

County Medical Services Update

Health Services Advisory Board
October 13, 2026

Jamie Beam, Interim Chief Operations Officer, Health and Human Services Agency

County of San Diego

Board Initiatives



Safety Net Bridge Program

This proposed pilot program is intended to provide primary care with access to social services, medications, and fresh food for people who may *temporarily* lose Medi-Cal coverage due to federal work requirements under HR 1.

County Medical Services Reform

On March 3, 2026, the Board directed an evaluation of County Medical Services (CMS), the State-required indigent care program serving adults who do not qualify for Medi-Cal.



What is County Medical Services (CMS)?

While not a health insurance program, the County contracts with an Administrative Services Organization which pays community health centers, private physicians, and hospitals to provide covered health services to CMS members.



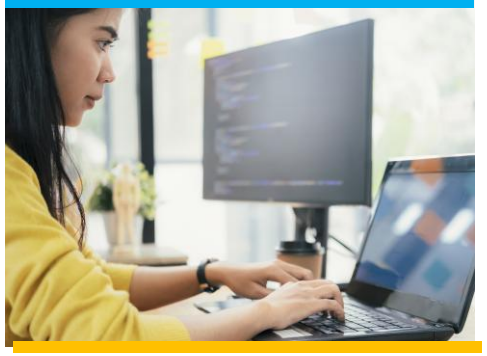




Previous Listening Sessions







Five Listening Sessions:

- Three initial virtual CMS listening sessions were held in May 2026 with stakeholders representing hospitals, community health centers, community-based organizations, consumers, advocates, and health care partners.
- In July 2026, two follow-up CMS listening sessions were held, one with community health center providers, and the second with hospital providers.

County and Health and Human Services Agency Advisory Board meetings:

- Health Services Advisory Board
- Healthy San Diego Consumer and Professional Advisory Committee
- Social Services Advisory Board
- Behavioral Health Advisory Board

CMS Analysis



The County conducted a comprehensive analysis of the CMS program to better understand costs, trade-offs, and potential impacts to the community.

Guided by stakeholder input, the analysis explored potential options for reform to CMS:

- Eligibility
- Covered services
- Administration and Enrollment

CMS Reform Recommendations







Recommendations to the Board of Supervisors (Board) will be brought forth in various steps from Fall 2026 - 2029

Step 1: Authorize implementation of initial recommended changes to the CMS program in 2027.

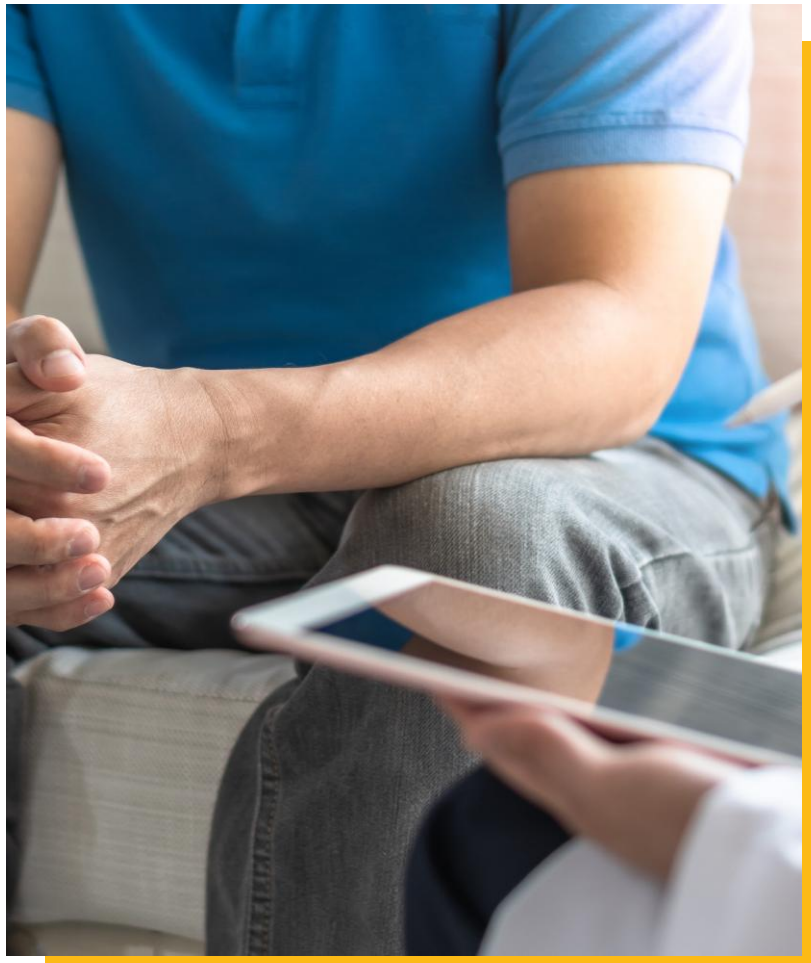
Step 2: Return to the Board with recommended action plans for implementation on an additional set of CMS reforms subject to more robust analysis and evaluation of program enrollment trends with the initial set of reforms, and subject to available funding.

