NOTICE OF PUBLIC HEARINGS
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD

NOTICE IS HEREBY GIVEN that the County Medical Services Program Governing Board (Governing Board) will hold two public hearings to consider proposed program changes that will result in the suspension of the Governing Board's Connect to Care program; modification and elimination of eligibility for County Medical Services Program (CMSP) services for certain individuals; elimination and reduction of certain health care benefits currently provided by CMSP; and consideration of all evidence and testimony for or against the approval and adoption of the proposed program, eligibility, and benefit changes.

At the day, hour, and place of the hearing, any and all persons having any comments on or objections to the proposed changes may appear before the Governing Board and be heard. These public hearings will be held at the following dates, times and location:

Friday, September 18, 2026 9:30 AM PST
CMSP Governing Board Conference Room
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Virtual attendance information is available at https://cmspcounties.org/publichearings/.

Monday, October 5, 2026 9:30 AM PST
CMSP Governing Board Conference Room
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Virtual attendance information is available at https://cmspcounties.org/publichearings/.

CMSP and Connect to Care currently provide health coverage to low-income uninsured adults in thirty-five California counties. These counties include Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba. The Governing Board provides policy direction for these programs. As a part of this responsibility, the Governing Board sets program eligibility requirements and determines the scope of covered health care benefits. These public hearings by the Governing Board are being conducted to consider evidence and testimony regarding proposed changes.

The proposed suspension of the Connect to Care program, the proposed eligibility changes for the CMSP program, and the proposed reduction of CMSP benefits are necessitated by the passage of H.R. 1 which establishes new Medi-Cal enrollment and eligibility requirements. The estimated number of CMSP county residents who will disenroll from Medi-Cal due to H.R. 1 requirements ranges up to 124,000. Estimated costs to provide CMSP benefits for these individuals, under current eligibility requirements and benefit levels, range up to $943 million.

In consideration of the Board's current fund balance, and in consideration of the absence of reliable and sufficient future revenue for CMSP, the CMSP Governing Board proposes the following program changes to provide an orderly transition to higher levels of CMSP enrollment beginning in 2027, when major components of H.R. 1 begin to take effect.

Proposed Program Changes Effective on January 1, 2027

(1) Suspension of Connect to Care Benefit Program

Connect to Care (in Spanish "Conexión a la Salud de CMSP") is a limited scope benefit program that was launched by the CMSP Governing Board in December 2020 to provide specified primary or specialty care benefits to documented or undocumented individuals who are CMSP county residents, not pregnant, aged 21-64, with income levels above 138% and up to 300% of the Federal Poverty Level, who have assets not exceeding $20,000 individual/$30,000 couple, and who have no other health coverage. It is proposed that the Connect to Care program be suspended effective January 1, 2027. Additionally, it is proposed that individuals enrolled in Connect to Care as of December 31, 2026 be provided with the opportunity to apply for CMSP in accordance with CMSP eligibility requirements and benefit coverage in effect as of January 1, 2027.

The Governing Board estimates that this proposed change will affect up to 1,300 individuals enrolled in Connect to Care. It is estimated that up to $5 million in county funds will be saved annually as a result of this change. This proposed change will take effect on January 1, 2027.

(2) Change CMSP Program Eligibility Requirements

CMSP is a full scope health benefit program serving eligible residents of the 35 CMSP member counties. CMSP clients are documented or undocumented individuals who are CMSP county residents, not pregnant, aged 21-64, with income levels up to 300% of the Federal Poverty Level, who have assets not exceeding $20,000 individual/$30,000 couple exclusive of a primary residence and one vehicle. Due to the expected influx of residents requiring health care in CMSP counties, it is proposed that the following program eligibility requirement changes be made.

(a) Reduce CMSP eligibility to 200% of the Federal Poverty Level. Currently individuals with incomes up to 300% of the Federal Poverty Level may be eligible for CMSP. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(b) Reinstate full monthly share of cost for all applicants with no reduction in payment amount. Currently CMSP members receive a 75% reduction in the calculated share of cost. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(c) Establish no share of cost for individuals up to 100% of the Federal Poverty Level. Currently individuals with incomes up to 138% of the Federal Poverty Level may be eligible for CMSP without a share of cost. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be limited.

(d) Reinstate the requirement that CMSP eligible applicants who may be otherwise eligible for Covered California apply during its open enrollment. Currently, CMSP eligible applicants are not required to apply for Covered California during its open enrollment period. The estimated

cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be limited.

(e) Set the asset limit to $10,000 individual/$20,000 couple, exclusive of a primary residence and vehicle, and apply the asset limit to all CMSP applicants. Currently, CMSP applicants may possess assets of up to $20,000 individual/$30,000 couple, exclusive of a primary residence and vehicle, and households with incomes up to 138% of the Federal Poverty Level are exempt from the asset limit requirement. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be limited.

The proposed CMSP Program Eligibility Requirement Changes 2(a)-(e), above, will take effect on January 1, 2027.

(3) CMSP Program Benefit Changes

CMSP is a full scope health benefit program serving eligible residents of the 35 CMSP member counties. Benefit coverage includes specified primary care, specialty care, mental health, substance use disorder, pharmacy, and emergency services. Due to the expected influx of residents seeking health care services in CMSP counties, it is proposed that the following program benefit changes be made:

(a) Approve reinstatement of emergency services only CMSP coverage for undocumented immigrants. Currently undocumented immigrants may receive full scope CMSP coverage. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(b) Reinstate monthly share of cost requirements for primary care services. Under proposed eligibility changes 2(b) and 2(c), above, primary care service share of cost would apply to individuals with incomes above 100% and up to 200% of the Federal Poverty Level. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable but are expected to be significant.

(c) Discontinue chiropractic services as a CMSP covered benefit. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable and are expected to be limited.

(d) Discontinue coverage for outpatient substance use disorder treatment services and expanded mental health services as follows. Discontinue individual counseling for alcohol and/or drug abuse treatment services; group counseling or alcohol and/or drug abuse treatment services; individual and group mental health evaluation and treatment (psychotherapy); psychological testing; and outpatient services for the purpose of monitoring medication therapy as CMSP covered benefits. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable and are expected to be limited.

(e) Discontinue coverage for vision, audiology, and selective dental services as follows. Discontinue eye exams; contact lens testing; low vision testing; prescription glasses; artificial eye services and materials; audiometry assessments; tympanometry assessments; hearing aid evaluations; evoked response testing; electronystagmography; cochlear implants; immediate and

partial dentures and repairs; periodontal scaling and procedures; advanced oral/facial imaging and x-rays; dental counseling for disease prevention; fluoride varnish; resin crowns; implants; maxillofacial prosthetics; advanced oral and maxillofacial surgeries; and teledentistry as CMSP covered benefits. The estimated cumulative cost savings and number of individuals affected by this proposed change are indeterminable and are expected to be limited.

The proposed CMSP Program Benefit Changes 3(a)-(e), above, will take effect on January 1, 2027.

Interested parties may submit written testimony to the CMSP Governing Board by email at info@cmspcounties.org or by U.S. mail to the Governing Board's office at 1545 River Park Drive, Suite 435, Sacramento, California, 95815. Written testimony received by 4:00 PM Pacific Time on the business day preceding a hearing will be provided to the Governing Board in advance of that hearing. Written testimony also may be submitted at the hearing before the close of public comment and will be included in the record.