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To: Community-Based Adult Services (CBAS)

From: IEHP – Provider Communication

Date: November 12, 2026

Subject: **Continuing CBAS for Members Transitioning to DHCS Medi-Cal Fee-for-Service**

Effective January 1, 2027, IEHP Members with unsatisfactory immigration status (UIS) will lose their IEHP coverage and transition to the DHCS Medi-Cal Fee-for-Service (FFS) delivery system.

This transition changes how covered services are authorized and paid; it does not, by itself, end Members' Medi-Cal eligibility. CBAS remains available in Medi-Cal FFS for eligible Members, and your center may continue serving these Members if it meets applicable Medi-Cal enrollment, CBAS program, authorization, and billing requirements.

Please take the following steps now to help maintain access to CBAS for your transitioning Members:

1. Maintain Enrollment through the Department of Aging

Community-Based Adult Services (CBAS) providers are encouraged to reference the California Department of Aging (CDA) for guidance on CBAS program requirements, provider enrollment, and resources available to support their participation throughout this transition.

For additional information and resources, please visit the **California Department of Aging – CBAS Program** at: https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/

2. Prepare for FFS authorizations and claims

IEHP will continue to authorize and pay for covered CBAS services for eligible Members through December 31, 2026. Continue submitting claims to IEHP for services furnished during that period. For members transitioning to DHCS Medi-Cal Fee-for-Service (FFS), all Treatment Authorization Requests (TARs) and claims for covered **CBAS services rendered on or after January 1, 2027**, must be submitted to the California Department of Health Care Services (DHCS) through Medi-Cal FFS and must follow the DHCS Medi-Cal FFS claims submission requirements.

Use the applicable Medi-Cal electronic institutional claims process, following the CBAS Provider Manual. Ensure TARS and claims include the required provider identifiers, service dates, authorization information, and billing codes. Use the codes, modifiers, and reimbursement rates that apply to the services furnished and the date of service. Review the following resources with your billing and service authorization staff:

- Medi-Cal CBAS Provider Bulletin, Issue 613

- CBAS Billing Codes and Reimbursement Rates

- CBAS Provider Manual, including Billing Examples, UB-04 Completion, and IPC and TAR Form Completion

Review the CBAS IPC and TAR requirements and submit the applicable FFS authorization request for ongoing services. As described in the UIS Transition Policy Guide, DHCS accepts TARs beginning November 1, 2026, for transitioning Members' services on or after January 1, 2027. The guide also describes a TAR special handling option when DHCS has an IEHP authorization on record and an FFS Provider requests authorization for the same service. Follow DHCS transition TAR instructions and updates when preparing your request.

3. Coordinate continued services for your Members

Please confirm with IEHP, by completing the linked IEHP Provider Survey, whether your center can continue serving transitioning Members under Medi-Cal FFS. Work with IEHP, Members, and their authorized representatives, PCPs, and other Providers to identify and address potential gaps in services before January 1, 2027.

4. If your center is also contracted to provide Enhanced Care Management

Your center may continue to provide covered CBAS services to eligible transitioning Members and submit CBAS claims to Medi-Cal FFS. However, Enhanced Care Management (ECM) is not covered in Medi-Cal FFS. You may no longer bill for ECM services furnished to transitioned Members on or after January 1, 2027. Continue providing authorized ECM services through December 31, 2026, in accordance with your agreement with IEHP.

Before the transition, follow the ECM transition planning and care coordination requirements in the UIS Transition Policy Guide and Appendix C*. Coordinate with Members' PCPs and other Providers, identify available ongoing services, and transmit relevant assessments and care management plans to the appropriate receiving Providers, consistent with applicable privacy requirements. Complete warm handoffs when receiving Providers can accept them, as soon as possible and no later than December 31, 2026. **You may not submit claims under FFS for those services or bill separately for services already included in the CBAS payment.**

**For information referenced in Appendix C, please refer to the Provider Notice – 11/12, "IMPORTANT: Supporting Member Transition to Medi-Cal Fee-for-Service (FFS)."*

5. Questions and support

For questions about transitioning Members, current IEHP authorizations, or care coordination, contact IEHP's Provider Call Center. For Medi-Cal FFS billing, claims, TAR assistance, contact DHCS or IEHP support channels for more information.

- Understanding Medi-Cal FFS billing requirements (https://www.dhcs.ca.gov/providers-partners/tar-billing/)
- Reviewing Medi-Cal FFS rates (https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?page=1&tab=rates)
- Accessing the Medi-Cal Provider Manual and Provider Bulletins (https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications)
- General billing and TAR resources are available at: DHCS TAR and Billing Resources

IEHP will share additional DHCS guidance as it becomes available. Thank you for helping eligible Members continue to receive CBAS throughout this transition.

Additional IEHP resources related to the DHCS Medi-Cal Fee-for-Service (FFS) member transition are available for providers at: www.providerservices.iehp.org > Resources > Resources for Providers > Medi-Cal Renewal Process

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices