



# County Medical Services Program Overview & Federal Implications

# CMSP BACKGROUND

<b>1982</b>	California law eliminated Medi-Cal eligibility for medically indigent adults, who became a county responsibility under WIC Section 17000
<b>1983</b>	County Medical Services Program (CMSP) established as a state program administered by the California Department of Health Services to help smaller counties serve medically indigent adults <ul style="list-style-type: none"><li>• A “pooled risk” health benefit program for counties with populations of 300,000 or less (1980 census)</li><li>• 35 of 39 counties eligible by law are participating</li></ul>
<b>1991</b>	Health Realignment establishes funding for indigent care to CMSP counties and CMSP program
<b>1995</b>	CMSP Governing Board established as a local public agency with overall program and fiscal responsibility for CMSP program (WIC Section 16809)
<b>2014</b>	Affordable Care Act (ACA) takes effect <ul style="list-style-type: none"><li>• Health Realignment to CMSP counties &amp; CMSP program significantly reduced (AB 85)</li><li>• Steep reduction in CMSP enrollment as members move to Medi-Cal</li><li>• Other CMSP sponsored health benefit and grant programs launched</li></ul>
<b>2019</b>	Remaining Health Realignment to CMSP program redirected entirely to the State (SB 1371) until CMSP budgeted reserves reach two years of operating costs
<b>2025-2026</b>	<ul style="list-style-type: none"><li>• H.R.1 passed by Congress with Medicaid reductions</li><li>• CMSP Governing Board considers and implements changes to CMSP program</li></ul>

# WIC CODE SECTION 17000 & CMSP



California Welfare and Institutions Code (WIC) Section 17000 enacted in 1937

Established each county's duty to relieve and support the indigent poor and serves as the legal foundation for county indigent care obligations as the "provider of last resort"

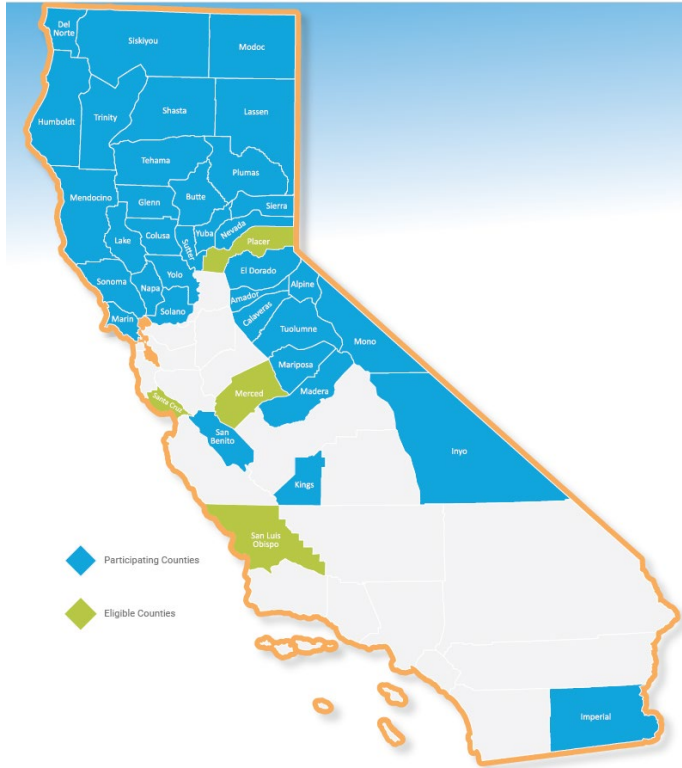
Limits county responsibility to those "legally resident therein", which does not include undocumented persons

While counties have broad discretion in setting standards, they must provide "medically necessary care" that is "sufficient to remedy substantial pain and infection"

County obligation does not apply to mental health care

CMSP participation supports counties in meeting their Section 17000 obligations but does not relieve them of these responsibilities

