cases and 7,500 confirmed cases, 16 deaths in 2024). Recently, there were 2 reported deaths in children related to the outbreak in Nam Tra My District, Quang Nam Province.

Multiple countries across the globe have been experiencing measles outbreaks, hence ensuring one is protected before travel is important. Top 10 countries with measles outbreaks according to the CDC include Pakistan, Thailand, India, Yemen, Ethiopia, Afghanistan, Indonesia, Russia, Kyrgyzstan, and Vietnam.

Back to Agenda

Key points to keep in mind when educating patients and the community:

- The measles vaccine (MMR or MMRV) is highly effective.
    - A single dose is 93% effective, and a two-dose regimen is approximately 97% effective in preventing disease.
    - Before the introduction of the measles vaccine, close to 500,000 measles cases were reported annually to the CDC and resulted in 48,000 hospitalizations, 1,000 cases of encephalitis, and 400 to 500 deaths annually in the US.
    - Upon the licensing and distribution of the measles vaccine in 1963, reported measles cases across the US significantly declined from close to 500,000 annually to 37 people reported in the US in 2004.
    - Prior to this year, the last reported measles death in the US occurred in 2015.
    - Measles Severity and Complications in the US (http://www.cdc.gov/measles/about/complications.html)
        - 1 out of 5 cases required hospitalization
        - 1 out of 1,000 people with measles develops swelling of the brain which can lead to long term consequences
        - 1-2 per 1000 measles cases result in death
          **Complications are more common in children < 5 and adults > 20 years old*
        - A rare but fatal disease Subacute Sclerosing Panencephalitis (SSPE) can develop **7-10 years** after a measles infection. Since measles was eliminated in 2000, SSPE is rarely reported in the US. Among people who contracted measles during the resurgence in the US in 1989 to 1991, 4 to 11 out of every 100,000 were estimated to be at risk for developing SSPE (CDC). The risk of developing SSPE may be higher for a person who gets measles before they are two years of age.
        - Studies demonstrate that severe complications such as pneumonia, encephalitis and death can be prevented with adequate immunity gained from vaccination.
        - Studies show that most people who receive 2 doses of a measles vaccine achieve vaccine-induced long-term immunity, which is lifelong for most.

Back to Agenda

- Safety of Measles containing vaccines MMR and MMRV
  - Studies have shown that MMR and MMRV vaccines are well tolerated

  - Adverse reactions/symptoms following MMR/MMRV include the following (incidence listed in %)
    - Fever of 103°F (39.4°C) or higher 5%–15%
    - Rash 5%
    - Febrile seizures 1 in every 3,000 to 4,000 doses
    - Anaphylactic reactions 8 to 14.4 cases per million doses
    - Arthralgias and other joint symptoms 25% (adult women)

- Vaccine recommendations
  - Children are advised to get two doses of the MMR vaccine- one at the age of 12-15 months and the second at 4-6 years of age to get closer to a 97% efficacy rate.

  - The MMR vaccine can be given to infants 6-11 months of age before traveling internationally as an addition to the two recommended doses for protection.

  - Adults who have been vaccinated with 2 doses of vaccine have a >95% chance of being protected for life.

    - People born before 1957 are considered to have presumptive immunity. However, health care workers born before 1957 who don't have proof of immunity should consider getting the vaccine.
    - Those born after 1957 should get at least one MMR shot unless they have had laboratory-confirmed measles infection or have laboratory evidence (serum measles IgG) of immunity.

- Where can individuals get vaccines?
  - MMR and MMRV vaccines are widely available across the county.

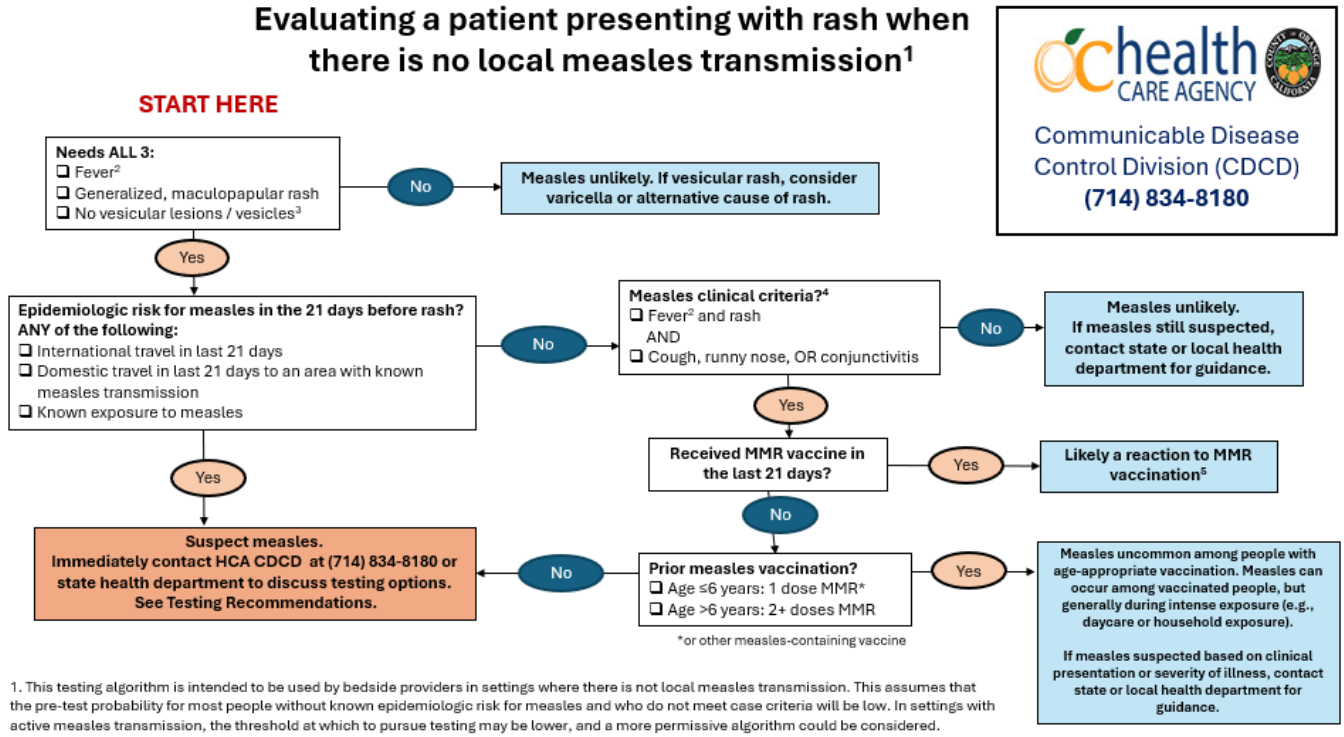
  - Insured individuals should consult their health plan to understand where they can receive covered vaccines.

