



An Advocate's Guide to Medi-Cal Services

Updated April 2026

Chapter II: Preventive Services

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Outline of Medi-Cal Preventive Services*

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*This is a non-exhaustive list of services. It may not include all available services.

Medi-Cal covers a wide array of preventive services. Some of these services are covered, without cost-sharing, pursuant to federal requirements, while others are covered under the State's authority to cover optional benefits in the Medicaid program.

Under the Affordable Care Act (ACA), states are required to ensure that all individuals eligible for Medicaid as part of the Medicaid expansion (covered under a Medicaid Alternative Benefit Plan (ABP)) get access to preventive and wellness services as part of the requirement to cover essential health benefits (EHBs).¹ Using the authority to define EHBs, the Secretary of HHS has interpreted this EHB requirement to incorporate the ACA's coverage mandate for preventive services, which applies to non-grandfathered private plans.² In turn, this mandate requires coverage, without cost-sharing, of all of the following:³

- Services recommended by the United States Preventive Services Task Force (USPSTF) with an "A" or "B" rating;
- Immunizations approved by the Centers for Disease Control and Prevention (CDC) recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration;

- Preventive care and screening for infants, children, and adolescents in guidelines supported by the Health Resources and Services Administration (HRSA);
- Additional preventive care and screenings for women as provided in guidelines supported by HRSA.

The Medicaid Act also makes these and other preventive services available to other Medicaid populations under the category of “other diagnostic, screening, preventive, and rehabilitative services” and, in the case of the cost of vaccine products, under the prescription drug category.⁴ Coverage of these preventive services outside of the Medicaid expansion is optional for states, except for immunizations for minors under the Vaccines for Children (VFC) Program, other preventive services for Medicaid beneficiaries under 21 pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandatory benefit, and coverage of ACIP-recommended vaccines for adults and their administration, which became a requirement without cost-sharing after the enactment of the Inflation Reduction Act of 2022.⁵

In California, services for the Medicaid expansion population have been aligned with benefits covered for the rest of Medicaid beneficiaries. In the case of preventive services, the State has opted to cover, in addition to ACIP-recommended vaccines and their administration: A or B services recommended by the USPSTF; preventive care and screening for infants, children, and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM).⁶ Medi-Cal also covers preventive services that target specific conditions, such as sexually transmitted conditions, asthma, and diabetes.⁷

EPSDT Preventive Services

As part of the EPSDT mandatory benefit, Medi-Cal covers specific preventive services for beneficiaries under 21. These services include periodic screening assessments for infants, children, and adolescents, as specified in the American Academy of Pediatrics (AAP) Bright Futures preventive health care periodicity schedule.⁸ Screenings include comprehensive preventive visits for children that are age and gender appropriate and extend to physical examination, counseling, developmental surveillance, risk factor reduction interventions, and ordering of laboratory or diagnostic testing when indicated. Aside from assessments at regular intervals, Medi-Cal also covers inter-periodic assessments when medically necessary.

The following is a list of covered screening and services for individuals under 21 in Medi-Cal:⁹

- Physical Examination: Performed annually from newborn to 21 years of age.
- Sensory Screening: Vision and hearing screenings and risk assessments performed on a periodic basis from newborn to 21 years of age.

