

County Medical Services Program Overview & Federal Implications



January 14, 2026 | Mendocino County Board of Supervisors Health Summit

INTRODUCTIONS



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CMSP BACKGROUND



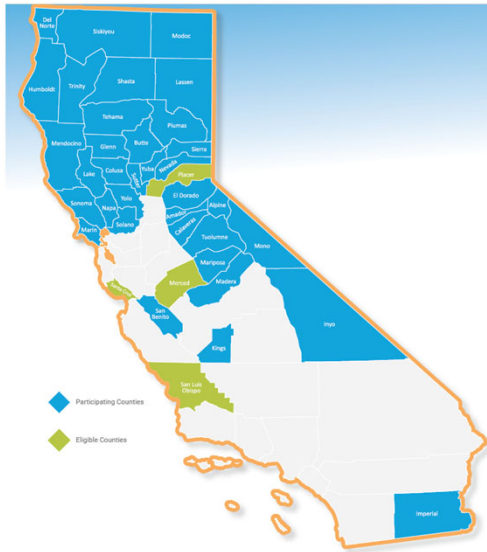
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| 1982: | California law eliminated Medi-Cal eligibility for medically indigent adults, who became a county responsibility under WIC Section 17000 |
| 1983: | CMSP established as a state program administered by the California Department of Health Services <ul style="list-style-type: none"> • A “pooled risk” health benefit program • 39 eligible counties with populations of 300,000 or less • 35 participating counties |
| 1991: | Health Realignment establishes funding allocations for CMSP Counties and CMSP Program |
| 1995: | CMSP Governing Board established as a local public agency with overall program and fiscal responsibility for CMSP (WIC Section 16809) |
| 2014: | Affordable Care Act (ACA) takes effect <ul style="list-style-type: none"> • Health Realignment allocations to CMSP counties and CMSP program significantly reduced (AB 85) • Significant decrease to CMSP membership • Path to Health, Connect to Care and additional grant programs launched |
| 2019: | Health Realignment allocation to CMSP Program redirected entirely to the State (Senate Bill 1371) |

WIC CODE SECTION 17000 & CMSP



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| 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

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CMSP GOVERNING BOARD



John Vasquez
(Chair)
Supervisor
Solano County

Jennifer Vasquez
(Vice Chair)
Director
Yuba County Health & Human
Services

Ed Valenzuela
Supervisor
Siskiyou County

Mike Ziegenmeyer
Supervisor
Sutter County

Scott De Moss
County Administrative
Officer
Glenn 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 and
Human Services

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

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ADMINISTRATION OF CMSP



CMSP Administrative Office

- Provides staff support to the Governing Board
- Oversees policy, budget, program administration, grants, 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 Mendocino County include Anderson Valley Health Center, Adventist Health (Ukiah Valley & Howard Memorial), Consolidated Tribal Health Project, Long Valley Health Center, Mendocino Coast Clinics, and Mendocino Community Health Clinics

CMSP GRANTS IN MENDOCINO COUNTY



Building the Healthcare Workforce (BHW): \$736,000

Mendocino Community Health Clinic Inc. (MCHC) has been awarded a BHW Initiative grant to grow the healthcare workforce in Mendocino and Lake counties. MCHC will achieve its goal by expanding its current student & resident rotation program, incentivizing providers and staff to precept for students & residents, recruiting providers eligible to work under a H-1B visa, and hosting and attending provider recruitment events.

Building the Healthcare Workforce (BHW): \$450,000

Mendocino County Office of Education (MCOE) has been awarded a BHW Initiative grant to expand its training program offerings for Certified Nursing Assistants, Registered Dental Assistants, and Medical Assistants. Project activities will include renovation of the Medical Assistants skills lab at the MCOE River Campus, training completion for 48 Registered Dental Assistants, and training completion for 180 Certified Nursing Assistants.

Healthcare Educational Loan Repayment Programs: \$356,000

CMSP funds two Healthcare Workforce programs that attract and retain qualified healthcare providers in CMSP counties – the Allied Healthcare Loan Repayment Program, and the CMSP Loan Repayment Program. Each of these programs provides educational debt relief in exchange for service at a CMSP provider location. Award amounts range from \$16,000 - \$50,000. To date, there have been 11 awards in Mendocino County.

CMSP BENEFIT PROGRAMS PRE-ACA & CURRENT



	PRE-ACA	CURRENT
Age Limit	21 - 64	21 - 64
Income Limit	200% FPL or less	138% - 300% FPL <138% FPL with certain deductions
Asset Limit	\$2,000 individual, \$3,000 couple	\$20,000 individual, \$30,000 couple No asset test <138% FPL
How to Enroll	County Social Services Depts	CMSP & CTC: Participating Health Centers CMSP: County Social Services Depts
Enrollment Term	<i>Full Scope</i> : 3 months <i>Restricted Scope</i> : 2 months	Up to 6 months
Share of Cost (SOC)	Under 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
Citizenship Requirement	<i>Full Scope</i> : Verified citizen & resident of a CMSP county <i>Restricted Scope</i> : Undocumented & resident of a CMSP county	No citizen requirement, must be a CMSP county resident
Benefit Summary <i>certain limitations apply</i>	<i>Full Scope</i> : ER, urgent care, hospital, dental, vision & pharmacy services. Chiropractic & outpatient behavioral health excluded. <i>Restricted Scope</i> : Emergency services only.	CMSP & CTC: No-cost primary health care & basic prescriptions with \$5 copay CMSP: ER, urgent care, hospital, dental, vision, chiropractic, & behavioral health services with monthly SOC (if applicable)

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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
Total Revenue	\$229,256,048	\$10,029,954