Step 3: Continue to evaluate significant expansions to eligibility and coverage. If substantial funding is identified, we will return to the Board of Supervisors with recommended action plans for implementation as this set of reform options will be subject to further evaluation and overall funding availability.

Implementation Timeline for Recommended CMS Reforms

Recommendations	Dec. 2026	Dec. 2026–June 2027	July – Dec. 2027	Jan. – Dec. 2028
1. Remove property liens and in-person appointments				
2. Remove the credit check requirement				
3. Eliminate the reimbursement agreement requirement				
4. Simplify the CMS application process by reducing paperwork and administrative burden				
5. Align property limits for eligibility for CMS with Medi-Cal limits				
6. Increase transparency and accessibility of the CMS application and enrollment process				
7. Increase transparency of Administrative Service Organization oversight				
8. Increase application assistance by expanding the Hospital Outstation Point of Entry (HOPE) Program to pilot community health clinics				
9. Align appeal timelines for CMS application denials with Medi-Cal timeframe				
10. Align appeal timelines for CMS service denials with Medi-Cal timeframe				
11. Clarify Emergency Department follow up policy & procedure				

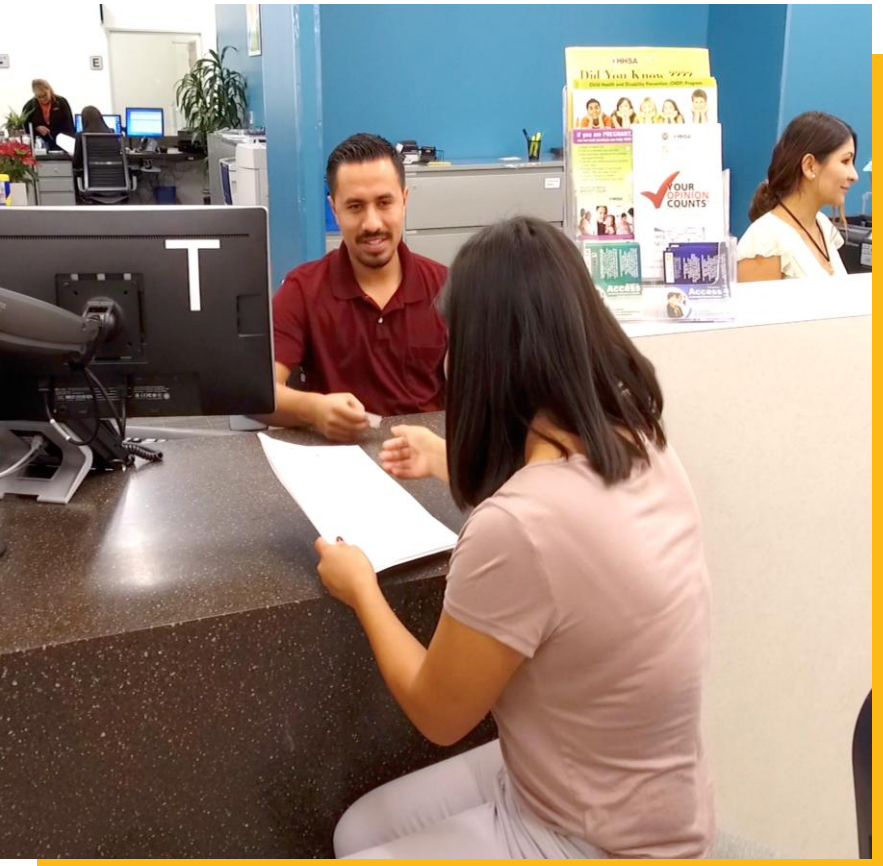
CMS Reforms Options
Return to the Board in 2027



The following reform options require more robust analysis and evaluation of CMS program enrollment trends with the initial set of reforms and are subject to available funding.