# CMSP - SERVING 35 COUNTIES IN CALIFORNIA



## Participating Counties:

Alpine	Modoc
Amador	Mono
Butte	Napa
Calaveras	Nevada
Colusa	Plumas
Del Norte	San Benito
El Dorado	Shasta
Glenn	Sierra
Humboldt	Siskiyou
Imperial	Solano
Inyo	Sonoma
Kings	Sutter
Lake	Tehama
Lassen	Trinity
Madera	Tuolumne
Marin	Yolo
Mariposa	Yuba
Mendocino	

## Eligible Counties:

Merced
Placer
San Luis Obispo
Santa Cruz

# CMSP GOVERNING BOARD

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**Scott De Moss**  
*Chair*  
County Administrative Officer  
Glenn County

**Jennifer Vasquez**  
*Vice Chair*  
Director  
Yuba County  
Health & Human Services

**Ed Valenzuela**  
*Supervisor*  
Siskiyou County

**John Vasquez**  
*Supervisor*  
Solano County

**Mike Ziegenmeyer**  
*Supervisor*  
Sutter County

**Elishia Hayes**  
*County Administrative Officer*  
Humboldt County

**Derek Johnson**  
*County Executive*  
Marin County

**Elizabeth Kelly**  
*Director*  
Colusa County  
Health & Human Services

**Deborah Martinez**  
*Director*  
Madera County  
Social Services

**Jennifer Yasumoto**  
*Director*  
Napa County  
Health & Human Services

**Brent Houser**  
California Health & Human  
Services Agency (*ex-officio*)

# ADMINISTRATION OF CMSP

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## CMSP Administrative Office

- Provides staff support to the Governing Board
- Oversees policy, budget, program administration, grants, and contracts
- Based in Sacramento

## Beneficiary Eligibility & Enrollment

- Program-wide eligibility rules for CMSP and Connect to Care (CTC)
- Contract with California DHCS for CMSP enrollment through county social services departments (CalSAWS & MEDS)
- Contract with RedMane for Connect to Care and CMSP enrollment through participating health centers (mCase)

## Medical & Pharmacy Benefits

- Program-wide covered benefits for CMSP and Connect to Care (CTC)
- Contract with Advanced Medical Management (AMM) for medical and dental benefit administration (claims, authorization, provider network)
- Contract with MedImpact Health Systems for pharmacy benefit administration (claims, authorization, provider network)
- Provider agreements between CMSP and healthcare providers. Contracted providers in Sonoma County include Alexander Valley Healthcare, Healdsburg Hospital, Petaluma Health Center, Santa Rosa Community Health Centers, and Sonoma Valley Hospital.

# CMSP REVENUES

Revenue	FY 2010-11 Program Budget	FY 2023-24 Program Budget
County Realignment	\$89,068,961	\$0
CMSP Realignment	\$131,197,567	\$0
County Participation Fees	\$5,243,731	\$0
Other	\$3,745,789	\$10,029,954
<b>Total Revenue</b>	<b>\$229,256,048</b>	<b>\$10,029,954</b>

	FY 2010-11	FY 2023-24
<b>Total Enrollment</b>	61,913	6,760

*County risk allocation per county participation agreement as determined by the Governing Board*

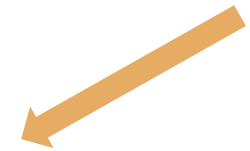
# COUNTY PARTICIPATION FEES

COUNTY	AMOUNT	COUNTY	AMOUNT
Alpine	\$661	Imperial	\$249,786
Amador	\$17,107	Inyo	\$18,950
Butte	\$459,610	Kings	\$195,053
Calaveras	\$30,401	Lake	\$150,278
Colusa	\$28,997	Lassen	\$17,206
Del Norte	\$39,424	Madera	\$151,434
El Dorado	\$233,492	Marin	\$576,233
Glenn	\$33,989	Mariposa	\$5,649
Humboldt	\$430,851	Mendocino	\$247,578

*County-specific dollar amounts set forth in California WIC Section 16809.3*

# COUNTY PARTICIPATION FEES *continued*

COUNTY	AMOUNT	COUNTY	AMOUNT
Modoc	\$9,688	Solano	\$809,548
Mono	\$25,469	Sonoma	\$718,947
Napa	\$142,767	Sutter	\$188,781
Nevada	\$42,051	Tehama	\$79,950
Plumas	\$23,796	Trinity	\$8,319
San Benito	\$37,018	Tuolumne	\$34,947
Shasta	\$294,369	Yuba	\$101,907
Sierra	\$6,183	Yolo	\$532,510
Siskiyou	\$48,956	<b>TOTAL</b>	<b>\$5,991,905</b>



