



CenCalHEALTH[®]
Local. Quality. Healthcare.

First Five Commission San Luis Obispo County

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Objectives

- Discuss implications
- Leverage our community assets to collaborate, share information, and problem solve together.



CenCal Health's Mission:

To improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership.



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**OUR
MEMBERSHIP:
242,000**

Medi-Cal members

1 in 3

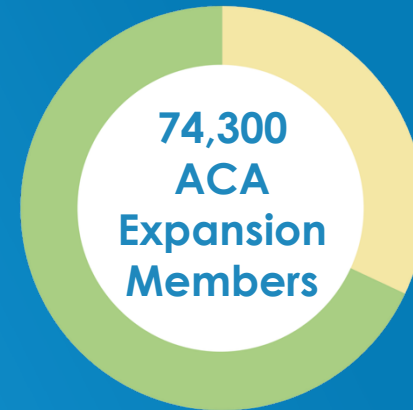
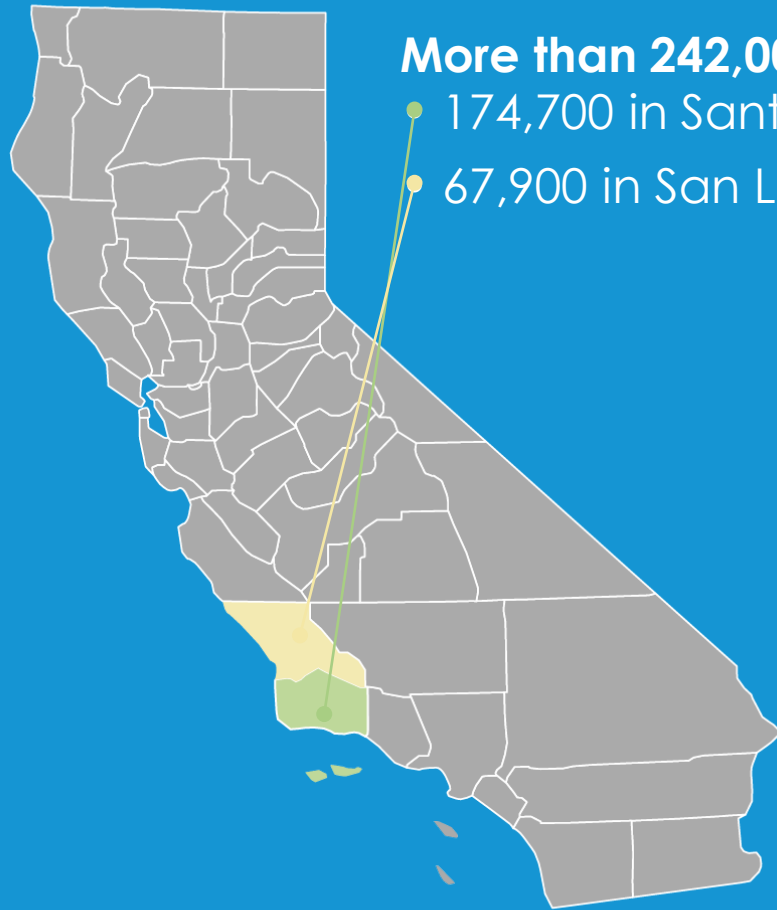
residents of
Santa Barbara
County

