

Community Provider Advisory Group

10/30/25

Q&A

**1. We are all getting a lot of questions about the upcoming changes to Medi-Cal and the current challenges with CalFresh.**

The following are a list of resources that may be helpful to distribute to clients and to educate staff:

- [What Medi-Cal Members Need to Know](#), DHCS
- CalFresh Frequently Asked Questions – [English](#) and [Spanish](#), CDSS
- Know Your Rights – [Spanish](#), CDSS
- [Federal Changes to Your Health Insurance](#), Covered California

**2. When does the county need to submit the BHSa Integrated Plan?**

A draft is due to DHCS on March 31, 2026. BHSa regulations do not mandate that public comment take place before the draft is submitted. The Behavioral Health Department (BHD) plans to hold public comment beginning in mid-March through mid-April, then hold a hearing in late April. BHD will be presenting to the Health Committee in May 2026, with the hope of reaching the full board in June 2026.

**3. What is the County expecting for BHSa funding in FY 27-28?**

Due to the way BHSa revenue is generated it will always be a volatile funding stream, which makes fiscal forecasting difficult. From the previous years of MHSa revenue, the expectation is that overall revenue will continue to grow, however from year to year there may be dips/reductions in revenue, which is what is forecasted for FY 26/27 and 27/28, but to a lesser degree in 27/28. At this point, revenue projections are always made two years in advance of the applicable year.

**4. What type of communications is the Behavioral Health Department (BHD) sending out?**

BHD will be issuing formal communication of program reductions, terminations, and system impacts via email and USPS mail within the next two months, after our engagement with county leadership has concluded. The department will disseminate these notices at the earliest possible time given the significant impact to the county system.

**5. Can the Behavioral Health Department outline how funding will be allocated under BHSa?**

Approximately, \$45M has already been identified to address the funding shortfalls anticipated for the next fiscal year. BHD will be looking at several additional ways to close the remaining \$29.5M gap. However, it should be noted that the \$29.5M is a significant amount that will not be able to be resolved simply by generating more Medi-Cal revenue. In fact, federal impacts to Medi-Cal suggest that the department's approach will need to be pragmatic and realistic in terms of any potential billing that may be engaged to offset reliance upon future BHSa dollars. As a result, it is more like that there will be ongoing discussion of program service reductions. BHD continues to monitor any new projections relative to these \$29M in service reductions. The full amount of funding needed to continue the current level of programming is \$75M.

BHD has a MHSAs reserve called the Prudent Reserve, however there are specific qualifications needed to access the reserve, and the current situation is not one of them. The MHSAs Prudent Reserve is \$14M and requires approval from DHCS to be accessed. If access is granted it can only be used to fund the FSP programs as these are the highest level of services in the MHSAs portfolio of services.

**6. We expect HealthPAC costs to increase three to four times: Is that increase estimate inclusive of all care (specialty, in-patient, etc.) or just primary care?**

We expect an increase in number of people who will be eligible for HealthPAC, and these individuals will have different health care needs. Thus, we expect membership to increase greatly and costs to increase across the different types of care covered by HealthPAC.

**7. What is Social Services Agency doing to ensure enrollment in Medi-Cal and CalFresh?**

Social Services Agency is working alongside Alameda County Health and the Board of Supervisors to target specific populations that need outreach to enroll or re-enroll in these services. The Board of Supervisors has provided \$1.5m for Social Services to augment current contracts to be able to conduct effective outreach.