- **Developmental Screening:** Performed at 9, 18, and 30 months and when medically indicated. Screening services are limited to twice a year for children ages 0 to 5 and must be performed using a validated screening tool that tests for all four developmental domains (motor, language, cognitive, and social/emotional).
- **Autism Spectrum Disorder Screening:** Performed at 18 and 24 months and when medically indicated. A validated screening tool must be used and screening does not count towards the twice-a-year limit for general screenings.
- **Developmental Surveillance:** Performed at every preventive visit.
- **Psychosocial/Behavioral Assessment:** Reimbursable when performed using a standardized tool and performed from newborn to age 21.
- **Tobacco, Alcohol, or Drug Use Assessment:** Performed annually beginning at age 12.
- **Newborn Testing:** Blood, bilirubin, and critical congenital health defect testing performed on newborns only, with blood testing being repeated between 3 and 5 days after birth.
- **Anemia Testing:** Performed at 12 months of age with additional risk assessment performed after that. A preliminary risk assessment performed at 4 months of age is also reimbursable.
- **Blood Lead Testing:** Federal EPSDT policy and California regulations require that all children enrolled in Medi-Cal be subject to blood lead testing at 12 and 24 months (under California regulations, children in Medi-Cal are presumed to be at risk of lead poisoning).¹⁰ Additionally, under the Bright Futures schedule, a risk assessment should be performed at ages 6, 9, and 18 months followed by risk assessments at ages 3 to 6 years.
- **Tuberculosis Testing:** Risk assessment performed within the first month after birth and thereafter at 6 months, 9 months, 12 months, 24 months, and annually after age 3.
- **Dyslipidemia Testing:** Risk assessment performed at 2, 4, 6, and 8 years, followed by testing between ages 9 and 11. After that, risk assessment should be performed annually between ages 12 and 16, followed by testing at any point between ages 17 and 21.
- **Testing for Sexually Transmitted Conditions:** Risk assessment performed annually between ages 11 and 21.
- **Human Immunodeficiency Virus (HIV) Testing:** Risk assessment performed annually between ages 11 and 14, followed by testing as needed between ages 15 and 21.
- **Hepatitis B Virus Testing:** Risk assessment as needed between newborn and age 21.
- **Hepatitis C Virus Testing:** Testing as needed between ages 18 and 21.
- **Sudden Cardiac Arrest Screening:** Risk assessment as needed between ages 11 and 21.
- **Cervical Dysplasia:** Testing at age 21.
- **Fluoride Varnish:** Provided at any point between 6 months and 5 years.

- Fluoride Supplementation: Risk assessment for need at 6, 9, 12, 18, 24, 30 months and at ages 3 to 16.
- Dyadic Services: Dyadic Behavioral health (DBH) services are reimbursable when taking place during well-child-visits.
- Obesity Screening: Clinicians should screen for obesity in children and adolescents 6 years and older and should offer them comprehensive, intensive behavior intervention to promote improvement in weight status.

Immunizations Pursuant to Bright Futures/AAP Periodicity Schedule

In addition to all vaccines recommended by ACIP that are covered under the VFC program (discussed below), EPSDT requires coverage of all vaccines included in the Bright Futures/AAP Periodicity Schedule for individuals up to age 21.¹¹ Vaccines in the Bright Futures/AAP Periodicity Schedule currently essentially mirror those recommended by ACIP. However, VCF only covers vaccines for individuals under age 19. Therefore, individuals aged 19 or 20 can access vaccines that are not recommended for adults under EPSDT as long as those vaccines are included in the Bright Futures/AAP Periodicity Schedule.

Vaccines

The funding source and mechanism of Medi-Cal coverage of vaccines varies depending on the age of the beneficiary. For children and adolescents up to age 18, most vaccines and their administration are covered through the VFC program, which is administered by the federal government. For adults, the cost of most vaccines is covered by states with federal financial participation (FFP), similar to most other Medi-Cal benefits. Except for the COVID-19 vaccine, which has been carved out of Managed Care Plan (MCP) contracts, MCPs are responsible for ensuring timely access to all FDA-approved immunizations for enrollees of all ages and are required to cover vaccines and their administration.¹² However, vaccines may be administered by pharmacists to individuals aged 3 and older and billed as a pharmacy benefit to the Medi-Cal Rx program.¹³

While they differ in their payment mechanisms on the front end, in practice, the same coverage standard applies to Medi-Cal beneficiaries of all ages: under federal law, they can access without cost-sharing and without prior authorization all vaccines recommended by ACIP (and approved by the CDC). As explained in more detail below, recently enacted state law extends coverage to vaccines recommended by other professional organizations and the California Department of Public Health (CDPH).

Vaccines for Children Program

The VFC program is a federally administered and mandated program that supplies vaccines at no cost to providers treating Medi-Cal beneficiaries (and other uninsured and underinsured individuals) from birth to age 18. The federal government, through the CDC, purchases vaccines from manufacturers and

distributes them to state public health agencies, which then distribute the vaccines to local providers. In California, the agency charged with administering and distributing the vaccines is CDPH.¹⁴ To be eligible to receive coverage for a vaccine through the VFC program, beneficiaries must be under the age of 19 and seeking immunization with one of the vaccines recommended by ACIP and approved by the CDC for individuals under 19.¹⁵

Specifically, vaccines available under the VFC include:¹⁶

- COVID-19
- Dengue
- Diphtheria, Tetanus and Pertussis
- *Haemophilus influenzae type b*
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Meningococcal
- Mpox
- Measles, mumps, and rubella (MMR)
- Varicella
- Mumps
- Outbreak controls
- Pneumococcal
- Polio
- Rotavirus
- Respiratory syncytial Virus (RSV)

The VFC program will cover these vaccines when administered pursuant to the schedule recommended by ACIP and approved by the CDC. In addition to reimbursing providers for the cost of administering these vaccines, the VFC program may reimburse providers for the cost of a vaccine product purchased from a non-VFC source only when there is valid justification.¹⁷ Valid justification includes documented cases of a VFC vaccine supply shortage due to a disease epidemic, vaccine manufacturing or delivery problems, or instances when the beneficiary does not meet special circumstances required by the VFC program for the vaccine billed.