	FY 2010-11	FY 2023-24
Total Enrollment	61,913	6,760

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

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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

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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	TOTAL	\$5,991,905

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

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CMSP EXPENDITURES

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
Total Expenditures	\$312,710,659	\$21,579,475

	FY 2010-11	FY 2023-24
Total Enrollment	61,913	6,760



FEDERAL REDUCTIONS



FEDERAL MEDI-CAL & COVERED CA REDUCTIONS

COVERED CALIFORNIA SUBSIDY LOSSES

Effective: 2025-26
Potential Impact: **20,854 Persons**¹

MEDI-CAL WORK REQUIREMENTS

Effective: 2026-27
Potential Impact: **75,013 Persons**^{2,3}

MEDI-CAL RESTRICTIONS ON LAWFULLY PRESENT IMMIGRANTS

Effective: 2026-27
Potential Impact: **18,840 Persons**⁴

COVERED CALIFORNIA RESTRICTIONS ON LAWFULLY PRESENT IMMIGRANTS

Effective: 2026-27
Potential Impact: **10,362 Persons**⁴

\$800-\$850 MILLION
ESTIMATED ANNUAL HEALTHCARE EXPENDITURES⁵

- 1 Assumes a 15% drop rate for subsidized enrollees with incomes under 400% of the FPL
- 2 Estimate based on 30% of Medi-Cal members affected by the work requirement seeking healthcare
- 3 Estimate does not include possible federal exemption for counties with a high unemployment rate
- 4 Estimate assumes 9.42% of statewide estimate (CMSP counties percentage of total California population)
- 5 Does not include projected cost for benefit and eligibility administration

As of December 1, 2025

CMSP PROGRAMMATIC CHANGES SINCE ACA FOR BOARD CONSIDERATION





BUDGET

Date	Summary
7/2014	Board approved waiving CMSP county participation fees of \$5.9 million per year
7/2014	Board approved provider and hospital rate increases
7/2018	Board allocated annual funds for marketing and media expenses
12/2020	Board launched the Connect to Care benefit program
7/2025	Board launched CMSP in mCase



ELIGIBILITY

Date	Summary
5/2016	Board approved increasing the upper income limit for CMSP from 200% FPL to 300% FPL
5/2016	Board approved increasing the asset limit for CMSP applicants with incomes above 138% FPL to 300% FPL from \$2,000 individual / \$3,000 couple to \$20,000 individual / \$30,000 couple
5/2016	Board approved removing asset limit for CMSP applicants with incomes up to 138% FPL
5/2016	Board approved 75% reduction to the monthly SOC amount for CMSP members with incomes above 138% FPL to 300% FPL
5/2016	Board approved removing monthly Share of Cost (SOC) amount for CMSP applicants with incomes up to 138% FPL
5/2016	Board approved increasing the retroactive coverage period from 10-days to 1 month
5/2016	Board approved increasing CMSP enrollment terms from a minimum of 2-months to 6-months
10/2023	Board approved removing the requirement for CMSP applicants to apply for Covered California



BENEFITS

Date	Summary
9/2018	Board approved coverage for selected primary care and pharmacy services without CMSP members having to meet monthly SOC amount
7/2021	Board approved coverage under CMSP for chiropractic services
7/2021	Board approved coverage under CMSP for additional benefits including outpatient substance use disorder treatment services and mental health services
7/2023	Board approved coverage under CMSP for additional benefits including vision, audiology, and dental services
7/2023	Board increased coverage for undocumented immigrants from emergency services only to full-scope coverage



GRANTS, SCHOLARSHIPS & LOAN REPAYMENTS

Date	Summary
10/2019	Board approved \$50 million for Local Indigent Care Needs Grants and Technical Assistance (\$46.9 million committed)
12/2022	Board approved \$10 million for Healthcare Infrastructure Development Matching Grants (\$2.5 million committed)
12/2024	Board approved \$14 million for Building the Healthcare Workforce Grants (\$2.9 million committed)
12/2024	Board approved \$7.1 million for continuation of the Loan Repayment Program (\$2.3 million committed)
1/2025	Board approved \$2.98 million for Scholarships (\$1 million committed)



POLICY CONSIDERATIONS

In anticipation of substantial caseload growth and no new revenue, the Governing Board will need to make policy decisions in early 2026 to provide necessary time for planning and implementation:

CMSP eligibility reduction options:

- Reinstate upper income limit of 200% FPL or less
- Reinstate asset limit of \$2,000/individual & \$3,000/couple (over and under 138% FPL)
- Reinstate full share of cost (SOC) amounts starting @ 67% FPL
- Reinstate shorter enrollment terms (minimum of 2 months)
- Reinstate requirement for applicants to apply for Covered California during open enrollment

CMSP benefit coverage reduction options:

- Reinstate limited scope (emergency services only) coverage for undocumented residents
- Eliminate or reduce benefit expansions:
 - Primary care and pharmacy services without SOC
 - Audiology, vision, and dental services
 - Chiropractic services
 - Outpatient substance abuse and mental health service

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POLICY CONSIDERATIONS *(continued)*

CMSP grants, scholarships, & loan repayment considerations:

- \$10 M Healthcare Infrastructure Development Matching Grants (\$7.5 M uncommitted)
- \$14 M Building the Healthcare Workforce Grants (\$11.1 M uncommitted)
- \$7.1 M Health Provider Loan Repayment Program (\$4.8 M uncommitted)
- \$2.98 M for Scholarships (\$1.98 M uncommitted)

CMSP budget items considerations:

- County participation fees
- Health realignment revenue allocation trigger
- Marketing / media expenditures
- Freezing future provider rate increases

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QUESTIONS



cmspcounties.org



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