  - MyTurn.ca.gov provides information about vaccines as well as where to locate a local pharmacy or clinic that provides vaccines.

  - Additional locations for centers (locally and nationally) that are part of the Vaccines for Children and Vaccines for Adults programs are available at the HRSA website.

Back to Agenda

- **Measles Clinical Flowchart** (meant for settings where there is not an active outbreak)
  Measles should be considered for individuals with history of a fever, as well as any of the 3 C's can be present (Cough, Coryza, or conjunctivitis) followed by a rash that starts on the head or face and spreads downward.
  During active outbreak, testing can be pursued without meeting all 3 criteria of history of fever, rash and 3 C's.



Flowsheet adapted from CDC Clinical Provider Flowsheet for evaluating patient presenting with rash or fever

What to do if you suspect measles in a patient (refer to CDC HAN March 7, 2025 for details**)**

- **Isolate the patient/protect health care providers**
  - Follow precautions to minimize exposure to staff/patients (CDPH, CDC)
- **Don't wait for results- Immediately notify the OC Health Care Agency (HCA) Communicable Disease Control Division (CDCD) at (714) 834-8180**
  - Contact us immediately if measles is suspected! The team can assist with next steps, including facilitation of testing and management with post-exposure prophylaxis for those who are eligible.
- **Test-** Lab confirmation (usually by measles PCR testing) should be pursued for all patients with suspected measles. OCHCA's Public Health Laboratory can perform expedited PCR testing for any suspect case, with results back in 24 hours for high-risk patients.
  - Lab Collection resources
    - CDPH Collecting Respiratory Specimens poster
    - CDC Testing and Lab Confirmation for Measles, Mumps, Rubella, Varicella

Back to Agenda

- **Manage**

    - Post-exposure prophylaxis (PEP): In coordination with the HCA, provide appropriate measles PEP to close contacts without evidence of immunity, as soon as possible after exposure, either with MMR vaccine (within 72 hours) or immunoglobulin (within 6 days). The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.

    - **Supportive care**: There is no specific antiviral therapy for measles. Medical care is supportive to help relieve symptoms and address complications such as pneumonia and secondary bacterial infections. Use of vitamin A for patients with measles has recently been in the news. Please see the following link for information: Call-to-Action-Vitamin-A-for-the-Management-of-Measles-in-the-US-FINAL.pdf

Resources for having the conversation about vaccines with patients:

- How to have crucial conversations with vaccine-hesitant patients | American Medical Association
- Strategies for Improving Vaccine Communication and Uptake | Pediatrics | American Academy of Pediatrics
- Communicating More Effectively About Vaccines - Public Health Communications Collaborative
- California Department of Public Health (CDPH) Office of Communications Measles Toolkit
- HCA Measles page (updated Vaccine Flyer will be posted on this website)

Previously recorded webinars by local experts:

- California Immunization Coalition- Emerging Conversation Series
- California Immunization Coalition Emerging Conversations: Preparing Patients for International Travel- with featured speakers: Jeff Goad, Pharm.D., MPH, APh and Kate Williamson, MD, FAAP August 2024
- California Immunization Coalition Everything Old is New Again: The Return of Vaccine-Preventable Diseases with featured speakers: Jasjit Singh, MD, FIDSA, FPIDS and Jeffrey Silvers, MD February 2024