1. Include Emergency Department follow-up care as a covered CMS benefit without prior authorization
2. Remove the requirement to have a Medi-Cal denial in hospitals
3. Simplify the Share of Cost
4. Remove the requirement of prior authorization for labs and diagnostics
5. Simplify the CMS application process by aligning with the Medi-Cal application
6. Extend the initial certification time period

CMS Reform Options
Expansion to Eligibility and Coverage



Pending identification of significant funding:

1. Include Medi-Cal eligible individuals who do not meet Medi-Cal work requirements (19-64-year-olds)
2. Expand age criteria to include 19-20-year-olds
3. Expand CMS eligibility to residents with Unsatisfactory Immigration Status
4. Include Medi-Cal eligible individuals who are terminated for procedural non-compliance
5. Align CMS retroactive coverage timeline with Medi-Cal
6. Expand dental services
7. Include mild to moderate mental health services
8. Include pregnancy and family planning services
9. Include transplant services
10. Include preventive care

Next Steps



- **Advisory Board Engagement**
  - Engagement will continue at Advisory Boards and Committees as the CMS recommendations progress through 2026-2027
- **First Board Item anticipated for October 27, 2026, for CMS**
  - Return to Board again in 2027 and with CMS updates, and at least once annually thereafter through December 2029
  - Meeting agendas and documents
- **Email us at CSC@sdcounty.ca.gov** if you have questions



Safety Net Bridge Program Update

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Safety Net Bridge Program

On November 4, 2025 (12), the Board of Supervisors directed staff to explore options for establishing a Safety Net Bridge Program to address anticipated service gaps resulting from H.R. 1.

The vision is to provide the following services at no cost to persons who experience a temporary gap in benefits:

- Primary care medical services
- Prescription medication
- Access to fresh food









Guiding Principles

MAINTAIN CONNECTION TO MEDICAL HOME

EXPAND COMMUNITY HEALTH FAIR CAPACITY

PREVENT GAPS IN COVERAGE THROUGH EDUCATION AND ENROLLMENT ASSISTANCE

LEVERAGE COMMUNITY HEALTH WORKERS

Safety Net Bridge Pilot Program: Components

- Access to Food
- Primary Care Medical Services, Medications, and Linkages to Social Services
- Community Health Fairs
- Medi-Cal Education and Enrollment Support

Access to Food

- An estimated 93,500 residents in San Diego County may face reduction or elimination of CalFresh benefits due to federal policy changes (H.R. 1)
- 6/25/26: The Board of Supervisors unanimously approved a board letter to expand food distribution and benefit enrollment support in high-need areas for one year.



- 1st food distribution occurred 8/15/26
- Between 8/15/26-8/31/26
  - 4 food distributions occurred
  - 21,812 pounds of food distributed
  - 573 households served

Food distribution schedule: Access Fresh Food Near You

Pilot Design

TIMEFRAME	12 months, beginning in early 2027.
FOCUS POPULATION	San Diego County residents 19-64 years-old who meet Medi-Cal eligibility criteria but may temporarily have a gap in coverage due to new requirements.
GEOGRAPHIC AREA FOR SERVICE DELIVERY	Deliver care within high-impact communities, while serving any eligible resident regardless of ZIP code.
FLEXIBILITY	The pilot will remain flexible to expand or shift resources based on findings and community needs.

Primary Care Services

Contract with primary care providers for:

- Medical services on a short-term basis, for up to 90 days per patient, with an optional 90-day extension on a case-by-case basis
- Access to no-cost prescription medications
- Linkages to social services, including immediate referrals for Medi-Cal assistance

SERVICE DELIVERY OPTIONS INCLUDE:

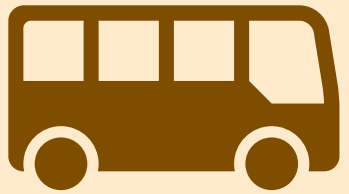
IN-PERSON VISITS



TELEHEALTH



MOBILE MEDICAL UNITS



Community Health Fairs

Expand Community Health Fair events to provide preventive care and resources in trusted neighborhood spaces



- Meet people where they are
- Provide primary care, enrollment assistance, food assistance, and other resources

Medi-Cal Education and Navigation

Medi-Cal education and navigation support will help people keep their benefits and prevent them from losing their healthcare coverage.



- Dedicated County Community Health Workers (CHWs)
- Contract with community-based organizations for CHW services

Thank you!

