

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2486 (Addis) – As Amended April 6, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill removes the sunset on a current advisory group for the California Children’s Services (CCS) program, broadens its mandate, adds specified stakeholders, requires a report every two years, and makes conforming changes.

Specifically, this bill:

- 1) Renames the statewide Whole Child Model (WCM) program stakeholder advisory group to the CCS advisory group.
- 2) Adds to the list of stakeholder participants in the group former CCS clients, representatives of CCS clients not enrolled in a managed care plan, and caregivers of former CCS clients.
- 3) Requires the Department of Health Care Services (DHCS) to consult with the advisory group on the implementation of the “Classic CCS” program and to consider the recommendations of the advisory group in developing monitoring processes and outcome measures for the CCS program.
- 4) Requires DHCS, beginning no later than December 31, 2027, and every two years, deliver a summary report to the Legislature, with feedback from the advisory group, that briefly describes the department’s progress towards and actions on the department’s actions towards the top CCS program priorities that have been informed by feedback from the CCS advisory group members.
- 5) Deletes the sunset date of December 31, 2026, for the advisory group.
- 6) Makes conforming changes in other sections of code.

FISCAL EFFECT:

Cost pressures of an unknown amount, likely less than \$150,00 per year, for DHCS to maintain the advisory group and produce a report every two years (General Fund, federal funds).

COMMENTS:

- 1) **Purpose.** This bill is sponsored by Children Now. According to the author:

[This bill] ensures that families, providers, and stakeholders can continue to shape the California Children's Services program by extending the California Children's Services Advisory Group. This feedback strengthens care coordination and improves outcomes for some of California's most medically vulnerable children.

- 2) **Background.** The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under 21 years of age with CCS-eligible conditions, such as severe genetic diseases, chronic medical conditions, serious infectious diseases, and traumatic injuries, in families that are unable to afford catastrophic health care costs. A child eligible for CCS must be a resident of California, have a CCS-eligible condition, and must generally be income-eligible.

Approximately 181,000 children are in CCS, roughly 95% of whom are also enrolled in Medi-Cal. Generally, most children with CCS-eligible conditions enrolled in Medi-Cal receive services for their CCS-eligible condition through the CCS program on a fee-for-service basis, and other health care services through Medi-Cal managed care plans. This is known as the CCS "carve out" and has been extended since it was first established in 1994. The fee-for-service CCS program that is operated separately from managed care plans is referred to as "Classic CCS."

Due to concerns related to coordination of care between CSS and managed care plans, when the CCS program reached the end of one of its "carve out" authorization periods in 2015, the Brown Administration indicated that it would support an extension of the "carve out" only if accompanied by a plan for a more organized delivery system. SB 586 (Hernandez), Chapter 625, Statutes of 2015, authorized DHCS to establish the WCM in 21 counties, in which both Medi-Cal and most CCS services would be covered and paid for by the Medi-Cal managed care plan. Currently, about 29,000 children of the 181,000 are served through WCM, while the rest are served through "Classic CCS."

SB 586 also required DHCS to create a statewide WCM stakeholder advisory group to inform implementation of WCM, as well as the development of related monitoring and evaluation processes. The purpose of the WCM advisory group is to advise DHCS on the improvement of the CCS Program to ensure that children and youth who are in the program receive appropriate and timely access to quality care. The group's scope is broader than the WCM. For instance, the group's scope includes recommendations and feedback regarding the delivery of CCS statewide and ensuring consistency across models of CCS delivery. Thus, this bill's renaming and broadening of the charge of the WCM advisory group appears consistent with current practice. DHCS intends to continue the current Advisory Group.

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