Vaccines for Adults as Recommended by ACIP

For beneficiaries over 18, Medi-Cal covers all vaccines that have been recommended by ACIP and approved by the CDC.¹⁸ ACIP-recommended vaccines for adults include:

- Hepatitis A
- Hepatitis A-Hepatitis B
- Hepatitis B
- *Haemophilus influenzae type b* conjugate

- Human papillomavirus
- Herpes zoster
- Influenza
- Meningococcal conjugate A, C, Y, W-135 quadrivalent
- Meningococcal serogroup B
- Measles, mumps, and rubella (MMR)
- Meningococcal polysaccharide A, C, Y, W-135 quadrivalent
- Pneumococcal conjugate 13-valent
- Pneumococcal polysaccharide 23-valent
- Tetanus and diphtheria toxoids
- Tetanus and diphtheria toxoids and acellular pertussis
- Varicella

When provided on a separate date from the date of the vaccine administration, Medi-Cal also covers immunization counseling related to these vaccines.¹⁹

Vaccine Coverage Under California Law (AB 144)

Pursuant to a state law enacted in 2025, AB 144, Medi-Cal will now also cover vaccines that are recommended for both children and adults by the AAP, the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians, (AAFP) or through “any modification or supplement to a recommendation adopted by the [CDPH]” regardless of whether the vaccine has also been recommended by ACIP and approved by the CDC.²⁰ For coverage in Medi-Cal MCPs, California also maintains coverage for vaccines that were recommended by ACIP and approved by the CDC as of January 2025.²¹ That is, even if ACIP removes a previous recommendation, California law would still require Medi-Cal MCPs to cover such vaccine if ACIP recommended the vaccine as of January 2025.

AB 144 is part of California’s efforts to counter actions taken by the CDC and ACIP that may limit currently available vaccines in the future. So far, the AB 144 vaccine coverage requirement has only been applied to the combined measles, mumps, rubella, and varicella (MMRV) vaccine in children under 4. In 2025, ACIP changed its recommendation for children under 4 to receive a combined

ADVOCACY TIP:

- ✓ The CDC has adopted three major changes in recommendations from ACIP: COVID-19, hepatitis B, and the measles, mumps, rubella, and varicella (MMRV) vaccine for children under 4 (the MMRV vaccine changes are discussed below). The changes to the recommendations regarding the COVID-19 and hepatitis B vaccines have little bearing on coverage of those vaccines for both children and adults because the recommendations maintain access to the vaccines based on shared clinical decision-making. For purposes of Medi-Cal coverage under the VFC program and under the mandatory coverage of vaccines for adults, shared decision-making is considered part of the ACIP recommendation, triggering mandatory coverage.

MMRV vaccine. Instead, ACIP now recommends that children receive a first dose of the MMR vaccine and, separately, a first dose of the varicella vaccine between 12 and 15 months.²² Pursuant to the ACIP recommendations (subsequently adopted by the CDC), the combined MMRV vaccine remains an option for the second dose after age 4. In finalizing this new recommendation, ACIP also voted to exclude the combined MRV vaccine for children under 4 from coverage under the VFC program. Importantly, the AAP continues to recommend the combined MMRV vaccine for children under age 4. For that reason, the Department of Health Care Services (DHCS) has clarified that the combined MMRV vaccine remains available as part of the Medi-Cal Rx program pursuant to the requirements of AB 144.²³

USPSTF A and B Recommendations

Medi-Cal covers all preventive services that have an “A” or “B” rating from the USPSTF for all eligibility categories and without cost-sharing. The populations eligible to receive such services depend on the specific recommendations from the USPSTF.

ADVOCACY TIP:

- ✓ Medi-Cal coverage without cost-sharing of USPSTF recommendations is limited to the specific situations covered under the description for each A- or B-rated service. Advocates should closely monitor the specific language for each service to determine the level and scope of coverage. When new products become available, they may not automatically be incorporated into the recommendations and, absent updates from USPSTF, coverage is not automatically triggered and may require separate action from Medi-Cal.

