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Community Steering Committee

Santa Barbara County
August 20, 2026



Agenda for Today

1:30 – 1:45 pm | Welcome, Introductions, and Agenda Overview

1:45 – 2:05 pm | CenCal Health Policy & Strategy Updates

2:05 – 2:50 pm | Medi-Cal Transition: Unsatisfactory Immigration Status (UIS)

2:50 – 3:25 pm | Preparation: Work Requirements & 6-Month Redetermination

3:25 – 3:30 pm | Meeting Reflections & Adjourn





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CenCal Health Updates: Context and Strategic Priorities

Marina Owen
Chief Executive Officer

August 2026 Community Steering Committee



Strategic Plan Priorities

2026 – 2030

Strengthen Provider Partnerships

Elevate Quality
for our Communities

Integrate for
Better Outcomes

Advance
Affordable Access

Organize for Strategic Impact and Effectiveness

CenCal Health 2026 Top 3 Can't Miss Priorities

- 1 Preserve and Advance Access to Coverage
- 2 Stabilize D-SNP Towards Optimization
- 3 Adapt the Organization to Enable Strategy

State Policy Updates and Reflections

- Medi-Cal is entering a **new political, fiscal and policy cycle** in California, under pressure from the federal government
- The 2026-27 state budget **preserved most coverage** and core health funding (e.g. FQHCs), relying on delays and stopgaps
- Immediate issues include transition of **UIS members** to fee-for-service and **county indigent care** program funding shortfalls and solutions
- HR-1 creates a **coverage retention challenge** requiring member outreach and focus on stabilizing the **provider safety-net**
- CenCal Health needs to show with increasing clarity that local plans **produces value, is a public steward** and **innovates locally**

Strategic Reflections on Moving Forward

- Top 3 priorities remain unchanged, becoming even more **timely and critical** for CenCal Health and community partners
- Fiscal position is strong; however, **investment in key areas** is necessary (member retention, provider safety-net, program integrity, coverage planning, fiscal forecasting and monitoring)
- CenCal Health will be monitoring CalAIM, ECM and Community Supports **cost effectiveness and sustainability** closely
- Behavioral Health integration emerges as a key objective, growing CareConnect a key opportunity and ULS coordination a necessity
- Strong **administrative and fiscal stewardship** will be ongoing focus

Questions?





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Medi-Cal Transition: UIS to Fee-For-Service

August 2026 Community Steering Committee



About CenCal Health

Local Medi-Cal Managed Care Plan



OUR MEMBERSHIP:
225,031

*Medi-Cal Members
as of July 2026

1 in 3
Santa Barbara
County Residents
(163,191 Members)

1 in 4
San Luis Obispo
County Residents
(61,840 Members)

Carve Out of Medi-Cal Members with UIS

Policy Area	Impact
Transition of Members with Unsatisfactory Immigration Status (UIS) to Fee-for-Service (FFS)	Adopts a transition of the UIS population from managed care to the FFS delivery system and allocates \$39 million to support care coordination to assist members through the transition

- The Budget Act transitions nearly **2 million Medi-Cal members with UIS from managed care into FFS**, effective January 2027.
- UIS Members will continue to have full-scope Medi-Cal coverage, but **will receive benefits through the state Fee-for-Service system**.
- **\$39 million in the state budget** is allocated to for staffing, language services, care integration, member outreach, FFS provider coordination, and the facilitation of care continuity for members with complex needs.

Local Impact

- **38,000 UIS Members** transitioned from CenCal Health to State-Administered Fee For Service; will lose health plan supports (member communication, care coordination, provider network)
- **Increased pressure** on county indigent care programs
- **Financial strain** on health care system, specialists, hospitals

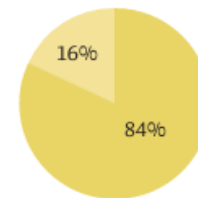
Fact Sheet: Members with Unsatisfactory Immigration Status



Our Membership and Service Area

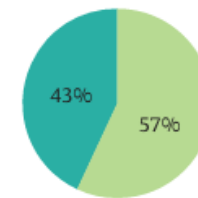
CenCal Health is the local health plan that provides coverage to over 231,000 Medi-Cal members in Santa Barbara and San Luis Obispo counties, which accounts for one in three residents in Santa Barbara County and one in four in San Luis Obispo County. Approximately 17% of our members, over 38,700 individuals, hold unsatisfactory immigration status, commonly referred to as undocumented.

