

July 1, 2026

G-2025-Behavioral Health-001REV

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: MEDI-CAL POLICY FOR COVERAGE OF BEHAVIORAL HEALTH
TREATMENT SERVICES PROVIDED TO MEDI-CAL FEE-FOR-SERVICE
MEMBERS

The [G-2025-Behavioral Health-001](#) guidance and its attachments issued on September 18, 2025, hereby is revised. The directive itself did not change. The only changes are to Attachment B, as displayed in bold, underlined italic fonts.

On July 1, 2025, the Department of Health Care Services (DHCS) began offering a pathway for individuals with Fee-For-Service (FFS) Medi-Cal to access Behavioral Health Treatment (BHT) directly from DHCS through an enrolled Medi-Cal FFS BHT provider. This change is primarily intended to address the needs of individuals who require BHT services but do not meet regional center eligibility criteria. This letter provides information to regional centers regarding their role in supporting individuals to receive BHT services.

Background

On January 21, 2016, DHCS received federal approval to provide BHT as a Medi-Cal benefit for individuals under the age of 21. At that time, individuals enrolled in a Medi-Cal Managed Care Plan (MCP) had the coordination and provision of their behavioral services transitioned to their Medi-Cal MCPs, and individuals with FFS Medi-Cal continued to have their behavioral services coordinated by the regional centers.

Regional Center Responsibilities for Lanterman Eligible Individuals

Effective July 1, 2025, DHCS began offering a pathway for individuals with FFS Medi-Cal to access BHT services through the Medi-Cal FFS service delivery system. Individuals currently receiving these services through the regional center will continue to do so, though now they also have the *option* to receive BHT services directly through the Medi-Cal FFS service delivery system instead. Existing requirements regarding the ongoing provision of BHT services to individuals remain unchanged, including that any disagreements over the provision of BHT services must be handled through Medi-Cal's grievance/appeal and State Fair Hearing processes. Attachment A to this letter is a copy of the 2016 letter to RCs describing these requirements. DHCS has been working with stakeholders to inform individuals with FFS Medi-Cal of their options so they can make informed decisions regarding their BHT needs.

Regional Center Responsibilities for Individuals Who Do Not Meet Regional Center Eligibility Criteria

During the intake process, regional centers share information about generic services from which the individual may benefit, regardless of whether the individual is ultimately determined eligible for regional center services. Regional centers should update this information to include how individuals with Medi-Cal may access BHT directly through the Medi-Cal service delivery system. Please see Attachment B for additional information on how individuals with Medi-Cal can access BHT.

The Department of Developmental Services and DHCS appreciate regional center efforts and cooperation in helping individuals with FFS Medi-Cal access BHT services. Should you have any questions about the content of this letter, please contact the Waiver and Rates Division via email at federal.programs@dds.ca.gov and DHCS' Benefits Division via email at Medi-Cal.Benefits@dhcs.ca.gov.

Sincerely,

Original Signed by:

JONATHAN HILL
Branch Manager
Waiver and Rates Division

Attachments

cc: Regional Center Administrators
Regional Center Directors of Consumer Services
Regional Center Community Services Directors
Association of Regional Center Agencies