For example, in late 2024, the FDA approved the medication Yeztugo as preexposure prophylaxis for the prevention of HIV. Despite the fact that the USPSTF recommends Preexposure Prophylaxis for adolescents and adults at increased risk of HIV, the language of the recommendation is specific to the medications that were previously approved by the FDA. That is, newly approved medications do not automatically fit into the USPSTF recommendation. In the case of Yeztugo, the medication is covered by Medi-Cal as part of the program’s prescription drug coverage under Medi-Cal Rx.

The following list includes all the preventive services that have an A or B rating from USPSTF as of April 2026:²⁴

- Abdominal Aortic Aneurysm: Screening: men aged 65 to 75 years who have ever smoked
- Anxiety Disorders in Adults: Screening: adults 64 years or younger, including pregnant and postpartum persons
- Anxiety in Children and Adolescents: Screening: children and adolescents aged 8 to 18 years
- Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medication: pregnant persons at high risk for preeclampsia
- Asymptomatic Bacteriuria in Adults: Screening: pregnant persons
- BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing: women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or an ancestry associated with brca1/2 gene mutation
- Breast Cancer: Medication Use to Reduce Risk: women at increased risk for breast cancer aged 35 years or older
- Breast Cancer: Screening: women aged 40 to 74 years
- Breastfeeding: Primary Care Behavioral Counseling Interventions: pregnant and postpartum women
- Cervical Cancer: Screening: women aged 21 to 65 years
- Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons
- Chlamydia and Gonorrhea: Screening: sexually active women, including pregnant persons
- Colorectal Cancer: Screening: adults aged 45 to 49 years
- Colorectal Cancer: Screening: adults aged 50 to 75 years
- Depression and Suicide Risk in Adults: Screening: adults, including pregnant and postpartum persons, and older adults (65 years or older)
- Depression and Suicide Risk in Children and Adolescents: Screening: adolescents aged 12 to 18 years
- Falls Prevention in Community-Dwelling Older Adults: Interventions: community-dwelling adults 65 years or older
- Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication: persons who plan to or could become pregnant
- Gestational Diabetes: Screening: asymptomatic pregnant persons at 24 weeks of gestation or after
- Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions: adults with cardiovascular disease risk factors
- Healthy Weight and Weight Gain in Pregnancy: Behavioral Counseling Interventions: pregnant persons

- Hepatitis B Virus Infection in Adolescents and Adults: Screening: adolescents and adults at increased risk for infection
- Hepatitis B Virus Infection in Pregnant Women: Screening: pregnant women
- Hepatitis C Virus Infection in Adolescents and Adults: Screening: adults aged 18 to 79 years
- High Body Mass Index in Children and Adolescents: Interventions: children and adolescents 6 years or older
- Human Immunodeficiency Virus (HIV) Infection: Screening: adolescents and adults aged 15 to 65 years
- Human Immunodeficiency Virus (HIV) Infection: Screening: pregnant persons
- Hypertension in Adults: Screening: adults 18 years or older without known hypertension
- Hypertensive Disorders of Pregnancy: Screening: asymptomatic pregnant persons
- Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults: Screening: women of reproductive age, including pregnant and postpartum women
- Latent Tuberculosis Infection in Adults: Screening: asymptomatic adults at increased risk of latent tuberculosis infection (ltbi)
- Lung Cancer: Screening: adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
- Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive Medication: newborns
- Osteoporosis to Prevent Fractures: Screening: postmenopausal women younger than 65 years with 1 or more risk factors for osteoporosis
- Osteoporosis to Prevent Fractures: Screening: women 65 years or older
- Perinatal Depression: Preventive Interventions: pregnant and postpartum persons
- Prediabetes and Type 2 Diabetes: Screening: asymptomatic adults aged 35 to 70 years who have overweight or obesity
- Prevention of Acquisition of HIV: Preexposure Prophylaxis: adolescents and adults at increased risk of HIV
- Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years
- Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions: children younger than 5 years
- Rh(D) Incompatibility: Screening: pregnant women, during the first pregnancy-related care visit
- Rh(D) Incompatibility: Screening: unsensitized rh(d)-negative pregnant women
- Sexually Transmitted Infections: Behavioral Counseling: sexually active adolescents and adults at increased risk
- Skin Cancer Prevention: Behavioral Counseling: young adults, adolescents, children, and parents of young children

- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication: adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (cvd) risk of 10% or greater
- Syphilis Infection During Pregnancy: Screening: asymptomatic pregnant women
- Syphilis Infection in Nonpregnant Adolescents and Adults: Screening: asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection
- Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: nonpregnant adults
- Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions: pregnant persons
- Tobacco Use in Children and Adolescents: Primary Care Interventions: school-aged children and adolescents who have not started to use tobacco
- Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions: adults 18 years or older, including pregnant women
- Unhealthy Drug Use: Screening: adults age 18 years or older
- Vision in Children Ages 6 Months to 5 Years: Screening: children aged 3 to 5 years
- Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions: adults

Other Preventive Services Covered Under California Law (AB 144)

Similar to vaccines, AB 144 requires Medi-Cal MCPs to cover all preventive services that received an A or B rating from the USPSTF as of January 2025.²⁵ This means that, if the USPSTF backtracks on a recommendation in the future, Medi-Cal would still be required to cover such preventive service as long as the service had an A or B rating from the USPSTF as of January 2025. Similarly, AB 144 required Medi-Cal MCPs to also cover additional preventive services that are recommended through “any modification or supplement to a recommendation adopted [by the CDPH]” regardless of whether the service has also been recommended by the USPSTF.²⁶

HRSA-Recommended Services

In addition to all USPSTF A and B recommendations that target adults and children generally, Medi-Cal covers preventive services included in guidelines from HRSA, which specifically target children and adolescents and women. The recommendations for children are part of the Bright Futures program and are discussed in the EPSDT section above.

Pursuant to HRSA’s Women Preventive Services Guidelines, Medi-Cal covers the following services subject to the limitations described in the guidelines.²⁷

Service	Recommended Age Range	Frequency
Screening for cervical cancer	Women between 21 and 29 years (using cervical cytology (Pap test) Women between 30 to 65 with Pap test and human papillomavirus test (hrHPV)	For women between 21 and 29, every 3 years For women between 30 and 65, every 5 years if hrHPV test is available; otherwise, every 3 years
Patient Navigation Services for Breast and Cervical Cancer Screening	No age range	As needed
Breast Cancer Screening for Women at Average Risk	Screening should start no earlier than age 40, but no later than age 50 and continue until at least age 74	At least biennially and as frequently as annually
Screening and Counseling for Intimate Partner and Domestic Violence	No age range	As needed
Screening for Anxiety	No age range	As needed
Obesity Prevention in Midlife Women	Between 40 and 60	As needed
Breastfeeding Services and Supplies (including double electric pumps and breast milk storage supplies)	Between 40 and 60	As needed
Contraception ²⁸	No age range	As needed
Counseling for Sexually Transmitted Infections (STIs)	No age range, but being under 25 is considered a risk factor	As needed

Service	Recommended Age Range	Frequency
HIV Infection	Ages 15 and older (but starting at age 13 when needed)	At least once during lifetime and annually when there is an increased risk of infection
Well-Woman Preventive Visits	Beginning in adolescence	At least once per year
Screening for Diabetes in Pregnancy	No age range, but after 24 weeks of gestation or before (ideally during first prenatal visit) for individuals with risk factors for type 2 diabetes	Once during pregnancy
Screening for Diabetes after Pregnancy	No age range, but within the first year after pregnancy	After the initial screen within a year after pregnancy, every 3 years for at least 10 years after pregnancy if initial screen was negative
Screening for Urinary Incontinence	No age range	Annually

Expedited Partner Therapy for the Prevention of STI Reinfections

Medi-Cal covers Expedited Partner Therapy (EPT) for partners of beneficiaries being treated for sexually transmitted conditions in order to prevent retransmission.²⁹ EPT involves treating sex partners of beneficiaries diagnosed with a treatable sexually transmitted condition without the health care provider first examining the partner. This second-hand treatment often involves the patient delivering medication or a prescription to their partner(s). Medi-Cal covers EPT for beneficiaries being treated for gonorrhea, chlamydia, and/or trichomoniasis and providers may either dispense sufficient medication for the beneficiary to provide to their partner(s) or write a prescription in the name of the beneficiary for a sufficient amount and duration for their partner(s)' use.³⁰

Asthma Preventive Services

Asthma Preventive Services (APS) under Medi-Cal are covered when they prevent disease progression, prolong life, and promote physical health.³¹ APS is defined as “information about the basic facts of asthma, proper use of long-term controllers and quick relief medications, evidence-based self-

management techniques and self-monitoring skills, and actions to mitigate or controls environmental exposure that exacerbate asthma symptoms.”³² APS includes the following services:³³

