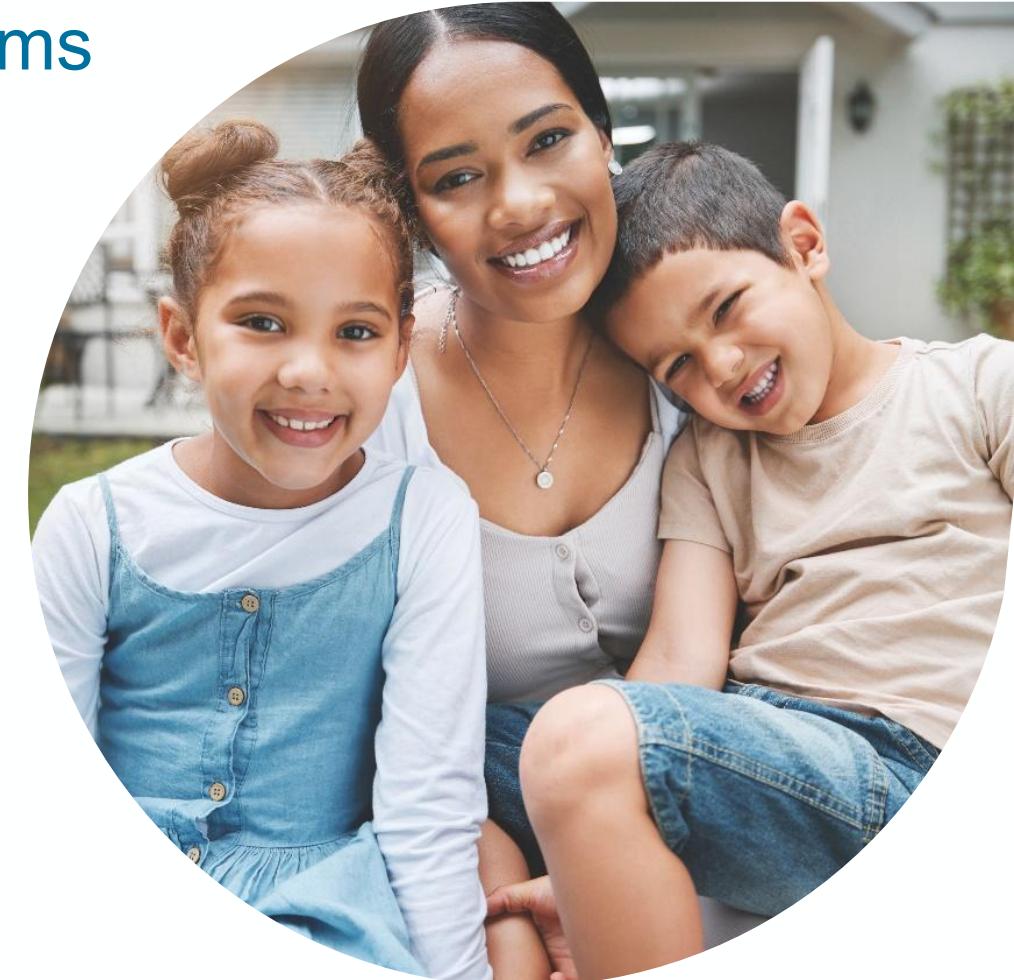


# Montgomery County Strategy for the Uninsured

## Overview of Healthcare Access Programs

*January 9, 2026*

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Primary Care Coalition



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- Overview of Programs for Uninsured Populations in Montgomery County
- Strategy for Strengthening the Safety Net & Responding to an Influx of New Patients
  - Advocacy
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# Healthcare for Uninsured Populations in Montgomery County, MD



## Montgomery Cares Ages 18+



Primary Care



Behavioral  
Health



Specialty Care



Dental Care



Cancer Screenings



## Care for Kids Ages 0 - 18



Primary Care



Behavioral  
Health



Specialty Care



Dental Care



Vision Care



Medicine Access  
Brand Name &  
Formulary

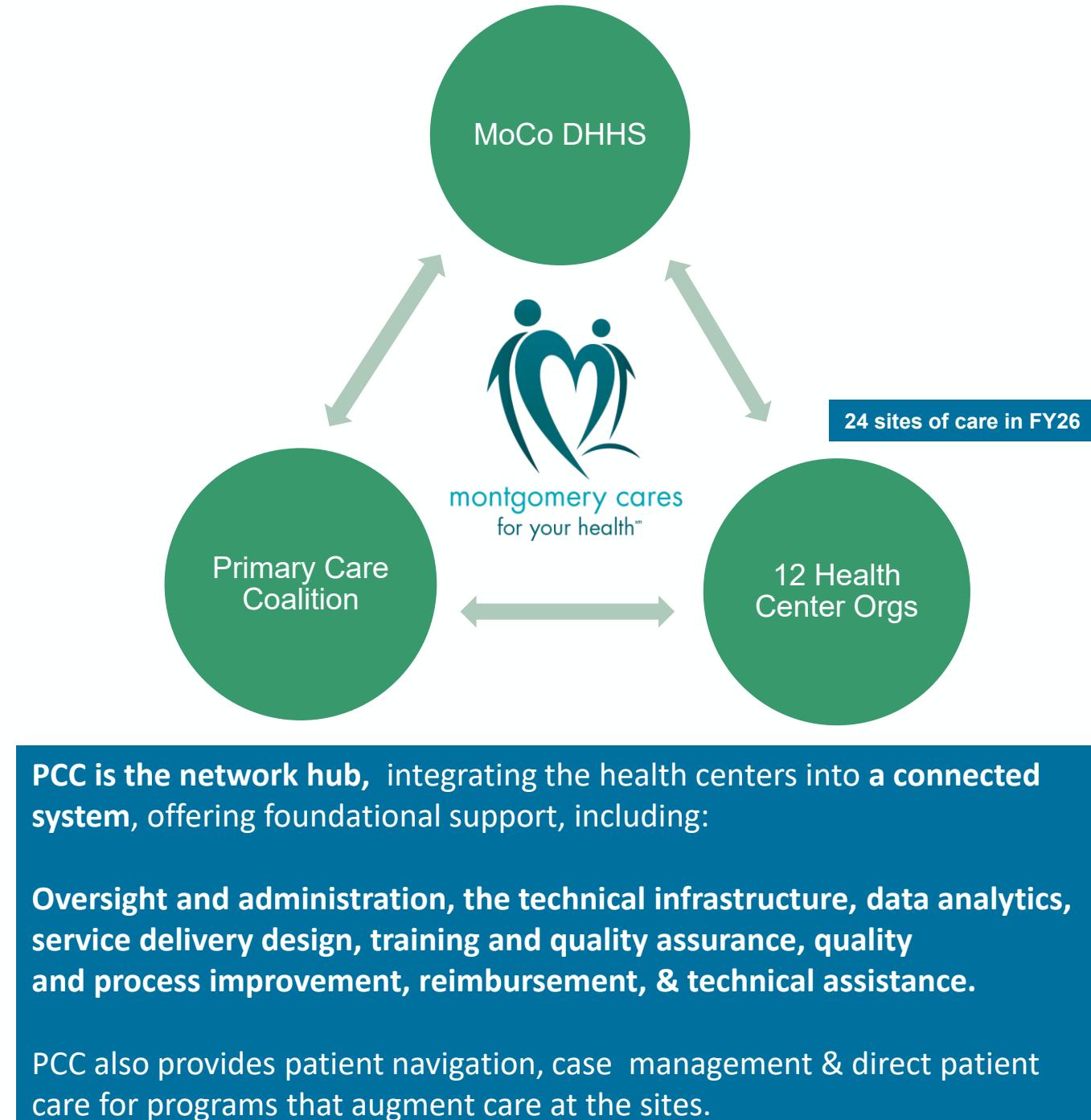
# Montgomery Cares

## A Public-Private Partnership

The Montgomery Cares program is a **public-private partnership** between the Montgomery County Department of Health and Human Services (MoCo DHHS), Primary Care Coalition (PCC), 12 independent community-based health care organizations – which provides health care services to **low-income, uninsured Montgomery County adults 18+ years old.**