Back to Agenda

2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 476 Valladares	**Residential Therapeutic Programs:** States the intent of the Legislature to enact legislation relating to short-term residential therapeutic programs.	**02/20/2025** Introduced	CalOptima: Watch
SB 482 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.	**02/20/2025** Introduced	CalOptima: Watch
AB 37 Elhawary	**Behavioral Health Workforce:** States the intent of the Legislature to enact legislation related to expanding the workforce of those who provide mental health services to persons experiencing homelessness.	**12/02/2024** Introduced	CalOptima: Watch
AB 348 Krell	**Full-Service Partnership:** Would establish presumptive eligibility for Full-Service Partnership programs.	**01/29/2025** Introduced	CalOptima: Watch
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 for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care.	**02/04/2025** Introduced	CalOptima: Watch
AB 423 Davies	**Discharge and Continuing Care Planning:** Would mandate regulations for discharge and continuing care planning from a facility providing alcoholism or drug abuse recovery and treatment services, including the creation of a plan to help patients return to their home community and scheduled follow-up with a mental health or SUD professional no more than seven days after discharge.	**02/05/2025** Introduced	CalOptima: Watch
AB 618 Krell	**Behavioral Health Data Sharing:** Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan and Drug Medi-Cal program to electronically share data for its members of to support care. Would also require the California Department of Health Care Services (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.	**02/12/2025** Introduced	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 669 Haney	**SUD Utilization Review:** Would prohibit the review of medical necessity for the first 28 days of inpatient SUD treatment and restrict retrospective review for the initial 28 days of intensive outpatient or partial hospitalization services. Would also prohibit prior authorization for outpatient prescription drugs treating SUDs deemed necessary by certain health care professionals.	**02/14/2025** Introduced	CalOptima: Watch
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 and certified residential facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027.	**02/20/2025** Introduced	CalOptima: Watch
AB 951 Ta	**Autism Diagnosis:** Would prohibit 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.	**02/21/2025** Introduced	CalOptima: Watch
AB 1090 Davies	**Behavioral Health and Wellness Screenings:** States the intent of the Legislature to enact legislation relating to behavioral health and wellness screenings.	**02/21/2025** Introduced	CalOptima: Watch
Budget			
SB 65 Weiner	**Budget Act of 2025:** Would make appropriations for the government of the State of California for the 2025–26 fiscal year in alignment with the governor's proposed budget released on January 10, 2025.	**01/10/2025** Introduced	CalOptima: Watch
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 when covering the ECM benefit or community support. 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. Finally, would require DHCS to annually update rate guidance as a benchmark for MCPs to use to reimburse for ECM and community supports.	**02/11/2025** Introduced	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 543 Wiener	**Street Medicine:** Would integrate street medicine services for homeless individuals under Medi-Cal, mandating presumptive eligibility for full Medi-Cal benefits for homeless persons and authorizing any enrolled provider to determine eligibility. Would also require plans to allow homeless beneficiaries to access services from any provider outside traditional sites. Additionally, would require systems for beneficiaries to inform plans of their homeless status and mandate data sharing between Medi-Cal and the California Statewide Automated Welfare System (CalSAWS).	**02/12/2025** Introduced	CalOptima: Watch
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Effective January 1, 2026, would prohibit a health plan from imposing a copayment 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. Would also prohibit a health plan from imposing step therapy protocols as a prerequisite to authorizing coverage of insulin.	**12/02/2024** Introduced	CalOptima: Watch
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** States the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.	**01/09/2025** Introduced	CalOptima: Watch
SB 466 Caballero	**Women's Health:** States the intent of the Legislature to enact legislation relating to women's health.	**02/20/2025** Introduced	CalOptima: Watch
SB 535 Richardson **AB 575** Arambula	**Obesity Prevention Treatment and Parity Act:** Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one anti-obesity medication and intensive behavioral therapy for the treatment of obesity without prior authorization.	**02/12/2025** Introduced	CalOptima: Watch
AB 54 Krell	**Access to Safe Abortion Care Act:** States the intent of the Legislature to enact legislation that would ensure access to medication abortion, such as mifepristone and misoprostol.	**12/02/2024** Introduced	CalOptima: Watch
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027.	**1/15/2025** Introduced	CalOptima: Watch
AB 260 Aguiar-Curry	**Reproductive Care Access:** States the intent of the Legislature to enact legislation ensuring patient access to care, including abortion, gender-affirming care, and other sexual and reproductive health care, and to allow patients to access care through asynchronous telehealth modalities.	**01/17/2025** Introduced	CalOptima: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
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 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.	**01/23/2025** Introduced	CalOptima: Watch
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.	**01/29/2025** Introduced	CalOptima: Watch
AB 360 Papan	**Menopause:** States the intent of the Legislature to enact legislation related to menopause.	**01/30/2025** Introduced	CalOptima: Watch
AB 432 Bauer-Kahan	**Menopause:** Would require a health plan to provide coverage for evaluation and treatment options for perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause.	**02/05/2025** Introduced	CalOptima: Watch
AB 602 Haney	**Antiretroviral Drugs:** Would require a health plan to cover specified antiretroviral drugs, including preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) without cost-sharing or utilization review requirements.	**02/13/2025** Introduced	CalOptima: Watch
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an 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	**02/13/2025** Introduced	CalOptima: Watch
Medi-Cal Eligibility and Enrollment			
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.	**01/23/2025** Introduced	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 974 Patterson	**Managed Care Enrollment Exemption:** States the intent of the Legislature to enact legislation that would exempt from mandatory enrollment in a Medi-Cal MCP any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage.	**02/21/2025** Introduced	CalOptima: 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.	**02/21/2025** Introduced	CalOptima: 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 a beneficiary who has been displaced or otherwise affected by a state of emergency or a health emergency for at least 90 days after declaration or at least the entire duration of the emergency, whichever is longer.	**02/21/2025** Introduced	CalOptima: Watch
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Would permit additional disclosures to DHCS staff and Medi-Cal MCPs to improve care coordination and quality programs for HIV-positive beneficiaries. Would also update existing laws to enhance quality improvement efforts in HIV care under Medi-Cal.	**02/04/2025** Introduced	CalOptima: Watch
SB 497 Wiener	**Legally Protected Health Care Activity:** Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena.	**02/20/2025** Introduced	CalOptima: Watch
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Would extend current Medi-Cal time and distance standards indefinitely. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers.	**02/21/2025** Introduced	CalOptima: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 40 Bonta	**Abortion as Emergency Service:** Would expand the definition of emergency services to include reproductive health services, including abortion.	**12/02/2024** Introduced	CalOptima: Watch
AB 45 Bauer-Kahan	**Reproductive Privacy Data:** States the intent of the Legislature to enact legislation to make it unlawful to geofence an entity that provides in-person health care services. Would also prohibit health care providers from releasing medical research information related to an individual seeking or obtaining an abortion in response to a subpoena or request, if that subpoena or request is based on another state's laws that interfere with a person's rights under the Reproductive Privacy Act.	**12/02/2024** Introduced	CalOptima: Watch
AB 257 Flora	**Specialty Telehealth Network Demonstration:** Would require the establishment of a demonstration project for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers.	**01/16/2025** Introduced	CalOptima: Watch
AB 302 Bauer-Kahan	**Confidentiality of Medical Information Act:** Would prohibit a health care provider, health plan or contractor from disclosing medical information in response to another state's court order based on a law in that state which interferes with California law. Would also prohibit such entities from disclosing medical information based solely on patient authorization.	**01/23/2025** Introduced	CalOptima: Watch
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.	**02/04/2025** Introduced	CalOptima: Watch
AB 577 Wilson	**Antisteering:** Would prohibit a health plan or pharmacy benefit manager 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.	**02/12/2025** Introduced	CalOptima: Watch
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report.	**02/14/2025** Introduced	CalOptima: Watch
AB 894 Carrillo	**Immigration and Patient Privacy:** Would state the intent of the Legislature to enact legislation protecting the privacy of undocumented Californians	**02/20/2025** Introduced	CalOptima: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
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.	**02/21/2025** Introduced	CalOptima: Watch
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.	**01/30/2025** Introduced	CalOptima: Watch
SB 412 Limón	**Home Care Aides:** Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter.	**02/14/2025** Introduced	CalOptima: Watch
AB 346 Nguyen	**In-Home Supportive Services (IHSS) Certification:** Expands the definition of a "licensed health care professional" who is allowed to certify IHSS eligibility to include any person who is a health care practitioner under the Business and Provisions Code. Would also clarify that, as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified.	**01/29/2025** Introduced	CalOptima: Watch
AB 960 Garcia	**Dementia Patient Visitation:** Would require a health facility to allow a patient with demonstrated dementia needs to have a family or friend caregiver with them as needed.	**02/21/2025** Introduced	CalOptima: Watch
Providers			
SB 32 Weber	**Maternity Ward Closures:** States the intent of the Legislature to enact legislation to address maternity ward closures.	1**2/02/2024** Introduced	CalOptima: Watch
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — Skilled Nursing Facilities:** Would require a provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type.	**01/30/2025** Introduced	CalOptima: Watch
SB 306 Becker	**Prior Authorization Gold Carding:** Would restrict health plans from requiring prior authorization for a covered health care service if certain conditions are met, such as approving 90% or more requests in the previous year. If a service qualifies for this exemption, it must be listed on the provider's website by March 15 annually.	**02/10/2025** Introduced	CalOptima: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 504 Laird	**HIV Reporting:** Would authorize a health care provider of a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH.	**02/20/2025** Introduced	CalOptima: Watch
SB 626 Smallwood-Cuevas	**Maternal 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.	**02/21/2025** Introduced	CalOptima: Watch
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 under Medi-Cal.	**12/02/2024** Introduced	CalOptima: Watch
AB 50 Bonta	**Over-the-Counter Contraceptives:** Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives.	**12/02/2024** Introduced	CalOptima: Watch
AB 55 Bonta	**Alternative Birth Centers Licensing:** Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement.	**12/02/2024** Introduced	CalOptima: Watch
AB 220 Jackson	**Medi-Cal Subacute Care Authorization:** Would mandate health facilities providing pediatric or adult subacute care to include a specific DHCS form with treatment authorization requests, preventing Medi-Cal MCPs from creating their own criteria for determining medical necessity outside of those specified in the form. Would allow DHCS to impose sanctions on non-compliant Medi-Cal MCPs.	**01/08/2025** Introduced	CalOptima: Watch
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026.	**01/21/2025** Introduced	CalOptima: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional.	**02/04/2025** Introduced	CalOptima: Watch
AB 416 Krell	**Involuntary Commitment:** Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability.	**02/05/2025** Introduced	CalOptima: Watch
AB 510 Addis	**Utilization Review Appeals and Grievances:** Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician 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.	**02/10/2025** Introduced	CalOptima: Watch
AB 512 Harabedian	**Prior Authorization Timelines:** Would shorten the timeline for prior authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination.	**02/10/2025** Introduced	CalOptima: Watch
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.	**02/10/2025** Introduced	CalOptima: Watch
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 from the date of approval.	**02/11/2025** Introduced	CalOptima: Watch
AB 1041 Bennett	**Provider Credentialing:** Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. In addition, would require DMHC to establish minimum standards or policies and processes to streamline and reduce redundancy and delay in provider credentialing. Additionally, would require health plans to use a standardized credentialing form on and after July 1, 2027, or six months after the form is completed, whichever is later, with updates to the forms every three years thereafter.	**02/21/2025** Introduced	CalOptima: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Rates & Financing			
SB 246 Grove	**Medi-Cal Graduate Medical Education (GME) Payments:** Would require DHCS to provide additional GME payments to district and municipal public hospitals (DMPHs) using voluntary intergovernmental transfers (IGTs) from the DMPHs or other eligible public entities. Would also create a new special fund for such purposes.	**01/30/2025** Introduced	CalOptima: Watch
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would allow Medi-Cal reimbursement rates to clinical laboratory or laboratory services for the diagnosis and treatment of sexually transmitted infections to exceed the average lowest rate of other payers and other state Medicaid programs for similar services.	**02/12/2025** Introduced	CalOptima: Watch
Social Determinants of Health			
SB 16 Blakespear	**Homelessness:** States the intent of the Legislature to enact legislation to address homelessness.	**12/02/2024** Introduced	CalOptima: Watch

