
SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

BILL NO: AB 2486
AUTHOR: Addis
VERSION: May 19, 2026
HEARING DATE: June 24, 2026
CONSULTANT: Jen Flory

SUBJECT: Medi-Cal: Whole Child Model program

SUMMARY: Deletes the sunset for the existing Whole Child Model advisory group and recasts the group as a broader California Children’s Services (CCS) advisory group. Requires the Department of Health Care Services to produce a summary report every two years on the progress towards specified CCS measures and program priorities.

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals, including children, are eligible for medical coverage. [WIC §14000, et seq.]
- 2) Establishes the California Children’s Services (CCS) program, administered by DHCS, under which individuals under the age of 21 who have eligible medical conditions established in regulation and meet financial requirements, are eligible to receive medically necessary services and treatments. [HSC §123800, et seq.]
- 3) Authorizes the DHCS director to contract, on a bid or nonbid basis, with any qualified individual, organization, or entity to provide services to, arrange for, or case manage the care of Medi-Cal beneficiaries and establishes Medi-Cal managed care models (Medi-Cal plans) that DHCS contracts within each county. [WIC §14087.3, §14089, §14087.98, §14087.967, and §14087.5]
- 4) Authorizes DHCS to establish a “Whole Child Model” program to enroll Medi-Cal eligible CCS children in a Medi-Cal plan in specified counties. [WIC §14094.5]
- 5) Requires, in the implementation of the Whole Child Model program, DHCS to consult with a stakeholder advisory group to develop and implement a robust monitoring system to ensure that Medi-Cal plans are in compliance with program requirements. [WIC §14094.7]
- 6) Specifies the makeup of the advisory group to include representatives of CCS providers, county CCS program administrators, health plans, family resource centers, regional centers, recognized exclusive representatives of CCS county providers, CCS case managers, CCS medical therapy units, and representatives from the Medi-Cal plan’s CCS family advisory groups. [WIC §14094.17]
- 7) Sunsets the Whole Child Model advisory group on December 31, 2026. [WIC §14094.17]

This bill:

- 1) Recasts the existing Whole Child Model advisory group as a CCS advisory group on the implementation of the Whole Child Model and the CCS program and to develop monitoring and outcome measures for the CCS program.

- 2) Adds the following representatives to the workgroup: county CCS medical directors, CCS clients not enrolled in managed care (including current and former foster youth) or their caregivers, former CCS clients, caregivers of former CCS clients, and patient advocates.
- 3) Deletes the sunset for the workgroup and provisions making members ineligible for travel or other per diem payments.
- 4) Requires DHCS to produce a summary report every two years to the appropriate budget and policy committees of the Legislature beginning no later than December 31, 2027, describing DHCS’s progress towards the measures in an existing evaluation and DHCS’s actions in regards to top CCS program priorities identified by the CCS advisory group.

FISCAL EFFECT: According to the Assembly Appropriations Committee, 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).

PRIOR VOTES:

Assembly Floor:	77 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

- 1) *Author’s statement.* 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. This feedback strengthens care coordination and improves outcomes for some of California’s most medically vulnerable children.
- 2) *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, infectious diseases producing major sequelae, and traumatic injuries) from 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. Approximately 178,000 children are in CCS; of those, roughly 94% are also in Medi-Cal and 6% are in the CCS-only program.
- 3) *CCS “carve out” and Whole Child Model.* Children who are eligible for both Medi-Cal and the CCS program are enrolled in a Medi-Cal plan and receive CCS-covered services through the CCS program on a fee-for-service basis. This is known as the CCS “carve out,” which has been extended a number of times since it was first established by SB 1371 (Bergeson, Chapter 917, Statutes of 1994). SB 586 (Hernandez, Chapter 625, Statutes of 2015) authorized DHCS to establish the Whole Child Model in 21 counties, in which both Medi-Cal and most CCS services would be covered and paid for by the Medi-Cal plan. Subsequent legislation authorized the expansion of the Whole Child Model through Kaiser’s direct contract with DHCS in 2024 and expanded the Model to 12 additional counties starting in 2025.

SB 586 also required DHCS to create a Whole Child Model stakeholder advisory group to inform implementation, as well as the development of the monitoring and evaluation process.