### Services Available:

- Primary Care
- Medication Access
- Specialty Care
- Cancer Prevention & Detection
- Behavioral Health
- Dental Care



# Demographic Trends Across the Montgomery Cares Network in FY 25

24,813 patients received primary care, **expecting 84K encounters** in FY26

29% of patients are between **40-49** years of age, and represent greatest age range

69% of patients identify as **Female**

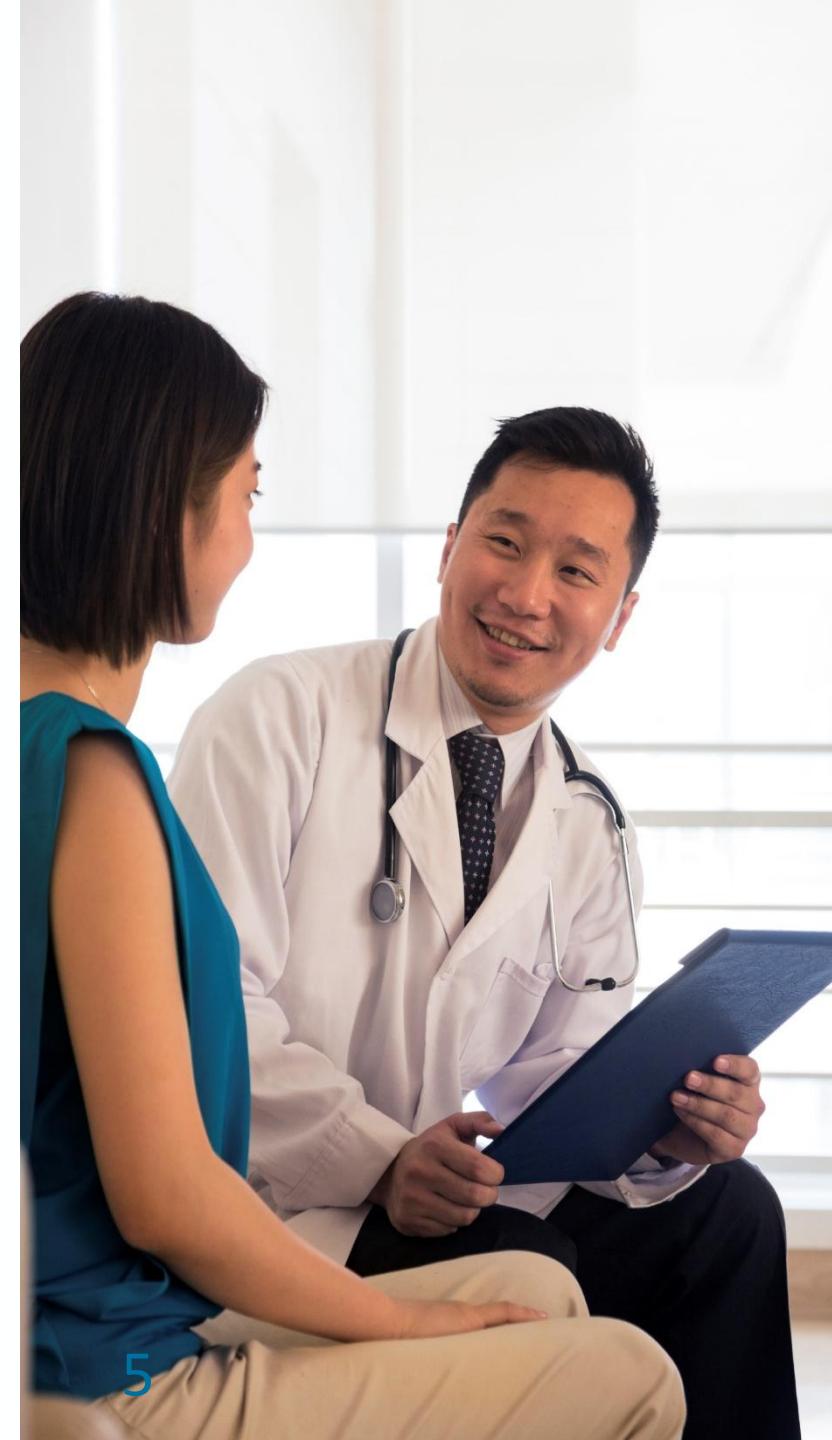
64% of patients have incomes below the **Federal Poverty Level\***