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

Last Updated: February 21, 2025

2025 Federal Legislative Dates

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

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

2025 State Legislative Dates

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

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

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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).

Back to Agenda

MEMORANDUM

DATE:	February 28, 2025
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — March 6, 2025, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. FY 2025–26 Proposed State Budget Released

Gov. Gavin Newsom recently released his Fiscal Year (FY) 2025–26 Proposed State Budget. Reflecting a modest revenue surplus of $16.5 billion, yet also $7.1 billion in reserve withdrawals, the $322.3 billion total budget would generally maintain this year's current budget without major spending reductions or new commitments. Medi-Cal eligibility would remain unchanged, including coverage for all individuals regardless of immigration status. No major modifications to Medi-Cal services are proposed — with the exception of the new Transitional Rent benefit approved in December 2024 by the U.S. Centers for Medicare & Medicaid Services (CMS). In addition, due to Proposition 35's passage in November 2024, new Medi-Cal rate increases derived from the Managed Care Organization (MCO) Tax are anticipated in calendar year 2025 once a spending plan is developed by the California Department of Health Care Services (DHCS) in consultation with a stakeholder advisory committee. However, current risk factors that could negatively impact the state's economy and revenues include policy changes by the federal government, stock market volatility and geopolitical uncertainty. Overall state budget shortfalls are also anticipated in subsequent FYs as expenditures outpace revenues. For further details and potential impacts, a CalOptima Health-specific analysis follows my report in the Board materials. Next, the State Legislature will conduct hearings to review the proposed budget, and the governor will then release a revised proposal (May Revision) by May 14.

Government Affairs Advocacy Updates

- **Federal:** Over the past several weeks, CalOptima Health leadership has engaged extensively with federal lawmakers to share our concerns regarding budget reconciliation proposals in Congress that could reduce Medicaid funding and/or restrict eligibility. In collaboration with our federal associations and lobbyists, Government Affairs leaders traveled to Washington, D.C., to meet with legislative aides for all members of Orange County's federal delegation, including U.S. Sens. Alex Padilla (D) and Adam Schiff (D) and U.S. Reps. Linda Sanchez (D), Young Kim (R), Derek Tran (D), Lou Correa (D), Dave Min (D) and Mike Levin (D). Staff also met with aides for other members of Congress who hold important leadership roles or sit on committees impacting health care programs, including Senate Health, Education, Labor and Pensions Committee Chairman Bill Cassidy (R-LA), House Democratic Caucus Chairman Pete Aguilar (D-CA), House Budget

Committee Chairman Jodey Arrington (R-TX), and U.S. Reps. Jay Obernolte (R-CA) and Nanette Diaz Barragán (D-CA), who are members of the House Energy and Commerce Committee's Health Subcommittee. In addition, CalOptima Health executives met directly with Reps. Kim and Tran here in Orange County. Staff is closely monitoring ongoing developments in Congress and will continue to advocate on behalf of our members, providers and stakeholders.

- **State:** February 21 was the deadline for California legislators to introduce new legislation for the 2025 calendar year. Despite this session's reduced limit of 35 bills per legislator (down from 50 in the Assembly and 40 in the Senate last year), several significant health care bills were introduced before the deadline. In collaboration with our state associations and lobbyists, staff will be analyzing bills in the coming weeks to determine potential impacts to CalOptima Health and our members, providers and stakeholders. Staff will then engage with impacted departments regarding any significant legislation to inform potential advocacy efforts as bills are considered by committees and advance through the legislative process this year.