In practice, the advisory group is already named the CCS Advisory Group and the most recent charter document from October 2021 states the purpose of the group is to advise DHCS on the improvement of the CCS program in serving the most vulnerable children and youth to ensure that children and youth who are in the program receive appropriate and timely access to quality care.

- 4) *Reporting on CCS and the Whole Child Model.* DHCS released the statutorily required evaluation of the Whole Child Model in 2023 of data received up through June 2021. The evaluation was over 600 pages, with over 1,000 pages of appendices. While the topline summary noted in the evaluation was that Whole Child Model and classic CCS fared similarly in access to CCS services, patient and family satisfaction and the quality of care received, there were some notable differences within subgroups and specific questions asked. Some results indicate that those with more medically complex conditions had more difficulty accessing services or obtaining transportation in Whole Child Model versus classic CCS. Care coordination and case management also seemed to suffer in some cases. Conversely, the durable medical equipment authorization process seemed to improve in Whole Child Model, as did access to behavioral health services. The scope of the report required by this bill would be on the same measures as in the 2023 report, along with other priority issues identified by the advisory group.
- 5) *Prior legislation.* SB 424 (Durazo of 2023) would have extended the Whole Child Model workgroup and further limited the incorporation of CCS-covered services into a Medi-Cal plan contract. *SB 424 was amended to deal with another purpose.*

AB 133 (Committee on Budget, Chapter 42, Statutes of 2023) authorizes DHCS to extend the Whole Child Model program to additional counties, extend the advisory workgroup until December 31, 2026, and make other changes related to the delivery of CCS services by a Medi-Cal plan.

AB 2724 (Arambula, Chapter 73, Statutes of 2022) authorizes an alternate health care service plan (Kaiser) contracted directly with DHCS to provide CCS services through the Whole Child Model.

AB 382 (Kamlager, Chapter 51, Statutes of 2021), extended the sunset date of the statewide CCS Whole Child Model program stakeholder advisory group by an additional two years, from December 31, 2021 to December 31, 2023.

AB 1688 (Committee on Health, Chapter 511, Statutes of 2017), required DHCS to provide a report on the CCS Whole Child Model by the later of January 1, 2021, or three years from the date when all counties in which DHCS is authorized to establish the Whole Child Model program are fully operational, instead of by January 1, 2021, under prior law.

SB 586 (Hernandez, Chapter 625, Statutes of 2015) authorizes the Whole Child Model for children enrolled in both CCS and Medi-Cal in 21 counties where both Medi-Cal and most CCS services would be covered by Medi-Cal plans.

SB 208 (Steinberg, Chapter 714, Statutes of 2010), implements an 1115 Waiver and requires DHCS to establish a pilot project and seek proposals to test four models exploring potential options to redesign the CCS program. It also authorizes DHCS to require mandatory enrollment of CCS-eligible children in such a pilot project.

- 6) *Support.* Sponsors Children Now and other supporters write that letting the advisory group sunset would be a step backward at a moment when the CCS program is evolving due to the expansion of the Whole Child Model and DHCS’s own program priorities. They also state that the current advisory group is missing key caregiver voices including families from diverse language and ethnic communities, people with disabilities, immigrant families, caregivers of fee-for-service CCS kids, bereaved caregivers who have lost a child who used CCS, and families navigating the precarious post-CCS transition period from ages 21 to 26, and that the prohibition on per diem or travel payments is a barrier to the inclusion of family representatives. Finally, they state that the required reporting by DHCS will bring accountability to the workgroup.
- 7) *Amendments.* The author and committee have agreed to sunset the workgroup and reporting requirements in 10 years so the obligation on DHCS is not indefinite.

Section 2, 14094.17 (e) This section shall remain in effect only until January 1, 2037, and is as of that date repealed.

SUPPORT AND OPPOSITION:

Support: Children Now (sponsor)
 Bleeding Disorders Council of California
 California Children's Hospital Association
 California Chronic Care Coalition
 Children's Specialty Care Coalition
 County Health Executives Association of California
 Disability Rights California
 Family Voices of California
 Health Officers Association of California
 Western Center on Law & Poverty, Inc.

Oppose: None received.

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