*County-specific dollar amounts set forth in California WIC Section 16809.3*

# CMSP EXPENDITURES

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Expenditure	FY 2010-11 Program Budget	FY 2023-24 Program Budget
Medical & Pharmacy	\$294,203,939	\$5,438,992
County Eligibility Administration	\$14,788,908	\$120,215
Grant Programs	\$616,847	\$12,579,730
Other	\$3,100,965	\$3,440,538
<b>Total Expenditures</b>	<b>\$312,710,659</b>	<b>\$21,579,475</b>

	FY 2010-11	FY 2023-24
<b>Total Enrollment</b>	61,913	6,760



**FEDERAL HEALTH  
PROGRAM REDUCTIONS  
UNDER H.R.1**

# PROJECTED H.R.1 IMPACTS ON CMSP COUNTIES

## MEDI-CAL WORK REQUIREMENTS IMPACT AT 33% DISENROLLMENT

Potential Impact: **43,388 Persons**  
Year 1 Estimated Medical Cost: **\$155,126,400**  
Year 2 Estimated Medical Cost: **\$286,387,200**

## MEDI-CAL WORK REQUIREMENTS IMPACT AT 50% DISENROLLMENT

Potential Impact: **65,739 Persons**  
Year 1 Estimated Medical Cost: **\$235,018,203**  
Year 2 Estimated Medical Cost: **\$433,878,177**

## MEDI-CAL WORK REQUIREMENTS IMPACT AT 100% DISENROLLMENT

Potential Impact: **131,479 Persons**  
Year 1 Estimated Medical Cost: **\$470,055,300**  
Year 2 Estimated Medical Cost: **\$867,794,400**

1 – Does not include estimates for exemptions that are TBD by the State

2 – Does not include estimates for Covered California Subsidy losses or Restrictions on Lawfully Present Immigrants

3 – Does not include projected costs for CMSP benefit administration and eligibility administration

# CMSP PRE-ACA & CURRENT

	PRE-ACA	CURRENT
<b>Age Limit</b>	21 - 64	21 - 64
<b>Income Limit</b>	200% FPL	138% - 300% FPL <138% FPL with certain deductions
<b>Asset Limit</b>	\$2,000 individual, \$3,000 couple	\$20,000 individual, \$30,000 couple No asset test <138% FPL
<b>How to Enroll</b>	County Social Services Depts	CMSP & CTC: Participating Health Centers CMSP: County Social Services Depts
<b>Enrollment Term</b>	<i>Full Scope:</i> 3 months <i>Restricted Scope:</i> 2 months	Up to 6 months with 1-month retroactive period
<b>Share of Cost (SOC)</b>	Up to 67% FPL, no SOC Above 67% -200% FPL, monthly SOC No reduction in SOC amount	Under 138% FPL, no SOC Above 138% - 300% FPL, monthly SOC 75% reduction in SOC amount
<b>Scope of Benefit Coverage</b>	<i>Full Scope:</i> Verified citizen & resident of a CMSP county  <i>Restricted Scope:</i> Undocumented & resident of a CMSP county	<i>Full Scope:</i> No citizen requirement, must be a CMSP county resident