80% of patients identify as **Hispanic/Latino**

Patients speak over 60 languages, **78% speak Spanish**



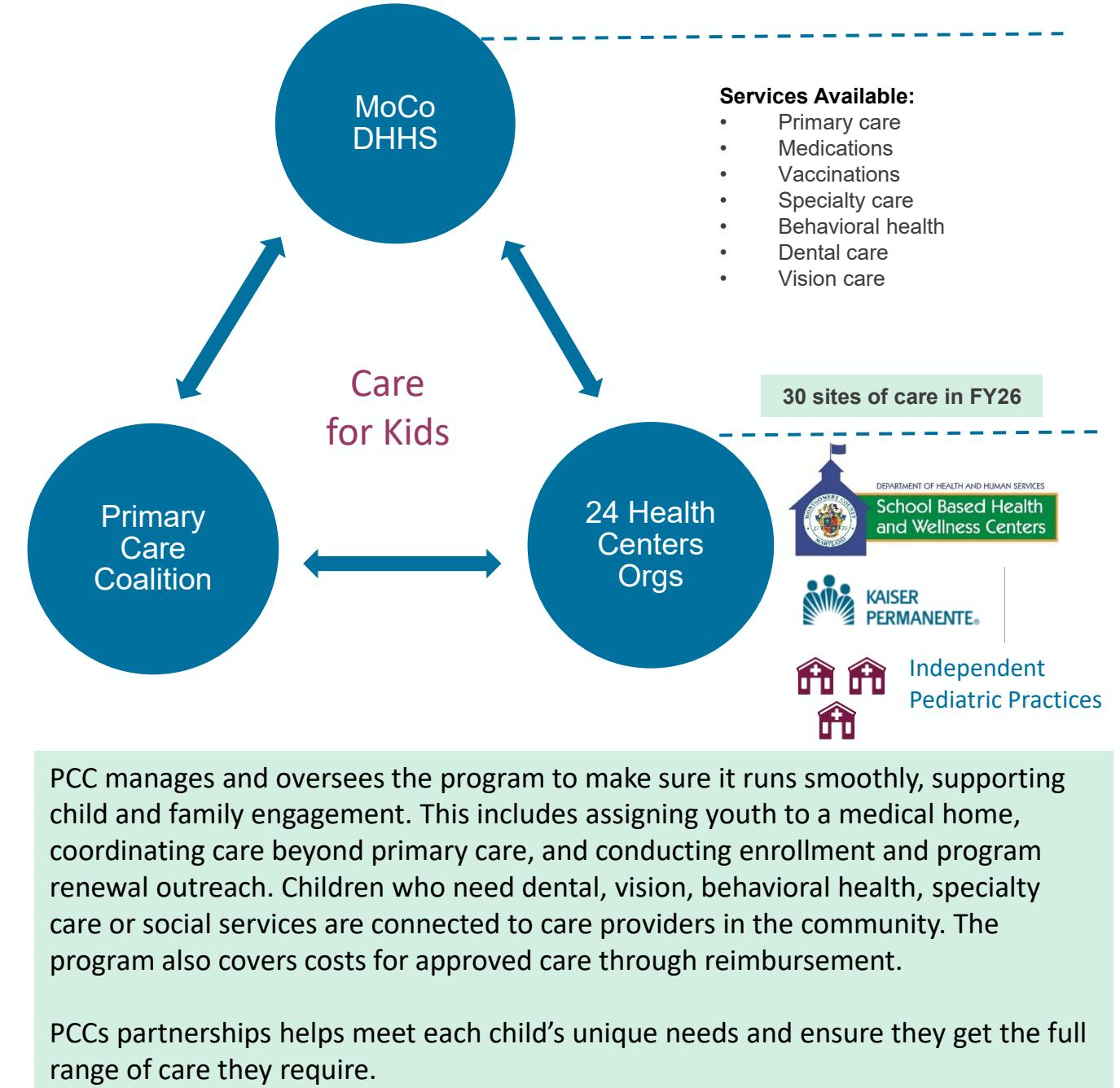
\*2024 Federal Poverty Level (FPL):  
<https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>