- Clinic-based asthma self-management education available to all beneficiaries with an asthma diagnosis
- Home-based asthma self-management education available to all beneficiaries with an asthma diagnosis
- In-home environmental trigger assessment for beneficiaries with a current diagnosis of poorly controlled asthma, or on the recommendation of a licensed physician, nurse practitioner (NP), or physician assistant (PA)
 - In-home environmental trigger assessment is defined as the identification of environmental asthma triggers commonly found in and around the home, including allergens and irritants, to guide education about actions to mitigate or control environmental exposures
 - Poorly controlled asthma is defined as having a score of 19 or lower on the Asthma Control test, or an asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past year

APS may be provided by physicians, NPs, or PAs, or by unlicensed providers such as community health workers, promotores, or community health representatives who meet certain qualifications.³⁴ The self-management education services are limited to two services per year, while assessments are limited to two assessments per year, though additional assessment may be provided with prior authorization or when there has been a change of primary residence.³⁵

Diabetes Prevention Program

Medi-Cal’s Diabetes Prevention Program (DPP) covers a range of services recommended by a provider to prevent or delay the onset of type 2 diabetes for beneficiaries with indications of prediabetes (defined as higher-than-normal blood sugar levels, but not high enough yet to be diagnosed as type 2 diabetes).³⁶ To be eligible for the DPP services, beneficiaries must be at least 18 years of age; have a body mass index (BMI) of at least 23 if the beneficiary does not self-identify as Asian or a BMI of at least 23 if self-identified as Asian; no previous diagnosis of type 1 or type 2 diabetes (with the exception of gestational diabetes); free of end-stage renal disease; and must have one of the following within the 12-month period prior to being referred to DPP:³⁷

- A hemoglobin A1c test with a value between 5.7% and 6.4%
- A fasting plasma glucose of 110-125 mg/dL
- A two-hour plasma glucose of 140-199 mg/dL

Covered services include individual or group nutrition or behavioral counseling and physical activity and fitness assessment to help beneficiaries change certain aspects of their lifestyle, like eating healthier, reducing stress, and

getting more physical activity.³⁸ Services are provided at periodic intervals over the course of one year or, if needed, at periodic intervals for another year.³⁹ The first year includes at least 22 peer-coaching sessions. In addition, beneficiaries who achieve a weight loss of at least five percent from the first session are eligible for ongoing maintenance sessions after the initial 12-month period.⁴⁰

DPP services are provided by lifestyle coaches based in an organization enrolled in Medi-Cal that has pending, preliminary, or full CDC recognition to provide diabetes services. These organizations may be Home Health Agencies, pharmacies, physician groups, Indian Health Services (HIS), Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), community clinics, community hospitals, home and community-based services (HCBS) nursing facilities, among others.⁴¹ Lifestyle coaches may be physicians, licensed nonphysician practitioners (nurses, physical therapists, etc.), or unlicensed practitioners under the supervision of a DPP services provider or a licensed Medi-Cal practitioner.⁴² All lifestyle coaches must complete at least 12 hours of training in DPP services from an organization recognized by the CDC and must be trained to the specific curriculum being used by the recognized organization.⁴³

DPP services are covered by MCPs, which are responsible for ensuring contracted DPP providers meet the minimum requirements to provide the services. MCPs have flexibility to cover services delivered via the methods: in-person, distance learning, online, or a combination of these methods.⁴⁴

Certified Wellness Coach Program

In 2025, California received approval from CMS to begin covering certified wellness coach services as preventive services, including when provided by a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).⁴⁵ These services support behavioral health needs and promote physical and mental health and include:⁴⁶

- Wellness promotion and education;
- Screening not requiring a licensed provider;
- Care coordination and navigation services;
- Individual and group behavioral health coaching (wellness education, coping skills, goal setting and planning, teaching life skills, stress management, and problem solving);
- Crisis referral (including identifying potential risk, providing emotional support, and engaging in warm handoffs with licensed, credentialed, or associate behavioral health providers).