Demographics as of April 2026:



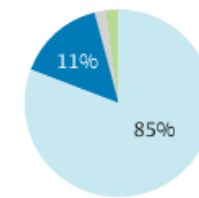
County

- Santa Barbara County: 84% (32,390)
- San Luis Obispo County: 16% (6,313)



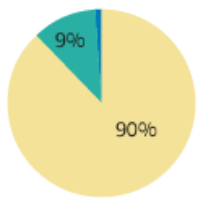
Gender

- Female: 57%
- Male: 43%



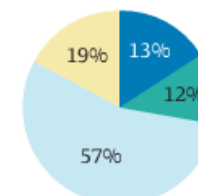
Ethnicity

- Hispanic: 85%
- Not Reported: 11%
- White: 2%
- Other: 2%



Language

- Spanish: 90%
- English: 9%
- Other*: 1%



Ages

- Children; Ages 0 to 18: 13% (4,871)
- Young Adults; Ages 19 to 25: 12% (4,608)
- Adults; Ages 26 to 49: 57% (21,893)
- Older Adults; Ages 50 and above: 19% (7,331)

Prevalence of Chronic Conditions

Many Medicaid beneficiaries nationwide have chronic health conditions requiring ongoing treatment. Among CenCal Health's more than 38,700 members with unsatisfactory immigration status, nearly 12,000 — approximately 30% — live with chronic conditions.

Additionally, 113 members with unsatisfactory immigration status are eligible through the California Children's Services program, which provides medical coverage for children and youth up to age 21 with complex, chronic, and debilitating medical conditions.

The Value of Local Managed Care

Why Local Plans Matter

Local health plans are community-governed, mission driven, and deeply embedded in the community. They translate statewide policy into real and community-level results.

What Local Plans Deliver

- **Local accountability** — Decisions shaped by county leaders, community voices, and safety net providers.
- **High performance** — Strong results in preventive care, chronic disease management, provider satisfaction, and member health.
- **Safety net alignment** — Longstanding partnerships with physicians, safety-net clinics like FQHCs, county hospitals, and behavioral health systems.
- **Reinvestment** — Surplus dollars stay local, supporting housing, food security, and community development, reducing administrative overhead.
- **Local Service and Stability** — Decades of local service through every policy cycle, political divides, and changing community commitment and mission-driven workforce.

How Local Plans Strengthen Statewide Reforms

- **Local tailoring** ensures statewide policies work in diverse regions.
- **Continuity of care** protects members during transitions.
- **Operational expertise** reduces implementation risk.
- **Equity leadership** turns statewide equity goals into measurable outcomes.

Bottom Line

Local plans are the critical infrastructure for Medi-Cal. Strong statewide policy requires strong local implementation. Medi-Cal beneficiaries deserve local support.

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Local versus Statewide Approaches: Side-by-side Comparison

System Design Area	General Statewide Approach	Local Plan Strengths
Governance	Centralized decision-making	Local accountability and community governance
Implementation	Standardized statewide rollout	Local tailoring based on regional needs
Provider Networks	Uniform contracting models	Deep safety net partnerships
Equity	High level statewide goals	Neighborhood level equity work
Social Needs	Limited integration	Whole person care leadership
Financial Model	Statewide incentives	Local reinvestment into community health
Stability	Potential for market shifts	Long term presence and continuity

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Next Steps

- Organize internal CenCal Health **task force** to digest DHCS guidance and develop plan for **member and provider communications**.
- Partner with members, providers, and community organizations to support a **smooth transition** for CenCal Health members with UIS through December.