1 in 4

residents of
San Luis Obispo
County

Membership total as of April 2025

CenCal Health Membership

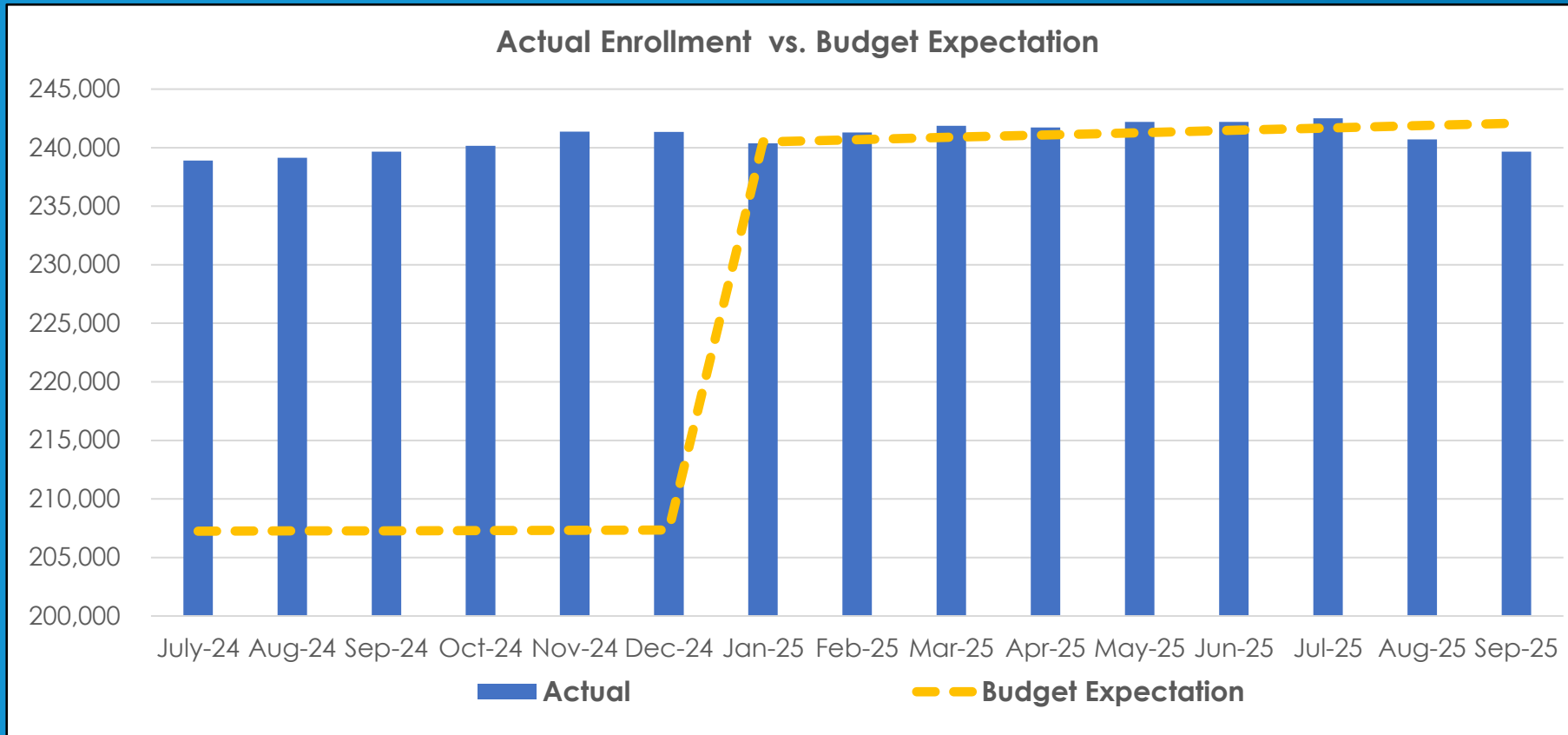


- San Luis Obispo County: 32% (23,284 members)
- Santa Barbara County: 68% (51,016)

Total Membership by Region

- **Santa Barbara North** (Santa Maria & surrounding cities): 95,500
- **Santa Barbara Central** (Lompoc, Buellton, Santa Ynez & surrounding cities): 29,900
- **Santa Barbara South** (Santa Barbara, Goleta, Carpinteria & surrounding cities): 48,400
- **San Luis Obispo North** (Paso Robles, Templeton, Atascadero & surrounding cities): 27,800
- **San Luis Obispo Central** (SLO, Morro Bay, Cambria & surrounding cities): 21,200
- **San Luis Obispo South** (Arroyo Grande, Nipomo & surrounding cities): 18,400

Member Enrollment as of September 2025



Policy Implementation



July 4, 2025: Bill signed into law.