B. DHCS Requests PACE Sanction Authority in Proposed Trailer Bill

As part of the FY 2025–26 state budget process, DHCS has proposed "trailer bill language" that would grant the regulator authority to impose sanctions on Program of All-Inclusive Care for the Elderly (PACE) organizations for noncompliance. These could include monetary sanctions ranging from $15,000 to $100,000 per infraction, enrollment and marketing restrictions, subcontractor terminations, service suspensions, and temporary management oversight. Monetary penalties may apply for issues such as failure to provide medically necessary services, misrepresentation of information, discriminatory practices, network adequacy failures and delays in required reporting. DHCS may also withhold payments, require corrective action plans and hold public hearings before imposing certain sanctions. At the same time, DHCS is also requesting an increased budget to hire 33 permanent positions to support PACE growth across the state and to ensure that current PACE organizations are sustained. This increased funding would be sourced from new fees on PACE organizations, including application/expansion fees, annual maintenance fees based on enrollment, and marketing fees for mass mailer participation, as well as matching federal funds. While additional DHCS support for PACE is welcome news, the California PACE Association will engage DHCS to discuss concerns about these proposals. I will share further updates as the state budget process continues over the coming months.

C. ECM Academy: Cohort 3 Vetting Process and Selections Announced

CalOptima Health has a unique model for working with and training community-based organizations that provide health care services, mental health services, homelessness and housing services and other community services through an Enhanced Care Management (ECM) Academy. Through an application and vetting process, selected organizations participate in CalOptima Health's six-month training and onboarding program and are subsequently credentialed and contracted as ECM providers. The third cohort has recently been selected and will be comprised of 12 organizations. CBOs serving children and youth populations were encouraged to apply, and CalOptima Health received a total of 101 applications. The vetting process included an assessment of each organization's ability to meet capacity requirements (serving 60 members by year one), research on their mission and experience and in-person interviews. Cohort three includes the following CBOs and the ECM Academy will begin in April with contracted services slated to begin on October 1:

- Boys & Girls Club Garden Grove
- Council on Aging Southern California
- Dr. Patricia's Health Club, Inc.
- Heritage Health Network
- Human Options

- Koinonia Foster Homes
- Meals on Wheels
- Mercy Pharmacy
- Nurturing Care
- OCAPICA
- Pair Team
- Vynca

D. Two New WellSpaces Open to Support Better Mental Health for Students

CalOptima Health celebrated the grand opening of two new WellSpaces at Marina High School in Huntington Beach and Loara High School in Anaheim. These WellSpaces are among the 10 funded by CalOptima Health's Student Behavioral Health Incentive Program (SBHIP), which invested $25.5 million in a variety of mental health interventions in all 29 Orange County school districts. CalOptima Health collaborates with CHOC/Rady Children's Health and the Orange County Department of Education on each WellSpace, which is a location on campus that provides students with a safe space to practice social-emotional learning skills and de-escalate mental health concerns. The WellSpaces are intended to help students develop resilience, perseverance and adaptability. The grand opening of the Loara WellSpace was covered by NBC4.

E. Video Series Features CalOptima Health Member's Story of Becoming Housed

CalOptima Health's newest member video tells the inspiring story of Maggie Noble's journey from experiencing homelessness to her joy at receiving housing at Santa Angelina, an affordable senior housing community in Placentia. Through the Housing and Homelessness Incentive Program (HHIP), CalOptima Health granted $1.3 million to National CORE for the development of Santa Angelina's 65 affordable apartment homes for seniors. Twenty-one units are set aside as permanent supportive housing for unhoused seniors or seniors at risk of becoming unhoused.

F. DHCS Releases Final Community Reinvestment Guidance

DHCS has released the final All Plan Letter (APL) 25-004: Community Reinvestment Requirements, which provides guidance to Medi-Cal managed care plans about reinvesting a minimum level of their net income in their local communities. In response to plans' concerns with the draft APL released in September 2024, DHCS is no longer requiring a shared governance process for developing reinvestment plans and has also added grandfathering provisions to allow current community investments to be claimed in 2024 reinvestment obligations. While DHCS did not accept many of the other requested changes, the California Association of Health Plans will continue to advocate as implementation begins.

G. Guide to Immigration Resources Developed

CalOptima Health developed a two-page list of immigration resources in collaboration with the Orange County Health Care Agency and the County of Orange Social Services Agency. It was distributed to all staff if conversations with members and providers lead to this topic and the need to share helpful resources in the current climate. View the document online.

H. CalOptima Health Gains Media Coverage

- On February 3, CalMatters published an article titled "California voters erased a plan to keep kids insured. It might be too late to fix it." I was quoted about the importance of continuous coverage starting in childhood and what it means to the health trajectory of our most vulnerable members. Since the article was first published, it has been widely syndicated.

- On February 8, Chief Operating Officer Yunkyung Kim was interviewed by the Orange County Register about the Board of Directors' action to rescind the letter of support for 360 PACE.
- On February 10, BeckersPayer.com published an article after interviewing me about CalOptima Health's plans to join Covered California. The conversation also resulted in a related podcast.

CalOptima Health

Fast Facts
March 2025

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

Membership Data* (as of January 31, 2025)

Total CalOptima Health Membership

915,151

Program	Members
Medi-Cal	897,559
OneCare (HMO D-SNP)	17,090
Program of All-Inclusive Care for the Elderly (PACE)	502

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

Key Financial Indicators (for seven months ended January 31, 2025)

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	$48M	$228.9M	126.5%
Non-Operating Income/(Loss)	●	$102.3M	$64.6M	171.5%
Bottom Line (Change in Net Assets)	●	$150.3M	$293.5M	205.0%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	93.2%		-7.2%
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	5.1%		1.7%

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 88.8%.

Reserve Summary (as of January 31, 2025)

	Amount (in millions)
Board Designated Reserves*	$1,091.6
Statutory Designated Reserves	$136.3
Capital Assets (Net of depreciation)	$101.5
Resources Committed by the Board	$451.9
Board Approved Provider Rate Increase**	$403.4
Resources Unallocated/Unassigned*	$410.7
Total Net Assets	$2,595.4

* Total of Board-designated reserves and unallocated resources can support approximately 142 days of CalOptima Health's current operations.

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

Total Annual Budgeted Revenue **$4 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.