Discussion

1. What questions or clarifications do you have about the UIS transition?
2. What are the post-transition impacts and issues that providers and partners around the table need to begin thinking about and planning for?

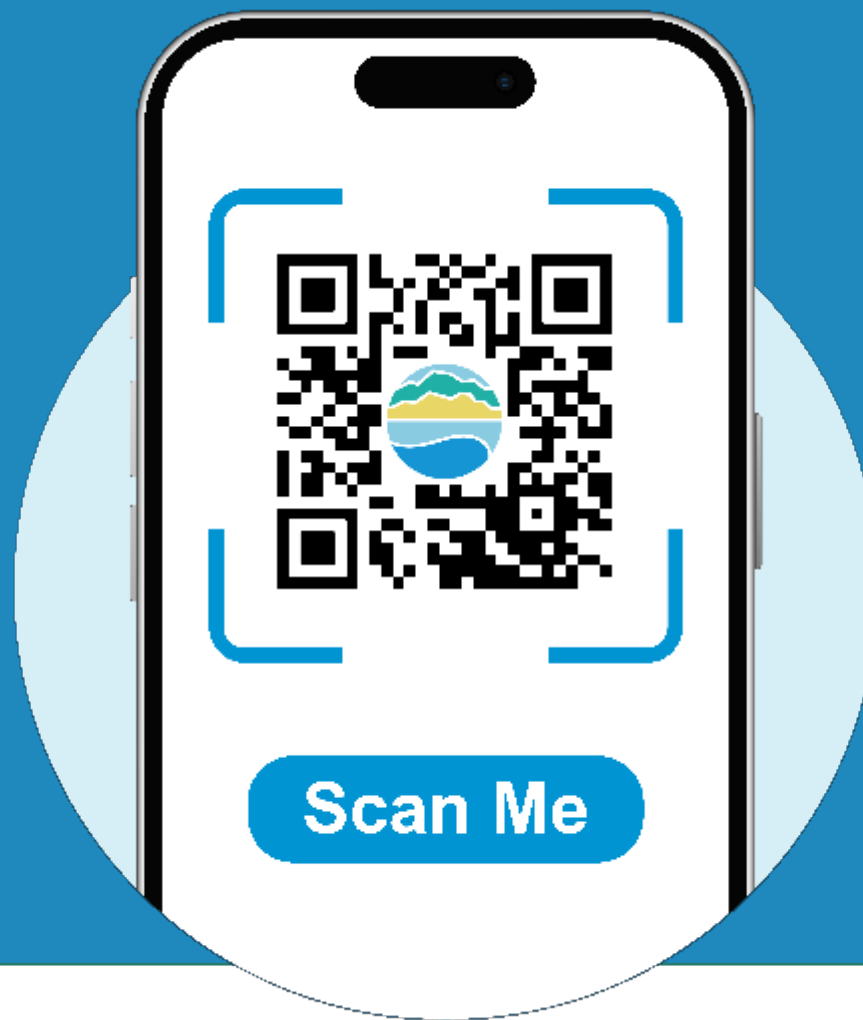
Resources

For providers:

- Jordan Turetsky, CSEO
jturetsky@cencalhealth.org

For community organizations:

- Van Do-Reynoso, CHEO/CXO
vdoreynoso@cencalhealth.org





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Work & Community Engagement Requirements; 6-Month Redetermination



Work Requirements: June 1 Federal Guidance

Effective: January, 2027

Requirement:

80 hr/month of employment, job training, education, and/or community service OR earn a monthly minimum income of **\$580**



Eligible Populations:

Adults 19-64 in the Medi-Cal expansion population who are **not pregnant** or **enrolled in Medicare**



Frequency:

New applicants need to meet the requirement for at least one month before application; **existing beneficiaries** need to meet the requirement for one+ months between renewals.



Exemptions:

Pregnant or in a **postpartum** period, **disabled or medically frail***, **caretakers** of children under 14 or people with disabilities, **American Indians and Alaska Natives**.