Implements the following immediately:

- MCO tax uniformity provisions
- Prohibition on use of Federal funds for PP for 1 year
- State directed payment reductions

Administrative Actions impacting Undocumented

Members: Federal Charge Uncertainty and Data Sharing Initiatives with DHS

Effective January, 2027:

- Implements new requirements for verifying enrollee information, eligibility checks and work requirements
- Limits retroactive coverage timeframes



January 2026 and July 2026: State Budget Changes to Undocumented Members Enrollment and Benefits

- Enrollment freeze for new members in January 2026
- Eliminates PPS Rate for FQHCs in July 2026
- Eliminates dental benefits in July 2026

Effective in 2028:

- Begins provider tax reductions by 0.5% annually, through 2032
- “No later than” date for work requirements, for states who seek and are approved an extension

Important Considerations

- **Implementation timeline:** some provisions are effective now, while many occur in future years. There is opportunity to shape implementation.
- **Implementation flexibility:** some Federal provisions allow options which states can pursue to extend the implementation timeline. Some timelines could be flexible.
- **State role:** Federal and state regulators will now interpret the new legislation and will issue guidance to health plans.
- **Local role:** continue supporting providers as we always have.
- **Local opportunity:** work together and address local needs to maintain Medi-Cal coverage and access to care for those who remain eligible...others?

California Advancing and Innovating in Medi-Cal

Social Determinants of Health (SDOH)

Capacity Building

- Enhanced Care Management
- Community Supports
- Increased Capacity of Partners to Serve Members
- Vulnerable Populations, including those with Behavioral Health Needs, Foster Youth and those with Complex Medical Conditions



Housing Deposits

Members Served: 761
Dollars Distributed: \$2,113,452



Housing Tenancy and Sustaining Services

Members Served: 1,025
Months of Care Provided: 7,340



Medically Tailored Meals

Members Served: 16,144
Meals/Grocery Boxes/Shelf Stable Food Provided: 1,692,598



Recuperative Care

Members Served: 288
Days of Care Provided: 19,444



Day Habilitation

Members Served: 857
Days of Care Provided: 13,832



Short-Term Post-Hospitalization Housing

Members Served: 256
Days of Care Provided: 21,051



Sobering Centers

Members Served: 1,343
Days of Care Provided: 8,853



Personal Care and Homemaker Services

Members Served: 156
Hours of Care Provided: 24,641



Housing Transition Navigation Services

Members Served: 2,316
Months of Care Provided: 11,034



Respite Services

Members Served: 98
Hours of Care Provided: 8,022



Asthma Remediation

Members Served: 5
Months of Care Provided: 4



Environmental Accessibility Adaptations (Home Modifications)

