THIRD READING

Bill No: AB 2486
Author: Addis (D)
Amended: 6/29/26 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 6/24/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove, Menjivar, Padilla, Pérez, Rubio, Smallwood-Cuevas

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 77-0, 5/26/26 - See last page for vote

SUBJECT: Medi-Cal: Whole Child Model program

SOURCE: Children Now

DIGEST: This bill recasts the existing Whole Child Model advisory group as a broader California Children's Services (CCS) advisory group; and 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.

ANALYSIS:

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. [Welfare and Institutions Code (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 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.

5) Delays the workgroup sunset until January 1, 2037, and also applies the same sunset to the new reporting requirements.

Background

According to the author of this bill:

> 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.

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.

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.

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

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee, DHCS estimates costs of $156,000 ($78,000 General Fund and $78,000 federal funds) in 2027-28 and $147,000 ($73,500 General Fund and $73,500 federal funds) in 2028-29 and annually thereafter until January 1, 2037, for state administration.

SUPPORT: (Verified 8/13/26)

Children Now (source)
Bleeding Disorders Council of California
California Children's Hospital Association
California Chronic Care Coalition
Children's Specialty Care Coalition
City and County of San Francisco
County Health Executives Association of California

Disability Rights California
Family Voices of California
Health Officers Association of California
Western Center on Law & Poverty, Inc.

OPPOSITION: (Verified 8/13/26)

None received

ARGUMENTS IN SUPPORT: The source of this bill, Children Now, and other supporters write that letting the advisory group sunset this year 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.

ASSEMBLY FLOOR: 77-0, 5/26/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO VOTE RECORDED: Muratsuchi, Celeste Rodriguez, Sanchez

Prepared by: Jen Flory / HEALTH / (916) 651-4111
8/14/26 10:41:16

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