****Medically Frail now means demonstrated inability to work with a qualifying diagnosis, as opposed to the diagnosis being the only qualifying factor.***

6-Month Renewals, effective January 2027

Requirement	Implementation	Applies to	Exemptions
Eligibility reviewed twice yearly instead of annually. 	New members: first check 6 months after enrollment. Current members: move to 6-month cycle at first renewal after March 1, 2027. 	Adults ages 19-64 enrolled through ACA Medi-Cal expansion. 	Continue annual renewal: non-ACA adult groups, pregnant/postpartum people, American Indian/Alaska Native members, former foster youth under 26. 

****Important to know: Missing renewal deadlines could result in loss of Medi-Cal coverage.***

Local Impact of Work Community Engagement Requirements & 6-Month Redetermination

Santa Barbara County & San Luis Obispo County

50K SB

23K SLO

County residents subjected to new requirements (DSS estimate)

33K SB

13K SLO

County residents at risk of losing coverage without navigation support (DSS estimate)

Regional Member Navigation Hub: How it works

Outreach & Education

- › Plain-language member education on requirements and exemptions
- › Proactive alerts before renewal deadlines through partners
- › Targeted campaigns in English and Spanish

Cross-Sector Partnerships

- › CenCal Health, DSS, FSA, LVCHO, and CFS as core Hub partners
- › CBO's, Non-Profits, Hospitals, clinics, and faith communities, engaged
- › County-wide landscape analysis to identify gaps and opportunities in Member Support Toolkit

Volunteer Opportunity Network

- › Volunteer Start-Up Toolkit for organizations to meet member needs
- › Shared regional directory connecting members to qualifying opportunities

Navigation & Member Support

- › Member Support Toolkit: renewals, exemptions, status checks, documents required and submission process
- › Warm referral network across service providers
- › Partner/CBO training and ongoing technical assistance

Key Dates and Next Steps

Now – Summer 2026

Build & Prepare Infrastructure

Fall 2026

Activate & Prepare Members

2027 Ongoing

Implement, Sustain & Expand

Establish workflows, tools,
and partner alignment

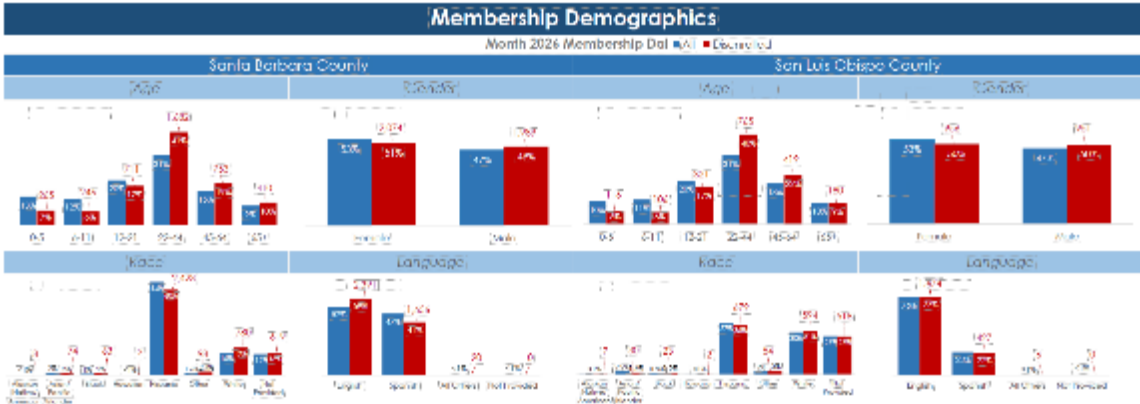
Launch outreach, train
partners, and support
members

Expand navigation,
support compliance,
support early renewals, and
scale engagement through
partners