Members Served: 15
Months of Care Provided: 3



Nursing Facility Transition/Diversion to ALF/RCFE

Members Served: 9
Months of Care Provided: 6



Community Transition Services/Nursing Facility Transition to a Home

Members Served: 4
Months of Care Provided: 6



Enhanced Care Management (ECM) Services

Members Served: 3,806
Hours of Care Provided: 58,924

19,653

Unique Members
Receiving
Community
Supports

23,277

Total
Community
Supports Services
Provided

Housing and Homelessness Incentive Program

Dollars Distributed: \$ 9,242,816
Members Housed: 3,034

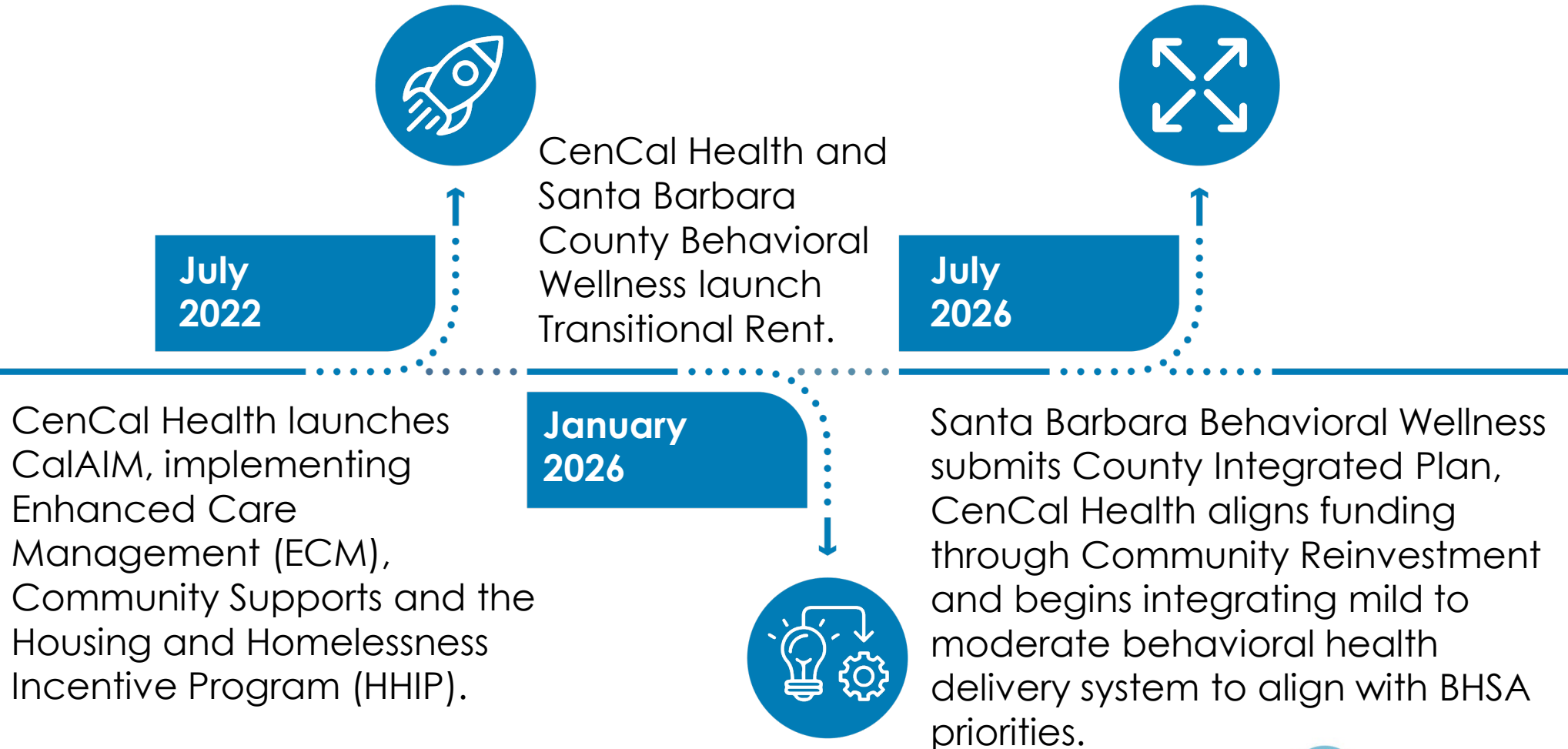
Incentive Payment Program

Dollars Distributed: \$15,613,869
Members Impacted: 16,330*
**per year*

Student Behavioral Health Incentive Program

Dollars Distributed: \$4,041,846
Students Served: 47,407

CalAIM Timeline



Behavioral Health Strategies and Considerations for Local Partnerships



1

Strengthen Relationships

Develop trusting partnerships between Managed Care Plans, Mental Health Plans, CoCs, and Community Based Organizations in housing and behavioral health systems.

2

Align Planning and Reinvestment Efforts

Co-develop strategies and plans to braid funding, leverage data, amplify impact, target interventions, and invest locally.

3

Sustain Prevention

Explore community-based strategies to sustain prevention, partnering with schools and leveraging the mild to moderate and specialty mental health system advantages.

4

Empower and Educate Members

Consider tiering of risk and need to identify vulnerable members and look for opportunities to refer and then empower.

5

Simplify Touchpoints for Providers

Examine and address the complexities involved in individual touchpoints to improve engagement and retention. Identify sustainable pathways for billing.



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