# PROPOSED ELIGIBILITY CHANGES\*



Date	Prior Eligibility Changes Approved by Board	Proposed Changes in Response to H.R.1
5/2016	Increased the upper income limit for CMSP from 200% FPL to 300% FPL	Reinstate upper income limit of 200% FPL
5/2016	Increased the asset limit for CMSP applicants with incomes above 138% up to 300% FPL (from \$2,000 individual / \$3,000 couple to \$20,000 individual / \$30,000 couple)	Reinstate asset limit as \$2,000 individual / \$3,000 couple
5/2016	Removed the asset limit for CMSP applicants with incomes up to 138% FPL	Reinstate asset limit for all CMSP applicants
5/2016	Reduced monthly SOC amount by 75% for CMSP members with incomes above 138% FPL to 300% FPL	Reinstate full monthly SOC with no 75% reduction
5/2016	Removed monthly Share of Cost (SOC) requirement for CMSP applicants with incomes up to 138% FPL	Establish no SOC for CMSP applicants up to 100% FPL
5/2016	Increased the retroactive coverage period from 10-days to 1 month	No change
5/2016	Increased CMSP enrollment terms from a minimum of 2-months to 6-months	Establish 3-month term for all members
10/2023	Removed the requirement that CMSP applicants must apply for Covered California during open enrollment	Require eligible applicants to apply for Covered California during open enrollment

*\*All changes require CalSAWS system programming. Effective date is dependent on the Governing Board's approval and completion of such programming.*

# PROPOSED BENEFIT CHANGES

Date	Prior Benefit Changes Approved by Board	Proposed Changes in Response to H.R.1
9/2018	Approved coverage for selected primary care and pharmacy services without CMSP members having to meet monthly SOC amount	Reinstate monthly SOC amount, when due, for all CMSP covered services
7/2021	Approved coverage under CMSP for chiropractic services	Discontinue these benefits in CMSP coverage
7/2021	Added specified behavioral health services to CMSP coverage: outpatient substance use disorder treatment services and mental health services	Discontinue these benefits in CMSP coverage
7/2023	Approved coverage under CMSP for specific additional benefits: vision, audiology, and dental services	Discontinue these benefits in CMSP coverage
7/2023	Increased coverage for undocumented immigrants from Emergency Services only to full-scope coverage	<ul style="list-style-type: none"><li>▪ Reinstate Emergency Services only coverage for undocumented members or eliminate coverage</li><li>▪ Review restriction of benefit coverage to Emergency Services only for all legal resident members</li></ul>

# PROPOSED GRANT PROGRAM CHANGES

Date	Prior Actions Taken by Board	Proposed Changes in Response to H.R.1
10/2019	Board approved \$50 million for Local Indigent Care Needs Grants and Technical Assistance (\$46.9 million committed)	No action needed No additional LICN Grant funding cycles
12/2022	Board approved \$10 million for Healthcare Infrastructure Development Matching Grants (\$2.5 million committed)	Future funding to be discussed by Planning and Benefits Committee
12/2024	Board approved \$14 million for Building the Healthcare Workforce Grants (\$2.9 million committed)	Future funding to be discussed by Planning and Benefits Committee
12/2024	Board approved \$7.1 million for continuation of the Loan Repayment Program (\$2.3 million committed)	Board approved completing the current LRP round and conducting no further LRPs at the January 2026 meeting
1/2025	Board approved \$2.98 million for Scholarships (\$1 million committed)	Board approved completing the current round and conducting no further Scholarships at the January 2026 meeting

# FUTURE BUDGET CONSIDERATIONS

Date	Prior Actions Taken by Board	Possible New Actions by Board in Response to H.R.1	Timeline for Future Board Consideration
7/2014 – present	Board waived CMSP county participation fees of \$5.9 million per year	Reinstate County Participation Fees	May 2026
7/2014 – present	Board approved provider and hospital rate increases	Freeze 2026 provider rates	May 2026
7/2018 – present	Board allocated annual funds for marketing and media expenses	Discontinue paid marketing and media	May 2026
12/2020	Board launched the Connect to Care (CTC) benefit program	Suspend (pause) the CTC benefit program	May 2026
7/2025	Board launched CMSP in mCase for applications at health centers	Suspend (pause) this alternative CMSP enrollment process	May 2026

# NEXT STEPS

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## CMSP Eligibility Committee

- Met: February 26
- Will provide feedback to the Governing Board on proposed eligibility changes

## CMSP Planning & Benefits Committee

- Meeting: March 11
- Will provide feedback to the Governing Board on proposed benefit, eligibility, and two grant programs

## CMSP Governing Board

- Next Meetings: March 25 and May 27
- Will review feedback and determine any future actions
- Any benefit and/or eligibility reductions are subject to Public Hearing

# QUESTIONS

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[cmspcounties.org](https://cmspcounties.org)



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