Hub Activities Aligned to Key Policy Milestones

Under Construction: Member Dashboard

UNDER CONSTRUCTION



Regional Member Navigation Hub Partners

● Santa Barbara County

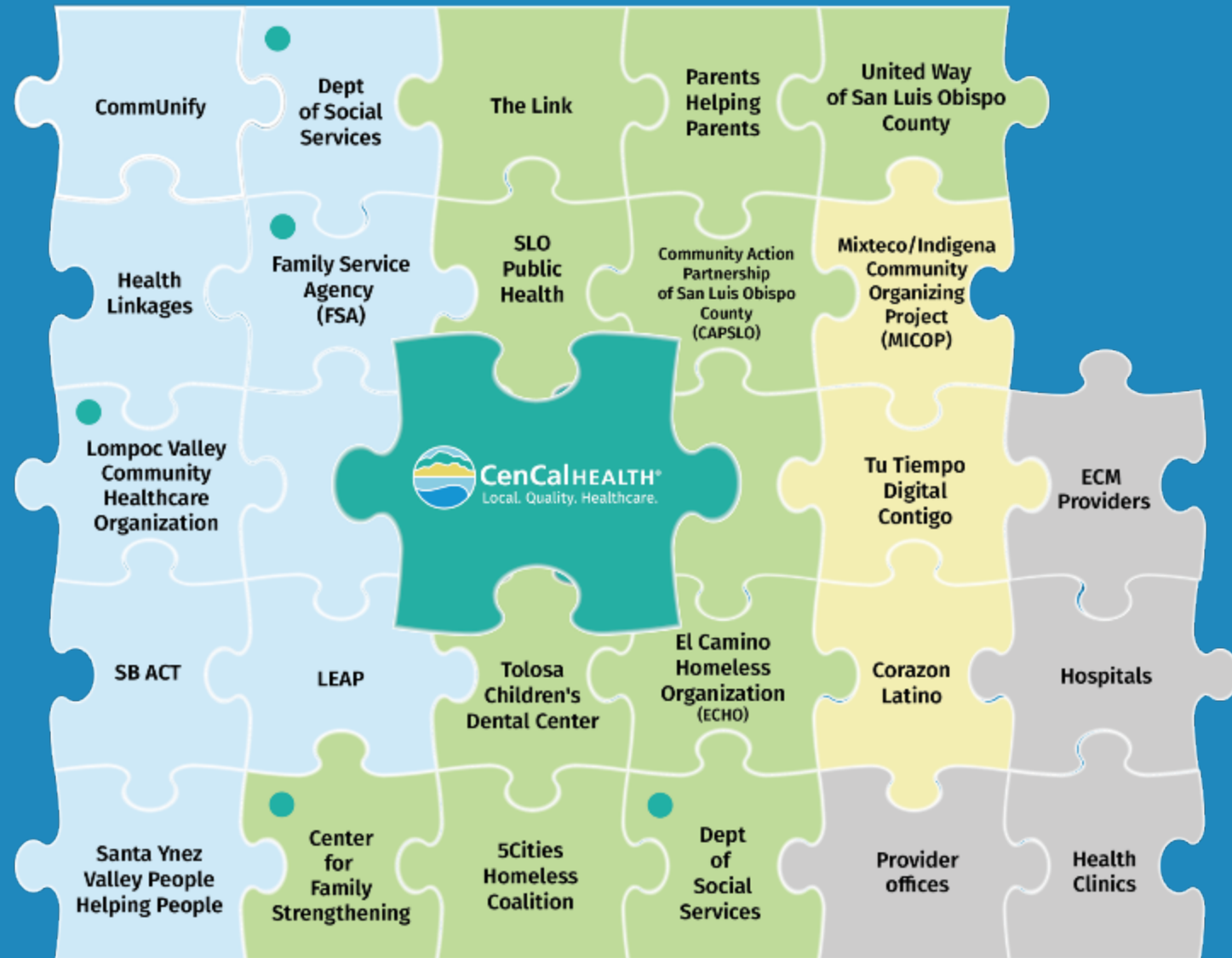
● San Luis Obispo County

● Regional Partners

● Providers

● Core Partners:

- Family Service Agency (FSA)
- Center for Family Strengthening
- Dept of Social Services (SB)
- Dept of Social Services (SLO)
- Lompoc Valley Community Healthcare Organization





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Since 1899

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Discussion Questions

1

What work requirement/6-month retention questions, issues or challenges are you wrestling with or thinking about now?

