

ASSEMBLY THIRD READING

AB 2486 (Addis)

As Amended May 19, 2026

Majority vote

SUMMARY

Removes the sunset on a current advisory group for the California Children's Services (CCS) program, broadens its mandate, adds specified stakeholders, requires a biennial report and makes conforming changes.

Major Provisions**COMMENTS**

CCS. The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy health care services to children under 21 years of age with CCS-eligible conditions (e.g., severe genetic diseases, chronic medical conditions, serious infectious diseases, and traumatic injuries) in families 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. CCS is administered by the Department of Health Care Services (DHCS).

CCS "carve out" and Whole Child Model (WCM). 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," which been extended a number of times 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."

Although the CCS program staff and providers have expertise in delivery of children's specialty care for a variety of complex conditions, issues have been raised 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 it is 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."

Advisory Group. 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. According to the charter of the current CCS Advisory Group (called the WCM Advisory Group in statute), the purpose of the group is to advise the 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. Although the charge of the group includes advising on WCM implementation, the group's scope, in practice, is already broader than the WCM. For instance, DHCS indicates the group's scope includes recommendations and feedback regarding the delivery of CCS statewide and ensuring consistency across models of CCS

delivery. This means this bill's broadening of the charge of the Advisory Group appears consistent with current practice. DHCS has stated intent to continue the current Advisory Group.

According to the Author

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

Arguments in Support

This bill is sponsored by Children Now and supported by child, family, and consumer advocates as well as physician and hospital providers of specialty care to CCS-eligible children. According to Children Now, families and caregivers who live the reality of caring for a medically complex child hold irreplaceable knowledge about what the program gets right, where it falls short, and what must change. Supporters note the extension and reforms to the Advisory Group, such as a biennial report to promote transparency and accountability, mean the CCS Advisory Group will be well-poised to improve the CCS program for years to come.

Arguments in Opposition

None on file.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, 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).

VOTES

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 14-0-1

YES: Wicks, Hoover, Aguiar-Curry, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

ABS, ABST OR NV: Arambula

UPDATED

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CONSULTANT: Lisa Murawski / HEALTH / (916) 319-2097

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