Certified Wellness Coaches must be supervised by a licensed practitioner or by an individual holding a valid Pupil Personnel Services (PPS) credential issued by the Commission on Teacher Credentialing.⁴⁷

Endnotes

- ¹ 42 U.S.C. §§ 18022(b)(1)(I), 1396u-7(b)(5). 42 C.F.R. § 440.347(a)(9).
- ² 45 C.F.R. § 156.115(a)(4) (tying the EJB category of preventive health services to the requirement to cover preventive services without cost-sharing under 45 C.F.R. § 147.130).
- ³ See CMS, CMCS Informational Bulletin: Alternative Benefit Plan Conforming Changes 4 (Jan. 28, 2016), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-01-28-16.pdf>.
- ⁴ 42 U.S.C. § 1396d(a)(12)–(13); 42 C.F.R. § 440.130(c).
- ⁵ 42 U.S.C. §§ 1396s, 1396a(a)(10)(A), 1396a(a)(43)(A)–(B), 1396d(r), 1396a(a)(10)(C)(iv), 1396o(a)(2)(J), 1396o(b)(2)(J).
- ⁶ Cal. Dep’t Health Care Servs., Cal. State Plan Chart, Limitations on Attachment 3.1-A 18a, <https://www.dhcs.ca.gov/SPA/Documents/Limitations-to-Attachment-3-1A.pdf> [hereinafter State Plan Limitations on Attachment 3.1-A].
- ⁷ Medi-Cal also cover various other preventive services that are discussed in other chapters of this guide. Specifically, Alcohol and Drug Use Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) is discussed in Chapter V on Substance Use Disorder Services; Doula Preventive Services are discussed in Chapter VII on Reproductive and Sexual Health Services; Behavioral Health Treatment (BHT) is discussed in Chapter XIV on Children’s Health Services; and Community Health Worker (CHW) services are discussed in Chapter XII on Care Coordination.
- ⁸ Am. Acad. Pediatrics, Preventive Care/Periodicity Schedule, https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/?srsltid=AfmBOoptHDPRcCTxWNrd_RIAwNrp5Q2V9HilS81mFD_1XGdpaCbsgFPz3 (last visited Apr. 8, 2026).
- ⁹ See Dep’t Health Care Servs., *Medi-Cal Provider Manual: Preventive Services* 19–22, 24 (Sept. 2025), https://mcweb.apps.prd.cammi.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO [hereinafter *Medi-Cal Provider Manual: Preventive Services*]; See also Am. Acad. Pediatrics, Recommendations for Preventive Pediatric Health Care (Dec. 2024), https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?

- ¹⁰ CMS, *CMCS Informational Bulletin: Coverage of Blood Lead Testing for Children Enrolled in Medicaid and the Children's Health Insurance Program* (Nov. 30, 2016), <https://www.medicare.gov/federal-policy-guidance/downloads/cib113016.pdf>; CAL. CODE REGS. § 37100. See also Cal. Dep't Health Care Servs., *Blood Lead Testing and Anticipatory Guidance* (July 2023), <https://www.dhcs.ca.gov/services/chdp/Documents/2023-Blood-Lead-Testing-and-Anticipatory-Guidance.pdf>.
- ¹¹ *Medi-Cal Provider Manual: Preventive Services*, *supra* note 9, at 23.
- ¹² Cal. Dep't Health Care Servs., All Plan Letter No. 24-008 (June 21, 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-008.pdf>.
- ¹³ See Cal. Dep't Health Care Servs., *Medi-Cal Reimbursement of Vaccines for VFC and Non-VFC Enrolled Pharmacy Providers – Frequently Asked Questions (FAQs), Version 6.0* (Mar. 1, 2026), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/faq/Medi-Cal_Reimbursement_VFC_FAQ.pdf.
- ¹⁴ Dep't Health Care Servs., *Medi-Cal Provider Manual: Vaccines for Children (VFC) Program 2* (June 2024), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C08C7E98-AA63-4BC8-BA3C-BE8E06ED9A31/vaccine.pdf?access_token=6UyVkRRRfByXTZEWIh8j8QaYyIPyP5ULO.
- ¹⁵ *Id.*
- ¹⁶ *Id.* at 1 (Nov. 2024).
- ¹⁷ *Id.* at 2.
- ¹⁸ *Medi-Cal Provider Manual: Preventive Services*, *supra* note 9, at 17–18 (Jan. 2026).
- ¹⁹ *Id.* at 18.
- ²⁰ CAL. WELF. & INST. CODE § 14132.995(a).
- ²¹ Cal. Health & Safety Code § 1342.3(a)(1)(B), (c). See also Cal. Dep't Health Care Servs., *Medi-Cal Coverage of Vaccines* (Oct. 2025), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/publications/2025.09_A_Medi-Cal_Coverage_Vaccines.pdf.
- ²² CDC, *Recommended Vaccinations for Children* (Feb. 2026), <https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html>.
- ²³ Cal. Dep't Health Care Servs., *Coming Soon: MMRV Vaccine Reimbursement for Children Younger Than Age 4 Years of Age* (Mar. 24, 2026), https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/2026/03_A_Coming_Soon_MMRV_Reimbursement_Children.pdf.
- ²⁴ U.S. Preventive Servs. Task Force, *A & B Recommendations*, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations> (last visited Apr. 8, 2026).
- ²⁵ Cal. Health & Safety Code § 1342.3(a)(1)(A), (c).