2

Where do you see new or different opportunities to strengthen and build our community retention strategies, data tracking and/or stakeholder communication?

Resources

Essential Information for Medi-Cal Enrollees: Upcoming Changes to Eligibility and Enrollment

Changes to federal laws under H.R.I and California Budget constraints changed Medi-Cal eligibility and renewal requirements. Learn how these changes will impact Medi-Cal members across California.

State Budget Solutions HRI

■ Asset Limit Reinstatement ■ 6-month Eligibility ■ Work Requirements ■ Immigration

MEDI-CAL MANAGED CARE

A Lifeline for Millions

Asset Limits

Asset limits have been reinstated and determined by valuing assets owned by Medi-Cal members. As of January 2026, in order to be eligible for Medi-Cal, members are now limited to **having total assets of \$130,000 for one person and \$65,000 for each additional family member, up to 10 people.** Starting July 1, 2027, the asset limit will be lowered to **\$21,000 for one person or \$31,000 for two people, adding \$1,550 for every additional person per household, up to 10 people.**

Assets that may affect eligibility	Assets that are not included	Asset limits apply to
✓ Bank Accounts ✓ Cash ✓ Second Vehicles ✓ Second Homes	✗ Primary Residence ✗ Primary Vehicle ✗ Household Items ✗ Retirement Funds	■ 65 or older ■ Have a disability ■ Live in a nursing home ■ Families that earn too much money to qualify under federal tax rules

Work Requirements

Starting in 2027, adults will need to complete one of the following, or a combination of activities, to meet new Medi-Cal work requirements:

- Earn at least \$580 each month (seasonal workers will be averaged over the last six months)
- 80 hours of monthly community service
- Go to school at least half-time, taking two or three classes or about six to eight credits each semester
- Participate in a job training program for 80 hours per month

These rules do not apply to:

- ✗ Children (0-18).
- ✗ Older Adults (65 and older).
- ✗ Pregnant people, including one year postpartum, regardless of birth outcome.
- ✗ Parents with children age 0-15.
- ✗ People with disabilities.
- ✗ People with serious health or mental health conditions or substance use problems.
- ✗ People who were released from jail or prison within the last 90 days.
- ✗ People on Medicare Part A or Part B.
- ✗ American Indians or Alaska Natives.
- ✗ Former foster youth under age 26, who were in foster care on their 18th birthday.

6-Month Eligibility Check

Beginning in 2027, Medi-Cal members aged 19-64 will have their eligibility checked every six months instead of once a year.

The Department of Health Care Services (DHCS) is updating and streamlining the Modified Adjusted Gross Income (MAGI) renewal form to make it easier for Medi-Cal members to complete renewals.

Immigration Status

Starting October 1, 2026, the federal government will change how it classifies some immigration statuses.

These populations may be affected:

- ✓ Refugees or asylees who do not have a Green Card
- ✓ Humanitarian parolees
- ✓ Domestic violence or human trafficking survivors with pending status

Learn more about these changes to Medi-Cal eligibility and enrollment by visiting [Medi-CalManagedCare.org](https://www.Medi-CalManagedCare.org)

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Page 8/8



Resources

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Regional Member Navigation Hub

The Regional Member Navigation Hub is a cross-sector partnership focused on helping Medi-Cal members keep their health coverage.



Santa Barbara Partners

















San Luis Obispo Partners

















Bi-county partners







Through coordinated efforts, the Regional Member Navigation Hub provides culturally and linguistically responsive outreach, education, and navigation support to Medi-Cal members in Santa Barbara and San Luis Obispo counties.

Key Partners:

- Family Service Agency (TSA)
- Center for Family Strengthening
- Dept of Social Services (SB)
- Dept of Social Services (SLO)
- Lompoc Valley Community Healthcare Organization

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Thank you

**Next Meeting
Joint Convening
Thursday, November 5**