Back to Agenda

CalOptima Health Fast Facts

March 2025

Personnel Summary (as of February 2, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,334.75	48.65	56.82%	43.18%	3.52%
Supervisor	82	3	100%	--	3.53%
Manager	119	4	25%	75%	3.25%
Director	69	5	40%	60%	6.76%
Executive	21	0	--	--	--
Total FTE Count	1,625.8	61.7	47.89%	52.11%	3.65%

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

Provider Network Data (as of February 23, 2025)

	Number of Providers
Primary Care Providers	1,318
Specialists	7,054
Pharmacies	601
Acute and Rehab Hospitals	43
Community Health Centers	65
Long-Term Care Facilities	206

Treatment Authorizations (as of December 31, 2024)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	43.20 hours
Prior Authorization – Urgent	72 hours	13.26 hours
Prior Authorization – Routine	5 days	1.73 days

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

Member Demographics (as of January 31, 2025)

Member Age	
0 to 5	8%
6 to 18	23%
19 to 44	35%
45 to 64	20%
65 +	14%

Language Preference	
English	54%
Spanish	31%
Vietnamese	9%
Other	2%
Korean	2%
Farsi	1%
Chinese	<1%
Arabic	<1%

Medi-Cal Aid Category	
Temporary Assistance for Needy Families	37%
Expansion	38%
Seniors	11%
Optional Targeted Low-Income Children	8%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%

Fiscal Year 2025–26 Proposed State Budget

Background
On January 10, Governor Gavin Newsom released his FY 2025–26 Proposed State Budget. Subsequently, the California Department of Health Care Services (DHCS) released its budget highlights and Medi-Cal estimate. The budget proposal reflects a point-in-time assessment of California's finances and administrative priorities, with adjustments expected in a Revised Budget Proposal (May Revision) to be released on or before May 14.

Summary
Overall, Gov. Newsom's proposal reflects an upcoming budget that will — for the most part — maintain the status quo without major spending reductions or new commitments.

The FY 2025–26 Proposed State Budget includes $322.3 billion in total funding ($228.9 billion General Fund [GF]) and anticipates a modest revenue surplus of $16.5 billion compared to FY 2024–25. The governor presented a balanced budget with $17 billion in reserves — after withdrawing $7.1 billion from those reserves as part of the two-year balancing plan included in the current FY 2024–25 Enacted State Budget to address last year's deficit.

Looking forward, Gov. Newsom highlighted several risks that may negatively impact expected state revenue, including policy changes by the incoming federal administration, stock market volatility, increased inflation and geopolitical uncertainty. Budget shortfalls are also anticipated in subsequent FYs as expenditures outpace revenues, despite the significant reserves proposed for FY 2025–26.

Medi-Cal Overview
Medi-Cal enrollment in the current FY 2024–25 has been higher than projected in the Enacted State Budget, resulting in an estimated $3 billion ($1.1 billion GF) cost increase. However, caseloads are expected to remain relatively stable or slightly decline through the remainder of the FY while unwinding flexibilities remain in place until June 30, 2025. Once these flexibilities are eliminated, a steeper caseload decline is projected in the upcoming FY 2025–26. Specifically, projected Medi-Cal enrollment for FY 2025–26 is 14.5 million per month, a decrease of 3.09 percent from FY 2024–25.

Despite anticipated caseload reductions, the overall Medi-Cal budget is estimated to increase year-over-year to $188.1 billion total ($42.1 billion GF) in FY 2025–26 due to increased program costs. While there are no proposed changes to Medi-Cal eligibility, including the previously enacted expansion for individuals with unsatisfactory immigration status, the budget estimates an FY 2024–25 increase of $2.7 billion for this population due to higher than anticipated enrollment and increased pharmacy costs. Overall Medi-Cal pharmacy expenditures are expected to increase $1.6 billion ($1.3 billion GF) in the current FY 2024–25 and another $1.2 billion ($215.2 million GF) in the upcoming FY 2025–26 due to increased utilization of high-cost drugs, including anti-obesity medications.

California Advancing and Innovating Medi-Cal (CalAIM)
Gov. Newsom's proposed budget estimates $1.2 billion in expenditures for CalAIM Enhanced Care Management (ECM) and Community Supports, a reduction of $491.1 million from FY 2024–25 driven by the completion of plan incentive payments. However, these expirations are partially offset by an increase in ECM expenditures and the addition of Transitional Rent costs sometime in 2025 (*see later*).

Proposition 35 — Managed Care Organization (MCO) Tax

Approved by voters in November 2024, Proposition 35 permanently reauthorized the MCO Tax that was enacted in 2023 and originally set to expire at the end of 2026. The latest amendments to the MCO Tax were approved by the U.S. Centers for Medicare & Medicaid Services (CMS) on December 20, 2024.

In addition, Proposition 35 outlined permissible uses of the MCO Tax revenues to increase funding for the Medi-Cal program, starting in 2025. DHCS must next consult with a stakeholder advisory committee to develop and implement a specific spending plan. The targeted rate increases for primary care, maternal care and non-specialty mental health services that were previously effective on January 1, 2024, will be maintained, but future investments that were authorized in the FY 2024–25 Enacted State Budget are now inoperable in order to accommodate the new expenditures approved by Proposition 35.

Due to the proposition's restriction on the use of MCO Tax revenues to cover existing state costs, the proposed budget reflects a $2.2 billion decrease in available revenue from FY 2024–25 to FY 2025–26.

Senate Bill (SB) 525 Health Care Minimum Wage Impacts

On October 16, 2024, the health care minimum wage increase went into effect after DHCS notified the Joint Legislative Budget Committee that it had initiated the data retrieval process necessary to increase the Hospital Quality Assurance Fee (HQAF) beginning January 1, 2025. Also on December 11, 2024, DHCS submitted a request to CMS to significantly increase the Private Hospital Directed Payment (PHDP) by roughly $6 billion total, beginning January 1, 2025, for services rendered in 2025. The large increases to the HQAF and PHDP partially mitigate cost pressures on managed care plans resulting from the minimum wage increases, as hospitals will have significant new revenue available. As such, Mercer significantly discounted the impact of SB 525 on 2025 plan rates.

Behavioral Health

In December 2024, DHCS received CMS approval of $8 billion in total funding to implement the five-year BH-CONNECT demonstration, effective January 1, 2025, through December 31, 2029. The proposed budget allocates a total of $29.5 million ($655,000 GF) for FY 2024–25 and $784.3 million ($31.6 million GF) for FY 2025–26. While most of the demonstration will be implemented through the county behavioral health delivery system, BH-CONNECT does include the new Transitional Rent benefit to be offered by MCPs to eligible high-need members for up to six months. Another component of the demonstration includes the $1.9 billion statewide Behavioral Health Workforce Initiative to be administered by the California Department of Health Care Access and Innovation (HCAI).

Gov. Newsom's budget proposal also includes an additional $93.5 million ($55 million GF) in FY 2025–26 for counties to administer the Behavioral Health Services Act (BHSA) recently approved by voters in March 2024 as part of Proposition 1 and Behavioral Health Transformation (BHT).

Miscellaneous

Other provisions in the governor's proposed budget include:

- Establishment of a new California Housing and Homelessness Agency to create a more integrated and effective administrative framework for addressing housing and homelessness issues. More details will be released this spring as part of a reorganization plan.
- A new investment of $7.4 million GF in FY 2025–26 to provide a three-month supply of free diapers for families with newborns, to be administered by HCAI through hospitals systems.