- ²⁶ *Id.*
- ²⁷ HRSA, Women’s Preventive Services Guideline, <https://www.hrsa.gov/womens-guidelines> (last visited Apr. 8, 2026). Consult the HRSA webpage for more detailed guidelines.
- ²⁸ Contraception extends to the full range of contraceptives currently listed in the FDA’s Birth Control Guide: (1) sterilization surgery for women, (2) implantable rods, (3) copper intrauterine devices, (4) intrauterine devices with progestin (all durations and doses), (5) injectable contraceptives, (6) oral contraceptives (combined pill), (7) oral contraceptives (progestin only), (8) oral contraceptives (extended or continuous use), (9) the contraceptive patch, (10) vaginal contraceptive rings, (11) diaphragms, (12) contraceptive sponges, (13) cervical caps, (14) condoms, (15) spermicides, (16) emergency contraception (levonorgestrel), and (17) emergency contraception (ulipristal acetate), and any additional contraceptives approved, granted, or cleared by the FDA. *Id.*
- ²⁹ *Medi-Cal Provider Manual: Preventive Services*, *supra* note 9, at 24–25 (Sept. 2025).
- ³⁰ *Id.* at 25.
- ³¹ State Plan Limitations on Attachment 3.1-A, *supra* note 6, at 18h–18i.
- ³² Cal. Dep’t Health Care Servs., *Medi-Cal Provider Manual: Asthma Preventive Services (APS)*1 (Apr. 2025), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B30BA13C-7A4F-47B9-9403-760091E44ADC/asthprev.pdf?access_token=6UyVkrRfByXTZEWIh8j8QaYlPyP5ULO.
- ³³ *Id.*
- ³⁴ *Id.* at 3
- ³⁵ *Id.* 2 – 3.
- ³⁶ State Plan Limitations on Attachment 3.1-A, *supra* note 6, at 18c–18d. See also Cal. Dep’t Health Care Servs., *Medi-Cal Provider Manual: Diabetes Prevention Program (DPP)* (Mar. 2022), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/7C316612-0D8F-4103-97C7-62F3670656C6/diabetes.pdf?access_token=6UyVkrRfByXTZEWIh8j8QaYlPyP5ULO [hereinafter *Medi-Cal Provider Manual: Diabetes Prevention Program (DPP)*].
- ³⁷ *Medi-Cal Provider Manual: Diabetes Prevention Program (DPP)*, *supra* note 36, at 3.
- ³⁸ State Plan Limitations on Attachment 3.1-A, *supra* note 6, at 18c–18d.
- ³⁹ *Id.* at 18c.
- ⁴⁰ *Medi-Cal Provider Manual: Diabetes Prevention Program (DPP)*, *supra* note 36. See also Cal. Dep’t Health Care Servs., *Diabetes Prevention Program (DPP)*, <https://www.dhcs.ca.gov/services/medi-cal/Pages/Diabetes-Prevention-Program.aspx> (last visited Apr. 10, 2026).
- ⁴¹ *Medi-Cal Provider Manual: Diabetes Prevention Program (DPP)*, *supra* note 36, at 1–2.

⁴² State Plan Limitations on Attachment 3.1-A, *supra* note 6, at 18c.

⁴³ *Id.* at 18d.

⁴⁴ *Medi-Cal Provider Manual: Diabetes Prevention Program (DPP)*, *supra* note 36, at 2 (specifying the delivery methods DPP providers may use). For more information on MCP's responsibilities regarding DPP, see Cal. Dep't Health Care Servs., All Plan Letter No. 18-018 (Nov. 16, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-018.pdf>.

⁴⁵ CMS, Approval Letter for Cal. State Plan Amendment # 25-0014 (June 24, 2025), <https://www.dhcs.ca.gov/SPA/Documents/SPA-25-0014-Approval.pdf>.

⁴⁶ State Plan Limitations on Attachment 3.1-A, *supra* note 6, at 18l.

⁴⁷ *Id.*