# Care for Kids

## A Public-Private Partnership

The Care for Kids program is a public-private partnership between the Montgomery County Department of Health and Human Services (MoCo DHHS), Primary Care Coalition (PCC), 16 School Based Health and Wellness Centers, 7 independent pediatric primary care health care organizations, and Kaiser Permanente. Together, these organizations provide health care services to low-income, uninsured Montgomery County children aged 0 to 18 years old.



# Care for Kids Program

## FY25 Demographic Trends

The Care for Kids Program supported **10,062** children

**46%** of patients are ages **6–12**, the largest age group

**48%** Female | **52%** Male

**93%** of patients identify as **Hispanic/Latino**

Patients speak over 47 languages, **92% speak Spanish**

CFK serves a rich, diverse group of families, with children coming from 94 different countries and speaking 47 languages.

# Montgomery County Population Changes

Changes	Impacts
MCares Eligibility Changes in FY25 - Uninsured, living in MoCo, 250% Below FPL – not required to be "uninsurable"	Coverage available to more people – growth in FY26 Q1
Loss of Federal Medicaid Expansion Funding	44K beneficiaries at risk
Medicaid Recertification (in person 6 months), Work Requirements, in-person care requirements	Confusion, lapses in care (3K loss due to work requirements, 23K loss due to admin barriers)
Kaiser Permanente Reduction in CHAP Program	1,100 will lose KP subsidy
DACA Recipients Losing Access to Medicaid	69 now eligible for MCares
Local Economy & Loss in Federal Jobs	1.6% + in unemployment as of Sept 2025 in Moco, 25K federal jobs in MD
Federal Law Enforcement Priorities	Reduction in population, widespread fear and frustration

How will we use these pressures to adapt & innovate?

# Advocating Together

Health Center  
Leadership  
Council

\*MCares & CFK Health Centers

MoCo Department of  
Human Health and  
Services

Shared  
Priorities

Primary Care  
Coalition

Montgomery Cares  
Advisory Board



Advocating for resources requires collaboration across four organizations, which together shape budget requests and directly advocating to the County Executive and County Council.

We align on needs and priorities to develop a shared advocacy requests.

To do this we:

- Meet regularly
- Discuss gaps
- Share data and projections
- Monitor changes
- Invite one another in to weigh in on priorities and impacts
- Build trust and work on our relationships

# Access to Care Workshops



DHHS, Health Center, and PCC leaders came together to discuss the future of the healthcare safety net.

- Level set on external forces impacting service delivery
- Explore our shared purpose
- Identify any gaps between our vision and outcomes
- Prioritize improvement area to better align with our purpose
- Establish how partners will play a role in model enhancements
- Develop an implementation roadmap to align our vision and operations

# Directions to Pursue



**When we asked the group about our collective purpose and possible directions to pursue, here are the final areas we will pursue.**

## Economies of Scale to Strengthen Primary Care

What shared services can facilitate and strengthen comprehensive primary care while also reducing costs? Examples include:

- Network contracts for lab services
- Nurse triage line & telehealth care
- Urgent
- Expanding after hours care
- Group purchasing of supplies
- Group contract for interpretation

## Tightening the Loop Between Hospitals & Health Centers

How might we make the most of shared incentives between hospitals who want to reduce readmission and health centers who may be able to help manage patients? What bridges and business models can incentive stronger partnerships?

