

**COUNTY OF SAN DIEGO, CALIFORNIA**  
**BOARD OF SUPERVISORS POLICY**

**Subject**

Primary Care Services

**Policy  
Number**

A-67

**Page**

1 of 3

**Purpose**

To establish a governing policy for the provision of primary care services to residents of San Diego County, which are totally or partially financed by County funds.

**Background**

Since 1971, the County of San Diego has contracted with community clinics for the purchase of diagnostic, therapeutic, and preventive services for indigent and low-income residents of the county. This action is undertaken to increase access to primary care services and better manage appropriate access of healthcare services through coordinated care in a patient centered medical home. Financial support for primary care services for eligible indigent or low-income residents is consistent with Section 17001 of the Welfare and Institutions Code. In addition, community clinics assist the County in its overall mandate to prevent the spread of communicable and infectious diseases pursuant to Section 3150 of the Health and Safety Code.

On May 10, 1977 (83), the Board of Supervisors adopted Board Policy A-67, which formalized the relationship between the Department of Public Health and community clinics. In 1979, as part of the Department of Health Services reorganization, the Division of Primary Care Services was created to administer those agreements related to primary care services, including those agreements formerly administered by the Department of Social Services. In 1997, the Departments of Health Services and Social Services were combined into the Health and Human Services Agency (HHS).

This policy governs the use of County funds, regardless of source, for the provision of primary care services in community clinics for persons enrolled in the County Medical Services program (CMS). This policy supports the County's adopted *Live Well San Diego* vision by setting policy to support the Building Better Health goal of improving access to quality care to San Diego residents.

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A-67

**Page**

2 of 3

**Definition**

For the purpose of this policy, the terms “indigent or low-income” shall mean those U.S. citizens or legal alien status county residents who meet at least one of the following conditions:

1. Individuals who do not meet the eligibility standards of Medi-Cal; or
2. Low-income individuals who do not meet the eligibility requirements of other subsidized health insurance programs; do not have the financial resources to pay the full cost of services; and do not have health insurance or access to other primary care services.

**Policy**

It is the policy of the Board of Supervisors to support the provision of primary care services to eligible indigent or low-income uninsured residents of the county as defined above. This shall be accomplished through the purchase of these services, by contract, from community clinics or other similar providers.

**Procedure**

The HHSA shall implement or maintain the following actions in support of this policy.

1. Support the patient referral network between inpatient facilities, community clinics and other health care providers, through maximum utilization of existing HHSA programs and County funded resources; and to provide these services in the most cost effective and efficient manner.
2. Support cost effective programs for those community clinics receiving County funds.

**COUNTY OF SAN DIEGO, CALIFORNIA  
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**Policy  
Number**

A-67

**Page**

3 of 3

Sunset Date

This policy will be reviewed for continuance by 12-31-26.

Board Action

- 5-10-77 (83)
- 11-24-81 (19)
- 10-20-84 (89)
- 12-13-88 (73)
- 5-15-96 (11)
- 9-18-01 (3)
- 12-09-08 (33)
- 01-29-13 (9)
- 11/19/19 (7)

CAO Reference

- 12-09-08 (33)