Next Steps

In the coming months, the State Legislature will hold committee hearings to review the governor's proposed budget as well as consider its own counterproposals. Gov. Newsom will then release his May Revision by May 14, which incorporates updated revenue projections. Finally, the governor and State Legislature must negotiate and enact a final budget by July 1.

Staff will continue to monitor budget developments as well as the release of forthcoming Trailer Bill Language, which reflects specific policy changes that would be needed to implement certain proposed budget expenditures. Further updates will be shared regarding any budget proposals that may impact CalOptima Health. Staff will also work closely with legislators and stakeholders to advance CalOptima Health's priorities throughout the budget process.

If you have any questions, please contact Government Affairs at GA@caloptima.org.

California Children's Services (CCS) Advisory Group Meeting

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Back to Agenda

January 8, 2025

Advancing Medi-Cal Rx: Pediatric Utilization Management (UM) Integration

DHCS

Back to Agenda

Pediatric Utilization Management Integration

Goal: Integrate the pediatric population into the Medi-Cal Rx utilization management program by implementing pediatric-appropriate policies and operational workflow.

Objectives:

- Implement a clinically-sound pediatric utilization management (UM) program supported by stakeholders.
- Provide equitable access for pediatric members.
- Acknowledge the expertise of the California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) provider community.
- Eliminate undue administrative burden/barriers for the pediatric population.
- Align with regulatory requirements and sound fiscal management practices.
- Leverage lessons learned from adult reinstatement.

Back to Agenda

Stakeholder Input

- "Children are not small adults" - Clinicians require access to pharmacy products routinely used in pediatric care, as well as policies that support equitable access for all children regardless of program enrollment.
- "Acknowledge the expertise of CCS Panel Providers" - Paneled clinicians have met advanced requirements and are managing members with complex medical conditions.
- "Unnecessary administrative burden results in delayed, and potentially unsafe care". Barriers to care must be minimized to support timely and safe delivery of services.

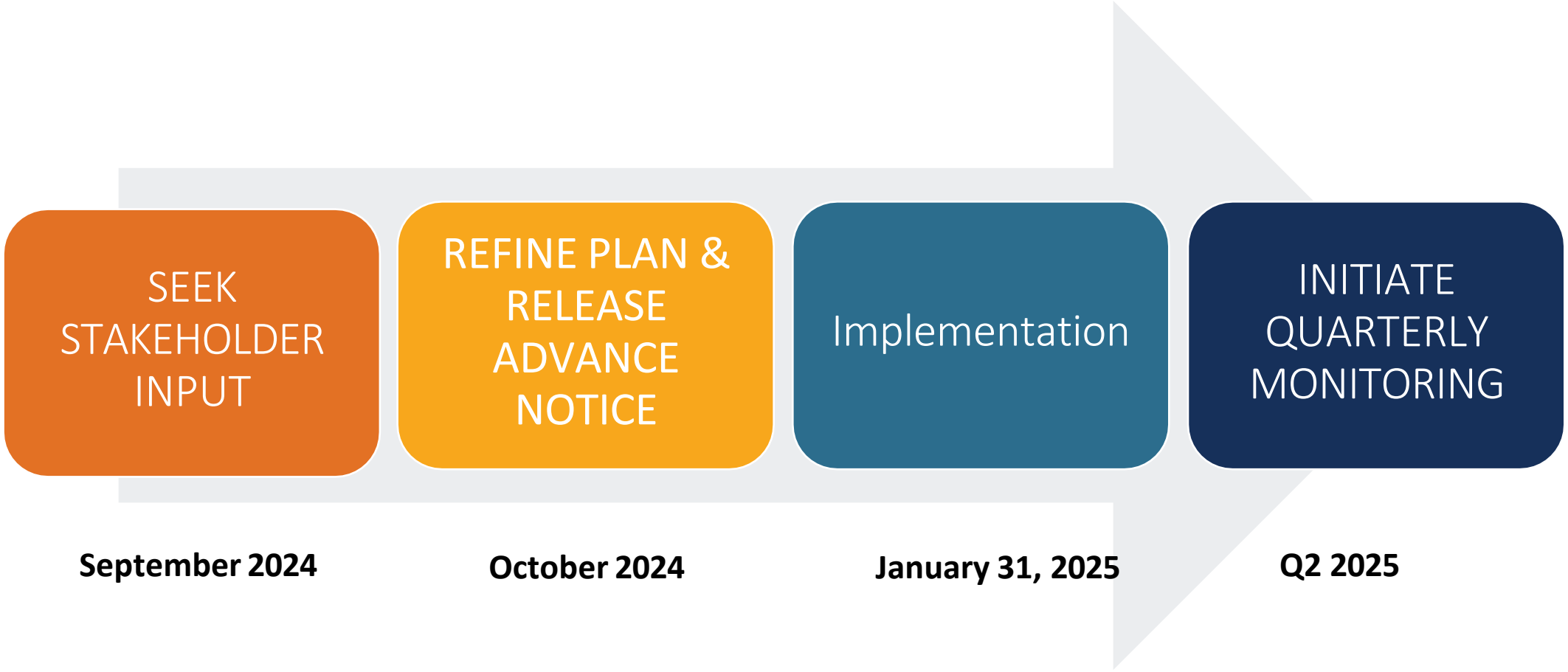
Back to Agenda

Planning Assumptions

- Utilization management controls, including prior authorization (PA) are required for patient safety and program integrity.
- Operational workflow must support Medi-Cal policy, CCS/GHPP policy for pediatric members enrolled in Medi-Cal only, CCS only, CCS-Medi-Cal, GHPP only, and GHPP-Medi-Cal and support EPSDT requirements.
- Stakeholder input is critical to the plan for pediatric integration.
- The integration plan must be data-driven.

Back to Agenda

PEDIATRIC IMPLEMENTATION TIMELINE



Back to Agenda

Pediatric UM Integration

Pediatric-Centric UM Policy

- Covered Product List inclusive of pediatric products & dosage forms.
- UM policies are pediatric-specific.
- Aligned across programs where possible.

Leverage Clinical Expertise

- Establish CCS Panel Provider Authority.
- Grant UM authority to paneled providers for select drugs, enteral nutrition and & medical supplies.

Back to Agenda

Operational Improvements

- Streamline PA submission requirements.
- Robust Program Integrity monitoring.

Contract Drugs List - Pediatric

- Over 110 medications and liquid forms have been added to the Contract Drugs List (CDL) from internal reviews and at the request of CCS providers and stakeholders.
- The CDL has been completely reviewed for Pediatric FDA indications, age restrictions, Code 1 and quantity limits. As new indications come out the CDL will be updated accordingly.
- DHCS continues to work with manufacturers on drug rebate contracting for new single-source therapies with pediatric uses.