## Improving Navigation & Enrollment / Alternative Access Points

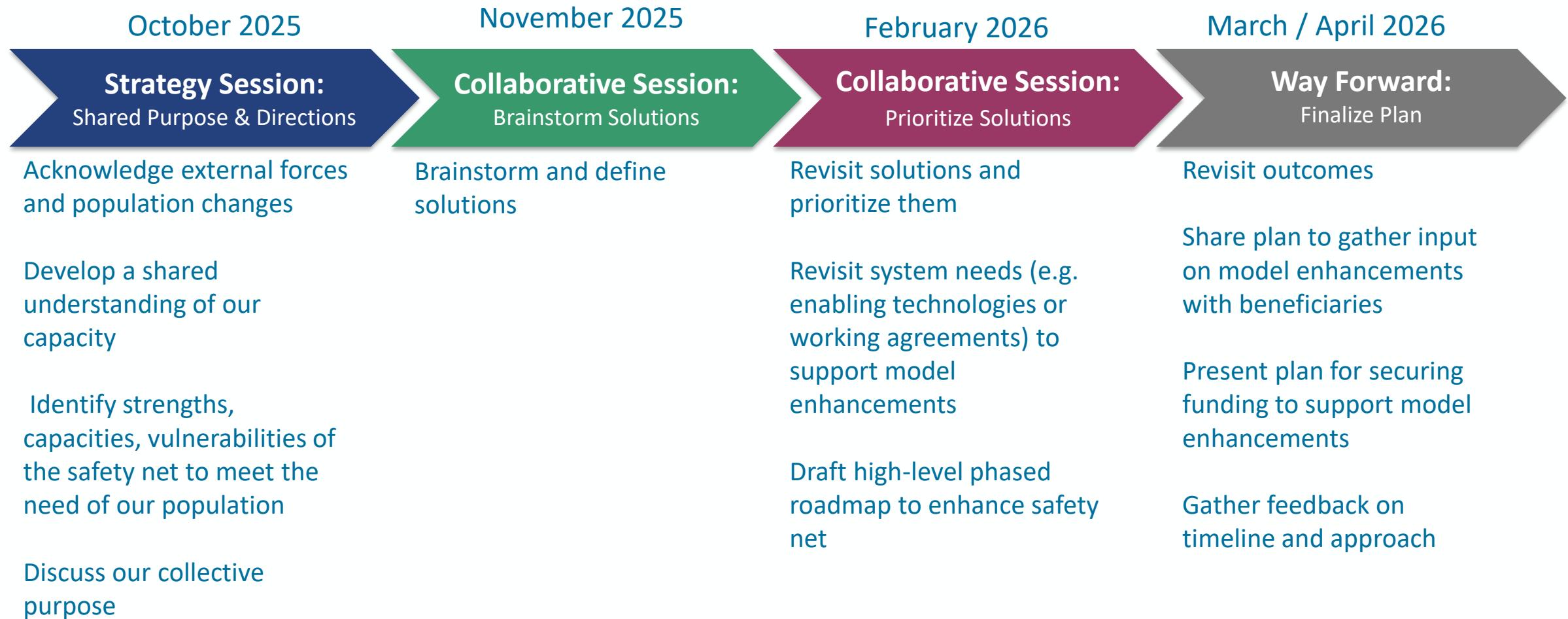
With more people without health insurance how might we improve navigation into Montgomery Cares and Care for Kids?

How might we leverage alternative access points (Mobile Health Clinic, community-based organizations and centers) to better navigate people into our programs?



Thank you!

# Way Forward



This is the plan... but it may change based on what we learn and how we need to move with the group.