Back to Agenda

CCS Panel Provider Authority

- "Panel Providers" have been determined by the CCS program to meet the education, training, and/or experience requirements for his/her provider type in order to render services to a CCS applicant or client.
- CCS Panel Providers who are licensed to prescribe medications and are Medi-Cal enrolled will be granted prescribing authority for all pediatric members treated by these paneled providers.
- CCS Panel Providers will have prescribing authority for a list of medications and supplies under a set of UM policies selected for this authority.

Back to Agenda

Non-Paneled Providers

- Prescriptions written by providers not approved as CCS Panel Provider will be subject to prior authorization requirements.
- Prior authorization requirements will apply to prescriptions for medications, enteral nutrition products, and medical supplies for all pediatric patients, ages 21 and younger, regardless of program enrollment for the member (Medi-Cal or CCS).

Back to Agenda

CCS Panel Provider Authority

CCS Panel Provider Authority will include all drug classes with the following exceptions:

Numbered Letter (NL) drugs except those that are on the CDL and do not require a PA: Epidiolex, GnRH, and Blood factors.	High risk drugs using criteria such as: not recommended for use in pediatric population, or have a black box FDA safety warning, or are not considered first-line therapy, etc.
	Some examples include:
	• Multiple Sclerosis 2nd line treatment
	• Amyloidosis Agents
	• Anti-inflammatory Biologics
	  • Tumor Necrosis Factor (TNF) inhibitors
	  • Interleukin inhibitors (IL-1, IL-6, IL-17, IL-12/23, IL-36)
	  • Monoclonal antibodies (mAbs)
	  • Janus Kinase (JAK) inhibitors

Opioid analgesics, benzodiazepines (except anticonvulsants) and sedative/hypnotics.	
Medical Benefit drugs: Physician Administered Drugs (PADs), for example: Gene Therapy agents.	
Drugs that are excluded from coverage under Medi-Cal, but can be considered for coverage if medically necessary, such as drugs approved solely for • Anorexia, weight loss, or weight gain. • To promote fertility. • Cosmetic purposes or hair growth. • Treatment of sexual or erectile dysfunction	

Note: Authority is within established use parameters. Other UM edits including Quantity Limits will apply.

Back to Agenda

CCS Panel Provider Authority:
Enteral Nutrition and Medical Supplies

Product	Included*	Excluded
Enteral Nutrition (EN)	Contracted EN products within the established daily calorie maximum.	Non-contracted EN products and EN products prescribed outside established use parameters.
Medical Supplies	• Contracted Diabetic Test Strips and Lancets • Contracted COVID-19 Antigen Tests • Contracted Pen Needles and insulin syringes • Contracted Blood Pressure Monitoring Devices and Blood Pressure Cuffs • Contracted Glucometers, Control Solutions, Lancing Devices • Other Contracted Medical Supplies (alcohol prep pads, spacers, basal thermometers)	• Continued Glucose Monitoring Devices (contracted and non-contracted), Disposable Insulin Delivery Devices (contracted and non-contracted) • Non-contracted test strips, lancets, insulin syringes • Other non-contracted medical supplies

*Within established age, frequency and quantity use parameters

Back to Agenda

CCS Panel Provider Authority:
Excluded Products

The following products **are not** Covered by Medi-Cal, but will continue to be available through the CCS program. For operational reasons, these are excluded from the CCS Panel Provider Authority:

- **Common household remedies**
- **Over-the-Counter (OTC) cough and cold drug products** not on the *Medi-Cal Rx Contract Drugs List - Over-the-Counter Drugs and Cold/Cough Preparations*
- **Non-legend (non-FDA approved) products**
- **Medical Supplies more broadly covered for CCS & GHPP**
- **Medical Foods**
- **Dietary supplements for CCS and GHPP**
- **Vitamins & Minerals** not on the *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations* or those used for Dietary supplementation
- **Amino Acid products** billed as Total Parenteral Nutrition (TPN) regimens or enteral powders
- **Thickener products**
- **Compounds with non-FDA approved ingredients**

Back to Agenda

Operational Improvements

- Refinement of the Cover My Meds (CMM) Prior Authorization submission and feedback processes.
- Alignment of utilization management policies across programs where possible.
- Establishment of routine monitoring for risks and opportunities.

Back to Agenda

Monitoring

- **Monitor for compliance and alignment with DHCS goals for Medi-Cal Rx.**
  - Retrospective monitoring of all medication use in the pediatric population must be built as part of this integration proposal.
  - Routine UM monitoring including
    - Medication use in the pediatric population.
    - Medication use in the CCS population.
  - Fraud, Waste and Abuse controls including
    - Application of PA requirements on drugs identified with inappropriate use.
    - Restriction of Paneled Provider UM Authority where inappropriate practices are identified.
  - CCS Panel Authority monitoring for appropriate prescribing and a process for adjusting authority as needed.

Back to Agenda

Pediatric Integration Implementation

- Implementation on January 31, 2025:
  - Addresses stakeholder concern about prescriber confusion – all pediatric patients regardless of age, drug class, eligibility.
  - Supported by PA volume estimates – PA reduction driven by implementation of Panel Provider UM Authority and Expansion of CDL.
  - Customer Service Center (CSC) call volume will be proactively managed with strong communication planning including advanced notice, stakeholder trainings, and on-going implementation support.

Back to Agenda

CCS Provider Paneling Information

- Certified Nurse Practitioners (CNPs) who are currently CCS paneled as Registered Nurses must be re-paneled as CNPs in order to utilize the Panel Provider Utilization Management Authority.
  - Interested CNP applicants who want to utilize the utilize the Panel Provider Utilization Management Authority will need to submit a new CCS application to the following portal: https://cmsprovider.cahwnet.gov/PANEL/index.jsp.
  - Existing CCS-paneled Registered Nurses who ARE enrolled in Medi-Cal as CNPs will NOT need to submit another Medi-Cal application.
  - Existing CCS-paneled Registered Nurses who are NOT enrolled in Medi-Cal as CNPs WILL need to submit another Medi-Cal application and select CNP.
- To verify Provider status, visit the https://cmsprovider.cahwnet.gov/PANEL/index.jsp webpage.
  - Can search by NPI, Applicant Name, Application Number, or License Number.
- **Note**: Complete Physician and CNP applications are being reviewed as expeditiously as possible with current staffing ability, but due to an expected increase in volume there may be a delay in the processing timelines. For inquires into your application, you can email: ProviderPaneling@dhcs.ca.gov.

Back to Agenda

Discussion

Back to Agenda